ROLE OF SELF-COMPASSION, EMOTION REGULATION AND PERCEIVED SOCIAL SUPPORT ON THE SUBJECTIVE WELL-BEING OF MIZO ADOLESCENTS IN INTACT AND NON-INTACT FAMILY

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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MZU REGISTRATION NO.: 993 OF 2009-10

Ph.D. REGISTRATION NO.: MZU/Ph.D./1128 OF 03.5.2018

DEPARTMENT OF PSYCHOLOGY

SCHOOL OF SOCIAL SCIENCES

FEBRUARY, 2024

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In partial fulfillment of the requirement of the Degree of Doctor of Philosophy

in Psychology of Mizoram University, Aizawl

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CERTIFICATE

This is to certify that the present research work titled, "Role of Self-Compassion, Emotion Regulation and Perceived Social Support on the Subjective Well-Being of Mizo Adolescents in Intact and Non - intact Family" is the original research work carried out by Ms. Lalrintluangi under my supervision. The work done is being submitted for the award of the Doctor of Philosophy in Psychology of Mizoram University.

This is to further certify that the research conducted by Ms. Lalrintluangi has not been submitted in support of an application to this or any other University or an Institute of Learning.

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DECLARATION

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FEBRUARY, 2024

I **LALRINTLUANGI**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the degree of **Doctor of Philosophy in Psychology.**

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ACKNOWLEDGEMENT

I thank the Almighty God for the strength, guidance, and blessings that have sustained me throughout this challenging yet rewarding journey of pursuing a Ph.D.

I am grateful to my supervisor, Prof. Zoengpari, for her knowledge, wisdom, and encouragement. Your patience and willingness to let me grow in my own way, coupled with timely encouragement, have been instrumental to the completion of my Ph.D.

I extend my sincere thanks to Prof. C. Lalfamkima, for his expertise and invaluable assistance with statistics. I thank all the staff of the Department of Psychology, Mizoram University for their continuous help and assistance.

My heartfelt appreciation goes to my beloved mother and grandmother, for their unwavering support, encouragement, sacrifices, and prayers. To my entire family, thank you. Your love and belief in me have been my driving force, and I am forever grateful. To my father, you would have taken immense pride in sharing my work with everyone. This thesis is dedicated to you.

Lastly, my genuine appreciation goes to my friends who have been a source of motivation, joy and laughter throughout this journey. Your friendship has made the academic and personal challenges more bearable.

Aizawl: February, 2024 (LALRINTLUANGI)

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CHAPTER – I

INTRODUCTION

In the quest to understand the mental health and well-being of adolescents, both the individual factors and the social factors that influence adolescent's life are important. As much as prevention of ill health is important, it is equally important to focus on cultivating good health and well-being. Even young individuals who do not have a diagnosable disorder may still not be operating at their optimal level (Suldo et al., 2011).

Adolescence is a transitional period of intense cognitive, emotional, and social development that is often associated with increased stress (Colten & Gore, 1991) and turbulent emotional experiences (Steinberg, 2013). The study of adolescents' subjective well-being, characterized by high global life satisfaction and a greater frequency of positive emotional experiences than negative ones (Diener, 2013; Diener et al., 2009), has received significant attention. This is not unexpected, given the importance placed on understanding subjective well-being in recent years. Since a significant proportion of mental health problems begin during adolescence and continue into adulthood if not treated, it is important to understand the factors that influence the well-being of adolescents.

Adolescents

Adolescence is defined as a stage that begins with the start of puberty. There are three stages of adolescence: early adolescence, middle adolescence, and late adolescence. Some consider adolescence to end at the age of 19, while adulthood begins at the age of 20. The World Health Organization (WHO) defines adolescents as individuals in the age range of 10–19 years. Others, however, consider youth up to the age of 23 to be late adolescents. For example, according to Hall (1904), adolescence is the period from 12 to 23 years of age. Similarly, Santrock (2011) categorized adolescence as a period starting from 10–12 years old to 18–22 years old. Late adolescents are individuals who are 18–22 years old (Newman & Newman, 1976).

In terms of social and personal responsibilities associated with adult roles, adolescence has now extended into the early 20s as more individuals postponed adult obligations such as starting a family, securing full-time employment, purchasing

property in modern societies (Jaworska & MacQueen, 2015). The recently defined period of emerging adulthood, i.e., individuals who are 18–25 years old (Arnett, 2000) may be considered an extension of the late adolescence period. It can be seen either as a part of late adolescence or as an independent stage, as they share important developmental characteristics.

Exploring self-identity and establishing autonomy from family are important developmental characteristics of adolescents, and these continue to be important developmental tasks along with decision-making about careers for late adolescents and emerging adults (Arnett 2000, 2014). In the process of finding identity, adolescents continuously engage in self-evaluation and social comparison (Harter, 1990), which are often unfavorable (Steinberg, 2013). Introspection during adolescence and young adulthood often leads to the development of an imaginary audience and the display of personal fables. The imaginary audience is the adolescents' limited ability to distinguish between their thoughts about themselves and the thoughts they have about how others think of them (Arnett, 2001). Unnecessary focus on oneself during this period makes adolescents believe that people are constantly observing them. The display of personal fables is based on the belief that their experiences are unique and that no one understands what they are going through (Elkind, 1978).

According to Arnett (2004), there are five features of emerging adulthood that are considered normative: identity exploration, experimentation or possibilities, self-focus, instability, and feeling “in-between". These features are similar to the important features of adolescence. Late adolescents and emerging adults are not quite adults but have more autonomy than they did during early and middle adolescence. In India, the majority of them still fully depend on their parents for financial support, especially if they pursue higher education. Research shows that late adolescents who attend college away from home continue to rely on their parents and, as such, are still under the influence of their parents, at least to some extent (McKinney et al., 2008, 2011). During this stage, they find a new sense of freedom, which is exciting, but they are also vulnerable to developing fear of the future and anxiety due to a lack of stability and uncertainty (Arnett, 2014). The rates of internalizing and externalizing problems are noteworthy during this period. Statistics from the World Health Organ-

ization (WHO) indicated that 1 in every 5 collegiate students has a diagnosable mental health disorder (Auerbach et al., 2016).

There is no single determinant of well-being. Adolescent mental health influences global mental health in some ways because young people make up the majority of the global population (half are under the age of 25), and adolescents account for one-fourth of the total population in India (Kalyanwala et al., 2013). Adolescent well-being is an important concern as psychological disorders are common during adolescence and suicide rates are increasing among young people both in developed and developing countries (WHO, 2007). Mental health problems and a low level of well-being have other negative consequences apart from mortality, such as substance abuse, lower academic achievements, violence, and poor reproductive and sexual health. On the other hand, adolescents with a high level of well-being are more resilient (Antaramian et al., 2010), have fewer psychological problems such as depression and anxiety, lower delinquency behaviors, and possess higher self-esteem, self-efficacy, and adaptation (Antaramian et al., 2010; Huebner, 2004; Suldo & Huebner, 2004).

Each developmental stage is unique, and the transition from one developmental stage to the next often results in changing one's social network. The social convoy model of development (Kahn & Antonucci, 1980) suggests that a change in social networks is needed to meet the changing needs of humans as they move through different developmental stages. This theory also acknowledges that with the change in the structure of the social network, there is also continuity of support from one developmental stage to the next. Studies have shown that the size of social networks increases from childhood into adolescence. Around middle childhood (about 6–8 years old), children begin to attend school and spend more time with others their age. As they transition from childhood to middle adolescence, friends become increasingly important as support providers (Buhrmester, 1996; Levitt et al., 1993). This trend continues throughout adolescence, with a shift towards the romantic partner as the primary support provider during late adolescence (Collins & Laursen, 2004; Furman & Buhrmester, 1992).

Even though friends and a romantic partner become increasingly important in life, there are studies suggesting that the importance of support from adults such as parents and teachers does not diminish and is maintained throughout adolescence (Colarossi & Eccles, 2003; Rueger et al., 2010). Support received from family seems to have a longer duration than support from friends. The amount of support received from family increases or decreases depending on the individual's ability to be financially independent, especially for late adolescents who are still financially dependent on their parents or caregivers. Even if the individual is financially independent, family support remains important and is not easily affected by temporary changes in the individual's attitude towards them. More than anything, family support is most likely dependent on two characteristics: the quality of family cohesion and intimacy between family members. Furthermore, cohesion and intimacy within the family are predictors of symptoms of mental disorders (Procidano & Heller, 1983).

One of the central tasks of adolescents is to regulate emotions in adaptive ways, increasingly without the help of adults (Steinberg & Avenevoli, 2000; Steinberg et al., 2006). Emotions must be successfully regulated to ensure adaptive functioning (Larson & Richards, 1991; Steinberg, 1987). Regulating emotions adaptively is important for adolescents' psychological well-being and social functioning (Aldao et al., 2010; Eisenberg et al., 2000). Adolescents are exposed to emotionally charged situations as a result of changes to the biological, cognitive, and social systems during adolescence. These changes may result in intense emotional experiences, and some adolescents may find it challenging to regulate such emotions. Difficulty regulating emotions has been linked to poor mental health in adolescents (McLaughlin et al., 2011).

Numerous changes that adolescents go through may increase their perception of stress and daily hassles. Late adolescents, such as undergraduate students, may not undergo biological and cognitive changes as much compared to younger adolescents. At the same time, enrolling in an undergraduate program is another important milestone that, in itself, brings new challenges that require effective emotion regulation to cope with the new situation. Adolescents who fail to develop adaptive emotion man-

agement strategies are particularly at risk for the development of psychopathology and adverse mental health outcomes (Andersen & Teicher, 2008; Silk et al., 2007). Children and adolescents with adaptive emotion regulation strategies understand their own emotions and the emotions of others better than those using non-adaptive emotion regulation strategies, and as such, those who use adaptive strategies are more socially competent and enjoy better relationship quality than those using poor strategies (Rydell et al., 2003; Spinard et al., 2006). Therefore, it is clear that it is important to acquire skills for regulating emotions effectively, and using adaptive emotion regulation strategies such as cognitive reappraisal (Carlson et al., 2012) and self-compassion will help better manage stressful situations.

Well-being

Well-being is a state of mind and body where individuals realize their abilities, cope with normal life stresses, work productively, and are able to make a contribution to the community (WHO, 2001). It may also be understood as the ability to cope with negative experiences and adversities in life (Ryan & Deci, 2001). According to Shin and Johnson (1978), well-being is "a global assessment of a person's quality of life according to his or her own chosen criteria." Well-being encompasses personal growth, having a sense of fulfillment, and contributing to the community, in addition to feeling happy and satisfied (Marks & Shah, 2004).

Well-being is an important outcome in itself, and positive mental health at one developmental stage may also have implications for optimal functioning at subsequent developmental stages. Over the last decades, research on positive development has increasingly emphasized the importance of well-being and overall positive functioning (Hawkins et al., 2009). Well-being, or positive mental health, is an armor that helps young people cope with the challenges that each developmental stage presents. It is an asset that helps adolescents successfully cope with the important demands they face as they move into young adulthood (Schulenberg et al., 2004). Understanding the characteristics of healthy psychosocial development is crucial in late adolescence because, as young people transition into adulthood, they must assume

new adult roles and build positive relationships with others to establish a constructive relationship with society (Arnett, 2004).

Well-being has been a topic of interest since the time of prominent philosophers such as Socrates, Plato, and Aristotle, and since then, it has been a topic that ponders the minds of many thinkers and researchers. Over the past four decades, well-being has been rigorously studied in a broad range of academic disciplines such as social science, humanities, economics, and marketing, as well as in environmental sciences and medical sciences. Despite the wealth of research related to well-being, there remains contradiction in the conceptualization of well-being as well as in the different approaches to how it should be measured (Rapley, 2003). There is no universally accepted definition of well-being as of today, and the definition is dependent on the field perspective from which well-being is studied.

Well-being is a concept that is measured using either an objective or a subjective approach. The objective approach focuses on observable dimensions of well-being that reflect life conditions and can be quantified and tested (Moons et al., 2006), for example, income, housing characteristics, education levels, and health status. In contrast, the subjective approach to well-being concentrates on the intangible aspects of well-being based on individual perceptions, for example, happiness and life satisfaction. Early examinations of well-being were based on an objective approach and typically measured in economic, i.e., material terms (Campbell, 1976; Veenhoven, 1996). Well-being was equated with income at the individual level and economic measures such as the Gross National Product (GNP) or Gross Domestic Product (GDP) of the nation at the societal level. In recent years, researchers have moved toward incorporating both objective and subjective measures to provide a more holistic assessment of well-being.

There are two main perspectives in studying well-being: psychological well-being or social well-being, proposed by Ruff & Keyes (1995), and subjective well-being, also known as emotional well-being, proposed by Diener and colleagues (Diener, 1984; Diener et al., 1999). The common conceptualization of well-being is based on a disease model in which health is defined by the absence of distress and

disorder, and accordingly, for many people, well-being equates to the absence of psychopathology. An overwhelming number of studies on well-being are also focused on psychopathology. However, well-being is more than just the absence of psychopathology, and positive psychological well-being is important for optimal mental health. For achieving and maintaining well-being, attention also needs to be focused on happiness, contentment, serenity, and life satisfaction, which can co-occur with challenge and stress (Diener & Diener, 1995). The concept of subjective well-being incorporates positive factors and not just the absence of negative factors; it has long been considered a central component of the good life.

The empirical study of subjective well-being began to take shape in the early 20thcentury and grew rapidly. With the rise of the social indicators movement in the 1960s, researchers became interested in identifying broader measures of well-being other than income (Rapley, 2003). To add strength to the rising importance of subjective well-being, studies conducted in the 1970s indicated that objective measures of well-being only accounted for a small proportion of individuals' subjective assessments of well-being (Cummins, 2000; Diener & Suh, 1997). The focus on subjective well-being research emerged from American thinking on quality of life, which equated individual welfare with subjective well-being, and the measurement of welfare (i.e., well-being) relied upon individual perceptions and evaluations of social conditions (Noll, 1996).

Subjective well-being is defined as an individual's cognitive and affective evaluations of their life (Diener, 2000). It refers to a self-evaluation of the quality of one's life in general. Subjective well-being is a multidimensional construct that includes cognitive and affective components (Diener, 1984). The cognitive component consists of life satisfaction; the affective component consists of positive affect and negative affect. Subjective well-being is generally defined as an individual's cognitive evaluation of life, the presence of positive or pleasant emotions, and the absence of negative or unpleasant emotions (Oishi, S., et al., 1999). People are said to experience greater subjective well-being when they feel happier, are involved in interesting

activities, experience more pleasure, and are generally satisfied with their lives (Diener, 2000).

The cognitive component, i.e., life satisfaction, refers to an individual's judgment or evaluation of his or her life as a whole (Diener, 2000). Life satisfaction is a person's subjective perception of the quality of life based on their preferences in various domains of life (Henrich & Herschbach, 2000). It is an integral part of subjective well-being, and it is a psychological variable that is valuable for understanding adolescents and the problems that they have. For example, life satisfaction predicts the development of depression and suicidal ideation in adolescents (Park et al., 2005). The affective component refers to moods, feelings, and emotions. Positive affect is the experience of pleasant positive emotions and moods, which are reactions to what is happening in one's life, and negative affect is the experience of emotional distress and unpleasant moods (Diener, 2000). Pleasant emotions include joy, happiness, contentment, and elation; unpleasant emotions include sadness, depression, anxiety, and danger (Diener et al., 1999).

The layman's term for subjective well-being is happiness, satisfaction, and pleasure. It is concerned with the scientific analysis of how and why people experience their lives in positive ways (Diener et al., 2003). Individuals with positive subjective well-being experience greater positive affect and lower negative affect, in addition to the overall judgment that one's life is a good one (Diener, 1994). Researchers have preferred using life satisfaction as a measure of subjective well-being because it is more stable over time while still being sensitive enough to capture changes in life circumstances compared to affect measures, which ask about momentary feelings (Pavot & Diener, 1993; Schuessler & Fisher, 1985). A person's momentary feelings can vary greatly depending on their current mood.

The components of subjective well-being are related but separable constructs. The components should be examined independently to increase understanding of the relations between the components of subjective well-being as well as the variables that are thought to be determinants of subjective well-being (Diener, 1984; Gilman & Huebner, 2000). Studies have shown that positive affect and negative affect contribu-

tions to subjective well-being are not equal in magnitude; for example, negative affect seems to be more reactive to external circumstances than positive affect (Larsen, 2009; Yárnoz-Yaben et al., 2015). To get a comprehensive understanding of subjective well-being, there is a growing trend to identify all three components as subjective well-being measures: life satisfaction, positive affect, and negative affect (Seligman, 2002).

Variation in levels of subjective well-being has been explained by demographic variables such as age, gender, relationship status, education, socio-economic status, etc. Socio-demographic variables explain 8%–20% of the variance in subjective well-being (Argyle, 2013; Diener et al., 1999). Financial stress may affect children's physical and mental well-being, and studies show that the effect may continue to persist in later life. For example, low socio-economic status negatively affects the health and well-being of children, and the negative effect tends to remain in later life stages (Bradley & Corwyn, 2002; Wickrama et al., 2008). Socio-economic status is also often related to substance use. Low socio-economic status during childhood increases the use of substances such as marijuana and nicotine during emerging adulthood (Buu et al., 2009). On the other hand, there are studies showing that among teenagers, a parent's socio-economic status is not related to global satisfaction and ill-being, but adolescents with both parents employed reported higher self-esteem and fewer problems in life compared to those with only one employed parent (Rask, K et al., 2002). According to research conducted in urban India, socio-demographic variables have a minimal effect on subjective well-being, and the majority of the subjects in the study are of middle socio-economic status (Agrawal et al., 2011).

Self-Determination Theory (SDT) conceives that psychological need satisfaction is one of the mechanisms that link self-related constructs to well-being outcomes (Gunnell et al., 2017). According to SDT, there are three basic psychological needs: the need for autonomy, competence, and relatedness; an individual's ability to satisfy these needs can determine well-being (Deci & Ryan, 2004). The need for autonomy is related to feelings of being empowered and having control over one's behavior and life; the need for competence is closely associated with the feeling that one is capable

when interacting with others; and the need for relatedness is the need to feel connected to and valued by others (Deci & Ryan, 2004). Self-compassion, emotion regulation, and perceived social support can help satisfy these basic psychological needs.

Self-compassion enhances self-autonomy by encouraging self-kindness and actions driven by innate motivation (Neff & Dahm, 2015). It also improves perceived competence, as people high in self-compassion view their life experiences, both positive and negative, as part of a larger human experience and have greater self-kindness and emotional balance (Neff, Hsieh, & Dejitterat, 2005). Self-compassion also facilitates the perception of relatedness by helping one understand that one's own needs are as important as the needs of others and are worthy of attention too (Yarnell & Neff, 2013). On the contrary, having low self-compassion may lead to self-critical thoughts and undermine perceived competence (Neff et al., 2005).

The ability to regulate emotions reflects competence. Using adaptive (integrative) emotion regulation does not interfere with the satisfaction of these needs; it helps individuals deal with emotionally salient situations effectively and enables them to communicate their emotions openly, which is likely to elicit appropriate social support from others. On the other hand, the use of maladaptive emotion regulation strategies (dysregulation and suppression) results in frustration because they involve hiding true emotion (suppression) or making people feel that their emotions make them behave in ways they would not normally do (dysregulation). These prevent them from communicating openly about their emotions and may push people away, reducing the probability of getting appropriate support from others and connecting with other people.

Perceived support from social networks helps achieve the need for relatedness and connection. Family has been identified as the primary socialization mechanism (Ümmet, 2015). Family and friends are predominantly present in one's life, and studies have highlighted that family and friends play an important role in determining an individual's satisfaction of the primary psychological needs (Leversen et al., 2012; Milyavskaya & Koestner, 2011). Perceiving support from family, friends, and significant others builds a sense of connection and of being valued.

In individualistic cultures, moods and emotions are stronger predictors of life satisfaction than relationship satisfaction, while in collectivistic cultures relationships appear to be a better predictor of life satisfaction (Diener, 2012). Research studies showed there was a link between relationship satisfaction and both the cognitive and affective components of subjective well-being in collectivistic cultures (Chou, 1999; Tam et al., 2012). In these cultures, relationship satisfaction was the main predictor of subjective well-being (Diener, 2012; Galinha et al., 2013). Collectivistic society places a strong emphasis on self-control and emotional restraint in order to achieve harmony within the group or society (Zhang et al., 2014). Happiness and relationship satisfaction seem to be strongly related, even after controlling for personality traits, and individuals high in global life satisfaction evaluate their social relationships as more satisfying than individuals low in global life satisfaction (Lyubomirsky et al., 2005; Oishi & Diener, 2001).

Self-Compassion

Self-compassion refers to being kind, considerate, and compassionate toward oneself during difficult times (Bennett-Goleman, 2001). Self-compassion involves 'being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding and nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience' (Neff, 2003a,b). Self-compassion is a healthy attitude towards oneself and promotes a healthy relationship with oneself. It offers a healthy self-view that can promote resilience among adolescents. Extending compassion to oneself during difficult times reduces feelings of isolation and helps people cope better with the situation (Neff, 2003b). It also protects from the negative effects that it may have, even if the difficulties or sufferings stem from one's own fault or personal inadequacies.

Although self-compassion has been discussed in Eastern philosophy, particularly in Buddhism, for centuries, in western psychology, the concept of self-compassion has only been scientifically studied for more than a decade. Neff's (2003a,b) publication of two articles that described the construct of self-compassion

and the development of a scale for measuring self-compassion marked the beginning of the scientific study of self-compassion in psychology. Self-compassion, explored in psychology, is a substantial psychological construct derived from Buddhist thought (Neff, 2003a,b).

According to Neff (2003a,b), self-compassion is made up of three mutually interacting components: 1) Self-kindness versus self-judgment. This refers to being kind and understanding to oneself rather than engaging in harsh self-criticism and judgment. The self is treated with unconditional acceptance and affection despite failure, suffering, and personal shortcomings. 2) Common humanity versus isolation. This involves recognizing suffering as part of the common human experience. It also refers to understanding that all human beings have limitations and experience suffering, and that our experiences should be viewed as part of common human experiences rather than as unique and isolating. Accepting imperfection and life challenges as part of life makes a person feel less isolated in their pain and suffering. 3) Mindfulness versus over-identification. Mindfulness here means acknowledging one's painful experiences from a balanced perspective, neither ignoring nor exaggerating painful thoughts and emotions. This involves holding one's painful thoughts and feelings in balanced perspective rather than exaggerating the situation and being carried away by the negative feelings or over-identifying with the problem.

The "compassion" part of self-compassion has a similar meaning to the general definition of compassion. Compassion includes the recognition and awareness of suffering, emotionally connecting with the suffering, acting to relieve suffering, or the desire to act in order to ease the suffering (Jazaieri et al., 2012). Compassion also includes distress tolerance, i.e., the ability to stay with difficult emotions when faced with suffering (Dalai Lama, 2012), and common humanity, i.e., the understanding that suffering is an experience shared by all humankind (Feldman & Kuyken, 2011; Neff, 2003b; Pommier, 2010). The same compassion can be extended towards oneself when suffering occurs, whether it is due to others' faults or one's own fault and failure, or when life circumstances are simply painful and difficult to accept.

Integrating the different definitions and concepts of compassion, Strauss et al. (2016) define compassion as a cognitive, affective, and behavioral process that consists of five elements that refer to both compassion for oneself and compassion for others: 1) Recognizing suffering 2) Understanding the universality of suffering in human experience 3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance) 4) Tolerating uncomfortable feelings aroused in response to the suffering person (e.g., distress, anger, fear), so remaining open to and accepting of the person suffering and 5) Motivation to act/act to alleviate suffering. Gu et al. (2016) tested the features of compassion given by Strauss et al. (2016) and developed a scale for measuring self-compassion and compassion for others. The scale consists of five subscales, the same as the features of compassion given by Strauss et al. (2016): recognizing suffering, understanding the universality of suffering in human experience, feeling empathy for the person suffering, tolerating uncomfortable feelings, and motivation to act/acting to alleviate suffering. The process involved in compassion is the same whether it is directed toward the self or others (Feldman & Kuyken, 2011; Gilbert, 2014).

Self-compassion is activated when encountering suffering; the individual first has to recognize their suffering in order to show self-compassion. The ability to reassure oneself, i.e., having a warm and encouraging attitude toward oneself, helps humans understand that flaws and failures are common experiences shared by all human beings. This helps one relate to oneself in a self-compassionate way when encountering unfavorable situations (Castilho et al., 2015; Gilbert et al., 2004). Showing emphatic concern for oneself and being kind to oneself rather than being harsh and critical towards oneself in times of suffering makes it easier to look at the current situation from a balanced perspective. This helps to see one's suffering, imperfection, or failure as shared human experiences and lessens the degree of self-blame and self-criticism. Being mindful of one's situation and having the ability to tolerate distress without being judgmental or overwhelmed by it decreases self-criticism and increases self-understanding (Jopling, 2000), which enhances self-kindness. The ability to tolerate uncomfortable feelings resulting from suffering is important because being overwhelmed by the situation or the suffering prevents a compassionate response

and also hinders the motivation to act in order to alleviate the suffering (Gilbert, 2010). Mindfulness lessens self-judgment, and the ability to care for oneself without harsh self-judgment increases self-kindness. Being kind to oneself decreases the impact that negative emotional experiences have on a person, which helps maintain a balanced awareness of one's thoughts and emotions.

The absence of self-criticism is the key feature of self-compassion (Doğan et al., 2011). Self-criticism can take two forms: hated self and the inadequate self; the former is more pathological and is characterized by feelings of hatred, disgust, and contempt for the self, while the latter is characterized by feelings of inadequacy and inferiority (Gilbert et al., 2004). The concept of self-criticism is particularly important in understanding self-compassion among adolescents because this developmental stage is characterized by identity exploration (Erikson, 1968) and the development of adolescent egocentrism - personal fables and imaginary audiences (Elkind, 1978). Adolescents tend to believe that their problems are unique and that no one understands them. It is a period when one feels that they are constantly scrutinized by others, making them self-conscious and increasing self-criticism. In their quest to explore their identity, adolescents engage in self-reflection by comparing themselves with others, which stimulates self-criticism and self-doubt (Steinberg, 2013).

The central aspect of self-compassion involves being reassuring and treating oneself kindly rather than harshly criticizing oneself when things go wrong (Gilbert et al., 2004). Individuals who regularly engage in self-critical thoughts and actions experience feelings of unworthiness, inferiority, disappointment, and guilt. Self-critical individuals constantly evaluate themselves with harsh scrutiny; they fear that others will also disapprove of them and fear losing the approval and acceptance of others (Blatt & Zuroff, 1992). Children's experiences with parents or caretakers have a major impact on how the child relates to themselves. When a child's daily experience with caregivers is marked by love and care, the child develops self-soothing behaviors (Gilbert, 2007; Shaver & Mikulincer, 2007), but when it is marked by criticism, shame, and put-downs, the child may develop self-critical ways of relating to himself (Gilbert et al., 2004; Sachs-Ericsson et al., 2006).

In studying human behavior, we cannot neglect individual differences. In fact, some people are naturally self-compassionate, while others are not; however, studies show that self-compassion can be learned. There are several experiments, a self-compassion program, and training that prove that self-compassion can be learned. Most of these studies induce self-compassion by using cognitive restructuring, in which individuals cognitively reframe negative events and thoughts into optimistic and positive ones, playing down negative consequences. Self-compassion involves a certain degree of positive restructuring; people who are high in self-compassion construe negative events in less dire terms than people who are low in self-compassion.

In a study conducted by Leary et al. (2007), participants were asked to report negative events that they experienced over the previous four days. The participants were asked to describe the negative event and rate it based on how bad it was. They also reported their thoughts and feelings about the event. Participants with higher self-compassion were less likely to have negative thoughts and were less likely to use the negative events to describe and form an opinion about themselves than those who were low in self-compassion. Other researchers also induced self-compassion by helping people cognitively reframe negative events. The effects of inducing brief self-compassion on self-relevant thoughts, emotions, and maladaptive behaviors that may result from a lack of self-compassion have been examined (Leary et al., 2007). Neff and Germer's (2013) eight-week mindful self-compassion (MSC) program successfully increased self-compassion and life satisfaction while reducing depression, anxiety, and stress for at least one year. Psychologists are beginning to design intervention strategies that rely heavily on self-compassion (Gilbert & Irons, 2004; Gilbert & Procter, 2006).

There are some misinterpretations and misconceptions regarding self-compassion. It is often misunderstood as weakness and self-pity. There is also a concern that being too self-compassionate will undermine motivation to right the wrong and make a person too self-indulgent. Self-compassion is also misunderstood as biased self-enhancement and prioritizing personal needs over those of others, and is

translated as being self-centered and selfish. In contrast to these misconceptions, research suggests that self-compassion is not a sign of weakness but a powerful way to cope with life's challenges (Allen & Leary, 2010).

Self-compassionate individuals do not run away from one's negative emotions but strive to understand one's reactions with composure (Neff, 2003a). Self-compassion is not a weakness; people with high self-compassion perceive themselves as competent and have low fear of failure (Neff et al., 2005). It is also distinct from self-pity (Goldstein & Kornfeld, 2001). Self-compassion lowers self-pity by acknowledging and accepting negative life events and personal inadequacies as part of common human experiences rather than feeling sorry for themselves. The mindfulness aspect of self-compassion prevents self-directed negativity and over-identifying with negative events.

Studies also show that self-compassion promotes health-related behaviors (Brooks et al., 2012; Kelly et al., 2010) rather than self-indulgent behavior because self-compassionate individuals do not harshly criticize themselves but take necessary actions to rectify the wrongs and modify unproductive behavior with gentleness and patience. Self-compassionate individuals are intrinsically motivated to learn and grow, not because they want to gain social approval. Research indeed shows that self-compassion is positively related to mastery-based goals and negatively related to performance-based goals (Neff et al., 2005).

Self-compassion is not biased self-enhancement (Neff & Vonk, 2009). It does not entail distorting reality or downplaying one's mistake to see oneself in a positive light, or distorting the truth to have peace of mind. Contrary to this, self-compassion is associated with taking greater responsibility for one's mistakes and a positive way of relating to oneself (Leary et al., 2007; Neff, 2009).

Self-compassion is not selfishness. The term 'self' in 'self-compassion' does not mean being selfish and putting oneself above everything and everyone else. It refers to being kind to oneself when confronted with hardships and being emotionally supportive of oneself and others in uncertain times. Most people reported that they

are kinder to others than to themselves, but self-compassionate individuals reported that they treat themselves with kindness just as much as they do others (Neff, 2003b).

Collectivistic cultures emphasize the importance of interpersonal relationships and caring for others, while individualistic cultures emphasize autonomy and individuality. Since self-compassion entails interconnectedness and recognizing common humanity, self-compassion may be easier to foster in cultures that emphasize interdependence rather than a dependent self-concept (Neff et al., 2008). Self-criticism can be adaptive for those endorsing interdependent self-construal because awareness of personal shortcomings may make individuals put more effort into self-improvement so as to function harmoniously with others (e.g., Heine et al., 2001; Kitayama et al., 1997). Since self-criticism is the key characteristic of those who lack self-compassion, individuals from collectivistic cultures may be low on self-compassion. Thus, interdependency may either foster or hinder the development of SC. Similarly, the autonomy associated with individualistic cultures may have the same effect. Independence is associated with caring and concern for the self (Singelis, 1994), which is one of the characteristics of a compassionate person, but at the same time, autonomy is often associated with isolation, which hinders the development of self-compassion. Even within collectivistic culture, different cultures within it may convey different messages on how to relate to oneself, which will likely have an impact on self-compassion.

Emotion Regulation

Emotional regulation is the process or strategy that individuals use to manage their emotions. It is a process by which individuals influence the emotions they have, when they have them, and how such emotions are experienced and expressed (Gross, 1998b). People regulate their emotions to accomplish their goals (Thompson, 1994). There are several ways to regulate emotions. The process may be conscious, unconscious, automatic, or effortful (Cole et al., 1994; Gross & Thompson, 2007). The emotion regulation strategies include internal strategies such as cognitive reappraisal, emotional suppression, and rumination as well as external behaviors like consuming

mood-altering substances, watching television, or seeking support from others (Aldao & Dixon-Gordon, 2014).

The term emotion regulation stands for all the strategies that an individual may employ to modify or manipulate the physiological, subjective, and behavioral aspects of an emotional response. Emotion consists of three response tendencies: 1) physiological – the body's reaction to emotional cues 2) cognitive or experiential – how we think and feel about the situation and 3) behavioral – the way we react to emotion, which can be seen in behavior (including verbal and non-verbal behavior). Anything that can potentially elicit emotions is called an emotional cue. Emotion generation begins with evaluating emotional cues, which then activate response tendencies. Once these tendencies arise, they can be revised and transformed, thus enabling the emotion regulation process. At least in a western cultural context, emotion regulation is associated with an attempt to decrease the experience and/or behavioral aspects of negative emotions such as anger, fear, and sadness (Gross et al., 2006). However, positive emotions can also be regulated. Emotion regulation involves not only down-regulating emotions, but it can also be an attempt to maintain or increase the experiences and/or behavioral aspects of emotions.

Emotion regulation involves not only reducing the strength and frequency of emotional states but also developing the capacity to generate and prolong emotions (Cole et al., 1994). Emotion regulation involves a broad network of processes, including all the conscious and unconscious strategies used to increase, decrease, or maintain one or more components of an emotional response (Gross, 1998a). Emotion regulation involves regulating one's own emotions as well as the emotions of others. Gross (2015a) identifies two ways of regulating emotions: intrinsic and extrinsic. Intrinsic emotion regulation is regulating one's own emotions, and extrinsic emotion regulation is regulating others emotions.

Emotions are important for survival and make life exciting, but at the same time, they can be destructive. Acting on one's emotions and expressing everything one feels is not always appropriate, so, intentionally or unintentionally, people regulate their emotions every day. The strategies used to control emotions are considered

adaptive or maladaptive depending on the consequences they tend to produce (Kring & Sloan, 2010). For instance, rumination is considered a maladaptive emotion regulation strategy because it is associated with increased anxiety and depressive symptoms as well as substance use (Aldao et al., 2010). Emotion regulation strategies that are negatively associated with psychopathology are considered adaptive, for example, acceptance and problem solving (Kring & Sloan, 2010). Although there are various emotion regulation models and measures (e.g., Garnefski et al., 2001; Yap et al., 2010), the most frequently adopted emotion regulation model is the process model of emotion regulation.

Gross (1998b) developed the process model of emotion regulation. According to this model, emotion regulation occurs at different time points in the emotion experience: situation selection, situation modification, attentional deployment, cognitive change, and response modulation. Situation selection refers to taking actions that will increase or decrease the likelihood of being in a situation that is expected to elicit desirable (or undesirable) emotions. It involves selecting situations on the basis of their likely emotional impact. Situation modification refers to taking actions that directly modify an external or physical situation to alter the emotional impact. Situational modification involves modifying the external physical environment but does not include the modification of an internal situation, such as thoughts. Attentional deployment refers to directing one's attention towards or away from something to influence one's emotional response. A common form of attentional deployment is distraction. Cognitive change is the process of altering one's assessment of a situation in order to change its emotional impact. It can be applied to both external and internal situations. Response modulation is the process of directly influencing the experiential, behavioral, or physiological components of an emotional response after it has fully developed.

Gross (2015b) extended his process model of emotion regulation and named it the extended process model of emotion regulation. This model adds in the concept of interacting valuation systems, and according to this extended model, there are three valuation systems involved in emotion regulation. The first stage of emotion

regulation is the identification stage. This stage involves identifying emotions and is concerned with whether to regulate emotion. The second stage is the selection stage. This stage involves identifying the available emotion regulation strategies and is concerned with choosing a particular strategy that will be most successful for regulating emotion depending on the external contextual factors. The third stage is the implementation stage. This stage is concerned with implementing the emotion regulation strategy most suited to the present situation.

The process model of emotion regulation categorizes emotion regulation strategies into antecedent-focused and response-focused categories depending on when they have their primary impact on the emotion-generative process (Gross & John, 2003; John & Gross, 2004). Situation selection, situation modification, attentional deployment, and cognitive change are categorized under antecedent-focused emotion regulation, and response modulation is categorized under response-focused emotion regulation.

In an antecedent-focused strategy, emotion is regulated at the early stage of the emotion-generative process, i.e., before the emotion response tendencies have the chance to be fully activated and change the physical and behavioral responses. It refers to the strategies used to modulate emotion before actually experiencing it. In a response-focused strategy, emotion is regulated after the emotion response tendencies have been fully activated. It refers to the effort to regulate the expression of felt emotion (John & Gross, 2004). A common antecedent-focused strategy is cognitive reappraisal, and a common response-focused strategy is expressive suppression.

Cognitive reappraisal and expressive suppression both use down-regulation to regulate the emotion. However, their approach to altering the emotion is very different (Gross, 2002). Cognitive reappraisal is an antecedent-focused strategy, while expressive suppression is a response-focused strategy. In the cognitive reappraisal strategy, the focus is on reinterpreting an emotion-eliciting stimulus or situation in order to change its emotional impact to be more positive or decrease the strength of the emotional impact**.** Expressive suppression is the process of regulating emotions by suppressing the expression of felt emotions. It does not transform the intensity or

impact of the emotion; it only controls the expression of emotion. Since cognitive reappraisal successfully transforms the experiential, behavioral, and physiological responses, it is helpful for reducing the experiences of negative emotions or even changing the experience to a more positive one. Expressive suppression, as it only suppresses the expression of the felt emotion, is not helpful in reducing the intensity of the felt emotion and can lead to incongruence between inner experience and outer expression (Rogers, 1951).

Cognitive reappraisal and expressive suppression both help regulate emotions. Those who use either of the strategies more frequently are more successful at regulating their emotions compared to those who use the strategies less frequently. However, the strategies adopted to regulate emotions have an effect on both physical and psychological well-being, so it is not enough to just regulate the emotion; the way we regulate the emotion matters (John & Gross, 2004). Supressing emotion leads to discrepancy between the inner self and behavior which often results in inauthenticity. Individuals who are inauthentic are inclined to behave in ways that are incongruent with their inner feelings and attitudes in order to gain approval from others or avoid social rejection (Gross & John, 1998). Negative feelings about oneself and alienation from oneself and others come with the sense of not being true to oneself. Cognitive reappraisal is considered an effective strategy to regulate emotion, while expressive suppression is regarded as less effective since it only inhibits the behavioral expression of the ongoing emotion without changing the effect of emotional subjective experience (Gross, 1998b).

The ability to regulate emotion is an important milestone in child development. It is critical for promoting the social and emotional well-being of children, adolescents, and adults alike. The ability to manage emotion develops and becomes more sophisticated in children and adolescents as conceptual skills, neurological changes, temperamental individuality, and social influences grow (Thompson, 1994). Young children often express their emotions as they are, and there is little effort to regulate emotions during early childhood. As such, support from others, such as caregivers, is needed to help regulate emotions during early childhood (Kopp, 1989).

In general, as individuals get older, their reliance on others to regulate their emotions decreases, and emotions are increasingly effectively regulated using internal regulatory strategies. Adolescents decrease their reliance on parental support to regulate their emotions and increasingly use internal emotion regulation strategies; however, early adolescents have limited efficacy of adaptive internal emotion regulation, and with age, there is an increase in the use of adaptive strategies and a decrease in the use of maladaptive strategies to manage emotions (Gullone et al., 2010; Zimmermann & Iwanski, 2014). Emotions are increasingly effectively regulated through internal regulatory strategies as individuals mature into adulthood (Gross, 2001).

Cultural rules guide the appropriate or inappropriate expression of emotional states, depending on the social context. As children come to understand the display rules of emotion and acquire more emotion-regulation skills, they develop an understanding that the emotions expressed do not necessarily correspond to the emotions experienced (Zeman et al., 2006). As children grow, they become more competent at controlling their emotions and gradually develop a variety of self-initiated emotion regulation strategies, which they use to meet an increasingly complex set of social and personal goals (Thompson et al., 2008). From middle childhood and throughout adolescence, the ability to regulate one‘s emotions continues to increase.

Culture plays a role in determining how we regulate emotion. Every culture has its own norms, values, and beliefs that guide the thought process. For example, individualistic societies value attaining one's personal goal and openly expressing emotion, while collectivistic cultures emphasize mutual obligations and expectations based on ascribed status; suppressing the expression of negative emotion is likely to be valued for harmonious relationships with others (Butler et al., 2007; Oyserman et al., 2002). The collectivistic society emphasizes self-restraint and emotional control (Zhang et al., 2014) in order to attain harmony within the group or society. In collectivistic societies such as those in Asia, interdependence is valued, which seems to encourage the use of expressive suppression for pro-social reasons, while in individualistic societies such as those in western countries, expression of emotion is encouraged while at the same time discouraging suppression of emotional experience for

self-protection (Markus & Kitayama, 1991; Oyserman et al., 2002). A person tends to use culturally appropriate emotion regulation strategies to control their emotions. Depending on the culture alone, it is likely that individualistic societies will be frequent users of cognitive reappraisal and collectivistic societies will be frequent users of expressive suppression. However, with globalization and the influence of western culture and development, the difference between so-called individualistic societies and collective societies may become less pronounced.

Cognitive reappraisal and expressive suppression are negatively related in individualistic societies such as America (Gross & John, 2003; John & Gross, 2004). The same relationship may or may not apply to other cultures. For example, suppression was related to lower life satisfaction among individualistic cultures such as Germans but not among collectivistic cultures such as Hong Kong, Chinese and Japanese (Schunk et al., 2021).In cultures where social orders are highly valued, such as collectivism, there will be a greater need for regulating emotions in order to maintain social orders. In such cultures, cognitive reappraisal and expressive suppression may be positively related. The positive relationship may also suggest a greater need for regulation of emotion (Matsumoto et al., 2008). In a large international study among university students from 23 countries, cognitive reappraisal and expressive suppression are positively related among the students from India, Japan, the United States, and Nigeria, and the relationship is weak to moderate (Matsumoto et al., 2008).

Perceived Social Support

The American Psychological Association (2007) defines social support as "the provision of assistance or comfort to others, typically in order to help them cope with a variety of biological, psychological, and social stressors. It is the perception of having a social network to turn to in everyday situations and in times of crisis (Taylor, 2011). Social support provides a sense of being loved, cared for, and listened to, which are the basic emotion-sustaining qualities in a relationship (Umberson & Montez, 2010). It entails the provision of psychological and tangible resources by one's social network, aimed at assisting the ability to cope with stress (Cohen, 2004). Social support can be provided by a variety of social networks, such as family mem-

bers, friends, and significant others (Cohen et al., 2000; Rosland et al., 2012; Zimet et al., 1988). It can also be provided by the organization one is a part of, such as by colleagues, religious institutes, professional caregivers such as nurses and doctors, etc. Social support is a two-way process that involves receiving and providing aid to others.

It is important to identify the different characteristics of the support received from different sources. By implication, support from the family network has a longer duration than support from friends. However, during adolescence, friends become the central social network, and relationships with friends become more significant compared to childhood. The essential principle of a friend's support is gaining empowerment (Burke et al., 2019); through social support received from friends, adolescents gain empowerment. Psychological empowerment is the process through which one gains control over significant issues in his or her life. Empowerment is an important process for recovering from mental illness. Social support or perceived social support received from friends also has the potential to enhance one's self-perception of interpersonal competence, which increases the level of empowerment. Positive social support from friends provides the opportunity to observe success in other peers, which reinforces personal self-efficacy (Burke et al., 2019). Thus, peer support has a strong impact on mental health (Burke et al., 2019). Social support from friends may influence a peer's psychological well-being through empowerment and self-efficacy.

Social support is a complex concept that can be described in numerous ways, depending on how it is studied. Social support can be divided into two main aspects: structural and functional (Kawachi & Berkman, 2001). The structural aspect of social support includes the existence, type, and quantity of social support, whereas the functional aspect refers to the quality of the relationships within the social network. The structural part of social support can be described in terms of the characteristics of a social network, the kind of social network that an individual is part of, and the types of support received. It is often measured quantitatively (Hutchinson, 1999). The functional part of social support can be described in terms of the quality of the rela-

tionship, such as satisfaction with social support received and perceived social support. Functional support evaluates the resources that network members provide, assessing the availability of psychological and material resources from an individual's interpersonal relationships (Rodriguez & Cohen 1998).

Social support is a multidimensional construct that has been conceptualized, defined, and measured in multiple ways. Theorists and researchers have identified various components of social support. According toHouse et al. (1982), there are four types of support, which are often referred to as the components of social support: 1) Emotional Support – Reassuring the individual that he or she is cared for, valued, and esteemed 2) Information Support – Providing necessary or useful information to help cope with life's problems 3) Tangible Support – Helping in the form of physical or material resources 4) Appraisal Support – Involving information relevant to self-evaluation or social comparison.

Depending on the support network and the type of people that provide support, social support can be generally put into three categories: Primary Social support occurs when support is provided by close family members. Secondary social support occurs when support is provided by distant relatives, friends, neighborhood, community, and workplace. Tertiary social support occurs when support is provided by formal organizations, e.g., hospitals, computer-supported social network systems.

In terms of social support received, a distinction could again be made between perceived available support and support actually received. In view of this distinction, social support is understood as the perceived availability of help when needed and the support actually received; the former may pertain to believing the availability of help intimes of need, and the latter to help provided within a given time period.Received support and perceived social support are sometimes used interchangeably, but they are different. Received support includes only the support that is received and remembered by the receiver (Brock & Lawrence, 2010); perceived social support, on the other hand, refers to the belief that help will be available when needed. Received support may be understood as the number of times a person has received supportive behavior, while perceived social support may be seen as a person's

subjective view that help is available when needed. Perceived social support reveals a person's judgment of the quality of their social network and is more subjective in nature (Barrera, 1986).

One of the most studied areas of social support is perceived social support.The concept of perceived social support was first theorized by Sarasonet al. (1986, 1991).Perceived social support is an individual's cognitive perception that they have reliable social ties with others and trust that help will be available to them when needed (Kozaklı, 2006). Perceived social support focuses on the importance of support perceived by an individual from their social network and its contribution to well-being, either directly or by acting as a buffering agent. It focuses on a person's perceived level of support as well as the availability of support when needed. Social support is widely studied in terms of perceived social support in research, and most definitions and measures of social support use the concept of perceived social support (Chiu et al., 2016; Chronister et al., 2006).

Perceived social support is defined as the extent to which individuals believe that their needs for support, information, and feedback are fulfilled (Procidano& Heller, 1983). The perception of social support is as important as the actual social support received since it affects the way individuals perceive the world and themselves. A meta-analysis shows that a lack of significant relationships with others predicts mortality even stronger than that of lifestyle behaviors such as smoking and physical activity (Holt-Lunstad & Smith, 2012). The perception of social support available to the person may be more important than the actual support received. With regards to mental health, perceived social support is more important than the quantity of support available (Chu et al., 2010; Rueger et al., 2016). Perceived social support is influenced by personal factors, both long-standing traits such as personality and temporal changes such as changes in mood and attitude. It also depends on the availability of supportive structures in the environment.

Social support may not be available on all social networks. Even when a certain social network offers social support, it cannot be assumed that it will ceaselessly provide the support because social support is highly conditioned by many environ-

mental, personal, and cultural factors. As humans grow, circumstances often force people to change their social circle. For example, a person who enrolls in college differently than his or her current peer will likely form new friendships and may obtain more support from his or her college friends than from the friends he or she left behind at home. Also, during adolescence and emerging adulthood, there may be changes in the peer circle as adolescents explore their identity; they become friends with whom they share similarities and may let go of some of their friends with whom they have no to little common interest. As support may be obtained from different social networks, it is important to identify the source of support. Scales have been developed to identify the source of support as well as the most helpful support system. For example, Procidano and Heller (1983) developed a scale to measure perceived social support from friends and family. The same was also done by Zimmet et al. (1988), who identified three sources of support, namely friends, family, and significant others.

Not all aspects of social support are equally protective against stress (Stetler & Miller, 2008), and different kinds of stressors generate different kinds of needs. Although assistance is provided to assist and improve the recipient's well-being, the resources provided, even when provided with good intentions, can have either a positive or negative impact (Cohen & Syme, 1985). In fact, notall social networks provide well-intended support. Social support is most beneficial when it meets the needs of the recipient (Maisel & Gable, 2009). Providing effective social support is not always easyfor the support provider, and the support provided may even be unhelpful or rejected when it is provided by the wrong person. Emotional support is most beneficial if it comes from intimate others, whereas information and advice may be more valuable coming from experts. To provide effective social support, it is important to understand and have knowledge of the kind of support that person needs. The benefits of social support are greater when the support provider is perceived to be responsive to one’s needs (Selcuk & Ong, 2013).

Social support influences well-being in two ways: the main effect model and the stress-buffering model (Cohen & Wills, 1985). The direct model implies that per-

ceived social support has a direct effect on well-being, whether stress is present or not. The buffering effect implies that social support has an effect on well-being by reducing the amount of stress experienced and reducing the detrimental effects of stressors. It also prevents and alters the maladaptive behavioral response to stress (Cohen et al., 2000). Receiving social support benefits a person mentally and physically. Similarly, being a support provider has benefits for mental and physical health (Li & Ferraro, 2005; Piliavin& Siegel, 2007). Optimal levels of health and well-being result not only from receiving support from social networks but are also a result of meaningful participation in social networks. Individuals tend to maintain and tighten relationships with people or organizations that provide them with the support they need. Strengthening attachments with these people and organizations creates a positive social world, and being embedded in this positive social world is powerful for enhancing mental and physical health.

Social support may vary depending on socio-demographic variables. There are a number of studies that focus on the relationship between social support and socio-demographic variables, but the results are inconclusive. Some studies have reported that individuals with lower socio-economic status also have fewer social networks and lower social integration (House et al., 1988; Thoits, 1995). While there are studies that show that there is a positive association between perceived support quality and economic status (Strine et al., 2008; Turner & Marino, 1994),there are also studies that find no association between the two (Ross & Mirowsky, 1989). Depending on the kind of social support studied (for example, social network size, types of support, perceived social support, etc.), social support may or may not vary by gender or sex.

In collectivistic cultures, especially among East Asian countries, interdependence is greatly endorsed, and perceived support is expected to have lower emotional costs than in individualistic cultures. In individualistic cultures, support may compromise an individual's sense of independence (Uchida et al., 2008),but in collectivistic cultures, support highlights that a person conforms to cultural values of interdependence. Although perceived support is norm-congruent in Asian interdependent

cultures, nonetheless, it may also entail emotional costs, even among Asians. Those receiving support may feel that they cause trouble for the support provider (Kim et al., 2008) and may feel like they are inconveniencing others. It is a moral obligation to offer support when there is a need for it, especially in Asian contexts (Miller & Bersoff, 1992). Perceived support proved to be most beneficial in contexts where cultures encourage interdependence and in support-requiring situations (Park et al., 2012). This effect seems to be stronger for individuals with support-accepting personal styles (Park et al., 2012).

Relationship between Well-Being, Self-Compassion, Emotion Regulation and Perceived Social Support

Self-compassion, emotional intelligence, and perceived social support contribute to the development of adolescents' well-being, and several studies have proven it (Bluth & Blanton, 2015; Emadpoor et al., 2016; Gülaçti, 2010; Hertel et al., 2009; Mavroveli et al., 2007; Neff & McGehee, 2010).

Self-compassion can be viewed as an effective emotional regulation strategy. In fact, it is an important part of emotional intelligence since the features of self-compassion enhance the ability to examine one's own emotions from a balanced perspective and to skillfully use the information to guide thinking and actions (Salovey & Mayer, 1990). A clear understanding of the current situation helps individuals adopt the actions needed to change themselves or the environment in effective and appropriate ways (Folkman & Moskowitz, 2000; Isen, 2000). Self-compassion, by facilitating the capacity for emotional discrimination and recognition, enables the ability to regulate emotion, which is also useful for coping with low mood states (e.g., Aradilla-Herrero et al., 2014; Balluerka et al., 2013). Adolescents and young adults who are open to their emotions and who are understanding towards themselves have more capacity to self-sooth, pay attention to and make clear distinctions about their feelings, and have a greater ability to regulate their emotions (Castilho et al., 2017, Neff & McGehee, 2010).

When seeking social support, highly self-compassionate individuals have a greater chance of benefiting from indirect or implied support compared to those low in self-compassion. Individuals with higher self-compassion also perceive higher social support (Neely et al., 2009). In a study where participants were made to write an essay about their greatest weakness, self-compassionate individuals were more likely to use words that imply social connectedness, such as 'we' that refer to relationships with friends, family, and other people in general (Neff, Kirkpatrick, et al., 2007). Social support encourages using effective coping strategies and acceptance when dealing with stressors; the challenges and problems are seen as manageable and transient (Feeney & Collins, 2014). A study by Neff and McGhee (2010) found a significant positive correlation between self-compassion and feelings of social connectedness. However, there is also evidence suggesting that self-compassion is not related to seeking instrumental or emotional support from other people (Neff et al., 2005), but the data are admittedly thin (Allen & Leary, 2010). There is also evidence that people with a secure attachment style, who also tend to have higher self-compassion, use others for social support (Gillath et al., 2005).

Studies have demonstrated that there is a close link between social support and emotion regulation (Marroquín, 2011; Marroquín & Nolen-Hoeksema, 2015*;* Zaki & Williams, 2013). Social support improves emotion regulation as well as increases positive affect and decreases negative affect (Feeney & Collins, 2014). Using expressive suppression during social interactions hinders forming close relationships with others, which gets in the way of receiving and perceiving support from others. Using expressive suppression during socialization is associated with lower social satisfaction, increased distraction, decreased closeness with others, and decreased responsiveness (Marroquín, 2011). Habitual use of expressive suppression results in incongruence between inner experience and outer expression, and those who reported using expressive suppression often also reported feelings of inauthenticity and diminished positive feelings towards others (Cutuli, 2014*;* Gross & John, 2003). Habitual use of cognitive reappraisal shows the opposite effects, such as higher social satisfaction and closer relationships with others, and they are also rated as more likeable by others (Cutuli, 2014*;* Gross & John, 2003), which increases the chance of receiving

support from others. Studies among college students show that those who use maladaptive emotion regulation receive less support from friends and have fewer close relationships with others (English et al., 2012; Srivastava et al., 2009).

Self-Compassion and Well-Being

Studies have consistently proven that self-compassion is related to well-being. Self-compassion leads to positive automatic thoughts, which results in higher satisfaction with life and a lower anxiety level (Arimitsu & Hofmann, 2015). It results in increased positive mind-states such as satisfaction, positive emotion, confidence, curiosity, and connectedness (Hollis-Walker & Colosimo, 2011; Neff, 2009; Neff, Kirkpatrick et al., 2007) and also seems todecrease negative mind-states such as stress, rumination, anxiety, thought suppression, perfectionism, and shame (Barnard & Curry, 2011; Macbeth & Gumley, 2012; Yang, 2016).

Self-compassion promotes well-being and protects against psychopathology. This is true for people of all ages. Self-compassion is strongly associated with well-being among adults and adolescents. The buffering effect of self-compassion against psychopathology is especially beneficial for adolescents and emerging adults since identity formation is one of the major tasks during these periods (Arnett, 2000; Erikson, 1968). Self-compassion helps explain the relationship between personal fable and poor mental health. When adolescents find it difficult to integrate their own experiences with those of others, they tend to be harder on themselves, feel more isolated, and overidentify with their personal problems. Neff and McGehee (2010) found personal fable as a significant predictor of self-compassion; the more egocentric a person is, the lower their self-compassion score. Self-compassion entails self-kindness, which prevents adolescents from overly criticizing themselves when confronting their own characteristics that they dislike. A sense of common humanity helps them see their experiences and imperfections as part of the common human experience, providing a sense of interpersonal connectedness that can help adolescents cope with the fear of social rejection (Collins, 1997). The mindfulness part of self-compassion is believed to prevent one from engaging in negative thoughts and

emotions obsessively and ruminating over them, which often leads to psychological problems (Nolen- Hoeksema, 1991).

One of the most consistent findings in the field of self-compassion research is its inverse relationship with psychopathology (Barnard & Curry, 2011). The level of self-compassion one possesses is related to well-being, with higher self-compassion associated with lower levels of psychological problems such as depression, anxiety, fear of failure, maladaptive perfectionism, thought suppression, and egocentrism (Neff et al., 2005; Neff & McGehee, 2010). A higher level of self-compassion is associated with greater life satisfaction, happiness, emotional intelligence, personal initiative, perceived competence, and social connectedness (Neff et al., 2008; Neff, Rude, et al., 2007).

Studies have shown that individuals high in self-compassion, both adolescents and adults, also enjoy greater life satisfaction, have more positive affect and fewer negative affect, and show fewer symptoms of psychopathology (Bluth & Blanton, 2015; Neff, Rude et al., 2007). Previous studies show that self-compassion is a predictor of well-being. The self-soothing qualities of self-compassion help in coping as well as regulating emotion adaptively, and in doing so, self-compassion acts as a buffer against mental illness (Raes, 2010). Self-compassion generates a positive mindset and makes people less critical of their mistakes, thereby promoting well-being (Zessin et al., 2015). Adolescents who are more self-critical tend to feel isolated, over-identify with their sufferings, and exhibit more symptoms of psychopathology (Cunha et al., 2016).

The important concept of self-compassion, such as self-kindness, common humanity, and mindfulness, is negatively associated with psychopathology (e.g., depression, anxiety, and stress) and positively associated with a sense of coherence and self-efficacy; the opposite is found for self-judgment, isolation, and over-identification, which indicate a lack of or low self-compassion (MacBeth & Gumley, 2012; Van Dam et al., 2011; Ying, 2009). The ability to reassure oneself promotes well-being and buffers against the development of psychopathology (Duarte et al., 2017; Petrocchi et al., 2019; Sommers-Spijkerman et al., 2018).

Emotion Regulation and Well-Being

Cognitive reappraisal and expressive suppression are related to well-being. Individuals who typically use reappraisal and those who frequently use suppression to modulate emotional responses also differ in the way they tackle everyday problems and stressful events. Reappraisers, compared to suppressors, are more likely to handle daily hassles and stressful events in an optimistic way. Emotional cues that have the potential to trigger negative emotions are usually re-evaluated by those using reappraisal to lessen the impact of the negative emotions or interpret the event or stimulus in a positive way, thus protecting the well-being of the person. On the other hand, individuals who habitually use suppression to regulate their emotions express and experience less positive affect than non-suppressors and are also less effective at repairing negative moods (Gross & John, 2003; John & Gross, 2004; Srivastava et al., 2009). Suppressing negative emotion does not make the feelings go away; it only restrains the expression of the negative feelings. This results in incongruence between feelings and their expression. The incongruence poses a threat to the well-being of the person.

Numerous studies have demonstrated that various psychological outcomes are related to the methods used to control emotions and that emotion regulation is an important predictor of subjective well-being and psychopathology (Lei et al., 2014). Studies have shown that regulating emotions using adaptive strategies is associated with the experience of greater well-being and fewer psychopathologies (Hu et al., 2014; Martin & Dahlen, 2005; Mitrofan & Ciuluvică, 2012). Cognitive reappraisal is linked with higher well-being, and expressive suppression is connected with lower well-being (Gross & John, 2003; John & Gross, 2004). Cognitive reappraisal is positively associated with greater life satisfaction (Haga et al., 2009), positive affect (e.g., Balzarotti et al., 2010; Cabello et al., 2013), better social relationships (John & Gross, 2004), and lesser stress-related symptoms (e.g., Lougheed & Hollenstein, 2012; Moore et al., 2008). On the contrary, expressive supression is associated with lower life satisfaction (e.g., Haga et al., 2009), greater negative affect (e.g., Gross &

John, 2003), and higher risk for the development and maintenance of psychopathology (e.g., Ehring et al., 2010; Moore et al., 2008).

Although cognitive reappraisal is healthier than expression suppression for well-being, it is wrong to assume suppression is inherently pathogenic **(**Larsen & Prizmic, 2004). Some people are excellent suppressors, and it is highly adaptive to be able to suppress the expression of emotion in certain social situations (Gross & John, 2003; Gross & Levenson, 1993). Nevertheless, habitual use of expressive suppression to regulate emotion remains maladaptive, correlates with lower well-being, such as lower life satisfaction, and can even elevate levels of depression (Gross et al. 2006; Miles & Gross, 1999). Additionally, other regulation strategies such as rumination and avoidance are associated with negative effects, while problem-solving has a positive effect on well-being (Aldao et al., 2010; Compas, 2009).

A deficit in the ability to regulate emotion is associated with both internalizing and externalizing disorders. Internalizing disorders such as depression often involves difficulty down-regulating negative emotion and up-regulating or maintaining positive emotion (Cole et al., 1994). The main characteristic of externalizing disorders is dysinhibited or dysregulated behavior; anger, an emotion often thought to result from dysregulated affect, is theorized to be a feature of externalizing disorders (Cole et al., 1994). According to research, adolescents who report intense negative affect and mood swings are more likely to exhibit symptoms of depression (Larson et al., 1990). Additionally, children with internalizing and externalizing problems exhibit elevated levels of both anger and sadness (Eisenberg et al., 2001).

Perceived Social Support and Well-Being

Perceived social support is important for the well-being of adolescents and emerging adults (Cobo-Rendón et al., 2020; Diener et al., 2018; Holt-Lunstad & Smith, 2012). Durkheim (1951) proposed that being a part of a social group provides a sense of belongingness and meaningfulness to an individual's life, and a lack of socialization can lead to hopelessness and despair. From this perspective, it seems

that a person's integration within their social network directly affects their psychological well-being.

Studies have shown that subjective well-being is predicted by various aspects of perceived social support (Kelishadi et al., 2018; Siedlecki et al., 2014). For example, perceived family support significantly predicted life satisfaction and negative affect; a greater perception of support from family increases the level of life satisfaction and decreases negative affect (Edwards & Lopez, 2006; Kelishadi et al., 2018; Siddall et al., 2013). Perceived support from friends is also positively related to well-being (Cobo-Rendón et al., 2020). Studies have consistently found a significant relationship between perceived social support and different indices of well-being. Individuals perceiving greater social support also experience higher subjective well-being and fewer psychological problems such as depression, anxiety, and stress (KlaininYobas et al., 2016; Siedlecki et al., 2014).

Perceived social support and social bonds are positively related to both mental and physical health (Cohen & Janicki-Deverts, 2009; Umberson & Montez, 2010). Heaney and Israel (2008) stated that the relationship between health and social support is reciprocal. Health status, both physical and psychological, can influence the extent to which people can socialize, maintain, and extend social support. Social support also influences health behaviors as it has a direct impact on physical, social, and mental health. It also has an impact on individuals' coping resources and organizational and community resources, which may have an effect on physical and psychological health. Studies have shown that both the structural and functional aspects of social support are associated with mental health (Seeman, 1996; Son et al., 2008), but a larger social network alone does not necessarily provide a positive health outcome for individuals with physical health conditions (Burg & Seeman, 1994). On the other hand, having intimate and meaningful relationships has a positive effect on subjective well-being and other mental health indices (Feeney & Collins, 2015; Poots & Cassidy, 2020). As emphasized in Lazarus and Folkman's (1984) transactional stress model, satisfaction with the support received may be more important than the size of the social network.

There is a strong association between dissatisfaction with psychological support and many of its psychological symptoms; dissatisfaction with instrumental support, on the other hand, is not significantly associated with depression but is associated with physical symptoms such as loss of energy and irritability (Martínez-Hernáez et al., 2016). There are several cross-sectional and longitudinal studies that stated that perceived social support and depressive symptoms are inversely related among adolescents and young adults (Allen et al., 2006; Auerbach et al., 2011). Low perceived social support is related to the maintenance of depressive symptoms for people who exhibit perfectionism (Dunkley et al., 2006).

Studies among depressed patients show that psychological and material support from spouses, friends, and family members is associated with better health compared to those with fewer supportive social networks (Cohen & Wills, 1985; Piccinelli & Wilkinson, 2000). Social support reduces the risk of developing psychiatric disorders by buffering the adverse effects of stressful events (G. W. Brown et al., 1987; Cohen & Wills, 1985). In addition to acting as a buffer, social support is beneficial irrespective of stressful events (Aneshensel & Stones, 1982; Burton et al., 2004). Among adolescents, higher perceived social support from friends and family has a positive effect on physical and mental well-being and even academic achievement, while lower perceived social support has a negative effect on mental and physical health (Pedersen et al., 2009). Low social support may adversely affect mental health, exacerbating or creating mental illnesses such as depression and anxious behavior (Eskin, 2003).

Social support has a positive impact on life and decreases psychological stress in general (Flannery & Wieman, 1989; Vaux, 1988). Social support protects individuals against psychological stressors and risk-taking behaviors, including alcohol and drug use (Wang et al., 2016). It also enhances a person's adjustment by enhancing their coping skills, positive effects, self-confidence, self-mastery, and sense of personal satisfaction (Heller et al., 1986; Lee & Goldstein, 2016). For emerging adults, social support from peers becomes more significant, and they increase risk-taking behaviors such as drinking and drug use to facilitate peer interactions (White

& Jackson, 2004). Although peer support becomes more significant for emerging adults, family support, especially from parents continues to be the primary source of support, and parental support remains an important protective factor during this stage (Windle, 2000). Perceiving support from family has been linked with an increase in wellness, such as life satisfaction (Chen et al., 2017).

Gender Difference

In the behavioral sciences, there are theories that argue that gender plays a role in how people behave or express their behavior. The three main theories of gender difference are biological theory, social development theory, and social constructionist theory. Biological theorists propose that genetic and hormonal differences lead to gender differences in behavior that exist at birth or may unfold with age and maturation (Brody, 1999). Social development theorists suggest that children learn gender-appropriate roles and develop gender schema through cognitive learning, socialization, observing their environment, and imitating the same gender model (Liben & Bigler, 2002; Martin & Halverson, 1981). Social constructionist theorists agree with biological and social development theorists but place emphasis on the role of context in which individuals express innate or internalized gender-appropriate behavior. Gender difference in behavior is prominent, especially in situations where society expects the expression of gender-appropriate behavior (S. A. Shields & Shields, 2002; West & Zimmerman, 1987).

Gender Difference in Well-Being

Research findings on gender difference in well-being are inconsistent. A meta-analysis of gender difference in subjective well-being conducted by Haring et al. (1984) concluded that men have higher life satisfaction than women. Other researchers replicated the same result (Pinquart & Sörensen, 2001; Stevenson & Wolfers, 2009). There are also studies that show a reverse result, where men have lower levels of life satisfaction compared to women (Wood et al., 1989; Fujita et al., 1991). Batz-Barbarich et al. (2018), in their meta-analysis, did not find gender difference in the level of subjective well-being. A number of studies show that after controlling de-

mographic factors such as age and marital status, males and females did not significantly differ in their level of subjective well-being (Larson, 1978; Shmotkin, 1990).

Studies show that, among adolescents, males experience greater life satisfaction than females (Newland et al., 2018; Soares et al., 2019). Research conducted in India among college students revealed that male and female students were not significantly different in terms of life satisfaction (Sharma & Jain, 2016). Another study conducted among Indian college students in Kolkata showed that masculinity and daily hassles are important contributors to subjective well-being for both genders (male and female), and male college students enjoy greater subjective well-being than female college students (Basu et al., 2018).

In general, females are sensitive to negative stimuli (Gohier et al., 2011; Yarnell et al., 2015), and they can recognize emotional distress with greater ease compared to males (Aymerich et al., 2021). Women experience more negative affect than men (Hankin & Abramson, 2001; Lucas & Gohm, 2000). In the clinical domain, women compared to men seem to experience a higher level of psychopathology, such as depression, anxiety, and mood disorders (Eaton et al., 2012; Grant & Weissman, 2007). Even though women seem to experience more negative affect, they are also reported to experience a higher level of positive affect than men (Caprara et al., 2006; Wood et al., 1989). There are also studies that show that men experience greater positive affect than women in middle and older adulthood (Easterlin, 2003; Pinquart & Sörensen, 2001). On the other hand, Zuckerman et al. (2017) found in their study that men and women did not differ in terms of positive affect. A study among late adolescents shows that male adolescents are happier than female adolescents (Inam et al., 2021).

Gender roles and societal norms may explain the intensity or frequency of emotions experienced by males and females. Gender role expectations may influence the extent to which emotions are felt and expressed (Nolen-Hoeksema & Rusting, 1999). Society is more tolerant of women expressing their feelings, and expressing emotion is in fact expected from females but not much from males. This gender role expectation may explain a significant part of the gender difference seen in male and

female emotional well-being and also the fact that women experience both positive and negative affect more than men (Plant et al., 2000; Simon & Nath, 2004). Grossman and Wood (1993) find in their research that, without prompting the subjects, extreme emotions are reported more by women than by men, but no sex differences were obtained when emotional responses were manipulated for a person to be either more or less emotionally expressive, thereby controlling the effect of conformity to gender role expectations.

Need-fulfillment theory (Tay & Diener, 2011) hypothesizes that subjective well-being depends on the fulfillment of one's physical and psychological needs; the fulfillment of these needs promotes subjective well-being. The society, norms, and conditions that a person lives in can either support or hinder a person's ability to fulfill physical and psychological needs (Veenhoven & Ehrhardt, 1995). Although the literacy rate difference between men and women in Mizoram (93.35% and 89.27% respectively) is not much compared to that of India (80.88% and 64.6%) (Cencus, 2011; https://www.censusindia.co.in/states/mizoram), still men seem to have more privileges in society, especially with regards to marriage, divorce, and inheritance (Gangte, 2016). Mizo society is patriarchal, but females are not under extreme subjugation; however, Mizo females remained inferior to males in administration, both familial and socio-political (Fente, 2018; Lalrinawma, 2005). Lalkhawngaihi (2020) found in her study that Mizo men enjoy greater emotional well-being, psychological well-being, and overall well-being than women.

Gender Difference in Self-Compassion

Gender norms play a role in the development of self-compassion, though it is unclear in which direction. Females' sympathy is more directed toward others, while males' sympathy is more directed toward themselves (Goldstein & Winner, 2012). Adherence to female gender norms may make it difficult to be compassionate to oneself since women are expected to prioritize the needs of others over their own (J. B. Miller, 1986; Raffaelli & Ontai, 2004). This could evoke shame and guilt when displaying kindness and taking the time to care for themselves during difficult times. Also, research has shown women to engage more in negative self-talk, be more criti-

cal of themselves (DeVore & Pritchard, 2013; Leadbeater et al., 1999), and have a lower level of self-esteem (Gentile et al., 2009; Kling et al., 1999) than men. All these could translate to females having lower self-compassion than males.

On the other hand, the heart of self-compassion is comforting and caring for oneself when suffering is experienced (Neff, 2009), and traditional gender roles expect women to be caring and compassionate but not so much for men (J B Miller, 1986; Raffaelli & Ontai, 2004). In fact, male socialization patterns emphasize emotional restrictiveness and stoicism (Levant, 2011; Riggs, 1997), which may hinder the development or display of gentle and affectionate qualities in men. Although research findings indicate that adherence to masculine gender norms is associated with lower levels of self-compassion (Reilly et al., 2014), men's sense of entitlement may reinforce self-compassion (Toth-Kiraly & Neff, 2021).

Research findings on gender difference in self-compassion have been inconsistent. A number of studies show that females score lower on self-compassion compared to males, and males score higher as compared to females on self-compassion (Neff, 2003b; Neff & Beretvas, 2013; Neff et al., 2005; Neff & McGehee, 2010; Raes, 2010; Yarnell & Neff, 2013). At the same time, several research findings indicate that gender does not play a role in self-compassion (Muris et al., 2016; Neff et al., 2008; Neff, Kirkpatrick, et al., 2007; Neff & Pommier, 2013). The role that gender plays in self-compassion is complex because gender difference interacts with age and ethnicity (Kehn & Ruthig, 2013; Takahashi & Overton, 2002). Traditional gender roles are more prominent among ethnic minorities (Dixon et al., 2008; Goldberg et al., 2012; Pierre et al., 2001), so gender difference is likely to be more pronounced in these populations. Hyde (2005) suggests that gender difference in self-compassion seem to be small or nonexistent and may point to the conclusion that males and females are more similar than they are different psychologically (Hyde, 2005).

Studies showed that female adolescents are less aware of their undesirable thoughts and feelings, have poorer skills to appraise the present experience from a mindful and balanced perspective, tend to be more judgmental of themselves, and feel isolated when confronting painful feelings (Bluth & Blanton, 2015; Cunha et al.,

2016). Self-compassion fosters well-being across all cultures, irrespective of age or gender (e.g., Akin, 2010; Allen & Leary, 2014). At the same time, research also showed that females have a higher level of self-criticism and shame than males (De Rubeis & Hollenstein, 2009; Skrove et al., 2013), and they are also less self-accepting compared to males (Karasawa et al., 2011). A study among the non-clinical population found that women are more critical of themselves compared to men, while men are more self-reassuring compared to women (Baiãoet al., 2014; Xavier et al., 2016). Gender difference in self-criticism may play an important role when considering gender difference in self-compassion. Children's experiences with parents or other caregivers have a major impact on how they relate to themselves.

Gender Difference in Emotion Regulation

The theory of gender difference in emotion expression integrates biological and socialization models and looks at the influence of social context, which is the main focus of social constructionist theory (Brody, 1999). Gender difference in emotion expression result from the socialization of boys and girls to adopt gender-related display rules for emotion expression and also from biologically based temperamental dispositions. The display rules for emotion expression are consistent with gender roles. Girls more than boys are expected to express most emotions more readily and intensely, particularly affectionate emotions such as happiness, and to internalize negative emotions such as fear, anxiety, shame, guilt, and sadness (Brody & Hall, 2008).

Females are given the traditional role of caregiver, so an important gender role for women is to be nurturing. They are expected to display more sympathy and empathy in the form of facial expression and compassionate behavior (Zahn-Waxler, 2001; Zahn-Waxler et al., 1991). Women are also said to be more accepting of their life circumstances compared to men (Graham & Chattopadhyay, 2013; Stocks et al., 2012). On the other hand, males are expected to display less affectionate emotions. However, they have the privilege of expressing externalizing emotions such as anger and dislike more than girls since males are expected to be assertive, independent, and

even aggressive to fulfill their gender roles as protectors and providers for the family (Brody, 1999).

Numerous researchers have studied gender difference in emotion regulation (Flynn et al., 2010; Tamers et al., 2002). Theories and studies have been showing that gender can affect the way we perceive and regulate emotion. Studies have consistently shown that men use expressive suppression more frequently than women, but no consistent gender difference have been found for the use of cognitive reappraisal (Balzarotti et al., 2010; Gross & John, 2003; Gross et al., 2006). Similar findings are observed among adolescents, with boys scoring significantly higher in expressive suppression than girls, and gender differences were not observed on cognitive reappraisal (Gullone & Taffe, 2012; Zhang & Bian, 2020). Females prefer to regulate their emotions using strategies such as rumination, emotional support, cognitive reappraisal, active coping, and acceptance (Tamers et al., 2002), while men are inclined to use expression suppression to regulate their emotions (Cabello et al., 2013; Flynn et al., 2010). Gender could also moderate the relationship between emotion regulation strategies and psychopathology. The use of rumination, a type of emotion regulation, has been linked with experiencing higher levels of depressive symptoms (Nolen-Hoeksema et al., 1993). Nolen-Hoeksema (2000) suggested that rumination mediates the association between gender and depressive symptoms.

Gender Differences in Perceived Social Support

Taking gender role expectations into account, it can be assumed that men and women behave differently when it comes to giving and accepting support, as well as the types of relationships they develop with others. According to traditional gender roles, women are expected to be more helpful than men. Women can more easily create support networks outside of the family context when they engage in nurturing behavior, communality, and affiliation (Kunkel & Burleson, 1999). In this way, gender roles may have an impact on how easily female adolescents give and receive support, as well as how many peer relationships they have.

Women have more intimate relationships with others compared to men (Antonucci & Akiyama, 1987; Berndt, 1982). Developmental literature suggests that peer relationships are more developed in girls compared to boys (Maccoby, 1990). Girls, as compared to boys, tend to engage more frequently in self-disclosure, have stronger interpersonal engagement, and be more concerned with relationship status (Rose & Rudolph, 2006). In contrast to boys, who are more likely to share their interests and participate in activities with their friends, girls are more likely to share their feelings and problems with their friends and place a greater emphasis on mutual support (Caldwell & Peplau, 1982; Frey & Rothlisberger, 1996). On average, women have a larger and more intimate social network compared to men (Belle, 1991).

Men benefit from social support as much as women, if not more (House et al., 1982; Taylor et al., 2003). However, it appears that they are more reluctant to accept and even ask for assistance. As a result of traditional gender roles that place an emphasis on men's strength, independence, and lack of emotional expression (Good et al., 1989), men are more reluctant to ask for help than women are, and asking for help may be embarrassing and carry the potential cost of giving up perceived control, especially for men (Addis & Mahalik, 2003). Due to traditional gender roles that prioritize supporting and nurturing as female roles, it appears that men are more willing to ask for and accept help from women than from men (Barbee et al., 1993). Additionally, men may be more likely to ask for support from females because females are more likely to give support than men (Belle, 1989; Copeland & Hess, 1995).

Research on gender difference in social support yields mixed results; however, the majority of studies done on the general population showed that males consistently use less support than females when dealing with major life events (Taylor et al., 2000).Perceived social support and perceived quality support are higher in females than in males (Bokhorst et al., 2010; Strine et al., 2008; Turner & Marino, 1994). There are also studies that reported that gender difference in perceived social support do not exist among adolescents (Poudel et al., 2020; Tam et al., 2011), but in general, a gender difference is observed in the level of perceived social support (Colarossi & Eccles, 2003; Malecki & Demaray, 2003), with females scoring higher than males,

and the difference is especially prominent in support from friends (Rueger et al., 2010).

A study conducted among Mizo adolescents (13–17 years old) also showed that female adolescents perceive greater support from family, friends, and significant others than male adolescents (Harikrishnan & Sailo, 2020). Another study of gender differences in perceived social support also confirmed that among Mizo adolescents (15–17 years old), female adolescents perceived greater social support than male adolescents (Varkey, 2010). In studies conducted among adults and college students, females reported receiving more support than males (Gonzalez-Morales et al., 2010; Ptacek et al., 1992). The same result is observed among adolescents (Bearman & La Greca, 2002). However, there are also studies that report that gender difference in perceived social support do not exist among adolescents (Poudel et al., 2020; Tam et al., 2011). A study among undergraduate students also showed that male and female adolescents did not differ in their level of perceived social support (Kong et al., 2014). In another study conducted among first-year undergraduate students (18–25 years old) from North East India who are studying outside of North East India, gender difference in the sense of social support were not observed among the students (Devi, 2021).

There are studies that have found that gender difference exist with respect to the function of social support. Martínez-Hernáez et al. (2016) found that when dealing with depressive symptoms, young men and women differ in how they use social support to cope with the symptoms. To deal with emotional distress caused by depressive symptoms, young men want their social network to help them achieve self-control by forgetting about it, while young women want their social network to help them facilitate awareness of their problems by talking about them (Martínez-Hernáez, A. et al., 2016). From this study, it seems that men wanted to spend time with others to forget their problems, while women wanted to talk to others about their problems. There are studies that demonstrate that family support is significantly inversely related to depression for both boys and girls (Colarossi & Eccles, 2003); others show that the relationship is significant only for girls (Kerr et al., 2006).

Family Structure

Family is one of the most significant contexts where values, norms, attitudes, and behavioral patterns are formed (Currie et al., 2004). In general, family acts as a protective factor against mental illness and deviant behavior in adolescents. However, certain aspects of family dynamics can contribute to emotional and behavioral difficulties. Sweeting and West (1995) identify three dimensions of family life that influence an adolescent's mental health and behavior. The three dimensions encompassed in the study are family structure, family culture (which includes parenting style, family cohesiveness, parental support, etc.), and family conflicts (parent-child conflicts). These dimensions can function as both protective factors and risk factors. A study indicated that impaired family structure, improper parenting style, insufficient support from family, and family conflict can potentially pose a risk to well-being (e.g., Hetherington et al., 1992) and are also associated with behavioral problems (Ruschena et al., 2005*).* A change in family structure, especially parental divorce, can have a significant impact on family life in terms of family structure, family culture, and family conflict (Spruijt & deGoede, 1997; Unger et al., 2001).

The main impact that family structures have on children is the instability to which they are exposed if transitions occur in the family (Amato, 2000). Family transitions, such as the loss or removal of a family member from regular interaction for any reason, are likely to adversely affect the well-being of children (Rees et al., 2012). Research suggests that children who live with both parents experience less family disruption compared to those living in stepfamilies (Rees et al., 2012), and they also have fewer problems than those living in other family arrangements (e.g., Bjarnason et al., 2003; Jablonska & Lindberg, 2007). Children of divorced parents may experience emotional distress (Amato, 2001; Kelly, 2007), and those living in single-mother households are more likely to experience financial hardship, less effective guardianship (e.g., Amato, 2000; Breivik & Olweus, 2006), and increased involvement in risk behaviors (Coley & Medeiros, 2007). Children and adolescents from non-intact families, particularly those from divorced families, exhibit a higher prevalence of externalizing and internalizing problems compared to those from intact

families (Hoffmann, 2006*;* Paxton et al., 2007). Adolescents from broken families obtained the lowest scores in various dimensions of psychological well-being when compared to their peers (Elmaci, 2006). Multiple studies have provided evidence that parental divorce increases the risk of problems in children and adolescents (Amato, 2000; Ruschena et al., 2005). Considering all of these factors, adolescents who live with both biological parents are categorized as having an intact family structure, whereas adolescents who live with only one biological parent or without both biological parents are categorized as having a non-intact family structure.

Family Structure and Well-Being

Evidence suggests that family factors may play a particularly important role in adolescent well-being. Living in non-intact families may expose adolescents to particular types of environmental variables that may contribute to their level of risk for developing mental problems as well as substance-related problems. Perceived social support has often been cited in the literature as an important variable that is related to family functioning and substance use, such as alcohol (e.g., Marshall & Chassin, 2000; Wills et al., 1996). In a study conducted by Schütz et al. (2018), children from intact families fared significantly better than those from stepfamilies, single-parent families, and multigenerational families in terms of well-being. Children frequently find it difficult to understand the changes taking place in their family, and they may perceive a parent leaving the family as abandonment (Dunn & Deater-Deckard, 2001). The greater the changes in the family structure, the lower the well-being of the children (Dinisman et al. 2012).

The well-being of children and adolescents is significantly influenced by their family environment. The relationship between the parents, along with other family dynamics, is a key factor in determining well-being. The structure of the family (whether intact or not) nevertheless plays an important role, whether directly or indirectly, in determining well-being, despite studies suggesting that the quality of the relationship or conflict within the family or between parents is an important determinant of well-being (Buehler et al., 1998). The overall well-being of adolescents is

likely to be impacted by a change in their parent's marital status, whether it is due to death, divorce, or separation.

Divorce is linked to a number of events that are stressful for children, and studies showed that children and young adults from divorced families, as compared to those from non-divorced families, are more likely to experience psychological problems like anxiety and depression (Barber & Demo, 2006), have fewer positive relationships with others, and have higher levels of marital instability and dissatisfaction (Fergusson et al., 2014; Mustonen et al., 2011). Parental divorce and the stress it causes have a negative impact on young people's satisfaction with their lives (Chappel et al., 2014). It seems that divorce between parents has a more detrimental effect on the well-being of older children than their younger siblings, as parents tend to disclose negative information about each other to them (Afifi et al., 2013), and it may also have a more negative impact on girls but not on boys (Mustonen et al., 2011; Whitton et al., 2008).

Parental remarriage is also a stressful life event for the children. Children who live with stepparents show a low level of well-being and low academic achievement (Jeynes, 2007; Sobolewski & Amato, 2005). When parents remarry, the dynamics of the family change and every family member must adjust to the new family dynamic. It may be less stressful for those who can adapt to the new family structure, but those who struggle with stepparent-stepchild relationship adjustment have poor well-being (Ganong & Coleman, 2004). Family dynamics such as parental conflict, poor parenting techniques, and a strained parent-child relationship after divorce hinder children's ability to adjust to the new situation, which is likely to have detrimental effects on their emotional, behavioral, and health outcomes (Frosch & Mangelsdorf, 2001; Krishnakumar & Buehler, 2000). Children who carry messages between their divorced parents are most likely to display negative affect, and females who carried messages between the divorced parents displayed the most negative affect (Yárnoz-Yaben & Garmendia, 2016). Carrying messages is a dysfunctional way of communicating in families, where children are used as messengers to relay infor-

mation between parents. Such children take on adult worries and concerns (Segrin & Flora, 2011), diminishing the child's well-being.

In a study among adolescents from intact, single-parent, and step families, those from intact families reported the highest degree of safe family relations, those from single-parent families came in second, and those from step families reported the lowest level of safe family relations (Rask, K et al., 2002). Comparing these three types of families, adolescents from intact families experience trouble and symptoms the least, followed by those from single-parent families and adolescents from step-families experience trouble and symptoms the most frequently (Rask, K. et al., 2002). In the same study, after eliminating adolescents from single-parent families, the analysis showed that adolescents who perceive their parents' relationship as moderate or poor have lower global satisfaction, lower self-esteem, more depressive moods, and a more negative attitude toward life than those who report their parents' relationship as good (Rask, K et al., 2002).

Several studies that focus on the well-being of children from divorced families concluded that females have lower psychological well-being than males (Huurre et al., 2006; Mokrue et al., 2012).This demonstrates that, in both intact and non-intact families, the nature of the relationship between parents affects the well-being of an adolescent. There are studies that show that emerging adults from divorced families have lower life satisfaction and feel more negative emotions than those from non-divorced families, but the difference in life satisfaction is relatively small (Chappel et al., 2014; Yárnoz-Yaben & Garmendia, 2016). Regardless of the family structure, children with a strong sense of acceptance, protection, involvement, attention, and care from their parents seem to be positive about life, which results in higher psychological well-being (Sahu, 2016).

Family Structure and Self-Compassion

The family environment and attachment style have an impact on the development of self-compassion. Gilbert (2005) argued that self-compassion taps into the physiological systems regulating attachment and care-giving behavior, whereas self-

criticism taps into the threat-focused physiological systems of social ranking. This social ranking is characterized by aggressive dominance and terrified submission. From this perspective, growing up in a safe, secure, and nurturing environment provides the opportunity to relate to oneself in a compassionate and caring way, whereas individuals who are raised in an insecure, stressful, and threatening environment are colder and more critical towards themselves (Gilbert & Proctor, 2006). Similarly, individuals with a secure attachment schema can readily tap into the feeling of self-care compared to those with an insecure attachment style.

Theoretically, individuals with an insecure attachment style should have less access to self-compassionate feelings because trust issues and feelings of inadequacy make individuals anxious about whether they are deserving of care. Non-intact family structure has been associated with lower levels of general self-efficacy (Guo, 2019). According to studies, maternal support, family functioning, and attachment style all significantly predict self-compassion, with secure attachment positively correlating with self-compassion and preoccupied and fearful attachment negatively correlating with self-compassion (Neff & McGehee, 2010). Good family relationships impact functioning by providing direct care and support in times of suffering and nurturing compassionate inner dialogues; dysfunctional family relationships, in contrast, are likely to translate into self-criticism, resulting in a lack of self-compassion, meaning that both internal and external coping resources are restricted (Neff & McGehee, 2010).

Family Structure and Emotion Regulation

A variety of environmental factors have an impact on emotion regulation. The family environment plays a crucial role in the development of emotion regulation skills in children and adolescents (Cole, 2014; Zeman et al., 2006). Numerous family factors, such as family emotional climate, parents' reaction to their children's affect, and the functioning of the parent-child relationship, are all identified in research and theory as being essential to the development of emotion regulation (Morris et al., 2007; Thompson & Meyer, 2007)**.** Family environment has been greatly

linked to children's understanding of emotions, their reaction to emotionally charged situations, and their abilities to manage their emotions (Repetti et al., 2002).

The majority of studies that focus on the influence of family on emotion regulation emphasize the impact of parenting techniques on emotion regulation (Morris et al., 2007). Parents can create a nurturing environment for children to learn adaptive emotion regulation skills by being receptive, sensitive, and supportive of their emotional expression (e.g., Grusec, 2011). Punitive parenting practices that are overly controlling and minimize children's expression of negative emotions (Baumeister & Vohs, 2004) are counterproductive to the development of emotion regulation. When parents over restrict their children's emotional expressivity, it decreases their capacity to manage their own emotions (Spinrad, T. L. et al., 2004).

A number of studies indicated that conflicting environments marked by high levels of violence were a major obstacle to the development of emotion regulation skills in children and adolescents (e.g., Brook et al., 2007; Cole, 2014; Mejia et al., 2006). An unpredictable emotional climate in the family puts children at risk of becoming highly emotionally reactive and emotionally insecure (Cummings & Davies, 1996). On the other hand, when the emotional climate is consistent and responsive, children are emotionally secure, and they know what behaviors are expected and the consequences they will face when they misbehave (Eisenberg et al., 1998).

People who experience harsh environments early in life have difficulty managing emotions in challenging circumstances and may compromise the development and use of socio-emotional skills in adulthood (Repetti et al., 2002, 2007). A harsh family environment hampers the development of social skills needed for successful interaction with others (Crockenberg & Lourie, 1996). Every family member contributes to establishing the family emotional climate, but the contribution of parents is particularly significant (Morris et al., 2007, 2017).

Family Structure and Perceived Social Support

Keeping other factors constant, children from divorced families are likely to receive less care and concern than those living with both biological parents (e.g.,

Chung & Emery, 2010), because the single parent will have a lot on their hands meeting the many social demands, especially if the single parent lacks a strong support network. As a result, children from non-intact families are more likely to perceive less support from their parents than those from intact families. There are also studies that found that children from non-intact families receive less academic support and encouragement from their parents than those from intact families (Astone & McLanahan, 1991; Jeynes, 2005).

Ledoux et al. (2002) hypothesized that parents from single-parent, non-intact families are less likely to show parental support than parents from intact, two-parent families. A focus group discussion among Mizo adults about the effects of divorce on Mizo children was conducted by Fambawl (2010) and revealed that divorced men find it challenging to maintain the close relationship they have with their children if the children do not stay with them after the divorce. The focus group discussion also showed that kids from divorced families lose their self-assurance and sense of attachment to the non-resident parent. They isolate themselves out of fear of making mistakes, and they worry about losing their parents' support. This may indicate that children from non-intact families may perceive less support from their parents compared to those from intact families. However, the assistance of extended family members also aids the family members in adjusting to the divorce (Greeff & van der Merwe, 2004; Wolchik et al., 2009); the involvement of grandparents reduces adjustment problems in non-intact families (Attar-Schwartz et al. 2009). The presence of grandparents can be a source of emotional support for children, especially those who experience family transitions (Attar-Schwartz et al., 2009).

Living in a non-intact family has many disadvantages, but it can also have benefits. Adolescents who are raised in single-parent households or without both parents may mature into independent adults more quickly than those who have both biological parents as caregivers. They also tend to be more independent and are capable of making decisions (Riggio, 2004). Their circumstances might also give them insight and equip them with the resilience to face the realities and challenges of life. They may be forced to take on an adult role that grows out of practical necessity

(e.g., Turley & Desmond, 2011), depending on other circumstances such as financial conditions, etc. Chui and Wong (2015) found that adolescents with separated parents scored higher on mental strength than adolescents living with both parents. This finding raises the possibility that the family environment of children from non-intact families may make them more resilient, independent, and responsible, which promotes the growth of a positive identity. Additionally, the effects of divorce on children's development diminish with time, and they may even be beneficial in the long run (Sun & Li, 2002).

CHAPTER – II

STATEMENT OF THE PROBLEM

In order to gain a comprehensive understanding of mental health and well-being, it is crucial to examine and acknowledge the interplay between individual and social factors that impact the lives of adolescents. Psychological and behavioral disorders significantly impact well-being, but the absence of a diagnosable mental disorder does not necessarily ensure high levels of well-being. Individuals who do not have a diagnosable disorder may not be operating at their optimal level (Suldo et al., 2011). Individuals must operate at their optimal level to benefit the most in life. Ensuring an optimal state of well-being appears to be essential for adaptation (Diener & Diener, 1996), and departure from it increases the risk of maladaptive outcomes (Pavot & Diener, 1993).

The concept of well-being has been extensively studied over the years. Optimal well-being facilitates the navigation of challenges that arise during each developmental stage and also facilitates smooth transition from one developmental stage to the next. Understanding the well-being of adolescents is crucial, as the overall mental health of the world is influenced to some extent by the mental well-being of young people, who make up the majority of the population. The World Health Organization (2007) reported that a significant proportion of mental illnesses emerge during adolescence and, if left untreated, persist into adulthood. Caring for an adolescent with a mental disorder can be extremely stressful for both their caregivers and family members. It places a significant burden encompassing physical, psychological, and economic aspects, which consequently has adverse effects on not only the affected family but also their friends and the wider community (Souza et al., 2017). Therefore, promoting adolescents' mental health and well-being is an important measure that can be taken to prevent the risk of future mental health problems in adulthood. Given the importance of well-being, this research primarily focuses on understanding the well-being of adolescents and explores the factors that potentially contribute to the development of well-being.

Life comes with challenges and transitioning to a new developmental stage is often accompanied by stress. Psychopathological and maladaptive conditions significantly impair overall well-being. Nevertheless, individuals who do not have a diagnosable disorder may not be functioning at their optimal level (Suldo et al., 2011).

This shows that individuals who are not afflicted with diagnosable mental disorders are not necessarily guaranteed to possess exceptional well-being. Furthermore, in life, it is impossible to completely avoid stress and adversity every time. In fact, it is important to have a healthy amount of stress, also referred to as eustress, to motivate individuals to achieve their highest potential. Happiness, contentment, serenity, and life satisfaction can co-occur with challenges and stress (Diener & Diener, 1995; Veenhoven, 1996). To achieve and maintain well-being, it is important to take into account positive psychology as well as psychopathology.

Adolescents typically experience significant physiological changes and undergo a transformation in their perception of the world and themselves. Adolescence is a period characterized by numerous biological, psychological, and social changes (Susman & Dorn, 2009). Adolescents are exploring their identity in order to gain insight into their own identity as well as the identities of others. As late adolescents continue to search for their identity, they tend to continuously engage in social comparison and critical self-evaluation (Brown & Lohr, 1987; Harter, 1990). The outcome of such comparison and evaluation is often unfavorable (Simmons et al., 1973; Steinberg, 1999) and leads to the development of an imaginary audience — the belief that others are constantly observing and judging them (Arnett, 2001) — and the display of a personal fable — the belief that their experiences are unique and incomprehensible to others (Elkind, 1967; 1978). Constantly comparing themselves with others may result in detrimental self-perception and a negative attitude towards oneself.

Eccles and Gootman (2002) identify several tasks and challenges that arise during late adolescence. These include: 1) a shift in relationships with parents from dependency toward increasing autonomy, which reflects the individual's growing maturity and responsibilities within the family and community 2) exploration of new social roles as well as intimate and sexual relationships 3) identity formation, which includes both personal and social aspects 3) formulating future-oriented strategies and taking the necessary steps to achieve the desired goals 4) acquiring the necessary skills and adopting the values required for a successful transition into adulthood. Late adolescents face the challenges of effectively managing the new responsibilities and roles demanded by both their community and family. It can be challenging to find the

meaning and purpose of the new roles and responsibilities assigned to them. Late adolescents are no longer considered children, and society has become less accepting of their impulsive behaviors. They are expected to understand and conform to social norms and make necessary life changes, which could be challenging tasks for them.

The major challenges and developmental tasks of late adolescents include moving towards independence. The cultivation of autonomy seems to be particularly important during late adolescence, as it entails the ability to exercise self-governance and make independent decisions, which are fundamental attributes of adulthood. During late adolescence, individuals are particularly susceptible to experiencing distress because the process of establishing independence can conflict with the level of independence they actually have. Furthermore, as late adolescents assume the new roles and responsibilities required by their community and family, they are still in the process of discovering their individual and social identity.

The key feature of adulthood is the establishment of autonomy and the assumption of greater responsibilities. While society anticipates late adolescents to assume adult responsibilities, they are still subject to parental authority and often rely on their family for financial support, which restricts their autonomy to some degree. This is especially true among Mizo late adolescents due to the customary practice in Mizo society of adult children residing with their parents until marriage. Furthermore, even after marriage, a significant majority of them continue to live with their parents or in-laws for an extended period of time. Studies have demonstrated that late adolescents who attend college away from home continue to depend on their parents, and as such, are still under the influence of their parents, at least to some extent (McKinney et al., 2008, 2011). Understanding the characteristics of healthy psychosocial growth is an important issue for adolescents and emerging adults, as young people have to take on new adult roles and create a constructive relationship with society (Arnett, 2014) as they enter adulthood.

Self-compassion could be beneficial for late adolescents, as it offers them a means to perceive their circumstances from a balanced perspective. This helps lessen adolescents' engagement with negative social comparisons and self-criticism (Neff &

McGehee, 2010). Self-compassion enhances self-autonomy by fostering self-kindness and actions driven by innate motivation (Neff & Dahm, 2015). It also enhances perceived competence as people high in self-compassion view their life experiences, both positive and negative, as integral to the broader human experience, and they also have greater self-kindness and emotional balance (Neff et al., 2005). Self-compassion also enhances the perception of relatedness by recognizing that one's own needs are just as significant as the needs of others and deserving of attention as well (Yarnell & Neff, 2013). On the contrary, having low self-compassion may result in self-critical thoughts and diminish one's sense of competence (Neff et al., 2005).

The cultivation of self-compassion may function as a protective strategy and foster resilience and well-being. Self-compassion can be understood as the internalization of social support (Breines et al., 2014), allowing adolescents to provide direct emotional support to themselves. Thus, individuals with higher levels of self-compassion would exhibit reduced physiological distress compared to those with lower levels of self-compassion. Studies investigating self-compassion in adolescents have found that self-compassion is inversely related to perceived stress and negative emotions and positively related to life satisfaction (Bluth & Blanton, 2015; Neff & McGehee, 2010).

There has been an increasing awareness of the importance of regulating emotions in a functional and adaptive manner for the healthy psychological development of children (Cole et al., 1994; Morris et al., 2007). Adolescence is a developmental phase characterized by enhanced emotion regulation skills, increased autonomy in managing emotions, and the adoption of more sophisticated emotion regulation strategies (Garnefski & Kraaij, 2006). However, it is during this stage of development that significant and demanding transformations take place, potentially resulting in adverse emotional states. Adolescents must possess the capacity to effectively manage these emotions, as failure to do so may increase their vulnerability to developing a depressive disorder (Hilt & Nolen-Hoeksema, 2009). The utilization of adaptive emotion regulation techniques is associated with an enhancement in overall well-being, whereas the opposite is observed for the employment of maladaptive emotion regulation strategies (Gross & John, 2003; John & Gross, 2007).

The ability to regulate emotions is associated with general competence (Eisenberg et al., 1996), and effectively managing emotions reflects the competence of adolescents. Using adaptive emotion regulation strategies such as cognitive reappraisal helps individuals deal with emotionally salient situations effectively and enables them to communicate their emotions openly. This is likely to result in receiving appropriate social support from others. On the other hand, the use of maladaptive regulation strategies such as suppression involves hiding true emotions, leading to feelings of frustration. Employing emotional suppression as a means of regulating emotions in adolescents hinders open communication about their feelings and can alienate individuals, thereby diminishing the likelihood of receiving appropriate support and establishing meaningful connections with others.

Young people begin to explore and absorb influences from relationships outside of their immediate family during adolescence, which strengthens their social support. Peers are typically seen as having a distinct role compared to parents. Peer relationships are often characterized by mutual give-and-take and collaboration, while parent-child relationships are believed to prioritize obedience and conformity (Youniss, 1982). During this period, young people tend to view their parents and teachers as less supportive, while their perception of support from their peers reaches its highest point (Furman & Buhrmester, 1992). The study conducted by Mason et al. (2014) discovered that having strong social connections with peers can help protect against psychiatric symptoms. The peer group helps the youth discover their abilities, improves their self-awareness and interpersonal understanding, and assists in the cultivation of socio-emotional maturity (Valera et al., 2009). Parents, families, and peers exert a substantial influence on the overall mental health and well-being of young individuals.

Perceived support from social networks helps achieve the need for interpersonal connection and belonging. The family has been recognized as the main mechanism for socialization (Ümmet, 2015). Family and friends are predominantly present in one’s life, and studies have highlighted that family and friends have a significant impact on an individual's satisfaction with their basic psychological needs (Leversen et al., 2012; Milyavskaya et al., 2009; Milyavskaya & Koestner, 2011). Perceiving

support from family, friends, and significant others build a sense of connection and being valued. Furthermore, as social factors and environmental conditions can either facilitate or hinder the fulfillment of psychological needs (Bartholomew et al., 2011), the family structure emerges as a significant social construct that influences overall well-being.

The societal, normative, and contextual factors in an individual's environment can either support or hinder the growth of subjective well-being. Mizo society is characterized by a patriarchal structure, although females do not experience severe subordination. Men possess greater societal privileges, particularly in the areas of marriage, divorce, and inheritance (Gangte, 2016). Women, on the other hand, continue to be subordinate to men in both familial and socio-political spheres of administration (Fente, 2018; Lalrinawma, 2005). Mizo men enjoy greater emotional well-being, psychological well-being, and overall well-being than women (Lalkhawngaihi, 2020), which may be due to the existence of patriarchal society in Mizo. Mizo society is characterized by collectivism, and studies have indicated that relationship satisfaction is the main predictor of subjective well-being in collectivistic cultures (Galinha et al., 2012), which supports the literature that claims that collectivistic cultures foster interdependence. In individualistic societies like America, there is a negative correlation between the use of cognitive reappraisal and expressive suppression as strategies for regulating emotions (Gross & John, 2003; John & Gross, 2004). In collectivistic cultures where interdependence is greatly endorsed and social orders are highly valued, there is a greater necessity to regulate emotions in order to maintain social order. Additionally, there may be a positive correlation between the two strategies of emotion regulation. While Mizo culture is generally characterized as collectivistic, there appears to be a growing inclination towards individualistic attitudes among Mizo adolescents (Vanlalhruaia, 2011). Simultaneously, Mizo young adults exhibit a greater normative and collectivistic cultural orientation compared to older adults (Lalkhawngaihi & Fente, 2020). Based on these literature reviews, it can be inferred that individualism and collectivism exist simultaneously in Mizo society.

Self-compassion is a crucial psychological concept for maintaining and attaining well-being. It involves an adaptive way of relating to oneself in a constructive

manner when faced with difficulties and feelings of inadequacy (Neff, Kirkpatrick, et al., 2007) without excessively dwelling on or repressing present emotions and circumstances. Managing emotions in a healthy and socially constructive way is crucial for developing social competence (Kao et al., 2020). Social support encompasses the provision of both psychological and tangible assistance (Cohen, 2004), as well as the fundamental emotional qualities found in a relationship, such as feeling loved and cared for (Umberson & Montez, 2010). Establishing a strong and unified network of social support is crucial for fostering positive mental health outcomes (O'Donovan & Hughes, 2008). Given the importance of self-compassion, emotion regulation, and perceived social support for the well-being of adolescents, this study aims to investigate if the same relationship exists among Mizo adolescents.

This study focuses on the well-being of late adolescents who are currently pursuing their undergraduate studies. The absence of stability and the presence of uncertainty during the later stage of adolescence make them vulnerable to anxiety and apprehension regarding their future (Arnett, 2014). This vulnerability can significantly impact their overall well-being, particularly if they lack the necessary skills and support to effectively navigate such uncertainty. According to research conducted by Auerbach et al. (2016), 1 in every 5 college students has a diagnosable mental disorder. Apprehensions regarding the future, particularly in relation to one's career, have a tendency to escalate during this period. Both externalizing and internalizing problems are prominent during this period, potentially stemming from the uncertainty and newfound independence experienced at this time. Enrolling in college extends the time for late adolescents to freely explore themselves (Sherrod et al., 1993) and provides the opportunity to practice autonomy, especially from the direct control of parents. At the same time, college delays many adult responsibilities (Flanagan et al., 1993). College provides a safe environment for individuals to develop their adult skills, facilitating the transition to adulthood. However, if students misuse the freedom granted to them, it can impede their transition.

Transitioning to a new developmental stage is often accompanied by stress, although some individuals navigate this process more seamlessly than others. Entering late adolescence entails encountering difficulties and increased obligations,

which can lead to heightened levels of stress. In addition, the newfound freedom of college life can also have drawbacks, as it presents increased possibilities for participating in high-risk behaviors such as alcohol abuse. Inefficient management of stress can lead to a sense of helplessness and hinder optimal development by presenting maladaptive challenges (Kim et al., 2016). Transitioning to a new developmental stage is frequently accompanied by stress, although certain individuals navigate this process more seamlessly than others. Transitioning into the later stages of adolescence entails encountering difficulties and increased obligations, which can lead to heightened levels of stress. Furthermore, the newfound autonomy of college life can also have drawbacks, as it presents increased possibilities for participating in high-risk behaviors such as alcohol abuse. Inefficient management of stress can lead to a sense of helplessness and hinder optimal development by presenting maladaptive challenges (Kim et al., 2016).

Multiple studies establish a connection between subjective well-being and developmental outcomes. A high level of subjective well-being is correlated with positive interpersonal relationships (Golan & Goldberg, 2019), excellent academic performance (Datu & King, 2018), and optimal mental health (Park, 2004). Having high subjective well-being can mitigate the negative effects of depression and anxiety, as stated by Golan and Goldberg (2019). Considering the significance of subjective well-being for adolescents, it is crucial to examine the factors that promote the growth of subjective well-being among late adolescents from the Mizo community.

Attaining autonomy is one of the key features of adulthood. The satisfaction of the need for autonomy is crucial, as it plays a significant role in achieving optimal functioning (Deci & Ryan, 2004). Satisfying this need is especially crucial for late adolescents, as they are in the transitional phase between adolescence and adulthood. While the desire for independence grows during adolescence, the presence of friends and family as a support system continues to play a significant role in one's overall well-being (Balázs et al., 2017). Failure to adapt to these changes is linked to unhealthy behavioral outcomes such as tobacco use, alcohol abuse, aggression, eating problems (Özdemir et al., 2016), and mental problems such as depression and anxiety (Bernaras et al., 2019). Adolescents ability to balance the need for autonomy on

the one hand and the need for support on the other hand is crucial, as it has the potential to significantly influence the trajectory of their lives, either in a positive or negative manner (Sawyer et al., 2018). According to Deci and Ryan (2004), the social environment is the main provider of needs. The family serves as the initial social setting for an individual, functioning as the primary informal institution for acquiring knowledge and shaping one's cognitive framework and perception of the world. Undoubtedly, family exerts influence on cognitive, social, and emotional well-being.

The importance of being kind and the power of showing compassion to others during their periods of hardship have been recognized, practiced, and even encouraged in most societies. The concept of self-compassion during challenging circumstances is often overlooked or disregarded in comparison to showing compassion towards others in similar situations. This is understandable since people are taught to show concern for others and that it is impolite to consistently prioritize our own needs over the needs of others. These teachings have been so internalized that individuals often experience guilt when they demonstrate kindness and understanding towards their own failures and shortcomings. In fact, common experience suggests that individuals tend to be more self-critical and less forgiving towards themselves compared to how they would treat others whom they hold affection for or even individuals they have no personal connection with (Neff, 2003a). The act of being excessively harsh towards oneself may arise from a fear of becoming excessively self-centered, self-indulgent, or egotistical (Rubin, 1975). Self-compassion can be interpreted as the desire for well-being (Neff, 2003a) and taking action to attain well-being by being kind and considerate of one’s shortcomings and failures. According to Neff (2003a), self-compassion improves both concern and compassion towards others.

The period of late adolescence is important for setting the foundation of life as an adult. Many of the choices made during this period and the activities late adolescents engage in often have long-lasting effects, shaping their future and impacting their entire lives. The human being experiences intense emotional states, particularly when undertaking complex and unfamiliar tasks, which can present difficulties in determining socially appropriate responses. Studies in the field of cognitive psychol-

ogy indicated that near the end of adolescence, the neurobiological systems that control higher-order mental processes have matured. Late adolescents with normal development are able to effectively consider different points of view (Lewis & Stieben, 2004; Zelazo & Cunningham, 2007) and have acquired sophisticated self-regulation skills that enable them to cope with stress and control impulses in socially acceptable manners (Luna et al., 2010; Zimmermann & Iwanski, 2014). The late adolescent period is characterized by the maturation of cognitive processes, enabling individuals to think rationally and behave in a socially acceptable manner. However, the heightened complexity associated with transitioning into adulthood makes this period more challenging.

This study examines subjective well-being and investigates the relationship between subjective well-being and self-compassion, emotion regulation, and perceived social support of Mizo adolescents in intact family (living with both biological parents) and non-intact family (living with only one or without biological parents). Adolescence is commonly seen as a crucial period for the development and course of mental illness (Paus et al., 2008). Furthermore, family disruption raises the probability of adolescents experiencing problems with their behavior, both internally and externally (e.g., Mance & Yu, 2010; Arkes, 2013). Taking into account the effect family structures have on adolescents' well-being, this study will compare adolescents from intact and non-intact families.

In recent years, increased attention has been paid to the study of adolescents' subjective wellbeing, which is defined as having high global life satisfaction and more frequent positive than negative emotional experiences (Diener, 2013; Diener et al., 2009). For the layman, well-being seems to be synonymous with the absence of psychopathology, and even in the academic field, an overwhelming number of studies on well-being focus on psychopathology. Life comes with challenges, and it is equally important to focus on positive psychology. Happiness, contentment, serenity, and life satisfaction can co-occur with challenges and stress (Diener & Diener, 1995; Veenhoven, 1996), and it is important to consider these variables for achieving and maintaining well-being. In addition to the absence of psychopathology, positive psychological well-being is important for maintaining an optimal level of mental health.

Keeping in mind the importance of both the disease model and positive psychology this study includes subjective well-being to tap the positive aspect of well-being and a general health questionnaire to tap the negative aspect of well-being.

The need to support the mental health and wellbeing of adolescents is attracting increased attention in both research and practice settings. It is important to identify and understand internal as well as external factors that may contribute to the improvement or decline of well-being in order to help formulate interventions for promoting adolescents' wellbeing. With theoretical considerations, the objective of the present study is to explore subjective well-being and to investigate the relationship between subjective well-being, self-compassion, emotion regulation, and perceived social support of male and female Mizo adolescents in intact and non-intact families.

OBJECTIVES

Based on theoretical and empirical findings the following objectives are framed:

1. To determine the effect of 'gender' (male and female) on the measures of well-being, self compassion, emotion regulation and perceived social support.
2. To determine the effect of 'family structure' (intact and non-intact) on the measures of well-being, self compassion, emotion regulation and perceived social support.
3. To determine the interaction of 'gender' x 'family structure' on the measures of well-being, self compassion, emotion regulation and perceived social support.
4. To determine the predictability of well-being from self compassion, emotion regulation and perceived social support.

HYPOTHESIS

1. Males as compared to females will score higher on well-being, self-compassion and emotion regulation; the reverse is expected for perceived social support.

2. Adolescents from intact family will score higher on well-being, self-compassion, emotion regulation and perceived social support as compared to adolescents from non-intact family.
3. Decreasing order of mean scores on well-being, self-compassion and emotion regulation is expected as follows: male intact, female intact, male non-intact, female non-intact; decreasing order of mean scores on perceived social support is expected as follows: female intact, male intact, female non-intact, male non-intact.
4. Increasing scores on self compassion, emotion regulation and perceived social support will predicted increasing scores on well-being

CHAPTER – III

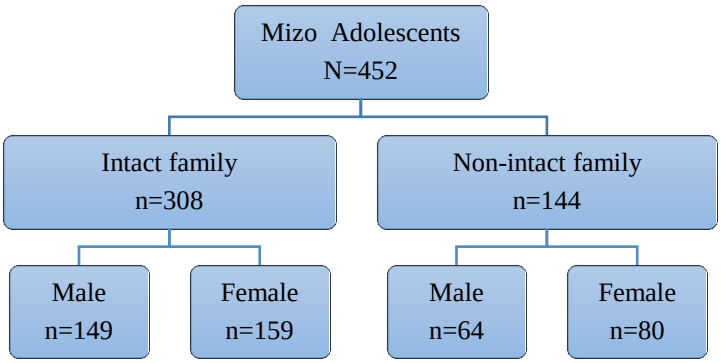
METHODS AND PROCEDURE

Sample:

The participants for the study were randomly selected undergraduate Mizo college students studying in private and government colleges in East, West, North and South zone of Aizawl, the capital of Mizoram. A multistage random sampling procedure was used for the selection of participants. A total of 452 undergraduate students, 213 males and 239 females, were included in the study. The mean age of the participants was 20.5 years. Out of 452 participants, 308 (68.14%) come from an intact family structure, and 144 (31.86%) come from a non-intact family structure.

Design of the Study:

The study incorporated a 2 x 2 factorial design (2 genders x 2 types of families) to highlight gender difference and family structure difference among the samples on the variables of interest. A correlation design was also employed to study the relationship between the variables and to explore the interplay of the predictors and criterion variables, i.e., to determine how and if self-compassion, emotion regulation, and perceived social support predict subjective well-being.



Tools:

***Satisfaction With Life Scale (SWLS)*:** The Satisfaction With Life Scale was developed by Diener and colleagues in 1985 (Diener et al., 1985) to measure the cognitive component of subjective well-being. The scale consists of five items with a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). A higher

score indicated greater life satisfaction, and a lower score indicated lower satisfaction with life or dissatisfaction with life. This scale measures global life satisfaction and does not tap into a specific area of life. In this scale, the judgment of satisfaction is based on a person's own judgment, i.e., a comparison of standards set by each person and not on some external criteria set by the researcher (Diener, 1984).

***Positive And Negative Affect Schedule (PANAS)*:** The affective component of subjective well-being was measured using PANAS developed by Watson and colleagues (Watson et al., 1988). Affect is a term that refers to anything emotional, such as feelings, moods, etc. (Gross et al., 1998; Rosenberg, 1998). Most studies agree that affect has two dimensions: positive and negative (Zevon & Tellegen, 1982), and these two dimensions have been conceptualized as independent and uncorrelated dimensions of affect (Watson & Tellegen, 1985). This scale measures the extent to which individuals experienced positive and negative affects during the past week. This scale consists of 20 items, with 10 items measuring positive affect and 10 items measuring negative affect. The scale is a four-point Likert-type scale ranging from 1 (very slightly or not at all) to 4 (most of the time). A higher score on positive affect indicated a high level of positive affect and is associated with greater well-being (Fredrickson, 2001), and a lower score on positive affect indicated a low level of positive affect and is related to psychopathology such as depression (Snyder & Lopez, 2009). A higher score on negative affect indicated a high level of negative affect, which is a characteristic of anxiety (Watson et al., 1988); a lower score on negative affect indicated a low level of negative affect, indicting a state of calmness and serenity (Watson et al., 1988).

***General Health Questionnaire-12 (GHQ_12)*:** A General Health Questionnaire was developed by Goldberg and William in 1988 (Goldberg & William, 1988). It is one of the most widely used questionnaires for assessing psychological distress among the non-clinical population (Hankins, 2008; Tomás et al., 2017). Additionally, it has been used to screen for mental illnesses, and it is a measure of current mental health. The original version of the General Health Questionnaire consists of 60 items and is used to identify cases for more intensive examination. GHQ_12 was developed as a shorter version of the original version of General Health Questionnaire and was in-

tended as a unidimensional measure of psychological distress (Goldberg & Williams, 1988). GHQ_12 measures the severity of mental problems over a four-week period on a response scale of 0 (often) to 3 (never). The questionnaire consists of positive and negative items. The positive items were corrected from 0 (always) to 3 (never) and the negative ones from 3 (always) to 0 (never). A high score indicated worse health. The GHQ_12 has a cutoff score of 2. A score of 2 or less indicates the absence of mental disorder, and a score of 3 or more indicated the presence of mental disorder (Goldberg et al., 1997).

***Sussex Oxford Compassion Scale for Self (SOCS_S)*:** Gu and colleagues developed the Sussex Oxford Compassion Scale for Self to measure self-compassion (Gu et al., 2019). The scale consists of 20 items with a five-point Likert-type scale ranging from 1 (not at all true) to 5 (always true). A higher score indicated greater self-compassion. This scale has five subscales, with four items in each subscale. The subscales are: recognition of suffering in self (SOCS__RS), understanding the universality of suffering (SOCS_UU), feeling for self when suffering (SOCS_FP), tolerating uncomfortable feelings (SOCS_TU), and acting or being motivated to act to alleviate one's own suffering (SOCS_AM).

***Forms of Self-Criticizing/Attacking and Reassuring Self (FSCRS)*:** Based on an evolutionary model of self-criticism, Gilbert and colleagues developed a scale for measuring self-criticism called Forms of Self-Criticizing/Attacking and Reassuring Self (Gilbert et al., 2004). This scale assesses self-criticism and the capacity to self-reassure when things go wrong or do not work out in life. The scale consists of three subscales: inadequate self, hated self, and reassured self. Self-criticism has been linked with fear of compassion (Gilbert et al., 2012; Longe et al., 2010; Rockliff et al., 2008, 2011), and a hated self is more pathological than an inadequate self (Gilbert et al., 2004). The two sub-scales, inadequate self and hated self, are used for assessing self-criticism. The scale consists of 22 items, and participants are asked to respond on a scale of 0 (not at all like me) to 4 (extremely like me). A higher score for inadequate self and hated self indicated higher self-criticism and a lower score indicated lower self-criticism. A higher score in reassured self indicated a higher reassured self, and a lower score indicated a lower reassured self.

***Emotion Regulation Questionnaire (ERQ)*:** The Emotion Regulation Questionnaire was developed by Gross and John (Gross & John, 2003) to measure the tendency to regulate emotions in two ways: cognitive reappraisal and expressive suppression. The questionnaire consists of 10 items; six items make up the cognitive reappraisal facet, and four items make up the expressive suppression facet. The participants are asked to respond on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). A higher score in cognitive reappraisal indicated a greater tendency to use cognitive reappraisal to regulate emotions, and a lower score indicated a lesser tendency to use cognitive reappraisal to regulate emotions. Similarly, a higher score in expressive suppression indicated a greater tendency to use expressive suppression to regulate emotions, and a lower score indicated a lesser tendency to use expressive suppression to regulate emotions. Cognitive reappraisal and expressive suppression both use down-regulation to regulate emotion, but their approaches to altering emotion are very different (Gross, 2002). Cognitive reappraisal is an antecedent-focused strategy; the focus is on reinterpreting an emotion-eliciting stimulus or situation in order to change its emotional impact or to decrease the strength of the emotional impact**.** Expressive suppression is a response-focused strategy; the focus is on suppressing the expression of felt emotion. It does not transform the intensity or the impact of the emotion.

***The Multidimensional Scale of Perceived Social Support (MPSS)*:** To measure perceived support from three social networks: family, friends, and significant others, Zimet and colleagues developed perceived social support in 1988 (Zimet et al., 1988). As the scale does not specify 'significant person' it could include anyone other than friends and family whom the participants perceived as an important person in their life. The scale was originally developed to assess social support among undergraduate students. The scale had proven reliable enough to be used with other populations as well, such as adolescents and adults. This scale consists of 12 items, four items each assessing perceived support from family, friends, and significant others. The scale is a 7-point Likert-type scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). A higher score indicated greater perceived support, and a lower score indicated lower perceived support.

Procedure:

The sampling procedure began by listing out all the undergraduate colleges in Aizawl. This was followed by a random selection of colleges using the lottery method. A total of seven colleges were selected. The core subjects offered by each college were then once again randomly selected, followed by random selection of the semester or class. Samples were taken from six streams of studies: arts, commerce, earth science, life science, management, and physical science. Permission for the collection of data was obtained from the principal or the head of the department selected for the study. Data was collected in groups in a class-room setting. The potential participants were given a general explanation and instructions for the study, and only those who consented to participate were included in the study. Written consent was obtained from the participants, and they were also asked to write their surname to screen out non-Mizo participants. The background demographic sheet along with the questionnaires was filled out by the participants after assuring them of their confidentiality and giving them opportunity to back out of the study anytime within 1 month of filling out the questionnaires. An incentive was not given to the participants, and each response session lasted for approximately 45 minutes.

Statistical Analyses:

To achieve the objectives of the study, the participants' scores on the measures of the interested variables Satisfaction With Life Scale (Diener et al., 1985), Positive And Negative Affect Scale (Watson et al., 1988), General Health Questionnaire-12 (Goldberg & William, 1988), Sussex Oxford Compassion Scale for Self (Gu et al., 2019), Forms of Self-Criticizing/Attacking and Reassuring Self (Gilbert et al., 2004), Emotion Regulation Questionnaire (Gross & John, 2003), and the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) were analyzed to check the adequacy of the psychometric properties for measurement purposes among adolescents. The data was split based on family structure, and the psychometric properties for measurement were separately analyzed for adolescents from intact family structures and non-intact family structures. The data was analyzed using the Statistical Package for the Social Sciences (*SPSS 20).*

The psychometric properties such as skewness, kurtosis, and reliability were checked. For comparison of the participants' scores between the groups, the mean and standard deviation were also included.

The data was checked for extreme outliers and incomplete replies, and they were excluded from further analysis. The final selected data set was subjected to the following analyses:

1. Analysis of descriptive statistics of the scales and subscales

2. Reliability analysis

3. Analyses Of Variance (ANOVA)

4. Correlational analyses

5. Post-Hoc Analysis

6. Stepwise Regression

CHAPTER – IV

RESULTS AND DISCUSSION

To elucidate the objectives of the study, the subject-wise scores on each item of all the behavioral measures of well-being, self-compassion, emotion regulation, and perceived social support were first prepared in *SPSS*20 (Statistical Package for Social Sciences, Version 20) for statistical analyses. Well-being was measured using the Satisfaction With Life Scale (Diener et al., 1985), Positive and Negative Affect Schedule (Watson et al., 1988) and General Health Questionnaire-12 (Goldberg & William, 1988). Self-compassion was measured using the Sussex Oxford Compassion Scale for Self (Gu et al., 2019) and The Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (Gilbert et al., 2004). Emotion regulation was measured using the Emotion Regulation Questionnaire (Gross & John, 2003), and perceived social support was measured using the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). The data was screened for extreme outliers and verified for parametric test assumptions such as normality (skewness and kurtosis), linearity, and homogeneity of variance (Levene's statistic)/homoscedasticity.

Several questionnaires were used to measure the different variables under study. Since the variable 'self-compassion' was measured using two scales, i.e., Sussex Oxford Compassion Scale for Self (Gu et al., 2019) and The Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (Gilbert et al., 2004), only subscales were analyzed for the variable 'self-compassion'.

Descriptive Statistics of the Scales & Sub-scales

The descriptive statistics include the mean, standard deviation, skewness, kurtosis and standard errors. The descriptive statistics of all scales and subscales associated with gender (male and female) are given in Table 1.1, the descriptive statistics of all scales and subscales associated with family structure (intact family and non-intact family) are given in Table 1.2 and the descriptive statistics of all scales and subscales associated with the group—male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family are given in Table 1.3. Skewness and kurtosis equal to or above 1 were considered to violate normal distribution for this study. Except for one subscale of self-compassion—understanding the universality of suf-

fering (SOCS_UU), all scales had skewness and kurtosis values of less than one. The subscale of the self-compassion—SOCS_UU—score was transformed using the square root function, which reduced the skewness and kurtosis to values less than one.

Table1.1
Descriptive statistics (Mean, SD, Skewness & Kurtosis) of each scale/sub-scales for male and female adolescents

	Male						Female					
	μ	*SD*	Skewness		Kurtosis		μ	*SD*	Skewness		Kurtosis	
			Stat	SE	Stat	SE			Stat	SE	Stat	SE
SWLS	21.02	6.09	.10	.17	-.79	.33	19.00	6.08	.17	.16	-.70	.31
P_PANAS	31.07	7.04	.01	.17	-.33	.33	28.33	6.55	.01	.16	-.46	.31
N_PANAS	24.50	6.69	.31	.17	-.03	.33	26.96	6.59	.23	.16	-.07	.31
GHQ_12	14.93	5.79	-.07	.17	-.32	.33	17.13	5.39	.01	.16	.01	.31
SOCS_RS	13.30	3.16	.02	.17	-.31	.33	14.05	3.04	.00	.16	-.38	.31
SOCS_UU	3.05	.75	-.35	.17	-.72	.33	3.20	.72	-.61	.16	-.55	.31
SOCS_AM	13.93	2.99	-.27	.17	.32	.33	13.14	3.39	-.17	.16	-.38	.31
FSCRS_RS	19.12	5.94	-.17	.17	-.39	.33	17.90	5.41	-.21	.16	-.38	.31
FSCRS_IS	18.25	6.67	.15	.17	-.25	.33	20.41	6.54	-.03	.16	-.58	.31
FSCRS_HS	5.85	4.34	.55	.17	-.32	.33	5.86	4.39	.67	.16	-.11	.31
ERQ_C	29.66	6.16	-.42	.17	.04	.33	29.97	5.77	-.50	.16	.26	.31
ERQ_S	19.15	4.36	-.35	.17	-.21	.33	18.99	4.65	-.22	.16	-.32	.31
PSS_FA	20.08	6.02	-.60	.17	-.38	.33	19.68	6.19	-.69	.16	-.26	.31
PSS_FR	19.66	5.87	-.71	.17	.03	.33	19.87	5.55	-.59	.16	-.01	.31
PSS_SO	19.28	6.60	-.60	.17	-.41	.33	19.90	6.09	-.51	.16	-.51	.31

Table 1.2

Descriptive statistics (Mean, SD, Skewness & Kurtosis) of each scale sub-scales for adolescents from intact family and non-intact family

	Intact Family						Non-intact Family					
	μ	*SD*	Skewness		Kurtosis		μ	*SD*	Skewness		Kurtosis	
			Stat	SE	Stat	SE			Stat	SE	Stat	SE
SWLS	20.26	6.09	.03	.14	-.78	.28	19.28	6.29	.36	.20	-.52	.40
P_PANAS	29.56	6.81	.02	.14	-.22	.28	29.76	7.18	.10	.20	-.62	.40
N_PANAS	25.57	6.94	.31	.14	-.02	.28	26.29	6.31	.13	.20	-.28	.40
GHQ_12	16.20	5.59	-.15	.14	.13	.28	15.86	5.89	.09	.20	-.51	.40
SOCS_RS	13.53	3.10	.09	.14	-.43	.28	14.06	3.13	-.19	.20	-.01	.40
SOCS_UU	3.08	.72	-.39	.14	-.75	.28	3.24	.75	-.71	.20	-.34	.40
SOCS_AM	13.55	3.25	-.26	.14	.01	.28	13.43	3.19	-.23	.20	-.34	.40
FSCRS_RS	18.55	5.73	-.18	.14	-.29	.28	18.32	5.63	-.10	.20	-.50	.40
FSCRS_IS	19.20	6.74	.02	.14	-.55	.28	19.81	6.57	.11	.20	-.24	.40
FSCRS_HS	5.93	4.29	.55	.14	-.33	.28	5.68	4.52	.75	.20	.03	.40
ERQ_C	29.92	5.79	-.59	.14	.28	.28	29.62	6.29	-.24	.20	-.05	.40
ERQ_S	19.13	4.27	-.17	.14	-.45	.28	18.93	5.00	-.40	.20	-.22	.40
PSS_FA	20.31	5.95	-.72	.14	-.14	.28	18.92	6.34	-.51	.20	-.55	.40
PSS_FR	19.69	5.78	-.69	.14	.11	.28	19.93	5.54	-.57	.20	-.23	.40
PSS_SO	19.42	6.35	-.55	.14	-.38	.28	19.99	6.33	-.61	.20	-.49	.40

Table 1.3

Descriptive statistics (Mean, SD, Skewness & Kurtosis) of each scale/sub-scales for male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family

	Intact Family Male				Intact Family Female				Non-Intact Family Male				Non-intact Family Female			
	μ	*SD*	Skewness(SE= 0.20)	Kurtosis (SE= 0.40)	μ	*SD*	Skewness (SE= 0.19)	Kurtosis (SE= 0.38)	μ	*SD*	Skewness (SE= 0.30)	Kurtosis (SE= 0.59)	μ	*SD*	Skewness (SE= 0.27)	Kurtosis (SE= 0.53)
SWLS	21.31	5.78	.07	-.75	19.28	6.23	.07	-.87	20.34	6.78	.24	-.89	18.44	5.77	.38	-.14
P_PANAS	30.81	6.95	-.02	-.14	28.38	6.47	-.02	-.33	31.69	7.27	.04	-.71	28.21	6.76	.07	-.65
N_PANAS	24.33	6.98	.41	-.01	26.73	6.72	.28	.12	24.89	5.99	.03	-.13	27.41	6.37	.15	-.46
GHQ_12	15.42	5.91	-.13	-.22	16.93	5.19	-.06	.53	13.78	5.38	-.02	-.54	17.53	5.77	.08	-.73
SOCS_RS	13.09	3.07	.09	-.40	13.93	3.08	.09	-.47	13.78	3.34	-.17	-.00	14.29	2.96	-.17	-.03
SOCS_UU	3.02	.72	-.31	-.69	3.14	.72	-.49	-.75	3.13	.81	-.49	-.71	3.33	.69	-.89	.15
SOCS_AM	13.97	3.03	-.24	.38	13.16	3.41	-.21	-.26	13.84	2.92	-.36	.24	13.10	3.38	-.09	-.58
FSCRS_RS	19.10	6.05	-.22	-.27	18.03	5.38	-.21	-.35	19.17	5.70	-.04	-.72	17.64	5.51	-.20	-.38
FSCRS_IS	18.61	6.83	.10	-.44	19.75	6.63	-.04	-.62	17.41	6.28	.22	.47	21.73	6.19	.10	-.68
FSCRS_HS	5.97	4.28	.43	-.66	5.89	4.32	.67	.01	5.55	4.50	.84	.53	5.79	4.56	.69	-.26
ERQ_C	29.28	6.15	-.63	.09	30.52	5.39	-.45	.29	30.55	6.14	.07	-.41	28.87	6.37	-.45	-.00
ERQ_S	19.07	4.25	-.14	-.62	19.18	4.31	-.20	-.26	19.31	4.66	-.77	.61	18.62	5.27	-.17	-.55
PSS_FA	20.48	5.95	-.64	-.34	20.15	5.97	-.81	.05	19.14	6.12	-.54	-.38	18.75	6.55	-.49	-.63
PSS_FR	19.34	5.92	-.65	.03	20.03	5.64	-.72	.22	20.41	5.73	-.88	.20	19.55	5.40	-.33	-.41
PSS_SO	18.74	6.74	-.53	-.47	20.06	5.91	-.50	-.46	20.52	6.14	-.75	-.21	19.58	6.48	-.51	-.61

Reliability Analysis

The reliability of the scales and sub-scales used was checked using *Cronbach's Alpha*. The item, scale, and scale if item deleted were also checked. The reliability analysis was done in two ways: overall reliability (without splitting the data) and the data were split according to family structure, and the reliability analysis was obtained for both the intact family and the non-intact family. The reliability analysis of the scales and subscales used in the study are shown in Table 2.

Table 2
Reliability analysis of all the scales and subscales

Scales/subscales	Intact family	Non-intact family	Overall
SWLS	0.79	0.80	0.79
P_PANAS	0.79	0.83	0.81
N_PANAS	0.76	0.71	0.76
GHQ_12	0.76	0.79	0.77
SOCS_RS	0.67	0.69	0.68
SOCS_UU	0.76	0.83	0.78
SOCS_AM	0.72	0.72	0.72
FSCRS_RS	0.75	0.75	0.75
FSCRS_IS	0.78	0.78	0.78
FSCRS_HS	0.70	0.73	0.71
ERQ_C	0.74	0.80	0.76
ERQ_S	0.55	0.71	0.61
PSS_FA	0.89	0.90	0.89
PSS_FR	0.88	0.89	0.88
PSS_SO	0.88	0.89	0.88

Well-being was measured using three scales: Satisfaction With Life Scale (SWLS), the Positive and Negative Affect Schedule (P_PANAS & N_PANAS), and the General Health Questionnaires-12 (GHQ_12), and the reliability of the scales ranged between 0.71 and 0.83 (Table 2).

Self-compassion was measured using two scales: the Sussex Oxford Compassion Scale for Self and Forms of Self Criticizing/Attacking and Reassuring Self. The reliability of two subscales of the Sussex Oxford Compassion Scale for Self—Feeling for the person suffering (SOCS_FP) and Tolerating uncomfortable feelings (SOCS_TU)—was below 0.60. Even if items with reliability less than 0.30 were deleted, the overall reliability of the subscales could not be improved, and thus the reliability of the subscales SOCS_FP and SOCS_TU were considered unsatisfactory and were excluded from further analysis. The reliability of all the sub-scales of the Sus-

sex Oxford Compassion Scale for Self after excluding the sub-scales SOCS_FP and SOCS_TU ranged between 0.67 and 0.83 (Table 2). The reliability of all the sub-scales of the Forms of Self Criticizing/Attacking and Reassuring Self ranged between 0.70 and 0.78 (Table 2).

The Emotion Regulation Questionnaire used for measuring emotion regulation also showed acceptable reliability. For the subscale cognitive reappraisal (ERQ_C), the reliability ranged between 0.74 and 0.80 (Table 2). Although the reliability for the subscale expressive suppression (ERQ_S) for intact family structure was 0.55, the overall reliability analysis of ERQ_S was above 0.60 (Table 2) and the subscale was considered to have acceptable reliability and retained for further analysis. Thus, for the subscale expressive suppression, the reliability ranged between 0.55 and 0.71.

Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (PSS), and the reliability of the scales and subscales ranged between 0.88 and 0.91 (Table 2).

Demographic Information

The samples for the study are late adolescents from both intact and non-intact families. In this study, families with both biological parents present are categorized under intact family and all other types of families are categorized under non-intact family. 68.14% of the participants come from intact family, and 31.86% come from a non-intact family. Among the non-intact family structure, 33.3% of the adolescents' parents are divorced, 42.4% of adolescents have lost either one or both their parents, 20.1% of the adolescents' biological parents have never been married to each other, and 4.2% of the adolescents are categorized as living in a non-intact family due to reasons other than divorce of parents, death of parents, or their parents being never married to each other. More than half, i.e., 63.4% of the parents of adolescents from non-intact family did not remarry; 12% of the mother and 12% of the father of adolescents from non-intact family remarried; and 12.6% of the adolescents from non-intact family had both their parents remarry. Among the adolescents from non-intact family, 53.9% live with their mother, 12.8% live with their father, 19.1% live with

their grandparents, and 14.2% live with other relatives, or any institution. The data showed that although more than half of the biological parents of adolescents from non-intact family did not remarry, only about 12% of the adolescents resided with their father, and more than 50% of the adolescents resided with their mother.

Figure 1
Biological Parents' Marital Status (Non-Intact Family)

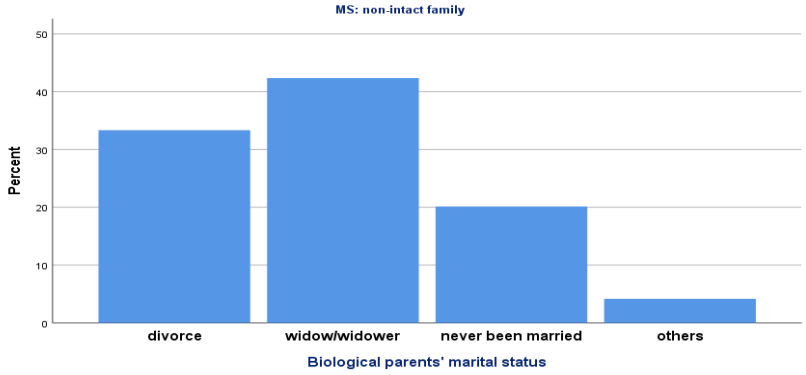


Figure 2
Biological Parents Remarriage Status (Non-Intact Family)

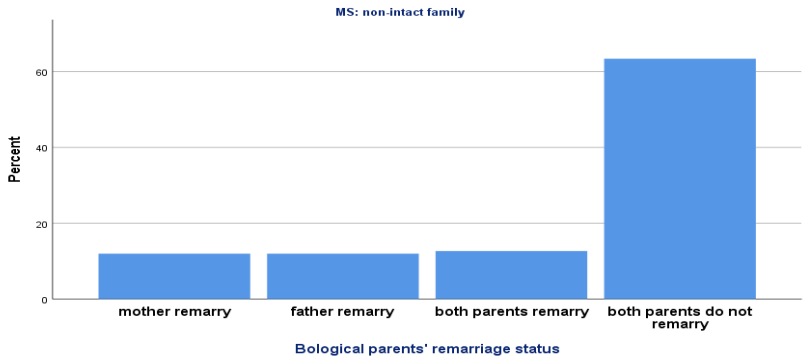
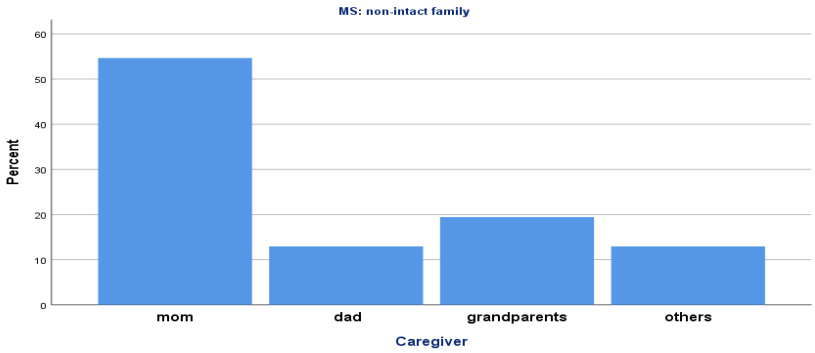


Figure 3
Caregiver (Non-Intact Family)



The socio-economic status of the participants was categorized based on family ration cards given by the state government, i.e., the Mizoram government. Below Poverty Line (BPL) is a benchmark given by the government of India to indicate economically disadvantaged households. Using this benchmark, both in intact family structure and non-intact family structure, majority of the participants are Above Poverty Line (APL); 73.1% of adolescents from intact family structures and 71.5% of adolescents from non-intact family structures are above the poverty line; 26.9% of adolescents from intact family structures and 28.5% of adolescents from non-intact family structures are Below Poverty Line (BPL).

Figure 4
Socio Economic Status (intact family)

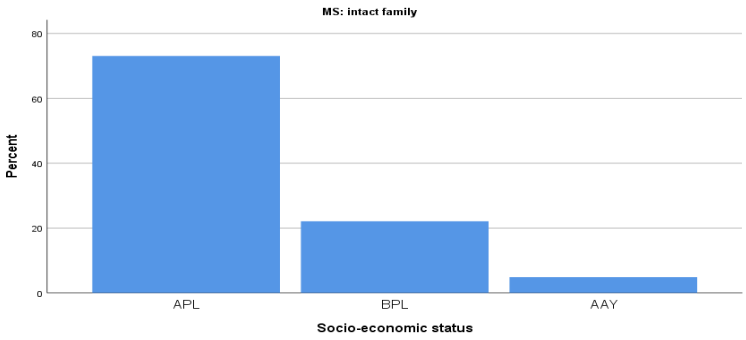


Figure 5

Socio-economic status (non-intact family)

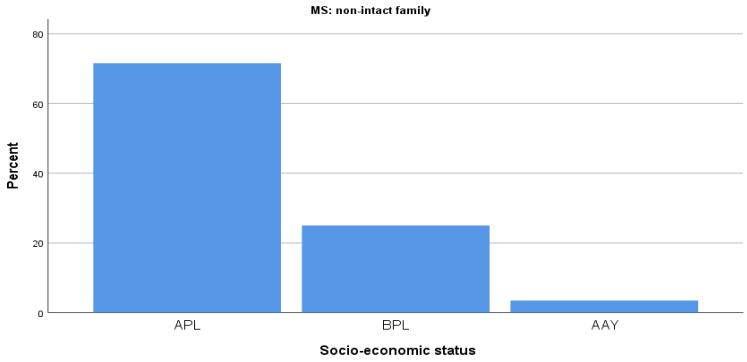


Table 3

Item mean scores in all scales and subscales for all groups (male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family)

	Intact family Male	Intact family Female	Non-intact family Male	Non-intact family Female
SWLS	4.26	3.86	4.07	3.69
P_PANAS	3.08	2.84	3.17	2.82
N_PANAS	2.43	2.67	2.49	2.74
GHQ_12	1.29	1.41	1.15	1.46
SOCS_RS	3.27	3.48	3.45	3.57
SOCS_UU	4.14	4.25	4.21	4.43
SOCS_AM	3.49	3.29	3.46	3.28
FSCRS_RS	2.39	2.25	2.40	2.20
FSCRS_IS	2.07	2.19	1.93	2.41
FSCRS_HS	1.19	1.18	1.11	1.16
ERQ_C	4.88	5.09	5.09	4.81
ERQ_S	4.77	4.79	4.83	4.66
PSS_FA	5.12	5.04	4.79	4.69
PSS_FR	4.83	5.01	5.10	4.89
PSS_SO	4.69	5.01	5.13	4.89

The life satisfaction of the participants was measured using Satisfaction With Life Scale (SWLS) developed by Diener and colleagues (Diener et al., 1985). The scale was developed to assess the cognitive component of subjective well-being and it measures a person's overall contentment with his or her life. The mean scores of the participants, i.e., male adolescents from intact family, female adolescents from

intact family, male adolescents from non-intact family, and female adolescents from non-intact family on life satisfaction are 21.3, 19.28, 20.34, and 18.44, respectively (Tables 1.3). The mean score was utilized instead of the item mean score to evaluate life satisfaction, as Diener et al. (1985) provided the mean score as the scoring benchmark, which will be employed for interpretation.

Based on the scoring benchmark given by Diener (2006), Mizo male adolescent samples from both intact and non-intact families had average life satisfaction. Individuals who reported average life satisfaction generally expressed satisfaction in most aspects of their lives, although they may have identified certain areas that they believed could be improved (Diener, 2006). Mizo female adolescent samples from both intact and non-intact family structures scored below average in life satisfaction. Individuals experiencing below-average life satisfaction typically encounter minor yet noteworthy challenges across multiple domains of their lives. Alternatively, they may find satisfaction in most areas of their lives, but face a significant issue in one specific area (Diener, 2006).

An individual's life satisfaction can decline as a result of recent circumstances, causing them to transition from a higher level of satisfaction to a lower one. If such is the case, when circumstances improve, life satisfaction will also increase. However, if an individual consistently experiences a mild sense of dissatisfaction across various aspects of their life, it becomes necessary to implement alterations in order to enhance overall life satisfaction. The fact that the present study was conducted during the COVID-19 pandemic needs to be taken into account. The pandemic had a potential to significantly affect individuals' lives, leading to widespread disruptions and changes across various aspects of society. These changes have the potential to influence people's behaviors, attitudes, and experiences.

To assess the affective component of the participants' subjective well-being Positive and Negative Affect Schedule was employed (Watson et al., 1988).This scale has two dimensions: positive affect and negative affect. Positive affect (P_PANAS) includes affective states with a positive valence (e.g., joy, enthusiasm) and negative affect (N_PANAS) includes affective states with a negative valence

(e.g., anger, fear). On a response scale of 1 (very slightly or not at all) to 5 (extremely), the participants, i.e., male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family, item mean scores on positive affect (P_PANAS) ranged between 2.82 and 3.17 (Table 3). Item mean values ranging from 2.82 to 3.17 on a 5-point scale may imply that Mizo adolescent samples experienced average positive affect. On negative affect (N_PANAS), the item mean score for the participants, i.e., male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family, ranged between 2.43 and 2.74 (Table 3). Similarly, item mean values ranging from 2.43 to 2.74 on a 5-point scale may indicate that Mizo adolescent samples experienced just below-average negative affect. Mizo adolescent samples from both intact and non-intact families tend to experience an average positive and negative affect, which may also imply that the participants in this study had a balanced emotional experience.

Goldberg and William developed the General Health Questionnaire-12 (GHQ_12) to measure psychological distress (Goldberg & William, 1988). It has a cut-off score of 2. A score of 2 or less indicates the absence of mental disorder, and a score of 3 or more indicates the presence of mental disorder (Goldberg et al., 1997). On a response scale of 0 (often) to 3 (never), the participants, i.e., male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family, and female adolescents from non-intact family, item mean scores on GHQ_12 ranged between 1.15 and 1.46 (Table 3), which indicated the absence of diagnosable mental disorders. This may suggest that Mizo adolescent samples from both intact and non-intact families did not exhibit significant distress or impairment to be diagnosed as mental disorder. However, this does not rule out the possible presence of psychological difficulties that may not meet the criteria for a formal diagnosis. It should be kept in mind that a single assessment or screening tool cannot provide a comprehensive understanding of an individual's mental health status.

The self-compassion of the participants was measured using two scales: The Sussex Oxford Compassion Scale for Self (Gu et al., 2019) and the Forms of Self-Criticizing/Attacking and Reassuring Self (Gilbert et al., 2004).

The Sussex Oxford Compassion Scale for Self measures the positive component of self-compassion such as recognition of suffering in self (SOCS_RS), understanding the universality of suffering (SOCS_UU), and acting or being motivated to act to alleviate one's own suffering (SOCS_AM). On a response scale of 1 (not at all true) to 5 (always true), the participants, i.e., male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family had item mean scores ranging between 3.27 and 3.57 on SOCS_RS, 4.14 and 4.43 on SOCS_UU, 3.28 and 3.49 on SOCS_AM (Table 3). On a 5-point scale, the scores may indicate that Mizo adolescent samples scored slightly above average in the subscales of recognition of suffering in self and acting or being motivated to act to alleviate one's own suffering and high in understanding the universality of suffering.

The Forms of Self-Criticizing/Attacking and Reassuring Self assess self-criticism and the capacity to self-reassure when things go wrong or do not work out in life. The scale consists of three subscales: inadequate self (FSCRS_IS) and hated self (FSCRS_HS), used for measuring self-criticism, and reassured self (FSCRS_RS). In the present study, inadequate self and hated self were used for measuring the negative component of self-compassion, and reassured self was used for measuring the positive component of self-compassion, in addition to the Sussex Oxford Compassion Scale for Self. On a response scale of 0 (not at all like me) to 4 (extremely like me), the participants, i.e., male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family, and female adolescents from non-intact family, item mean scores ranged between 2.20 and 2.40 on reassured self, 1.93 and 2.41 on inadequate self, and 1.11 and 1.19 on hated self, (Table 3), indicating that Mizo adolescent samples scored below-average on hated self and average on inadequate self and reassured self.

In terms of the positive component of self-compassion, Mizo adolescent samples from both intact and non-intact families have average scores on recognizing their own suffering, being motivated to alleviate their own suffering, and providing self-reassurance in times of adversity. Additionally, they scored high in understanding the universality of suffering, which implies that they have high awareness of the reality of suffering i.e., suffering is a common human experience shared by everyone. In terms of the negative component of self-compassion, Mizo adolescent samples scored average on feelings of inadequacy and below-average on hated self. This may indicate that in the face of adversity, Mizo adolescents do not excessively criticize themselves or feel overly self-conscious about their perceived shortcomings. They are unlikely to engage in self-hatred, which is considered to be more pathological.

To assess the emotion regulation of the participants, Emotion Regulation Questionnaire developed by John and Gross was used (John & Gross, 2003). This questionnaire measures the tendency to regulate emotions in two ways: cognitive reappraisal and expressive suppression. On a response scale of 1 (strongly disagree) to 7 (strongly agree), the participants, i.e., male adolescents from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family, item mean scores ranged between 4.81 and 5.09 on cognitive reappraisal and 4.66 and 4.83 on expressive suppression (Table 3), indicating that Mizo adolescent samples scored average on both cognitive reappraisal and expressive suppression emotion regulation strategies. This may imply that Mizo adolescents are moderately skilled to reframe their thoughts or reinterpret situations to regulate one's emotions, and they are also moderately inclined to regulate their emotions by suppressing the expression of felt emotion. The average scores on both types of emotion regulation may also imply that adolescents may utilize a combination of these strategies based on the situation or their individual preferences.

Zimet and colleagues developed The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) to measure perceived support from three social networks: family, friends, and significant others. On a response scale of 1 (very strongly disagree) to 7 (very strongly agree), the participants i.e., male adolescents

from intact family, female adolescents from intact family, male adolescents from non-intact family and female adolescents from non-intact family, item mean score ranged between 4.69 and 5.12 on perceived support from family, 4.83 and 5.10 on perceived support from friends, 4.69 and 5.13 on perceived support from significant others (Table 3), indicating that Mizo adolescent samples had average scores on perceived support from family, friends, and significant others. This may reflect that Mizo adolescents have a moderate perception of support from family, friends, and significant others.

The Effect of Gender and Family Structure and its Interaction Effect on Well-being, Self-compassion, Emotion Regulation and Perceived Social Support

In the present study, two genders were taken into consideration: male and female, and family structure was categorized into two: intact family and non-intact family. Adolescents living with both biological parents are categorized under intact family structure, and adolescents who live with only one biological parent or without both biological parents, or with other relatives are categorized under non-intact family structure.

The first objective of the study was to examine the effect of gender on well-being, self-compassion, emotion regulation, and perceived social support. The second objective was to examine the effect of family structure on well-being, self-compassion, emotion regulation, and perceived social support. The third objective was to examine the interaction effect of gender and family structure on well-being, self-compassion, emotion regulation, and perceived social support. The following three hypotheses were put forth to test the objectives mentioned:

1. Males as compared to females will score higher on well-being, self-compassion and emotion regulation; the reverse is expected for perceived social support.
2. Adolescents from intact family will score higher on well-being, self-compassion, emotion regulation, and perceived social support as compared to adolescents from non-intact family.

3. Decreasing order of mean scores on well-being, self-compassion and emotion regulation is expected as follows: male intact, female intact, male non-intact, female non-intact; decreasing order of mean scores on perceived social support is expected as follows: female intact, male intact, female non-intact, male non-intact.

The following variables were considered for analyses:

1. Independent variables:
   i) Gender (male and female)
   ii) Family structure (intact and non-intact)
2. Dependent variables:
   i) Satisfaction with Life Scale (SWLS)
   ii) Positive and Negative Affect Scale (PANAS)
   iii) General Health Questionnaire-12 (GHQ_12)
   iv) Sussex Oxford Compassion Scale for Self (SOCS-S)
   v) Forms of Self-Criticism and Reassurance Self (FSCRS)
   vi) Multidimensional Perceived Social Support Scale (MPSS)

To test the mentioned three hypotheses, Two-way ANOVA (2 gender x 2 family structure) was employed. The data was scrutinized to see if the samples or group score met the requirements for parametric test assumptions such as skewness, kurtosis, and homogeneity of the samples or group score (Levene's test of equality of variances) on each scale and subscale.

Table 4

Levene's Test of Equality of Error Variances

	Levene Statistic	df1	df2	Sig.
SWLS	1.83	3	448	0.14
P_PANAS	0.61	3	448	0.61
N_PANAS	0.66	3	448	0.58
GHQ_12	2.12	3	448	0.09
SOCS_RS	0.18	3	448	0.91
SOCS_UU	1.61	3	448	0.19
SOCS_AM	1.59	3	448	0.19
FSCRS_RS	0.52	3	448	0.67
FSCRS_IS	0.64	3	448	0.59
FSCRS_HS	0.21	3	448	0.89
ERQ_C	1.97	3	448	0.12
ERQ_S	1.73	3	448	0.16
PSS_FA	0.43	3	448	0.74
PSS_FR	0.15	3	448	0.93
PSS_SO	1.07	3	448	0.36

Tests the null hypothesis that the error variance of the dependent variable is equal across groups. a. Design: Intercept + @2gender + MS + @2gender * MS

The homogeneity of variances for the scales and subscales measuring well-being: Satisfaction With Life Scale (SWLS), Positive and Negative Affect Schedule (PANAS) and General Health Questionnaires-12 (GHQ_12), self-compassion: Sussex Oxford Compassion for Self (SOCS-S) and The Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (FSCRS), emotion regulation: Emotion Regulation Questionnaire (ERQ) and perceived social support: The Multidimensional Scale of Perceived Social Support (PSS) was analyzed using Levene's test of equality of variances. The results of Levene's test indicated homogeneity of variance (Table 4), and the skewness and kurtosis (Tables 1.1, 1.2 & 1.3) does not violate the demands for a normal distribution, justifying the use of parametric tests.

The Effect of Gender on Well-Being, Self-Compassion, Emotion Regulation and Perceived Social Support

Table 5.1 revealed a significant gender effect on all the measures of well-being and five subscales of self-compassion. Significant gender effect was not observed on emotion regulation and perceived social support.

Table 5.1

Results of ANOVA (Gender) on the measures of well-being, self-compassion, emotion regulation and perceived social support.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
GENDER	SWLS	377.13	1	377.13	10.18	**0.00**	0.02
	P_PANAS	845.49	1	845.49	18.29	**0.00**	0.04
	N_PANAS	589.21	1	589.21	13.33	**0.00**	0.03
	GHQ_12	670.65	1	670.65	21.65	**0.00**	0.05
	SOCS_RS	43.86	1	43.86	4.58	**0.03**	0.01
	SOCS_UU	2.44	1	2.44	4.58	**0.03**	0.01
	SOCS_AM	58.64	1	58.64	5.67	**0.02**	0.01
	FSCRS_RS	165.63	1	165.63	5.14	**0.02**	0.01
	FSCRS_IS	723.94	1	723.94	16.77	**0.00**	0.04
	FSCRS_HS	0.63	1	0.63	0.03	0.86	0.00
	ERQ_C	4.53	1	4.53	0.13	0.72	0.00
	ERQ_S	8.33	1	8.33	0.41	0.52	0.00
	PSS_FA	12.47	1	12.47	0.34	0.56	0.00
	PSS_FR	0.63	1	0.63	0.02	0.89	0.00
	PSS_SO	3.35	1	3.35	0.08	0.77	0.00

Significant gender difference was observed on all the scales measuring well-being: SWLS, P_PANAS, N_PANAS, and GHQ_12, however the effect size of gender is small (Table 5.1). The positive component of well-being was measured using the Satisfaction With Life Scale (SWLS) and Positive Affect Schedule (P_PANAS). The mean scores are displayed in Table 1.1. It was found that male adolescents (M = 21.02, SD = 6.09) scored significantly higher than female adolescents (M = 19.00, SD = 6.08) on SWLS. The same trend was seen with P_PANAS, wherein male adolescents (M = 31.07, SD = 7.04) scored significantly higher than female adolescents (M = 28.33, SD = 6.55). A higher score on the positive component of well-being indicated higher well-being. The results showed that among Mizo adolescents, males compared to females scored significantly higher on the positive component of well-being.

The Negative Affect Schedule (N_PANAS) and General Health Questionnaires (GHQ_12) were used to measure the negative component of well-being. The mean scores are displayed in Table 1.1. It was found that female adolescents (M = 26.96, SD = 6.59) scored significantly higher than male adolescents (M = 24.50, SD = 6.69) on measures of N_PANAS. Furthermore, female adolescents (M = 17.13, SD

= 5.39) scored significantly higher than male adolescents (*M* = 14.93, *SD* = 5.79) on GHQ_12. A higher score on the negative component of well-being indicated lower well-being. The results showed that among Mizo adolescents, females compared to males scored significantly higher on the negative component of well-being.

The findings of the study revealed gender-based variations on the subjective well-being of Mizo adolescent participants. On the scales measuring the positive component of well-being, male adolescents scored significantly higher than female adolescents. On both scales measuring the negative component of well-being, female adolescents scored significantly higher than male adolescents. This indicated that among Mizo adolescents, male adolescents were more satisfied with their lives and experienced more positive affect than female adolescents, while female adolescents experienced more negative affect and showed more psychological distress than male adolescents. This finding may indicate that, in general, among the Mizo population, adolescent males have greater subjective well-being than adolescent females. As a result, the hypothesis stating that males as compared to females will score significantly higher on well-being is supported.

In line with the present findings, multiple studies have consistently found that males exhibit higher levels of subjective well-being compared to females. A study conducted among college students in Kolkata, India, found that males enjoy greater subjective well-being than females (Basu et al., 2018). The study identified masculinity and daily hassles as important factors that contribute to subjective well-being for both genders, and individuals who were more masculine had less trouble in their daily lives and they were more likely to have higher level of subjective well-being (Basu et al., 2018). A study conducted with late adolescents showed that male adolescents are happier than female adolescents (Inam et al., 2021) and they also experience greater life satisfaction than their female counterparts (Newland et al., 2018; Soares et al., 2019). There are also studies showing that males tend to experience more positive affect compared to females (Easterlin, 2003), while females tend to experience more negative affect than males (Hankin & Abramson, 2001; Lucas & Gohm, 2000). Consistently in the clinical domain, women compared to men seemed

to experience a higher level of psychopathologies such as depression, anxiety, and mood disorders (Eaton et al., 2012).

Lalkhawngaihi (2020) found that within the Mizo population, men enjoyed greater emotional well-being, psychological well-being, and overall well-being than women. While Mizo women did not experience severe oppression, they remained inferior to males in administration, both familial and socio-political (Fente, 2018; Lalrinawma, 2005), and Mizo men enjoy greater societal privileges, particularly in areas such as marriage, divorce, and inheritance (Gangte, 2016). The existence of such a condition in society may provide an explanation for the presence of gender difference in subjective well-being among Mizo adolescents. The society, norms, and conditions that a person lives in may either facilitate or impede a person's ability to fulfill physical and psychological needs (Veenhoven & Ehrhardt, 1995). While Mizo females did not experience severe oppression, the structure of Mizo society may have been more conducive to the growth of well-being for men than for women. This may account for the fact that male Mizo adolescents experienced greater well-being than female Mizo adolescents.

The result of the Self-Compassion Scale indicated significant gender difference on all the subscales measuring the positive component of self-compassion: SOCS_RS, SOCS_UU, SOCS_AM, FSCRS_RS, and on one subscale of self-compassion measuring the negative component of self-compassion: FSCRS_IS. However, the effect size of gender is small (Table 5.1).

The positive component of self-compassion was measured using four sub-scales: Recognizing suffering (SOCS_RS), Understanding the universality of suffering (SOCS_UU), Acting/Motivation to alleviate suffering (SOCS_AM), and Reassured self (FSCRS_RS). The mean scores are displayed in Table 1.1. Male adolescents (M = 13.93, SD = 2.99) scored significantly higher than female adolescents (M = 13.14, SD = 3.39) on the subscale SOCS_AM. The same trend was seen with the subscale FSCRS_RS, wherein male adolescents (M = 19.12, SD = 5.94) scored significantly higher than female adolescents (M = 17.90, SD = 5.41). Female adolescents (M = 14.05, SD = 3.04) scored significantly higher than male adolescents (M =

13.30, *SD* = 3.16) on the subscale SOCS_RS, and female adolescents (*M* = 3.20, *SD* = 0.72) also scored significantly higher than male adolescents (*M* = 3.05, *SD* = 0.75) on the subscale SOCS_UU. A higher score on these subscales indicated higher self-compassion. The results showed that gender difference exist in the positive component of self-compassion. Among Mizo adolescents, males scored significantly higher than females on aspects of self-compassion relating to the alleviation of suffering in self and reassured self. On the other hand, females compared to males scored significantly higher on self-compassion, concerned with recognizing suffering in self and understanding the universality of suffering.

The subscales Inadequate self (FSCRS_IS) and Hated self (FSCRS_HS) were used to measure the negative component of self-compassion. The mean scores are displayed in Table1.1. It was found that female adolescents (*M* = 20.41, *SD* = 6.54) scored significantly higher than male adolescents (*M* = 18.25, *SD* = 6.67) on the subscale FSCRS_IS. Higher scores on these subscales indicated lower self-compassion. The results showed that among Mizo adolescents, females compared to males scored significantly higher on inadequate self.

The findings of the study revealed notable gender-based variations in self-compassion among Mizo adolescent participants. On the four subscales measuring positive components of self-compassion, male adolescents scored significantly higher than female adolescents on two subscales: Acting/Motivation to alleviate suffering (SOCS_AM) and Reassured self (FSCRS_RS), and female adolescents scored significantly higher than male adolescents on two subscales: Recognizing suffering (SOCS_RS) and Understanding the universality of suffering (SOCS_UU). Female adolescents also scored significantly higher than male adolescents on the subscale Inadequate self (FSCRS_IS), which measures the negative component of self-compassion. These findings highlight the multifaceted nature of self-compassion and underscore the importance of examining its distinct components when investigating gender disparities. Consequently, the hypothesis stating that male adolescents will score significantly higher than female adolescents on self-compassion is only partly supported, given the observed complexities in the relationships between gender and self-compassion.

Among Mizo adolescents, female adolescents compared to male adolescents seemed to be better at noticing the signs of suffering and distress in themselves. Females appeared to be more aware of their own sentiments, demonstrating a heightened ability to recognize their own emotional distress and suffering. Female adolescents, in comparison to male adolescents, exhibited a greater comprehension of the universality of human suffering. Additionally, they displayed a higher level of acceptance towards the reality of life, acknowledging that suffering is a part of life and not unique to a person. Although female adolescents seem to understand the universality of suffering more than male adolescents, they also tend to experience greater feelings of personal inadequacy than male adolescents when confronted with failure, suffering, and hardship. In contrast, male adolescents exhibit a greater inclination to take action in order to alleviate their distress and are more likely to engage in self-reassurance in similar circumstances, as compared to their female counterparts.

The existing body of research on gender difference in self-compassion yields inconsistent findings. While some studies report the absence of gender difference in self-compassion (Muris et al., 2016; Neff & Pommier, 2013), others indicate slightly higher self-compassion scores among males compared to females (Neff & Beretvas, 2013; Raes, 2010). Females in general, have been found to be more sensitive to negative stimuli (Gohier et al., 2011; Yarnell et al., 2015), which may facilitate their ability to recognize emotional distress with greater ease compared to males (Aymerich et al., 2021). This could assist women in recognizing their own signs of distress. Acceptance is an emotional regulation strategy particularly favored by women (Tamers et al., 2002), and studies suggested that females tend to be more accepting of their life circumstances compared to males (Graham & Chattopadhyay, 2013; Stocks et al., 2012). This acceptance-oriented approach may also help females in comprehending the universality of suffering, resulting in higher scores on self-compassion subscales that are related to it.

The present findings also revealed that females score higher than males on inadequate self, a subscale measuring self-criticalness. This could potentially account for the higher levels of inadequacy experienced by female adolescents when compared to their male counterparts. According to Karasawa et al. (2011), while women

are more accepting of their life circumstances they are less accepting of themselves in comparison to men. There are also studies that found that in non-clinical populations, females scored significantly higher than males on self-criticism (Baião et al., 2014; Xavier et al., 2016). It can be assumed that sensitivity to negative stimuli and having the ability to recognize suffering may increase self-criticism, particularly among female adolescents. The correlation analysis conducted on the studied population also shows that recognizing suffering in oneself is positively related to self-criticism (Table 7.2).

According to societal gender norms, men are expected to exhibit strength, independence, and practical problem-solving skills (Levant, 2011; Pederson & Vogel, 2007). Research findings showed that males tend to prefer problem-solving strategies as a coping mechanism while females tend to prefer emotion-focused strategies (Crăciun, 2013; Larson, 2006). These gender norms and coping strategies may potentially account for the higher scores of male adolescents in terms of their inclination towards taking action or motivation to alleviate suffering compared to femle adolescents. Studies indicate that females tend to exhibit greater empathy towards others, whereas males tend to display more self-directed sympathy (Goldstein & Winner, 2012). Additionally, males' sense of entitlement may reinforce their self-compassion (Toth-Kiraly & Neff, 2021), resulting in a higher reassured self score in males than in females. A previous study found that males scored significantly higher than females on reassured self in the non-clinical population (Baião et al., 2014), which aligns with the findings of the present study.

Gender norms, coping strategies, and sympathy are considered as possible factors that may explain the presence of gender differences in self-compassion. Nevertheless, this study does not investigate the aforementioned concepts or variables. Instead, they are presented as potential explanations for gender disparities, derived from existing theories and prior research conducted by other scholars. Further investigations are required to explore these factors in the population under study.

Significant gender difference between male and female adolescents was not observed on emotion regulation (Table 5.1). The hypothesis stating that male adoles-

cents, as compared to female adolescents, will score significantly higher on emotion regulation is not supported. Literature review showed that males tend to utilize expressive suppression to regulate their emotions more frequently than females (Gullone & Taffe, 2012; Zhang & Bian, 2020), but with the use of cognitive reappraisal, a consistent gender difference has not been found (Balzarotti et al., 2010; Gross & John, 2003; Gross et al., 2006).

The findings of the current study indicated that among Mizo adolescent samples, gender difference did not exist in emotion regulation strategies, including both cognitive reappraisal and expressive suppression which is in line with the finding of a study conducted by Gullone and Taffe (2012) which reported the absence of gender difference in cognitive reappraisal among adolescents.

In a collectivistic society, the well-being of the group is highly prioritized. The society emphasizes self-restraint and emotional control (Zhang et al., 2014) in order to attain harmony within the group or the society. As a result, Mizo being a collectivistic society, both male and female adolescents may feel equally compelled to regulate their emotions. They may also have a habitual inclination to effectively regulate their emotions, regardless of whether they use cognitive reappraisal or expressive suppression as their specific emotion regulation strategy.

From the result it can be seen that there was no significant gender difference between male and female adolescents in perceived social support (Table 5.1). The hypothesis stating that female adolescents, as compared to male adolescents, will score significantly higher on perceived social support is not supported. Significant gender difference was not observed on the subscales of perceived social support: family, friends, and significant others. This finding aligns with a study conducted on first-year college students (18–25 years) from North East India who were studying outside of their home state, which also revealed that gender difference did not exist in the sense of social support among the studied population (Devi, 2021).

This particular finding disagrees with earlier research on perceived social support among Mizo adolescents. Previous studies conducted among Mizo adolescents revealed gender difference in social support, which is consistent with the ma-

jority of research findings in other parts of the world (Gonzalez-Morales et al., 2010; Strine et al., 2008). A study conducted among Mizo school-going aged 13 and 17 revealed that female adolescents perceived greater support than male adolescents from family, friends, and significant others (Harikrishnan & Sailo, 2020). Another study conducted among Mizo adolescents aged 15 and 17 also showed that female adolescents perceive greater social support than male adolescents (Varkey, 2010).

The present study differs from previous research by shifting its focus from the perceptions of Mizo adolescents aged 13 to 17 to the perceptions of Mizo late adolescents aged 17 to 21 who are currently pursuing their undergraduate studies. The difference in age and setting (secondary and higher secondary school versus college) may potentially account for the inconsistent findings on gender difference in perceived social support among Mizo adolescents. In support of this finding, there are also studies that show gender difference in social support does not exist among undergraduate students (Devi, 2021; Kong et al., 2014). The role of gender in the perception of social support may be less pronounced among college students than among high school and higher secondary school students.

The Effect of Family Structure on Well-Being, Self-Compassion, Emotion Regulation and Perceived Social Support

The results of ANOVA (Table 5.2) revealed a significant effect of family structure on one subscale of Self-compassion and one subscale of Perceived social support. No significant effect of family structure was observed on the measures of well-being and emotion regulation strategies.

Table 5.2

Results of ANOVA (Family structure) on the measures of well-being, self-compassion, emotion regulation and perceived social support.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
FAMILY STRUCTURE	SWLS	79.15	1	79.15	2.14	0.15	0.01
	P_PANAS	12.29	1	12.29	0.27	0.61	0.00
	N_PANAS	37.67	1	37.67	0.85	0.36	0.00
	GHQ_12	26.68	1	26.68	0.86	0.35	0.00
	SOCS_RS	26.50	1	26.50	2.77	0.09	0.01
	SOCS_UU	2.21	1	2.21	4.17	**0.04**	0.01
	SOCS_AM	0.79	1	0.79	0.08	0.78	0.00
	FSCRS_RS	2.44	1	2.44	0.08	0.78	0.00
	FSCRS_IS	14.50	1	14.50	0.34	0.56	0.00
	FSCRS_HS	6.88	1	6.88	0.36	0.55	0.00
	ERQ_C	3.55	1	3.55	0.10	0.75	0.00
	ERQ_S	2.37	1	2.37	0.12	0.73	0.00
	PSS_FA	182.13	1	182.13	4.91	**0.03**	0.01
	PSS_FR	8.44	1	8.44	0.26	0.61	0.00
	PSS_SO	40.40	1	40.40	1.01	0.32	0.00

Significant difference based on family structure was observed on one subscale of self-compassion: SOCS_UU, however the effect size is small (Table 5.2). Adolscents from non-intact family (M = 3.24, SD = 0.75) scored significantly higher than adolescents from intact family (M = 3.08, SD = 0.72) on understanding the universality of suffering (SOCS_UU). The mean scores are displayed in Table 1.2. A higher score on this subscale indicated higher self-compassion.

The result showed that significant difference based on family structure exist on one subscale of self-compassion: understanding the universality of suffering (SOCS_UU). Contrary to the initial hypothesis stating that adolescents from intact family will score significantly higher on self-compassion compared to adolescents from non-intact family, the result showed that adolescents from non-intact family compared to those from intact family scored higher on one subscale of self-compassion, which is concerned with understanding the universality of suffering. The result indicated that among Mizo adolescent participants, adolescents from non-intact family compared to those from intact family appear to have a better understanding of the reality that suffering is a part of life.

Living in a non-intact family has many adversities, but it may also result in a favorable outcome. Children and adolescents from non-intact families are required to take on adult responsibilities at a significantly younger age compared to children from intact families, primarily due to practical necessity (e.g., Turley & Desmond, 2011). Being raised in a single-parent household or without both parents can pose difficulties and challenges, but it can also foster self-reliance and the ability to make choices (Arditti, 1991; Riggio, 2004), equipping children with the strength to confront the difficulties and realities of life. The circumstances of adolescents from non-intact family structure may lead to a greater level of maturity in their perception of life compared with adolescents living in intact family structure. This may enhance the comprehension of adolescents from non-intact family regarding the universality of suffering, emphasizing that suffering is an inherent aspect of life and not unique to a person.

Significant effect of family structure was observed on one subscale of perceived social support: PSS_FA, however the effect size is small (Table 5.2). Adolescents from intact family (M = 20.31, SD = 5.95) scored significantly higher than adolescents from non-intact family (M = 18.92, SD = 6.34) on perceived support from family (PSS_FA). The mean scores are displayed in Table 1.2.

From the result it can be seen that a significant difference based on family structure exists on one subscale of perceived social support: perceived support from family (PSS_FA). The result indicated that among Mizo adolescent participants, adolescents from intact family compared to those from non-intact family appear to perceive greater support from their family. This finding is in line with the initial hypothesis stating that adolescents from intact family will score significantly higher on perceived social support compared to adolescents from non-intact family.

In line with this finding, a focus group discussion conducted by Fambawl (2010) among Mizo adults regarding the impact of divorce on Mizo children revealed that children from divorced families are afraid of making mistakes and they fear losing the support of their parents. The focus group discussion also revealed that these children lose their confidence in and feelings of closeness to the non-resident

parent. Ledoux et al. (2002) also suggested that parents from non-intact (single-parent) families are less likely to display parental support than parents from intact (two-parent) families. This emphasized the significance of family structure in how adolescents perceive the level of support they receive from their family.

Significant difference based on family structure was not observed on any measures of well-being (Table 5.2). The hypothesis stating that adolescents from intact family as compared to adolescents from non-intact family will score significantly higher on well-being is not supported. The result shows that there is no significant difference between the well-being of adolescents from intact family and non-intact family. Similarly, a study conducted among Indian children also showed that children from intact families and non-intact families did not differ in terms of well-being (Poudel et al., 2020). However, the majority of studies found non-intact families to be associated with lower well-being. For example, non-intact families, particularly those formed as a result of divorce, have been associated with stress and other psychological problems such as depression and anxiety (Barber & Demo, 2006), as well as dissatisfaction and fewer positive relationships with others (Chappel et al., 2014; Fergusson et al., 2014).

Significant difference based on family structure was not observed in emotion regulation (Table 5.2). The hypothesis stating that adolescents from intact family as compared to adolescents from non-intact family will score significantly higher on emotion regulation is not supported. This finding shows that there is no significant difference between the emotion regulation strategies used by adolescents from intact family and non-intact family, despite existing literature suggesting that family structure does impact adolescents' emotion regulation. For instance, research by Papalia et al. (2014) demonstrated that having an intact family has a beneficial impact on adolescents' ability to regulate their emotions. Additionally, Cheung et al. (2019) found that positive family relationships are associated with a higher tendency to use emotional reappraisal, while family conflicts are linked to a greater inclination towards suppression among young adults.

There are studies that indicate that the well-being, self-compassion, and emotion regulation of adolescents are more strongly influenced by factors related to family environment, such as family cohesion and family conflict, than family structure (e.g., Neff & McGeehee, 2010; Yu et al., 2015). Furthermore, regardless of the specific family structure, children with a strong sense of acceptance who receive a high level of involvement, attention, and care from their parents tend to have a positive outlook on life (Sahu, 2016). This could potentially account for the absence of the family structure effect on the majority of the variables examined, as it was only evident in one subscale of self-compassion and one subscale of perceived social support. In addition, biological based theories (e.g., Daly & Wilson, 1983) suggest that individuals are predisposed to care for and offer more resources to biological relatives than non-relatives. In the studied population, majority of the adolescents from non-intact family reside with their biological relatives. However, further investigation is needed to definitively establish whether family environment has a stronger association with well-being, self-compassion, emotion regulation, and perceived social support compared to family structure within the Mizo adolescent population. In this study, all types of families other than those that consist of two biological parents are clubbed together as non-intact family, and the results must be interpreted with caution.

The Interaction Effect of Gender and Family Structure on Well-Being, Self-Compassion, Emotion Regulation and Perceived Social Support

The ANOVA results (Table 5.3) revealed a significant interaction effect of gender and family structure in one of the well-being scales: GHQ_12; one self-compassion sub-scale: FSCRS_IS; and one emotion regulation questionnaire sub-scale: ERQ_C. However, the effect size is small. A post-hoc analysis (Scheffes' test) was employed to find out which pairs of groups' means differed significantly. The interaction effect of gender and family structure was not statistically significant on perceived social support.

Table 5.3

Results of ANOVA (2 gender X 2 family structure) on the measures of well-being, self-compassion, emotion regulation and perceived social support.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
	SWLS	0.38	1	0.38	0.01	0.92	0.00
	P_PANAS	26.98	1	26.98	0.58	0.45	0.00
	N_PANAS	0.36	1	0.36	0.01	0.93	0.00
	GHQ_12	121.54	1	121.54	3.92	**0.05**	0.01
	SOCS_RS	2.66	1	2.66	0.28	0.59	0.00
GENDER *	SOCS_UU	0.18	1	0.18	0.34	0.56	0.00
FAMILY	SOCS_AM	0.10	1	0.10	0.01	0.92	0.00
STRUCTURE	FSCRS_RS	5.12	1	5.12	0.16	0.69	0.00
	FSCRS_IS	246.05	1	246.05	5.70	**0.02**	0.01
	FSCRS_HS	2.50	1	2.50	0.13	0.72	0.00
	ERQ_C	206.19	1	206.19	5.86	**0.02**	0.01
	ERQ_S	15.17	1	15.17	0.74	0.39	0.00
	PSS_FA	0.10	1	0.10	0.00	0.96	0.00
	PSS_FR	58.58	1	58.58	1.80	0.18	0.00
	PSS_SO	123.35	1	123.35	3.08	0.08	0.01

Table 6.1

Post Hoc analysis table (GHQ_12)

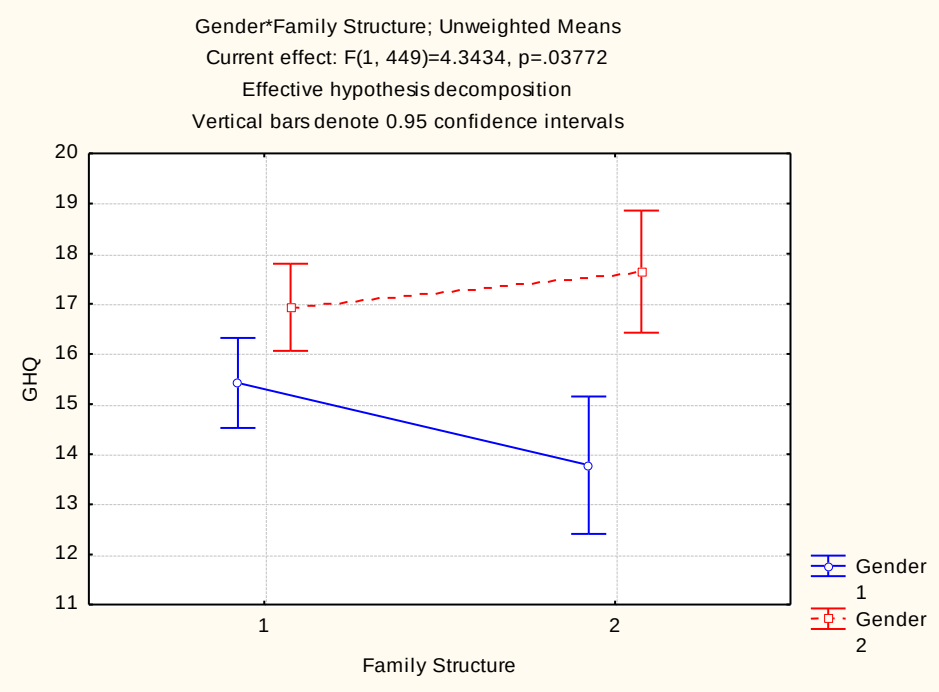
	Means	15.42	13.78	16.93	17.53
GHQ_12	Male intact family	X	0.28	0.13	**0.04**
	Male non-intact family		X	**0.00**	**0.00**
	Female intact family			X	0.83
	Female non-intact family				X

Post-hoc analysis (Table 6.1) revealed that in the intact family group, there was no significant difference between male (*M* = 15.42, *SD* = 5.91) and female adolescents (*M* = 16.93, *SD* = 5.19) in psychological distress (GHQ_12), whereas in the non-intact family group, females (*M* = 17.53, *SD* = 5.77) scored significantly higher than males (*M* = 13.78, *SD* = 5.38) in psychological distress. Additionally, female adolescents from non-intact family (*M* = 17.53, *SD* = 5.77) scored significantly higher than male adolescents from both intact family (*M* = 15.42, *SD* = 5.91) and non-intact family (*M* = 13.78, *SD* = 5.38). Female adolescents from intact family (*M* = 16.93, *SD* = 5.19) also scored significantly higher than male adolescents from non-intact family (*M* = 13.78, *SD* = 5.38).

For convenience of viewing and interpretation, the significant interaction effects of independent variables are shown in figures. The independent variables are plotted along the X-axis, and the dependent variables are plotted along the Y-axis.

Figure 6

Interaction effect of gender and family structure in General Health Questionnaire (GHQ_12)



Looking at figure 6, it can be seen that in the studied population, i.e., Mizo adolescents, female adolescents from non-intact family (M = 17.53, SD = 5.77) scored the highest on psychological distress, followed by female adolescents from intact family (M = 16.93, SD = 5.19), male adolescents from intact family (M = 15.42, SD = 5.91), and male adolescents from non-intact family (M = 13.78, SD = 5.38). Although there is no statistically significant difference, it is interesting that male adolescents from intact family score higher than male adolescents from non-intact family in psychological distress.

The result suggested that gender difference in psychological distress was more pronounced in non-intact family then in intact family. This may imply that living in a non-intact family (living without one or both biological parents) has a greater negative impact on the well-being of female adolescents than male adolescents in

terms of psychological distress. Consistent with this finding, previous study on the psychological well-being of children from divorced families found that females reported lower psychological well-being than males (Huurre et al., 2006; Mokrue et al., 2012).

Table 6.2
Post Hoc analysis table (FSCRS_IS)

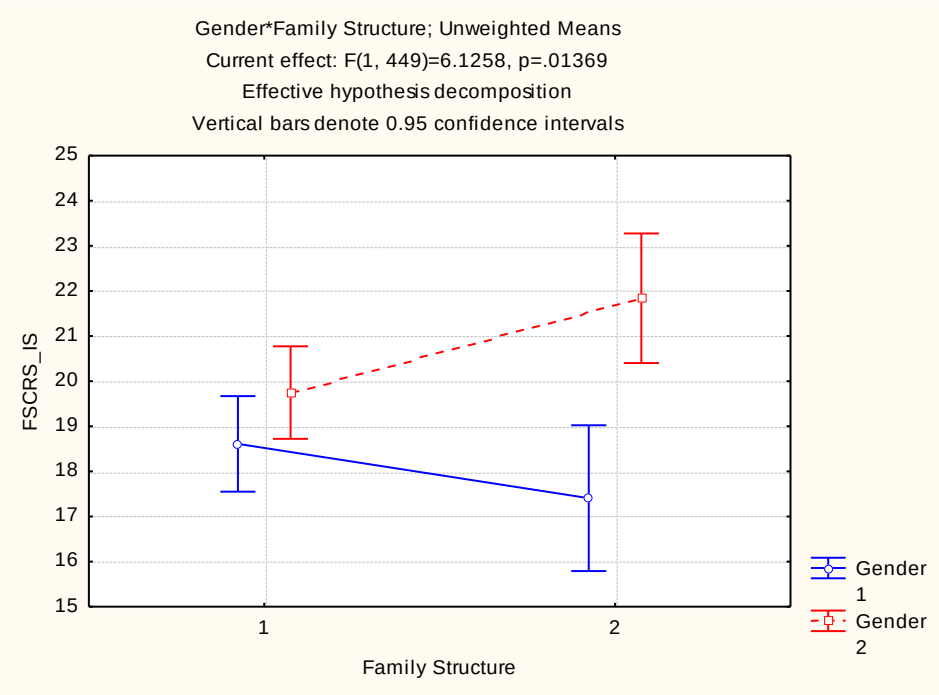
	Means	18.61	17.41	19.75	21.73
FSCRS_IS	Male intact family	X	0.68	0.51	**0.01**
	Male non-intact family		X	0.12	**0.00**
	Female intact family			X	0.14
	Female non-intact family				X

Post-hoc analysis (Table 6.2) showed that in the intact family group, there was no significant difference between male (M = 18.61, SD = 6.83) and female (M = 19.75, SD = 6.63) adolescents in inadequate self (FSCRS_IS), a subscale of self-compassion, whereas in the non-intact family group, females (M = 21.73, SD = 6.19) scored significantly higher than males (M = 17.41, SD = 6.28) in inadequate self. Female adolescents from non-intact family (M = 21.73, SD = 6.19) scored significantly higher than male adolescents from both intact (M = 18.61, SD = 6.83) and non-intact family (M = 17.41, SD = 6.28) on feelings of inadequate self.

For convenience of viewing and interpretation, the significant interaction effects of independent variables are shown in figures. The independent variables are plotted along the X-axis, and the dependent variables are plotted along the Y-axis.

Figure 7

Interaction effect of gender and family structure in FSCRS_IS



Looking at figure 7, it can be seen that in the studied population, i.e., Mizo adolescents, female adolescents from non-intact family (*M* = 21.73, *SD* = 6.19) scored the highest on feelings of inadequacy, followed by female adolescents from intact family (*M* = 19.75, *SD* = 6.63), male adolescents from intact family (*M* = 18.61, *SD* = 6.83), and male adolescents from non-intact family (*M* = 17.41, *SD* = 6.28) scored the lowest on feelings of inadequate self. Although there is no statistically significant difference, it is interesting that male adolescents from intact family score higher than male adolescents from non-intact family on inadequate self.

The result suggested that gender difference in self-criticism, particularly those related to feelings of inadequacy, is more pronounced in non-intact family. Non-intact family structure has been associated with lower levels of general self-efficacy (Guo, 2019). As seen from the present study, female adolescents scored higher than male adolescents on recognizing suffering in oneself (Table 1.1), so female adolescents seemed to be more self-conscious than male adolescents. Among Mizo adolescents, recognizing suffering in oneself and feeling of self-inadequacy are also positively related (Table 7.2), although the relationship is weak. These findings

point in the direction that, since female adolescents are more self-conscious than male adolescents, they are also more self-critical toward themselves.

Female adolescents from non-intact family have a higher sense of personal inadequacy than male adolescents from both intact and non-intact family. The findings support previous research showing that females are more self-critical than males (Baião et al., 2014). The relationship between non-intact family structure and general self-efficacy, such as an inadequate self, seemed to be stronger for female adolescents than male adolescents.

Table 6.3
Post Hoc analysis table (ERQ_C)

	Means	29.28	30.55	30.52	28.87
ERQ_C	Male intact family	X	0.57	0.34	0.98
	Male non-intact family		X	0.99	0.45
	Female intact family			X	0.28
	Female non-intact family				X

Although a significant interaction effect was observed in ERQ_C, a subscale of emotion regulation, post hoc analysis (Table 6.3) did not reveal any significant difference between male adolescents from intact family, male adolescents from non-intact family, female adolescents from intact family, and female adolescents from non-intact family. Although there was no significant difference, figure 7 shows that in an intact family, females score higher than males in ERQ_C, and the reverse was obtained in a non-intact family.

For convenience of viewing and interpretation, the significant interaction effects of independent variables are shown in figures. The independent variables are plotted along the X-axis, and the dependent variables are plotted along the Y-axis.

Figure 8

Interaction effect of gender and family structure in ERQ_C

Looking at Figure 8, it can be seen that among adolescents, males from non-intact family (*M* = 30.55, *SD* = 6.14) scored the highest on cognitive reappraisal, followed by females from intact families (*M* = 30.52, *SD* = 5.39), and then males from intact family (*M* = 29.28, *SD* = 6.15), and females from non-intact family (*M* = 28.87, *SD* = 6.37) scored the lowest. However, the difference is not statistically significant, and the difference in scores between all the groups is very small.

The results suggest that family structure could be a risk factor for adolescents' well-being relating to psychological distress and negative self-concepts such as feelings of inadequacy or self-criticism, especially for female adolescents. This may indicate that the effect of being in a non-intact family has a greater negative impact on female adolescents than on male adolescents.

Predictive Role of Self-compassion, Emotion Regulation, Perceived Social Support and Demographic Variables on Well-being

The fourth objective was to determine the predictability of well-being from self-compassion, emotion regulation, and perceived social support. In order to address the fourth objective, stepwise regression analysis was employed.

Before analyzing the predictability of well-being, correlation analysis was conducted to examine the relationship between the different scales and subscales used for measuring well-being, self-compassion, emotion regulation, and perceived social support.

Table 7.1
Correlation coefficient of the scales measurinmg well-being with demographic variables

	SWLS	P_PANAS	N_PANAS	GHQ_12
Gender	-0.16**	-0.19**	0.18**	0.19**
MS	-.07	0.01	0.05	-0.03
Remarriage	-.03	-0.00	0.03	-0.05
Caregiver	-.11*	-0.01	0.06	0.05
SES	-.08	-0.02	-0.01	-0.07
Frequency of substance used	-.10*	-0.03	0.10*	0.12*
Physical fight	-.09	-0.06	0.07	0.05
Verbal fight	-.16**	-0.04	0.16**	0.17**

**.Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed)

Table 7.1 shows that among the demographic variables, gender had the most correlation with the measures of well-being. Gender was significantly negatively correlated with the positive component of well-being (life satisfaction & positive affect) and significantly positively correlated with the negative component of well-being (negative affect & psychological distress) at the .01 level of significance. The frequency of substances used had a significant negative correlation with life satisfaction and a significant positive correlation with negative affect and psychological distress at the .05 level of significance. Similarly, the frequency of engaging in verbal fights had a significant negative correlation with life satisfaction and a significant positive correlation with negative affect and psychological distress at the .01 level of significance. Caregivers (the relatives or people that adolescents live with) also had a sig-

nificant negative correlation with life satisfaction; adolescents' life satisfaction decreases when they do not stay with their biological parents.

Using Pearson's correlation coefficient, bivariate correlations between the scores on all the measures of well-being (Life satisfaction, Positive and Negative Affect and Psychological distress) and other psychological measures (self-compassion, emotion regulation, and perceived social support) were analyzed and presented in Table 7.2.

Table 7.2
Correlation coefficient of the scales measuring well-being, self-compassion, emotion regulation and perceived social support

	SWLS	P_PANAS	N_PANAS	GHQ_12	SOCS_RS	SOCS_UU	SOCS_AM	FSCRS_RS	FSCRS_IS	FSCRS_HS	ERQ_C	ERQ_S	PSS_FA	PSS_FR	PSS_SO
SWLS	1														
P_PANAS	.43**	1													
N_PANAS	-.29**	-.04	1												
GHQ_12	-.41**	-.41**	.42**	1											
SOCS_RS	.09*	.14**	.05	-.02	1										
SOCS_UU	.12*	.13**	-.14*	-.16**	.49**	1									
SOCS_AM	.28**	.26**	-.17**	-.29**	.34**	.34**	1								
FSCRS_RS	.40**	.47**	-.22**	-.47**	.18**	.28**	.47*	1							
FSCRS_IS	-.36**	-20**	.43**	.44**	.16**	.14**	-.14**	-.13**	1						
FSCRS_HS	-.30**	-.2**	.44**	.44**	-.07	-.27**	-.22**	-.29**	.45**	1					
ERQ_C	.23**	.20**	-.17**	-.25**	.20**	.27**	.39**	.37**	-.05	-.16**	1				
ERQ_S	.09	.03	.00	.06	.06	.11*	.11*	.09	.08	-.01	.39**	1			
PSS_FA	.41**	.25**	-.19**	-.34**	.05	.10*	.21**	.33**	-.28**	-.31**	.16**	.02	1		
PSS_FR	.20**	.17**	-.07	-.26**	.07	.15**	.25**	.30**	-.12*	-.17**	.18**	-.03	.46**	1	
PSS_SO	.23**	.22**	-.14**	-.17**	.16**	.22**	.25**	.30**	-.08	-.21**	.24**	.06	.46**	.53**	1

**.Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

As mentioned previously, Life satisfaction (SWLS) and Positive affect (P_PANAS) are the scales used to measure the positive component of well-being. Negative affect (N_PANAS) and Psychological distress (GHQ_12) are the scales used to measure the negative component of well-being. The scales measuring the positive component of well-being (SWLS & P_PANAS) were significantly and positively related, and the scales measuring the negative component of well-being (N_PANAS & GHQ_12) were also significantly and positively related. The scales measuring the positive component and negative component of well-being were negatively related; life satisfaction was significantly negatively related to negative affect and psychological distress, while positive affect was significantly negatively related to psychological distress. The relationship between Positive affect and Negative affect was not significant. In fact, positive affect and negative affect are considered to be two independent and uncorrelated dimensions of affect (Watson & Tellegen, 1985).

Life satisfaction (SWLS) had a significant positive correlation with the positive components of self-compassion (recognizing suffering, understanding the universality of suffering, acting or motivated to alleviate suffering, and a reassured self) and a significant negative correlation with the negative components of self-compassion (inadequate self and hated self). Life satisfaction had a significant positive correlation with cognitive emotion regulation strategies. Life satisfaction also had a significant positive correlation with the sub-scales of perceived social support (perceived social support from family, friends, and significant others).

Following the same pattern as life satisfaction, Positive affect (P_PANAS) also had a significant positive correlation with the positive components of self-compassion (recognizing suffering, understanding the universality of suffering, acting or being motivated to alleviate suffering, and a reassured self) and a significant negative correlation with the negative components of self-compassion (inadequate self and hated self). Positive affect also had a significant positive correlation with cognitive emotion regulation strategy and the sub-scales of perceived social support (perceived social support from family, friends, and significant others)

From the above results, it can be understood that Mizo adolescents who are experiencing higher life satisfaction and more positive affect also tend to be more self-compassionate. They are mindful of their own distress and suffering, recognizing their own signs of distress. They understand that suffering is not unique to a person but it is a part of life. They are also motivated to alleviate themselves of their suffering and are less critical of themselves when encountering failures and setbacks. They also tend to reassure themselves when faced with failure and suffering. Adolescents who enjoy greater life satisfaction and experience more positive affect also perceive greater support from their family, friends, and significant others and use cognitive emotion regulation strategies frequently to regulate their emotions.

Negative affect (N_PANAS) had a significant positive relationship with the negative components of self-compassion (inadequate self and hated self) and a significant negative relationship with the positive components of self-compassion (understanding the universality of suffering, acting or being motivated to alleviate suffering, and reassured self). Negative affect had a significant negative correlation with the cognitive emotion regulation strategy. Negative affect also had a significant negative relationship with perceived social support from family and significant others.

Psychological distress (GHQ_12) had a significant positive relationship with the negative components of self-compassion (inadequate self and hated self) and a significant negative relationship with the positive components of self-compassion (understanding the universality of suffering, acting or being motivated to alleviate suffering, and reassured self). Psychological distress had a significant negative correlation with the cognitive emotion regulation strategy and a significant negative relationship with perceived social support from family, friends, and significant others.

The above results showed that Mizo adolescents who experience greater negative affect and psychological distress also tend to be less self-compassionate. Adolescents with higher psychological distress and negative affect tend to see their suffering as unique, having a poorer understanding of the universality of suffering. They are also less motivated to alleviate themselves from suffering and tend to engage in

less self-reassurance activity when faced with suffering and setbacks. They also tend to use less cognitive reappraisal strategy to regulate their emotions. Adolescents experiencing higher psychological distress and negative affect also tend to be more self-critical when encountering failure or suffering, such as developing feelings of personal inadequacies and hating oneself (an aggressive and pathological way of relating to oneself). Adolescents experiencing higher negative affect perceive lower social support from family and significant others. Similarly, adolescents experiencing higher psychological distress also perceive lower social support from family and significant others, as well as lower perceived support from friends.

The results pointed to the conclusion that self-compassion, cognitive emotion regulation strategy, and perceived support from family, friends and significant others are positively related to the positive component of well-being and negatively related to the negative component of well-being. The reverse was obtained for self-criticism. Mizo adolescents who treat themselves with kindness and reassure themselves when faced with setbacks also experience greater life satisfaction, more positive affect, fewer negative affect, and less psychological distress. On the other hand, adolescents who develop a sense of personal inadequacies and hating oneself, i.e., aggressive and pathological way of relating to self when encountering failure or suffering, also experience lower life satisfaction, less positive affect, more negative affect, and more psychological distress.

Other studies have also found that adolescents and adults who have higher self-compassion have higher life satisfaction and happiness, as well as fewer negative affects and symptoms of psychopathology (Bluth & Blanton, 2015; Castilho et al., 2015b; López et al., 2015; Neff, Rude, et al., 2007). Self-compassion generates a positive mindset and makes people less critical of their mistakes, thereby promoting well-being (Zessin et al., 2015). Adolescents who are more self-critical tend to feel isolated, over identify with their sufferings, and exhibit more symptoms of psychopathology (Cunha et al., 2016).

Adolescents who use cognitive reappraisal to regulate their emotions and perceive more social support have higher life satisfaction, more positive affect, fewer

negative affect, and experience less psychological distress. Individuals who use more cognitive reappraisal to regulate their emotions tend to be optimists, enjoy more positive emotions and fewer negative emotions, and have greater life satisfaction with fewer symptoms of psychopathology (Gross & John, 2003). Several studies have established the benefits of perceiving social support for well-being. Perceived social support is associated with increased positive affect and decreased negative affect, greater life satisfaction, and fewer psychopathology symptoms (Chang et al., 2018; KlainiYobas et al., 2016; Siedlecki et al., 2014).

The correlation analysis of well-being with self-compassion, emotion regulation, and perceived social support also illustrated a noteworthy but not statistically significant relationship. Life satisfaction and Positive affect (both measuring positive components of subjective well-being) have a positive correlation with the expressive suppression emotion regulation strategy, although the relationship was not significant. Expressive suppression is considered a maladaptive emotion regulation strategy and is expected to have a negative relationship with the positive component of subjective well-being; habitual use of expressive suppression leads to incongruence between inner experience and outer expression (Rogers, 1951). In collectivistic culture, suppressing the expression of negative emotion is likely to be valued for harmonious relationships with others *(*E. A. Butler et al., 2007; Oyserman et al., 2002). Although the scale used for measuring emotion regulation in this study focuses on down regulation of both positive and negative emotions, using expressive suppression to regulate emotion may not necessarily increase negative affect, especially if expressive suppression is used for regulating negative emotions. Recognizing suffering (a positive component of self-compassion) is positively related to Negative affect and negatively related to Psychological distress, but the relationship was not significant. Those who recognize the signs of suffering in themselves may also experience more negative affect, but the ability to recognize one's own suffering is also related to having fewer symptoms of psychopathology or psychological distress.

The Relationship between the Different Psychological Measures (Self-Compassion, Emotion Regulation, and Perceived Social Support)

The relationship between the different psychological measures (self-compassion, emotion regulation, and perceived social support) is not the focus of the study. However, their relationships are presented below.

Cognitive reappraisal (ERQ_C) significantly positively correlated with all the subscales measuring the positive component of self-compassion (recognizing suffering, understanding the universality of suffering, acting or being motivated to alleviate suffering, and reassuring self),and all the subscales of perceived social support (support from family, friends, and significant others). Cognitive reappraisal significantly negatively correlated with one of the subscales measuring the negative component of self-compassion (hated self). Expressive suppression (ERQ_S) had a significant positive correlation with the positive component of self-compassion, such as understanding the universality of suffering and acting or being motivated to alleviate suffering, but did not show any significant relationship with the negative component of self-compassion and perceived social support.

Perceived support from family (PSS_FA) and from friends (PSS_FR) significantly positively correlated with all the positive components of self-compassion, such as understanding the universality of suffering, acting or being motivated to alleviate suffering, and a reassured self, and negatively correlated with the negative component of self-compassion: inadequate self and hated self. PSS_SO had a significant positive correlation with the entire positive component of self-compassion (recognizing suffering, understanding the universality of suffering, acting/motivated to alleviate suffering and reassured self) and a negative correlation with one of the subscale measuring the negative component of self-compassion (hated self).

There is an interesting finding in the relationship between inadequate self (FSCRS_IS) and the other subscales measuring self-compassion. Inadequate self is considered a negative component of self-compassion, but the correlation analysis showed that inadequate self has a significant positive relationship with recognizing

suffering and understanding the universality of suffering; both are considered positive components of self-compassion. The result may indicate that the more individual recognizes suffering in themselves and understands the universality of suffering, the more they tend to feel a sense of personal inadequacy. The results also showed a significant positive relationship between the two types of emotion regulation: cognitive reappraisal and expressive suppression, indicating that individuals who use cognitive reappraisal also use expressive suppression to regulate emotions. In collectivistic cultures where social orders and interpersonal relationships are highly valued, there is a greater need for regulating emotion in order to maintain social order. The positive relationship may also suggest a greater need for regulation of emotion (Matsumoto et al., 2008). Mizo being a collectivistic society, the positive relationship may also suggest that there is a greater need for Mizo adolescents to regulate their emotions.

Prediction of Well-Being

Hierarchical stepwise regression was conducted to determine the predictability of well-being (life satisfaction, positive and negative affect, and psychological distress) from self-compassion, emotion regulation, perceived social support, and demographic variables.

The predictability of well-being from the predictor variables was separately analyzed for adolescents from intact family and non-intact family. So the data was split according to family structure: intact and non-intact in order to determine the predictability of well-being among adolescents living in intact family structure and non-intact family structure separately.

For the analysis, the criterion variables are the scales measuring well-being: Life Satisfaction, Positive and Negative Affect, and Psychological distress. The predictor variables are subscales of self-compassion, subscales of emotion regulation strategies, subscales of perceived social support, and demographic variables.

Predictor variables were entered in four blocks. The demographic variables (gender, care giver), the subscales of self-compassion (recognizing suffering, understanding the universality of suffering, motivation/acting to alleviate suffering, reas-

sured self, reassured self, hated self), the subscales of emotion regulation strategy (cognitive reappraisal, expressive suppression), and the subscales of perceived social support (support from family, friends, and significant others) were separately entered in block 1, block 2, block 3 and block 4 respectively.

Using stepwise hierarchical multiple regression, the life satisfaction of adolescents from intact family structure was significantly predicted by gender (F=8.78; p<.01) in Model 1, Reassured self (F=39.19; p<.01) in Model 2, Inadequate self (F=39.84; p<.01) in Model 3, and Perceived family support (F=37.24; p<.01) in Model 4, supported by healthy collinearity diagnostics (Durbin Watson=1.96). The result table (Table 8.1) highlighted the standardized beta values, the adjusted regression coefficients (ΔR2), and the collinearity statistics (Tolerance and Variance inflation Factor).

Table 8.1
The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of Life satisfaction from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from intact family structure

	Models				Collinearity Statistics	
	1	2	3	4	Tolerance	VIF
Gender	-0.17**	-0.13**	-0.11*	-0.11*	0.99	1.01
FSCRS_RS		0.42**	0.38**	0.33**	0.91	1.09
FSCRS_IS			-0.28**	-0.24**	0.94	1.06
PSS_FA				0.23**	0.90	1.11
ΔR^2	0.03	0.20	0.28	0.32	Durbin Watson	
					1.96	

**. Significant at the .01 level *. Significant at the .05 level

Table 8.1 shows the stepwise hierarchical multiple regression for adolescents from intact family for the prediction of Life Satisfaction. The result showed that the life satisfaction of adolescents from intact family was significantly predicted by gender, reassured self (FSCRS_RS), inadequate self (FSCRS_IS) and perceived support from family (PSS_FA).

The result (Table 8.1) revealed that gender, i.e., being female as compared to being male, significantly predicted a 17% decrease in life satisfaction in the first model. The strength of the prediction decreases with the inclusion of other significant predictor variables in the stepwise regression with gender explaining 11% of the var-

iation in the final model. Reassured self significantly predicted a 42% increase in life satisfaction in the second model, and with the inclusion of other significant predictor variables in the stepwise regression, reassured self explained 33% of the variation in the final model. Inadequate self significantly predicted a 28% decrease in life satisfaction in the third model, and with the inclusion of other significant predictor variables in the stepwise regression, inadequate self explained 24% of the variation in the final model. Perceived support from family significantly predicted a 23% increase of variation in the final model.

For adolescents from intact, reassuring oneself (FSCRS_RS) when encountering failure and setbacks increases life satisfaction, whereas feeling of personal inadequacy (FSCRS_IS) when encountering the same situation decreases life satisfaction. Perceiving support from family (PSS_FA) increases the life satisfaction of and being female as compared to being male predicted lower life satisfaction.

The life satisfaction of adolescents from non-intact family was significantly predicted by Inadequate self (F=21.40; p<.01) in Model 1, Reassured self (F=20.70; p<.01) in Model 2, Understanding the universality of suffering (F=15.79; p<.01) in Model 3, Expressive suppression emotion regulation strategy (F=14.16; p<.01) in Model 4, and Perceived support from family (F=13.26; p<.01) in Model 5 and supported by healthy collinearity diagnostic (Durbin Watson=1.92). The result table (Table 8.2) highlighted the standardized beta values, the adjusted regression coefficients (ΔR2), and the collinearity statistics (Tolerance and Variance inflation Factor).

Table 8.2

The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of Life satisfaction from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from non-intact family structure

	Models					Collinearity Statistics	
	1	2	3	4	5	Tolerance	VIF
FSCRS_IS	-0.37**	-0.34**	-0.40**	-0.46**	-0.35**	0.65	1.53
FSCRS_RS		0.31**	25**	0.24**	0.15	0.72	1.38
SOCS_UU			0.18*	17*	0.14	0.80	1.25
ERQ_S				0.20**	0.18*	0.89	1.13
PSS_FA					0.24**	0.63	1.59
ΔR^2	0.13	0.22	0.24	0.27	0.31	Durbin Watson 1.92	

**. Significant at the .01 level *. Significant at the .05 level

Table 8.2 shows the stepwise hierarchical multiple regression for adolescents from non-intact family for the prediction of Life Satisfaction. The result showed that the life satisfaction of adolescents from non-intact family was significantly predicted by inadequate self (FSCRS_IS), reassured self (FSCRS_RS), understanding the universality of suffering (SOCS_UU), expressive suppression emotion regulation strategy (EQR_S) and perceived Support from Family (PSS_FA).

From Table 8.2, it can be seen that inadequate self significantly predicted a 37% decrease in life satisfaction in the first model. With the inclusion of other significant predictor variables in the hierarchical regression, inadequate self accounted for 35% of the variation in the final model. In the second model, reassured self significantly predicted a 31% increase in life satisfaction, and with the inclusion of other significant predictor variables in the hierarchical regression reassured self explained 15% of the variation in the final model. In the third model, understanding the universality of suffering significantly predicted 18% increase variation in life satisfaction and with the inclusion of other significant predictor variables understanding the universality of suffering explained 14% of the variance in the final model. In the fourth model, expressive suppression emotion regulation strategy significantly predicted a 20% increase in life satisfaction, and with the inclusion of other significant predictor variables in the hierarchical regression expressive suppression emotion regulation strategy accounted for 18% of variation in the final model. Perceived support from family significantly predicted a 24% increase of variation in the final model.

Among the adolescents from non-intact family, reassuring oneself (FSCRS_RS) when encountering failure and setbacks increases life satisfaction, whereas feeling of personal inadequacy (FSCRS_IS) when encountering the same situation decreases life satisfaction. Understanding that suffering is part of life and not unique to a person (SOCS_UU) as well as perceiving support from one's family (PSS_FA) increases the life satisfaction of adolescents. Interestingly, regulating emotion by suppressing the expression of felt emotion (ERQ_S) also increases life satisfaction.

Using stepwise hierarchical multiple regression, the positive affect of adolescents from intact family was significantly predicted by gender (F=10.03; p<.01) in Model 1, Reassured self (F=47.51; p<.01) in Model 2, Recognizing suffering in self (F=35.70; p<.01) in Model 3, and Inadequate self (F=28.14; p<.01) in Model 4 supported by healthy collinearity diagnostic (Durbin Watson=2.15). The result table (Table 6.1) highlighted the standardized beta values, the adjusted regression coefficients (ΔR2) and the collinearity statistics (Tolerance and Variance inflation Factor).

Table 8.3
The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of positive affect from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from intact family structure

	Models				Collinearity Statistics	
	1	2	3	4	Tolerance	VIF
Gender	-0.18**	-0.14**	-0.16**	-0.16**	0.97	1.04
FSCRS_RS		0.46**	0.42**	0.41**	0.92	1.09
SOCS_RS			0.16**	0.17**	0.92	1.09
FSCRS_IS				-0.10*	0.95	1.06
ΔR^2	0.03	0.23	0.25	0.26	Durbin Watson	
					2.15	

**. Significant at the .01 level *. Significant at the .05 level

Table 8.3 presents the stepwise hierarchical multiple regression for adolescents from intact family structures for the prediction of Positive Affect. Gender, reassured self (FSCRS_RS), recognizing suffering (SOCS_RS), and inadequate self (FSCRS_IS) emerged as significant predictors for adolescents from intact family.

From Table 8.3, it can be seen that in the first model, gender, i.e., being female as compared to being male, predicted 18% decrease in positive affect for adolescents from intact family. The strength of the prediction decreased with the inclusion of other significant variables in the hierarchical regression, and gender contributed 16% variation in the final model**.** Reassured self predicted 46% increase in positive affect in the second model, and with the inclusion of other significant variables, reassured self predicted 41% variation in the final model. Recognizing suffering in self also predicted 16% increase in positive affect in the third model, and with the inclusion of other significant variables recognizing suffering accounted for 17% variation in the final model. In the fourth and final model, inadequate self predicted a 10% decrease in positive affect for adolescents from intact family.

For adolescents from intact family, self reassurance (FSCRS_RS), i.e., having a warm and encouraging attitude for oneself when encountering failure and setbacks, can increase the experience of positive affect. Feeling of personal inadequacy (FSCRS_IS) in the same situation, on the other hand, decreases life satisfaction. Recognizing and acknowledging one's suffering or distress (SOCS_RS), i.e., being mindful of one's feelings increases the experience of positive affect, and being female as compared to being male predicted lower experience of positive affect.

Using stepwise hierarchical multiple regression, the positive affect of adolescents from non-intact family was significantly predicted by gender ($F = 10.03$; $p<.01$) in Model 1, Reassured self ($F = 47.51$; $p<.01$) in Model 2, and Inadequate self ($F = 28.14$; $p<.01$) in Model 3, supported by healthy collinearity diagnostic (Durbin Watson = 2.19). The results table (Table 8.4) showed the standardized beta values, the adjusted regression coefficients (ΔR2), and the collinearity statistics (Tolerance and Variance Inflation Factor).

Table 8.4

The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of positive affect from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from non-intact family structure

	Models			Collinearity Statistics	
	1	2	3	Tolerance	VIF
Gender	-0.24**	-0.18*	-0.11	0.89	1.13
FSCRS_RS		0.45**	0.44**	0.98	1.02
FSCRS_IS			-0.21**	0.89	1.12
ΔR^2	0.05	0.24	0.28	Durbin Watson	
				2.19	

**. Significant at the .01 level * Significant at the .05 level

Table 8.4 presents the stepwise hierarchical multiple regression for adolescents from non-intact family for the prediction of Positive Affect. Gender, reassured self (FSCRS_RS), and inadequate self (FSCRS_IS) emerged as significant predictors of the positive affect of adolescents from non-intact family.

From table 8.4, it can be seen that in the first model, gender**,** i.e., being female compared to being male, predicted 24% decrease in positive affect for adolescents from non-intact family structures. Adding other significant predictor variables in the hierarchical regression, gender accounted for 11% variation in the final model.

In the second model, reassured self predicted 45% increase in positive affect, and with the addition of other significant predictor variables, reassured self accounted for 44% variation in the final model. In the third and final model, inadequate self predicted 21% decrease in positive affect for adolescents from non-intact family structure.

For adolescents from non-intact family, self reassurance (FSCRS_RS), i.e., having a warm and encouraging attitude for the self when encountering failure and setbacks increases the experience of positive affect. The reverse was seen with inadequate self (FSCRS_IS); a feeling of internal inadequacy as a result of mistakes can reduce the experience of positive affect. Also, being female compared to being male predicted a lower experience of positive affect.

Using stepwise hierarchical multiple regression, the negative affect of adolescents from intact family structure was significantly predicted by gender (F= 9.47; p<.01) in Model 1, Hated self (F=43.07; p<.01) in Model 2, Inadequate self (F=41.90; p<.01) in Model 3, Understanding the universality of suffering in self (F=33.18; p<.01) in Model 4, Recognizing suffering in self (F=28.13; p<.01) in Model 5, and Reassured self (F=24.35; p<.01) in Model 6 and supported by healthy collinearity diagnostic (Durbin Watson=1.89). The result table (Table 8.5) highlighted the standardized beta values, the adjusted regression coefficients (ΔR2) and the collinearity statistics (Tolerance and Variance Inflation Factor).

Table 8.5
The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of negative affect from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from intact family structure

	Models						Collinearity Statistics	
	1	2	3	4	5	6	Tolerance	VIF
Gender	0.17**	0.18**	0.15**	0.16**	0.15**	0.13**	0.96	1.04
FSCRS_HS		0.44**	0.30**	0.25**	0.25**	0.24**	0.68	1.48
FSCRS_IS			0.30**	0.33**	0.32**	0.31**	0.73	1.37
SOCS_UU				-0.12*	-0.18**	-0.16**	0.65	1.55
SOCS_RS					0.13**	0.14**	0.73	1.37
FSCRS_RS						-0.10*	0.87	1.15
ΔR^2	0.03	0.22	0.29	0.30	0.31	0.31	Durbin Watson 1.89	

**. Significant at the .01 level *. Significant at the .05 level

Table 8.5 shows the stepwise hierarchical multiple regression for adolescents from intact family for the prediction of Negative Affect. From the table, it can be seen that gender, hated self (FSCRS_HS), inadequate self (FSCRS_IS), understanding the universality of suffering (SOCS_UU), recognizing suffering in self (SOCS_RS) and reassured self (FSCRS_RS) emerged as significant predictors.

From Table 8.5, it can be seen that in the first model, gender, i.e., being male as compared to being female, predicted a 17% increase in Negative Affect for adolescents from intact family structures. Adding other significant predictor variables to the hierarchical regression gender accounted for 13% of the variation in the final model. Hated self predicted a 44% increase in Negative Affect in the second model, and with the addition of other significant predictor variables, hated self accounted for 24% of the variation in the final model. Inadequate self predicted a 30% increase in Negative Affect in the third model, and with the addition of other significant predictor variables, hated self accounted for 31% of the variation in the final model. Understanding the universality of suffering predicted a 12% decrease in Negative Affect in the fourth model, and with the inclusion of other significant predictor variables understanding the universality of suffering accounted for 16% variation in the final model. Recognizing suffering in self predicted a 13% increase in Negative Affect in the fifth model, after including other significant predictors recognizing suffering in self accounted for 14% variation in the final model. In the sixth and final model reassured self predicted10% decrease in Negative Affect.

For adolescents from intact family, feelings of personal inadequacy (FSCRS_IS) resulting from failure and setbacks increase the experience of negative affect. The same trend was observed with hated self (FSCRS_HS) and recognizing suffering (SOCS_RS). Aggressive or pathological responses to oneself after failure (hated self), i.e., a desire to harm oneself as a result of failure and setbacks, as well as recognizing or acknowledging ones' distress, i.e., being mindful of one's feelings, increases the experience of negative affect. Understanding that suffering is part of life and not unique to a person (SOCS_UU) decreases the experience of negative af-

fect, and being female compared to being male increases the experience of Negative Affect.

Using stepwise hierarchical multiple regression, the negative affect of adolescents from non-intact family was significantly predicted by gender ($F=5.56$; $p<.02$) in Model 1 and Hated self ($F=23.67$; $p<.01$) in Model 2 and supported by healthy collinearity diagnostic (Durbin Watson=2.10). The result table (Table 8.6) highlighted the standardized beta values, the adjusted regression coefficients ($\Delta R2$), and the collinearity statistics (Tolerance and Variance Inflation Factor).

Table 8.6
The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of negative affect from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from non-intact family structure

	Models		Collinearity Statistics	
	1	2	Tolerance	VIF
Gender	0.20*	0.18*	0.99	1.00
FSCRS_HS		0.47**	0.99	1.00
ΔR^2	0.03	0.25	Durbin Watson	
			2.10	

**. Significant at the .01 level *. Significant at the .05 level

Table 8.6 shows the stepwise hierarchical multiple regression for adolescents from non-intact family for the prediction of Negative Affect. From the table, it can be seen that gender and hated self (FSCRS_HS) emerged as significant predictors of Negative Affect in adolescents from non-intact family structure.

From Table 8.6, it can be seen that in the first model, gender, i.e., being female compared to being male, predicted a 20% increase in Negative affect among adolescents from non-intact family structure. With the inclusion of other significant predictor variables in the hierarchical regression, gender accounted for 18% of the variation in the final model. Hated self predicted 47% increase in Negative affect among adolescents from non-intact family structure in the second and final model.

Hated self (FSCRS_HS) i.e., a desire to harm self as a result of failure and setback as well as being females as compared to being males predicted increase experience of Negative Affect among adolescents from non-intact family.

Using stepwise hierarchical multiple regression, Psychological distress (GHQ_12) of adolescents from intact family was significantly predicted by gender (F=5.68; p<.05) in Model 1 and Hated self (F=88.40; p<.01) in Model 2, Reassured self (F=48.33; p<.01) in Model 3, Inadequate self (F=25.82; p<.01) in Model 4, Understanding the universality of suffering (F=4.09; p<.05) in Model 5, Expressive suppression emotion regulation strategy (F=4.39; p<.05) in Model 6, and Cognitive emotion regulation strategy (F=7.67; p<.01) in Model 7 and supported by healthy collinearity diagnostic (Durbin Watson=1.80). The result table (Table 8.7) highlighted the standardized beta values, the adjusted regression coefficients (ΔR2), and the collinearity statistics (Tolerance and Variance Inflation Factor).

Table 8.7
The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of psychological distress from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from intact family structure

	Models							Collinearty statistics	
	1	2	3	4	5	6	7	Tolerance	VIF
Gender	0.14*	0.14**	0.11*	0.09	0.09*	0.09*	0.11*	0.96	1.05
FSCRS_HS		0.47**	0.39**	0.28**	0.24**	0.24**	0.23**	0.67	1.49
FSCRS_RS			-0.34**	-0.33**	-0.30**	-0.31**	-0.27**	0.81	1.23
FSCRS_IS				0.26**	0.28**	0.28**	0.28**	0.74	1.36
SOCS_UU					-0.10*	-0.11*	-0.09	0.78	1.28
ERQ_S						0.09*	0.14**	0.85	1.17
ERQ_C							-0.14**	0.73	1.37
ΔR^2		0.23	0.34	0.39	0.39	0.40	0.41	Durbin Watson 1.80	

**. Significant at the .01 level *. Significant at the .05 level

Table 8.7 shows the stepwise hierarchical multiple regression of adolescents from intact family for the prediction of psychological distress (GHQ_12). Gender, hated self (FSCRS_HS), reassured self (FSCRS_RS), inadequate self (FSCRS_IS), understanding the universality of suffering (SOCS_UU), expressive suppression emotion regulation strategy (ERQ_E), and cognitive emotion regulation strategy (ERQ_C) emerged as significant predictors of psychological distress for adolescents from intact family.

From Table 8.7, it can be seen that in the first model, gender i.e., being female as compared to being male, predicted a 14% increase in psychological distress

for adolescents from intact family. With the inclusion of other significant predictor variables in the hierarchical regression, gender explained 11% variance in the final model. In the second model, hated self predicted 47% increase in psychological distress, and with the inclusion of other significant predictor variables, hated self accounted for 23% variation in the final model. Reassured self predicted 34% decrease in psychological distress in the third model. After including other significant predictor variables, reassured self accounted for 27% variation in the final model. Inadequate self predicted 26% increase in psychological distress in the fourth model, and with the inclusion of other significant predictor variables, inadequate self explained 28% variance in the final model. In the fifth model, understanding the universality of suffering predicted 10% decrease in psychological distress, and with the inclusion of other significant predictor variables, understanding the universality of suffering accounted for 9% variation in the final model. In the sixth model, expressive suppression emotion regulation strategy predicted 9% increase in psychological distress, and with the inclusion of other significant predictor variables, expressive suppression emotion regulation strategy accounted for 14% variation in the final model. In the seventh and final model, cognitive emotion regulation strategy predicted 14% decrease in psychological distress among adolescents from intact family.

Hated self (FSCRS_HS), i.e., a desire to harm oneself as a result of failure or setbacks and a sense of internal inadequacy resulting from mistake (FSCRS_IS) predicted an increase in psychological distress among adolescents from intact family, whereas treating oneself with a warm and encouraging attitude (FSCRS_RS) when encountering failure or setback can decrease adolescent's psychological distress. Regulating emotions by suppressing the expression of felt emotion (ERQ_S) increases psychological distress, whereas regulating emotions by reappraising the situation (ERQ_C) can decrease psychological distress.

Using stepwise hierarchical multiple regression, Psychological distress (GHQ_12) of adolescents from non-intact family was significantly predicted by gender ($F= 13.53$; $p<.01$) in Model 1 and caregiver ($F=6.21$; $p<.01$) in Model 2, Reassured self ($F=51.87$; $p<.01$) in Model 3, Inadequate self ($F=28.88$; $p<.01$) in Model 4,

and supported by healthy collinearity diagnostic (Durbin Watson=2.24). The result table (Table 8.8) highlighted the standardized beta values, the adjusted regression coefficients (ΔR2), and the collinearity statistics (Tolerance and Variance Inflation Factor).

Table 8.8
The Standardised Beta values, Adjusted Regression Coefficient (ΔR2) and Collinearity Statistics in the prediction of psychological distress from the demographic variables, self-compassion, emotion regulation and perceived social support for adolescents from non-intact family structure

	Models				Collinearity Statistics	
	1	2	3	4	Tolerance	VIF
Gender	0.30**	0.31**	0.25**	0.13**	0.88	1.14
Caregiver		0.20*	0.21**	0.14*	0.96	1.04
FSCRS_RS			-0.49**	-0.48**	0.98	1.02
FSCRS_IS				0.36**	0.87	1.16
ΔR^2	0.08	0.12	0.35	0.46	Durbin Watson	
					2.24	

**. Significant at the .01 level *. Significant at the .05 level

Table 8.8 shows the stepwise hierarchical multiple regression for adolescents from non-intact family structure for the prediction of psychological distress (GHQ_12). Gender, caregiver, reassured self (FSCRS_RS), and inadequate self (FSCRS_IS) emerged as significant predictors of psychological distress among ladolescents from non-intact family.

From Table 8.8, it can be seen that gender, i.e., being female as compared to being male, predicted 30% increase in psychological distress in the first model. With the inclusion of other significant predictor variables in the hierarchical regression, gender accounted for 13% variation in the final model. Caregiver predicted 20% increase in psychological distress in the second model, and after including other significant predictor variables, caregiver accounted for 14% variation in the final model. Reassured self predicted 49% decrease in psychological distress in the third model, and after including other significant predictor variables, reassured self accounted for 48% variation in the final model. Inadequate self predicted 36% increase in psychological distress in the final model.

Among adolescents from non-intact family, the ability to reassure self (FSCRS_RS), i.e., having a warm and encouraging attitude for oneself when encoun-

tering failure and setbacks, decreases psychological distress, whereas developing a sense of internal inadequacy resulting from mistakes (FSCRS_IS) increases psychological distress. The results also showed that females are more vulnerable to developing psychological distress than males, and when the care providers are not biological mothers or fathers, adolescents from non-intact family are more vulnerable to developing psychological distress.

The subscales of self-compassion that predicted the wellbeing (life satisfaction, positive affect, negative affect, and psychological distress) of Mizo adolescents are mentioned below:

Recognizing suffering in self predicted the experience of positive and negative affect of adolescents from intact family. The study showed that recognizing and acknowledging one's suffering increases the experience of both positive and negative affect. It seemed that recognizing suffering in oneself intensified the experience of feelings and emotions.

Recognizing personal suffering is important to being able to extend compassion to oneself. Mindfulness is conceptualized as paying attention to present thoughts, feelings, and sensations with an open mind, acceptance, and curiosity, and the experiences may be positive, negative, or neutral (Bishop et al., 2004). Mindfulness in the context of self-compassion involves not only recognizing the suffering but also seeing the experience from a balanced perspective (Neff & Germer, 2013). The ability to look at one's suffering from a balanced perspective enables individuals to extend kindness to self which may increase the experience of positive affect. On the other hand, simply recognizing suffering without taking a balanced perspective of the situation may lead to over-identification with the suffering, leading to an increased feeling of negative affect.

Understanding the universality of suffering predicted the experience of negative affect and psychological distress in adolescents from intact family and the life satisfaction of adolescents from non-intact family. Understanding that suffering is a part of life and not unique to a person decreases the experience of negative affect and

psychological distress among Mizo adolescents from intact family and increases the life satisfaction of adolescents from non-intact family.

Compassion is rooted in a caregiving mentality, and developing a compassionate understanding of one's situation reduces self-critical behaviors (Gilbert & Irons, 2005), such as harsh self-judgment and repetitive negative thoughts about oneself. The knowledge that pain and suffering one experiences are also experienced by others reduces the feeling of isolation, and this helps individuals respond to their suffering with gentleness (Neff & Germer, 2013), which in turn may lead to a reduced experience of negative affect and psychological distress.

Reassured self predicted life satisfaction, positive affect, and psychological distress of adolescents from both intact family and non-intact family. It also predicted the negative affect of adolescents from intact family. Reassuring oneself, i.e., having a warm and encouraging attitude towards oneself (Gilbert et al., 2004), when encountering failure, setbacks, and personal inadequacies, protects the well-being of Mizo adolescents by increasing life satisfaction, experiencing more positive affect, and reducing psychological distress. It also reduces the experience of negative affect among adolescents from intact family.

Since reassured self is the ability to bring to mind the positive qualities of oneself and be supportive and patient with oneself when confronting setbacks, it may protect well-being against confronting negative thoughts and foster well-being. The ability to reassure oneself when things go wrong in life has been associated with overall mental well-being (Duarte et al., 2017) and acts as a buffer against the development of psychopathology (Petrocchi et al., 2019; Sommers-Spijkerman et al., 2018).

Inadequate self predicted life satisfaction, positive affect, and psychological distress in adolescents from both intact family and non-intact family. It also predicted the negative affect of adolescents from intact family. Feeling of inadequacy and inferiority when confronting setbacks and mistakes lowers the well-being of Mizo adolescents by decreasing the experience of life satisfaction and positive affect and in-

creasing psychological distress. It also increases the experience of negative affect among adolescents from intact family structure.

Feeling of inadequacy is an unhealthy way of relating to oneself and may result from social comparison (Gilbert et al., 2004) or the desire for self-improvement. The perception of being unable to meet one's desired standard may result in feelings of inadequacy and inferiority.

Hated self predicted the experience of negative affect in adolescents from both intact family and non-intact family and also predicted the psychological distress of adolescents from intact family. Aggressive or pathological responses to self after failure decrease the well-being of adolescents by increasing the experience of negative affect. It also increases psychological distress among adolescents from intact family. Hating oneself is an unhealthy way of relating to oneself and involves wanting to get rid of the part that one dislikes (Gilbert et al., 2004). It is a pathological way of relating to oneself.

Self-compassion leads to positive thoughts, which results in increased positive mental states such as life satisfaction and positive emotion (Hollis-Walker & Colosimo, 2011; Neff, Rude, et al., 2007; Neff, 2009). In congruence with the results, Neff & Vonk (2009) showed that self-compassion predicted the experience of positive affect. Studies have also shown that the ability to reassure oneself acts as a buffer against the development of psychopathology and promotes well-being (Petrocchi et al., 2019; Sommers-Spijkerman et al., 2018). Being compassionate to oneself and having the ability to reassure oneself in the face of setbacks is associated with resilience, perseverance, and improved coping abilities (Gilbert et al., 2004; Hermanto & Zuroff, 2016). Having a compassionate mindset towards oneself and others has both physiological and psychological benefits (Keltner et al., 2014).

The subscales of emotion regulation strategies that significantly predicted the well-being (Life satisfaction, and Psychological distress) of Mizo adolescents are mentioned below:

Cognitive reappraisal predicted the psychological distress of adolescents from intact family. Increased use of cognitive reappraisal to regulate emotion decreases the experience of psychological distress.

Expressive suppression predicted the life satisfaction of adolescents from non-intact family and also the psychological distress of adolescents from intact family. Controlling emotions by suppressing how one feels increases the life satisfaction of adolescents from non-intact family and increases the experience of psychological distress in adolescents from intact family.

Consistent with the findings, other studies (Lei et al., 2014) have also identified emotion regulation as a significant predictor of subjective well-being and psychopathology. The findings suggest that the utilization of cognitive reappraisal to regulate emotions leads to a reduction in psychological distress among adolescents from intact family structures. Conversely, the employment of expressive suppression to regulate emotions is associated with an increase in psychological distress in this population. It is an interesting finding that expressive suppression had different effects on different components of well-being, increasing life satisfaction while concurrently intensifying psychological distress. Other studies have indicated that employing adaptive strategies to regulate emotions is associated with fewer psychopathologies and greater well-being (Hu et al., 2014; Mitrofan & Ciuluvică, 2012). Conversely, habitual use of expressive suppression is linked to a higher risk of developing and maintaining psychopathology (Ehring et al., 2010; Moore et al., 2008). Suppressing emotions does not make the feelings go away; it only restrains the expression of feelings. This result in incongruence between feelings and their expression, and this incongruence may pose a threat to the well-being of the person.

Expressive suppression is often considered a maladaptive emotion regulation strategy. Numerous studies have found the act of suppressing one's emotions leads to a decrease in overall well-being and life satisfaction (e.g., Haga et al., 2009; John & Gross, 2007), and habitual use of maladaptive emotion regulation strategies may result in lower well-being (Ehring et al., 2010; Lei et al., 2014).In contrast to these research findings, this study found that employing expressive suppression as a means

of managing emotions enhances the overall life satisfaction of adolescents from non-intact family. This could be attributed to cultural variations in the regulation of emotions.

In cultures that place a strong emphasis on social values and norms, the act of suppressing the expression of emotions (often considered maladaptive) may not necessarily result in a decline in overall well-being within these cultures. For example, suppression was found to be associated with reduced life satisfaction in individualistic cultures like Germans but not in collectivistic cultures like Hong Kong Chinese and Japanese (Schunk et al., 2021). Within collectivistic societies, such as those found in Asia, there is a high regard for interdependence. This cultural norm appears to promote the practice of expressive suppression for the purpose of fostering prosocial behavior (Oyserman et al., 2002). Suppression allows an individual to consider the most suitable response based on their social circumstances. Fambawl (2010) found that among Mizo, children from divorced families experience a sense of isolation. They are afraid of making mistakes and losing the support of their parents. As such, Mizo adolescents from non-intact families may exhibit caution in expressing their emotions, fearing that their behavior may disrupt social bonds and relationships with others. Thus, regulating emotions by suppressing the expression of felt emotions may protect them from the apprehension of disruption in interpersonal relationships, which in turn benefits life satisfaction. A collectivistic society emphasizes self-restraint and emotional control (Zhang et al., 2014). Adolescents residing in non-intact families may experience a heightened necessity for self-restraint and emotional control to prevent conflicts with others, ultimately leading to increased life satisfaction.

Out of all the different aspects of perceived social support, only the perception of support from family emerged as a significant predictor of well-being, specifically in terms of life satisfaction.

The life satisfaction of Mizo adolescents from both intact and non-intact families was predicted by the perceived social support they received from their family. Perceived social support has been found to be crucial for the well-being of adoles-

cents and emerging adults, as demonstrated by multiple studies (Cobo-Rendón et al., 2020; Holt-Lunstad & Smith, 2012). Perceived and received social support predicted an increase in life satisfaction (Siddall et al., 2013; Siedlecki et al., 2014). The different components of subjective well-being, such as life satisfaction, positive affect, and negative affect, can be predicted by different sources of support (Siedlecki et al., 2014). The findings of this study indicated that, among the studied population, only perceived support from family emerged as a significant predictor of well-being and that too, only for life satisfaction among the different components of well-being.

In congruence with the result, several studies have shown the predictability of life satisfaction from perceived family support (Edwards et al., 2006; Kelishadi et al., 2018; Siddall et al., 2013). Perceived support from family results in increased satisfaction with one's life, and extended family support plays a significant role in safeguarding well-being and enhancing overall life satisfaction. Support from extended family can aid in managing the challenges that come with residing in a non-traditional family structure (e.g., Greeff & Van Der Merwe, 2004; Wolchik et al., 2009). The result may indicate the importance of family bonds among Mizo adolescents.

Among the demographic variables, gender and caregiver predicted well-being. Of the two demographic variables, gender was the more consistent predictor of well-being. Among adolescents residing in intact family structure, gender predicted all four components of well-being. Specifically, males exhibited higher levels of life satisfaction and positive emotions compared to females, while females reported higher levels of negative emotions and psychological distress compared to males. Among adolescents residing in non-intact family structure, females exhibited a higher prevalence of negative affect and psychological distress compared to males.

The results indicated that the way a person relates to themselves when encountering setbacks and failures was an important determinant and the most frequent predictor of well-being, specifically life satisfaction, positive affect, negative affect, and psychological distress for adolescents living in both intact and non-intact family structures. Self-compassion and self-criticism are two ways of relating to oneself.

Self-compassion refers to relating to oneself in a positive and healthy way when encountering setbacks and failures. Self-criticism is a negative way of relating to oneself, such as feeling of inadequacy and hating oneself. These feelings may result from the desire for self-improvement or to punish oneself as a form of self-revenge (Gilbert et al., 2004). Self-compassion positively impacts one's well-being, while self-criticism has a negative effect on well-being. Nevertheless, a particular aspect of self-compassion demonstrated positive effects on certain aspects of well-being while simultaneously having negative effects on other aspects of well-being. Recognizing and acknowledging one's suffering (SOCS_RS) appeared to intensify the experience of emotion. It increases the experience of both positive and negative emotions among adolescents residing in intact family structure.

The process of regulating emotions by reappraising the situation (ERQ_C) benefits well-being by reducing psychological distress. It is an interesting finding that the regulation of emotions through the suppression of felt emotions (ERQ_S) has shown varying effects on different aspects of well-being. On the one hand, it increases life satisfaction for adolescents living in non-intact family structure. On the other hand, it also increases psychological distress for adolescents living in intact family structure.

It is expected that there will be a shift towards the romantic partner as the primary support provider during adolescence (Collins & Laursen, 2004; Furman & Buhrmester, 1992). Even though friends and a romantic partner become increasingly important in life, there are studies suggesting that the importance of support from adults such as parents does not diminish and is maintained throughout adolescence (Colarossi & Eccles, 2003; Rueger et al., 2010). The result in fact shows that among perceived social support, only support from family was found to be a significant predictor of well-being, highlighting the importance of family support for adolescents' well-being. Perceiving support from family enhances the life satisfaction of adolescents residing in both intact and non-intact family.

CHAPTER – V

SUMMARY AND CONCLUSION

The main objective of the study is to examine the role of self-compassion, emotion regulation, and perceived social support on the well-being of Mizo adolescents in intact family and non-intact family. Theories and studies conducted by previous researchers have emphasized the importance of cultivating positive mental health and well-being. Adolescents rely on well-being as a protective shield to effectively handle the difficulties that arise during each stage of their development and to effectively address the significant responsibilities they are expected to handle as they transition into young adulthood (Schulenberg et al., 2004). During the period of late adolescence and emerging adulthood, individuals often seek to understand their own identity. As part of this process, they frequently compare themselves to others and evaluate themselves. Unfortunately, this comparison and self-evaluation often leads to negative outcomes (Arnett, 2000; Harter, 1990; Steinberg, 2013) and has a detrimental effect on their overall well-being. From the literature review, it is clear that although positive mental health and well-being are important for a successful transition to adulthood, adolescents and emerging adults are vulnerable to poor well-being due to the challenges that their developmental stages present. The way individuals relate to themselves and others is likely to have an impact on one's well-being. Research has indicated that well-being in adolescents is linked to self-compassion, the ability to regulate emotions, and the perception of social support (Chang et al., 2018; John & Gross, 2004; Neff & McGehee, 2010). Hence, this study examined how self-compassion, emotion regulation, and perceived social support contribute to the well-being of adolescents.

Based on theoretical and empirical findings reviewed to examine the role of self-compassion, emotion regulation, and perceived social support on the well-being of adolescents, four objectives were formed. The first objective was to determine the effect of gender on the measures of well-being, self-compassion, emotion regulation, and perceived social support. The second objective was to determine the effect of family structure on the measures of well-being, self-compassion, emotion regulation, and perceived social support. The third objective was to determine the interaction effects of gender and family structure on the measures of well-being, self-compassion, emotion regulation, and perceived social support. The fourth objective

was to determine the predictability of well-being from self-compassion, emotion regulation, and perceived social support.

To achieve the objectives of the study, several scales and questionnaires were used. Well-being was measured using three scales: Satisfaction With Life Scale (Diener et al., 1985), Positive And Negative Affect Scale (Watson et al., 1988) and General Health Questionnaire-12 (Goldberg & William, 1988). Self-compassion was measured using two scales: Sussex Oxford Compassion Scale for Self (Gu et al., 2019) and Forms of Self Criticizing/Attacking and Reassuring Self (Gilbert et al., 2004). Emotion regulation was measured using Emotion Regulation Questionnaire (Gross & John, 2003), and perceived social support was measured using Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Demographic information such as age, sex, parents' marital status, caregiver, the socio-economic status based on the family ration card given by the state government i.e., Government of Mizoram was also recorded in order to meet the objectives of sample representativeness and maintenance of homogeneity.

A multistage random sampling procedure was employed to draw the samples. A total of seven colleges in Aizawl, the capital city of Mizoram, were randomly selected. This was followed by a random selection of the core subjects offered by each college, and finally, the semester or class where data would be collected was randomly selected. The sample for this study consisted of undergraduate college students, specifically chosen to represent the stage of late adolescence (18–21 years) as defined by John Santrock (2011). Adolescence has been prolonged into the early 20s, as more individuals in contemporary societies postpone traditional adult responsibilities, such as starting a family, full-time employment, and property acquisition (Jaworska, N., & MacQueen, G. 2015).

Data were screened for extreme outliers and incomplete responses and were excluded from further analysis. Participants who were not Mizo were also excluded since they were not part of the sample frame. A total of 452 participants were included in the final sample, with 47.12% being male and 52.88% being female. The diagnostic tests of assumptions for the use of parametric tests such as linearity, normality

(skewness and kurtosis), and homogeneity of variance (Levene's statistic) were checked and found to be acceptable. Thus, parametric tests were used for further analysis. The reliability of the scales and subscales used was analyzed, and the total scales showed acceptable reliability. Scales and subscales with a reliability of less than 0.6 were excluded.

Demographic analysis revealed that the mean age of the participants was 20.5 years. Family structure was classified based on the marital status of the parents. A family that consists of both biological parents is classified under intact family, while all other types of families are classified under non-intact family. The majority of participants, specifically 68.14% of the participants come from an intact family and 31.86% come from a non-intact family. For adolescents, loss of either one or both biological parents (42.4%) and divorce of parents (33.3%) are the two main reasons for living in a non-intact family structure. In a non-intact family structure more than half (63.4%) of the parents did not remarry and majority of the adolescents from non-intact family structure lives with their mother (53.9%), while a smaller percentage lives with their father (12.8%). Regarding socio-economic status, more than 70% of adolescents from both intact and non-intact family structures are above the poverty line (APL) and less than 30 % are below the poverty Line (BPL) and live in economically disadvantage household.

Gender Effects on Well-Being, Self-Compassion, Emotion Regulation and Perceived Social Support

To investigate the first objective i.e., to determine the effect of 'gender' on well-being, self-compassion, emotion regulation and perceived social support ANOVA was employed. It was hypothesized that male adolescents will score significantly higher than female adolescents on well-being, self-compassion and emotion regulation and the reverse was expected on perceived social support. The result showed significant gender effect on well-being and some subscales of self-compassion. However significant gender effect was not observed on emotion regulation and perceived social support.

Well-being is the overall evaluation of an individual's quality of life based on their own selected standards (Shin & Johnson, 1978). It also includes the capacity to effectively handle unfavorable experiences and challenges in one's life (Ryan & Deci, 2001). Male adolescents scored significantly higher than female adolescents on the positive component of well-being: life satisfaction and positive affect. The reverse was obtained with negative component of well-being: negative affect and psychological distress. Thus the result showed that among Mizo adolescents, male adolescents have greater well-being compared to female adolescents thus proving the hypothesis that male adolescents will score significantly higher than female adolescents on well-being is supported.

A study conducted among college students in Kolkata, India also showed that male college students enjoy greater subjective well-being than female college students (Basu et al., 2018). The study found that possessing masculine traits and experiencing fewer daily hassles are factors that contribute to greater subjective well-being for both genders (Basu et al., 2018). Previous study conducted among Mizo also found that men experience higher level of well-being compared to women in various areas, including emotional and psychological well-being (Lalkhawngaihi, 2020). In Mizo society men have more social priviledges especially in areas such as marriage, divorce, and inheritance (Gangte, 2016), yet this does not imply that women experience severe oppression. Still, the disparity in the level of well-being experienced by men and women suggests that the societal norms and conditions in Mizo society may be more conducive to men’s well-being than to women.

Self-compassion is a positive way of relating to oneself especially during periods of setbacks and difficulties. Male adolescents scored higher than female adolescents on two subscales of positive components of self-compassion: acting or motivating to alleviate suffering (SOCS_AM) and reassured self (FSCRS_RS). Female adolescents scored higher than male adolescents on two subscales of positive components of self-compassion: recognizing suffering (SOCS_RS) and understanding the universality of suffering (SOCS_UU). Female adolescents also scored higher than male adolescents on the negative component of self-compassion: inadequate self (FSCRS_IS).

The concept of gender socialization is often used to elucidate the impact of gender on self-compassion. Studies showed that females tend to be more sensitive to negative stimuli, and can easily recognize suffering (Aymerich et al., 2021; Yarnell et al., 2015), which may facilitate their ability to recognize emotional distress with greater ease compared to males (Aymerich et al., 2021).Women also tend to be more accepting of their life circumstances compared to men (Graham & Chattopadhyay, 2013; Stocks et al., 2012). This heightened sensitivity and acceptance may lead to higher scores on self-compassion subscales related to recognizing suffering and understanding the universality of suffering. On the other hand, gender norms expect men to exhibit strength, independence, and practical problem-solving skills (Levant, 2011; Pederson & Vogel, 2007). They also prefer a more problem-focused coping strategy (Crăciun, 2013; Larson, 2006). This may facilitate men's motivation to alleviate suffering in oneself. The way male and female adolescents relate to themselves when things go wrong in life, seems to be different. Females tend to develop a feeling of inadequacy and be consumed by such feelings more intensely than males, while male adolescents are able to reassure themselves with ease compared to female adolescents. Previous studies found that males scored significantly higher than females on reassured self in the non-clinical population and females scored significantly higher than males on self-criticism (Baião et al., 2014; Xavier et al., 2016), which are consistent with the findings of this study.

The findings show that female adolescents compared to male adolescents are more sensitive and quicker to notice the signs of their own suffering and distress. Although female adolescents are more aware of the universality of suffering compared to male adolescents, they are also more likely to feel inadequate when things go wrong in life and in the face of adversity. Male adolescents are more likely than female adolescents to reassure themselves in such situations and take actions to alleviate the sufferings. This highlights the multifaceted nature of self-compassion and underscores the importance of examining its distinct components when investigating gender disparities. Consequently, the hypothesis stating that male adolescents will score significantly higher than female adolescents on self-compassion is only partly

supported, given the observed complexities in the relationships between gender and self-compassion.

Significant gender difference was not observed on emotion regulation and perceived social support. Previous studies have consistently shown that men use expressive suppression more frequently than women but no consistent gender difference have been found for the use of cognitive reappraisal (Balzarotti et al., 2010; Gross & John, 2003; Gross et al., 2006). In a collectivistic society, the welfare of the group is given utmost priority. The society prioritizes self-discipline and emotional regulation (Zhang et al., 2014) to achieve harmony within the group or society. Consequently, due to Mizo's collectivistic nature, both male and female adolescents may be equally compelled to regulate their emotion. In the studied population, correlational analysis showed a positive correlation between cognitive reappraisal and expressive suppression.

Previous studies conducted among Mizo adolescents revealed gender difference in social support, which is consistent with the majority of research findings in other parts of the world (Gonzalez-Morales et al., 2010; Strine et al., 2008). A study conducted among Mizo adolescents (13–17 years old) showed that female adolescents perceive greater support from family, friends, and significant others than male adolescents (Harikrishnan & Sailo, 2020). Another study of gender differences in perceived social support also confirmed that among Mizo adolescents (15–17 years old), female adolescents perceived greater social support than male adolescents (Varkey, 2010). This study differs from previous research by shifting its focus from the perceptions of Mizo adolescents aged 13 to 17 to the perceptions of Mizo late adolescents aged 17 to 21 who are currently enrolled in undergraduate studies. The difference in age and setting (secondary and higher secondary school versus college) may potentially account for the inconsistent findings on gender differences in perceived social support among Mizo adolescents.

In line with the finding of the study, there are also studies that report that gender difference in perceived social support do not exist among adolescents (Poudel et al., 2020; Tam et al., 2011). A study among undergraduate students also showed

that male and female adolescents did not differ in their level of perceived social support (Kong et al., 2014). In another study conducted among first-year undergraduate students (18–25 years old) from North East India who are studying outside of North East India, gender differences in the sense of social support was not observed among the students (Devi, 2021).

The study found no significant gender difference in emotion regulation and perceived social support among Mizo adolescents. This may be due to the collectivistic nature of the Mizo society, where self-discipline and emotional regulation are prioritized. Previous research has shown gender differences in social support, but this study focuses on Mizo late adolescents aged 17-21, who are currently enrolled in undergraduate studies, potentially resulting in inconsistent findings.

Family Structure Effect on Well-Being, Self-Compassion, Emotion Regulation and Perceived Social Support

To investigate the second objective i.e., to determine the effect of 'family structure' on well-being, self-compassion, emotion regulation and perceived social support ANOVA was employed. It was hypothesized that adolescents from intact family will score significantly higher on well-being, self-compassion, emotion regulation and perceived social support as compared to adolescents from non-intact family. The result showed significant effect of family structure on one subscale of Self-compassion i.e., Understanding the universality of suffering (SOCS_UU) and one subscale of Perceived social support i.e., Perceived support from family (PSS_FA). Significant family structure effect was not observed on any measures of well-being and emotion regulation.

Contrary to the initial hypothesis stating that adolescents from intact family will score significantly higher on self-compassion compared to adolescents from non-intact family, the result showed that adolescents from non-intact family compared to those from intact family scored higher on one subscale of self-compassion, which is concerned with understanding the universality of suffering.

Living in a non-intact family structure can present challenges that compel children to assume adult responsibilities at an earlier age out of practical necessity (e.g., Turley & Desmond, 2011). Their circumstances and experiences may influence how they think and comprehend the realities of life. Adolescents from non-intact family structure may benefit from being forced to mature earlier than their peers. This experience can enhance their understanding of life's realities and foster acceptance of the universal nature of suffering which may explain the finding that adolescents from non-intact family scored higher on self-compassion particularly relating to understanding the universality of suffering compared to adolescents from non-intact family.

Perceived social support is defined as the extent to which individuals believe that their needs for support, information, and feedback are fulfilled (Procidano & Heller, 1983). The current study showed that adolescents from intact family scored significantly higher than adolescents from non-intact family on perceived support from family. This finding is in line with the initial hypothesis stating that adolescents from intact family will score significantly higher on perceived social support compared to adolescents from non-intact family.

According to Ledoux et al. (2002) parents from non intact (single-parent) families are less likely to display parental support than parents from intact (two-parent) families. To further support the finding of this study, a focus group discussion conducted by Fambawl (2010) found that Mizo children from divorced families lose their sense of emotional connection with the parent who does not live with them, and they also fear losing the support of their parents.

Significant family structure difference was not observed on well-being and emotion regulation. Similarly, a study conducted among Indian children found no significant difference in well-being between children from intact families and those from non-intact families (Poudel et al., 2020). Nevertheless, most research indicates that non-intact families are linked to reduced levels of well-being and challenges in managing emotions. Non-intact families, specifically those formed due to divorce, have been linked to stress and various psychological issues such as depression and

anxiety (Barber & Demo, 2006), as well as a reduced number of positive relationships with others (Chappel et al., 2014; Fergusson et al., 2014). A study conducted by Papalia et al. (2014) revealed that adolescents residing in intact family exhibit enhanced emotional regulation skills. A positive family relationship is associated with a higher tendency to use emotional reappraisal, while family conflicts are linked to a greater inclination towards suppression among young adults (Cheung et al., 2019).

Biological or evolutionary theories (e.g., Daly & Wilson, 1983) suggest that individuals are predisposed to provide resources and care for biological relatives. In the studied Mizo population, majority of the caregivers of adolescents from non-intact family are their biological relatives. Accordingly, based on the biological perspective even if adolescents' parents are not married, adolescents would still receive the care and support they need if they reside with their biological relatives, which may explain lack of family structure difference in most of the variables studied.

Studies also show that well-being, self-compassion, and emotion regulation are more strongly influenced by factors related to family environment such as family cohesion and conflict than by family structure (e.g., Neff & McGeehee, 2010; Yu et al., 2015). Regardless of the specific family structure, children with high parental involvement tend to have a positive outlook on life (Sahu, 2016). This could potentially account for the absence of the family structure effect on the majority of the variables examined. However, further research is needed to determine if family environment has a stronger association with well-being, self-compassion, emotion regulation, and perceived social support compared to family structure in the Mizo adolescent population. In this study, all types of families other than those that consist of two biological parents are clubbed together as non-intact family, and the results must be interpreted with caution.

Interaction Effect Gender*Family Structure on Well-Being, Self-Compassion, Emotion Regulation and Perceived Social Support

To investigate the third objective i.e., to determine the interaction effect of 'gender' and 'family structure' on well-being, self-compassion, emotion regulation and perceived social support ANOVA was employed. It was hypothesized that de-

creasing order of mean scores on well-being, self-compassion and emotion regulation are expected as follows: male intact, female intact, male non-intact, female non-intact; decreasing order of mean scores on perceived social support is expected as follows: female intact, male intact, female non-intact, male non-intact.

The result showed significant interaction effect of 'gender' and 'family structure' on one of the measure of well-being: Psychological distress (GHQ-12), one subscale of Self-compassion: Inadequate self (FSCRS_IS) and one subscale of emotion regulation: Cognitive reappraisal emotion regulation strategy (ERQ_C). Post-hoc analysis was further employed to get a clearer picture of the results.

In the studied population, female adolescents from non-intact family experience greater psychological distress than male adolescents from both intact family and non-intact family. Female adolescents from intact family also experience more psychological distress than male adolescents from non-intact family. Since male and female adolescents from intact family did not significantly differ in their experience of psychological distress whereas significant gender differences was seen among adolescents from non-intact family, the result suggested that gender difference in psychological distress was more pronounced in non-intact family structure and disappeared in intact family structure. This indicated that living in a non-intact family may be more detrimental to the well-being of female adolescents than male adolescents. Additionally, female adolescents tend to have higher levels of psychological distress compared to male adolescents in general. Girl child are more likely than boy child to be asked to carry messages between parents (Yárnoz-Yaben & Garmendia, 2016), which could potentially place them in an uncomfortable situation and increase their level of stress. Consistent with the results of this study, previous research conducted on children from divorced families has indicated that females tend to report lower levels of psychological well-being compared to males (Huurre et al., 2006; Mokrue et al., 2012).

In an intact family there was no significant difference between male and female adolescents' scores on feelings of inadequate self. On the other hand, in a non-intact family, female adolescents score significantly higher on inadequate self than

male adolescents. Non-intact family structure has been associated with lower levels of general self-efficacy (Guo, 2019), and the result also suggested that gender differences in feelings of inadequate self was pronounced in non-intact family and disappeared in intact family. In the studied population, female adolescents from non-intact family tend to be preoccupied with feelings of inadequacy when things go wrong in life as compared to male adolescents from both intact and non-intact families. This finding is consistent with the findings of other studies where women reported feeling of inadequate self more than men (Baião et al., 2014).

Although significant interaction effect of 'gender' and 'family structure' was obtained on cognitive reappraisal emotion regulation strategy using ANOVA, further analysis using Post-hoc did not reveal any significant difference between the different group means.

Relationship between the measures of Well-Being with Self-Compassion, Emotion Regulation, Perceived Social Support and Demographic Variables.

To investigate the fourth objective i.e., to determine the predictability of well-being from self-compassion, emotion regulation, and perceived social support correlational analysis and Hierarchical regression was employed.

Among the demographic variables, gender (male and female) had the most correlation with the measures of well-being. Gender was significantly negatively correlated with the positive component of well-being (life satisfaction & positive affect) and significantly positively correlated with the negative component of well-being (negative affect & psychological distress). Adolescents who tend to engage in verbal fight and substance use also experience more negative affect and psychological distress; the more frequent they engage in such behaviors the lower their life satisfaction. Adolescents who stay with their biological parents tend to be satisfied with their lives.

Among the studied population, life satisfaction was positively correlated with the positive subscales of self compassion (recognising suffering, understanding the universality of suffering, acting/motivated to alleviate suffering, and reassured self),

perceived social support from family, friends, significant others, and cognitive emotion regulation strategy and negatively correlated with the negative subscale of self compassion (inadequate self and hated self). The same trend was observed with positive affect.

Negative affect was positively correlated with the negative components of self-compassion (inadequate self and hated self) and negatively correlated with the positive components of self-compassion (understanding the universality of suffering, acting/motivated to alleviate suffering, and reassured self) and cognitive emotion regulation strategy. The same trend was observed with psychological distress. Negative affect was also negatively related with perceived social support from family and significant others. Psychological distress has a significant negative relationship with perceived social support from family, friends, and significant others.

The results may indicate that Mizo adolescents who exhibit self-compassion during periods of failures or setbacks also experience greater well-being. They experience greater life satisfaction, more positive affect, fewer negative affects and less psychological distress. On the other hand adolescents who exhibit self-critical tendencies, such as feelings of personal inadequacy and self-hatred in response to failures or hardships, also experience lower life satisfaction, less positive affect, more negative affect, and more psychological distress. Thus adolescents who relate to themselves in a compassionate way also enjoy greater subjective well-being and fewer psychological distresses and adolescents who are self-critical had poorer subjective well-being and experience more psychological distresses. This finding is consistent with the findings of other studies where adolescents and adults who have higher self-compassion enjoy greater subjective well-being and fewer symptoms of psychopathology (Bluth & Blanton, 2015; Neff, Rude, et al., 2007). Adolescents who are more self-critical tend to feel isolated and over identify with their sufferings and are more likely to exhibit symptoms of psychopathology (Cunha et al., 2016).

Mizo adolescents who use cognitive reappraisal to regulate their emotions also enjoy greater well-being. They experience greater life satisfaction, more positive affect, fewer negative affects and less psychological distress. Other studies also

showed that individuals who use more cognitive reappraisal to regulate their emotions tend to be optimists, enjoy more positive emotions and fewer negative emotions, and have greater life satisfaction with fewer symptoms of psychopathology (Gross & John, 2003). Studies have established that habitual use of expressive suppression to regulate emotions is associates with lower life satisfaction and greater negative affect (e.g. Gross & John, 2003; Haga et al., 2009). Interestingly, among Mizo adolescents regulating emotions using expressive suppression was positively related with life satisfaction and positive affect even though the relationship was not statistically significant. In collectivistic culture, suppressing the expression of negative emotion is likely to be valued for harmonious relationships with others (E. A. Butler et al., 2007; Oyserman et al., 2002). This may indicated that the incongruence between inner experience and outer expression may be less harmful to well-being among Mizo adolescents especially if expressive suppression was used for regulating emotions that are considered inappropriate by the Mizo society. However, the explanation is highly speculative and need further investigation.

Mizo adolescents who perceived greater social support also experience greater well-being. Adolescents who perceived greater support from family, friends and significant others also experience greater life satisfaction, more positive affect and fewer psychological distress. Adolescents who perceived greater support from family and significant others also experience fewer negative affect. Consistent to this finding other studies also found that perceived social support is associated with increased positive affect and decreased negative affect, greater life satisfaction, and fewer psychopathology symptoms(Chang et al., 2018; KlaininYobas et al., 2016; Siedlecki et al., 2014).

To determine the predictability of well-being (life satisfaction, positive and negative affect and psychological distress) from self-compassion, emotion regulation, perceived social support and demographic variables hierarchical stepwise regression was employed.

The data was split according to family structure in order to determine the predictability of well-being among adolescents living in intact family structure and non-

intact family structure separately. Predictor variables were entered in four blocks. The demographic variables (gender, care giver, frequency of substance used and frequency of verbal fight), the subscales of self-compassion (recognizing suffering, understanding the universality of suffering, motivation/acting to alleviate suffering, reassured self, reassured self, hated self), the subscales of emotion regulation strategy (cognitive reappraisal, expressive suppression) and subscales of perceived social support (support from family, friends and significant others) were separately entered in block 1, block 2, block 3 and block 4 respectively.

Prediction of Life Satisfaction

Reassured self (FSCRS_RS), inadequate self (FSCRS_IS), perceived support from family (PSS_FA) and gender emerged as the significant predictors of life satisfaction for adolescents from intact family.

This may suggest that the ability to reassure oneself i.e., having a warm and encouraging attitude towards oneself when encountering negative events and perceiving support from family increases life satisfaction, while feelings of personal inadequacy decrease life satisfaction of Mizo adolescents from intact family. Also, being female compared to being male predicted lower life satisfaction.

Inadequate self (FSCRS_IS), reassured self (FSCRS_RS), understanding the universality of suffering (SOCS_UU), perceived support from family (PSS_FA) and expressive suppression emotion regulation strategy (ERQ_S) emerged as the significant predictors of life satisfaction for adolescents from non-intact family.

This may suggest that the ability to reassure oneself i.e., having a warm and encouraging attitude towards oneself when encountering negative events, understanding the universality of suffering, regulating emotions using expressive suppression emotion regulation strategy and perceived support from family increase life satisfaction, while a feeling of personal inadequacy decreases life satisfaction of Mizo adolescents from non-intact family. It is a notable finding that the use of expressive suppression to regulate emotion increases the life satisfaction of Mizo adolescents from non-intact family, since several studies have established a negative relationship

between well-being and the use of expressive suppression (e.g., Haga et al., 2009; John & Gross, 2007). In a society that values interdependence and collectivism, the practice of expressive suppression appears to be promoted for the purpose of fostering prosocial behavior (Oyserman et al., 2002). Mizo children from divorced families are afraid of making mistakes and losing the support of their parents (Fambawl, 2010), and using expressive suppression may protect them from the apprehension of disruption in interpersonal relationships, which in turn increases life satisfaction.

Prediction of Positive Affect

Reassured self (FSCRS_RS), inadequate self (FSCRS_IS), recognizing suffering in oneself (SOCS_RS) and gender emerged as the significant predictors of positive affect for adolescents from intact family.

This may suggest that among Mizo adolescents from intact family structure, the ability to reassure oneself in the face of negative events and recognizing the signs of one's suffering increase the experience of positive affect, whereas feeling of personal inadequacy decreases the experience of positive affect. Being female as compared to being male also predicted decreased positive affect.

Reassured self (FSCRS_RS), inadequate self (FSCRS_IS) and gender significantly predicted the experience of positive affect for adolescents from non-intact family.

This may suggest that among Mizo adolescents from non-intact family, the ability to reassure oneself in the face of negative events increases the experience of positive affect, whereas feelings of personal inadequacy decrease the experience of positive affect. Being female as compared to being male also predicted decreased positive affect.

Prediction of Negative Affect

Reassured self (FSCRS_RS), inadequate self (FSCRS_IS), hated self (FSCRS_HS), understanding the universality of suffering (SOCS_UU), recognizing

suffering (SOCS_RS) and gender emerged as the significant predictors of negative affect for adolescents from intact family.

This may suggest that among Mizo adolescents from intact family, recognizing one's own signs of suffering, feeling of personal inadequacy and hating oneself when encountering negative events increases the experience of negative affect and the ability to reassure oneself and understand the universality of suffering decrease the experience of negative affect. Being female as compared to being male predicted increased negative affect.

Hated self (FSCRS_HS) and gender significantly predicted the experience of negative affect for adolescents from non-intact family.

This may suggest that among Mizo adolescents from non-intact family, developing a feeling of self-hatred (aggressive/pathological response to self) when encountering negative events increases the experience of negative affect, and being female compared to being male predicted increased negative affect.

Prediction of Psychological Distress

Inadequate self (FSCRS_IS), reassured self (FSCRS_RS), hated self (FSCRS_HS), understanding the universality of suffering (SOCS_UU), expressive suppression emotion regulation strategy (ERQ_S), cognitive emotion regulation strategy (ERQ_C) and gender emerged as the significant predictors of psychological distress for adolescents from intact family.

This may suggest that among Mizo adolescents from intact family, developing a feeling of personal inadequacy and hatred-self (aggressive/pathological response to self) when encountering negative events increase the experience of psychological distress, whereas understanding the universality of suffering and the ability to reassure oneself in such situations decreases the experience of psychological distress. Also, regulating emotions using expressive suppression increases psychological distress, whereas using cognitive reappraisal decreases psychological distress. Being female as compared to being male predicted increased psychological distress.

Reassured self (FSCRS_RS), inadequate self (FSCRS_IS), caregiver and gender emerged as significant predictors of psychological distress for adolescents from non-intact family.

This may suggest that among Mizo adolescents from non-intact family, developing a feeling of personal inadequacy when encountering negative events increases the experience of psychological distress, whereas the ability to reassure oneself in such a situation decreases the experience of psychological distress. Being female as compared to being male predicted increased psychological distress. Adolescents who stay with either their biological mother or father have lower psychological distress than those who stay with other relatives.

The findings of this study highlight the critical role of self-compassion, emotion regulation, and perceived social support in shaping the well-being of Mizo adolescents. Self-compassion enhances well-being by fostering life satisfaction and positive affect and also by reducing the experience of negative affect and psychological distress. On the other hand criticizing self such as feeling of inadequacy and hating oneself lowers subjective well-being and increases psychological distress. The way adolescents relate to themselves in the face of negative events emerged as the most frequent predictor of different components of well-being, indicating the importance of cultivating self-compassion, i.e., the ability to relate to one's suffering, imperfection and failure with a sense of warmth, connection, and concern. The ability to reassure oneself acts as a buffer against the development of psychopathology and promotes well-being (Petrocchi et al., 2019; Sommers-Spijkerman et al., 2018).

Emotion regulation and perceived social support are also an important determinant of adolescent's well-being. The way adolescents regulate their emotions and perceive support from family determine their well-being. Regulating emotions using cognitive reappraisal strategy protects well-being by reducing psychological distress. Interestingly, the effects of emotion suppression vary based on family dynamics; it can enhance life satisfaction for adolescents from non-intact families but increase psychological distress for those from intact families. Additionally, recognizing one's own suffering can heighten both positive and negative affect in adolescents from in-

tact families. Perceived family support benefits well-being by increasing life satisfaction. Supportive family environments provide a buffer against stress and promote well-being.

Limitations and Implications of the Study

This study categorized family structure as either intact or non-intact, depending on whether adolescents reside with both biological parents (mother and father) or not. This broad grouping makes it difficult to understand how different types of non-intact families affect adolescents' well-being in unique ways. The study would have been more encompassing if the different types of non-intact families had been included. The outcome of this study may have been different if it had also examined marital conflict within the parental relationship and family environment, in addition to family structure.

The samples for the study are late adolescents between 17 – 20 years. Since adolescence is generally defined as spanning ages 12–19 years, the findings may not fully represent the broader adolescent population. The samples for the study were restricted to Mizo adolescents who were currently pursuing undergraduate studies at the time of data collection. Adolescents who do not pursue undergraduate studies were not included in the study, potentially limiting the generalizability of the findings.

The primary goal of the study is to determine if self-compassion, emotion regulation and perceived social support impact the well-being of Mizo adolescents in intact family and non-intact family. The results revealed that the self-compassion subscales: inadequate self and reassured self are the most frequent predictors of well-being. In addition, perceived family support and emotion regulation plays an important role in determining adolescent’s well-being. This suggests that the way adolescents relate to themselves play a crucial role in their overall well-being, and cultivating a positive and healthy attitude toward themselves contributes to their well-being.

Given that self-compassion is a skill that can be cultivated, its inclusion in mental health interventions could significantly enhance the overall well-being of adolescents. Mental health practitioners and educators may incorporate intervention strategies aimed at fostering self-compassion. Teaching adolescents to develop self-compassion, along with effective emotion regulation techniques, can help them navigate emotional challenges in diverse situations. By fostering these abilities, mental health programs can promote resilience and support the holistic development of adolescents.

The interaction effect between gender and family structure suggests that female adolescents from non-intact families may be particularly vulnerable to psychological distress. This highlights the importance of developing mental health resources that account for both family dynamics and gender-specific challenges. Designing such targeted resources can help mitigate vulnerabilities and promote the psychological well-being of adolescents in diverse family contexts.

The implications of this research advocate promoting self-compassion training, adaptive emotion regulation skills and buiding supportive family environment to optimize adolescent mental health in the Mizo community.

For future study, investigating both family structure and family environment would have provided more clarity on the significance of family on the well-being of adolescents. Additionally, exploring the role of cultural factor, coping strategies and gender norms across various family types such as intact family, single-parent family, remarried families, or families where parents are separated but co-parenting would provide a more holistic comprehension of the factors impacting Mizo adolescents overall well-being. Addressing the distinct needs and experiences of adolescents at various stages—early, middle, and late adolescence would provide a more comprehensive understanding of the factors shaping the well-being of Mizo adolescents.

APPENDICES

APPENDIX-1

Participant Consent Form

This research is for fulfillment of PhD study under Mizoram University. The purpose of this study is to examine how adolescents see themselves and their lives. Confidentiality is maintained and in no way your response can be traced back to you. In fact participants did not need to mention their names.

(He zirbingna hi Mizoram University hnuai ami a ni a, tleirawl/thalai ten mahni kan inhmuh dan zirna a ni ber. He zirna a telte hi an nihna tar lan a ni dawn lova, in hming pawh ziahlan a ngai lo. He zirna kalpuitu ngei pawh hian I chhanna atang nangmah hriattheihna tur engmah ka nei lo)

If you agree to participate in this study you will be asked to do the following

(He zirna a tel I rem tih chuan a hnuai a mi te hi lo chhiar teh le.)

1. The estimated required time for completion of the questionnaires is 45 minutes.
   (Zawhnate hi minute 45 chhunga chhan zawh theih tur a ruahman a ni.)

2. Read each statement carefully and pick out the response that best describe you. (each statement include responses for you to pick)
   (Uluk takin zawhnate chhiar la, nangmah nena inmil ber chhanna I thlang dawn nia.)

3. There is no right or wrong answers and do not spend too much time on one question. Please answer all the questions.
   (Chhanna dik leh dik lo a awm lova, zawhna pakhatah hun hmang rei lutuk suh ang che. Khawngaih takin zawhna zawng zawng hi I chhang vek dawn nia.)

I have read the above information and any doubts that I have about this study has been answered to my satisfaction. I consent to participate in this study.

(A chunga thu inziakte hi ngun takin ka chhiar a, he zirna chungchang a zawhna ka neihte min hrilhfiah a, he zirna ah hian ka duhthu ngeia tel ka ni.)

Signature of participant _____ Date _____

APPENDIX-II

Demographic Profile

I would like to ask you some personal questions. Please circle the correct response or write your response in the space provided.

(I chanchin tlem a zawng zawh che ka duh a. A chhanna dikah hian khawngaih takin thaibial zel la, anih loh pawhin a awl laiah I dah khat dawn nia)

1. Age (Kum zat) _____ 2. Sex (Mipa/Hmeichhia) _____

3. Current semester (Pawl eng zat nge I nih? E.g., 1st semB.Com) _____

4. Marital status of parents (Nu leh pa te inlaichinna)

a. Married (Innei)
b. Divorce (Inthen)
c. Widow/ Widower (Pasal sun/ Nupui sun)
d. Never been married (innei lo hrim hrim)
e. Others _____

5. Did your parents remarry? (. I nu/pa in nupui/pasal dang an nei em?)

a. My mom remarried (Ka nu in pasal dang a nei)
b. My dad remarried (Ka pa in nupui dang a nei)
c. Both my mom and dad remarried (Ka nu leh pa in nupui/pasal dang an nei ve ve)
d. No (Nei lo)

** You may skip q no 5 & 6 if you answer "married" in q no. 4 (Zawhna 4 na "innei" ti a chhang tan zawhna 5 & 6 chhan a ngai lo)*

6. Whom do you stay with? (Tu bulah nge I chen?)

a. My mom (Ka nu)
b. My dad (Ka pa)
c. My grandparents (Ka pi leh pute)
d. Chhungte dang / mi dang etc (Others) _____

7. What type of ration card did your family have? (Eng ration card nge in chhungkua in in neih?)

a. APL (white) b. BPL (green) c. AAY (yellow)

8. Did you consume tobacco product? (Zuk leh hmuam I ti ngai em?)

a. Yes (Aw) b. No (Ti ngai lo) c. Stop consuming the product (Ti tawh lo)

**You may skip q no 9 if you answer "never" in q no 8 (Zawhna 8 na a 'ti ngai lo' tia chhang tan zawhna 9 na chhan a ngai lo)*

9. How old were you when you first try tobacco products? (Kum engzat I nih in nge zuk leh hmuam I tih tan?) _____

10. Have you ever try/use substance such as alcohol, beer, weed etc? (Ruihtheihthil e.g., zu, beer, weed I ti ve chhin tawh em?)

a. Yes (Aw) b. No (Aih)

** You may skip no q no 11 & 12 if you answer "no" in q no 10 (Zawhna 10na 'aih' tia chhang tan zawhna 11 & 12 chhan a ngai lo)*

11. How old were you when you first try the substance? (Kum engzat I nih in nge ruihtheihthil I tih tan/ I tih chhin?) _____

12. Within the last 30 days how many times did you use/abuse substance? (Ni 30 liam ta chhung khan vawi engzat nge ruihtheihthil I tih?)

a. 0 b. 1-2 c. 3-10 d. 11-20 e. 21-30 f. >30 (vawi 30 aia tam)

11. Within the last 6 months how many times did you engage in physical fight? (Thla 6 liam ta chhung khan vawi engzat nge insualna ah I tel?)

a. Never (Ka tel lo) b. Sometimes (Ka tel zeuh zeuh) c. Often (Ka tel fo)

12. Within the last 6 months how many times did you engage in verbal aggression/ fight? (Thla 6 liam ta chhung khan vawi engzat nge midang nen in inhnialbuai?

a. Never (Intibuaingai lo) b. Sometimes (Intibuai zeuh zeuh) c. Often (Intibuai fo)

APPENDIX -III

Satisfaction with life scale (SWLS, Diener et al., 1985)

Below are five statements that you may agree or disagree with. Using the 1-7 scale below, indicate your agreement with each item by circling the appropriate number. Please be open and honest in your responding.

		Strongly disagree	Disagree	Slightly disagree	Neither agree nor	Slightly agree	Agree	Strongly agree
1	In most ways my life is close to my ideal	1	2	3	4	5	6	7
2	The conditions of my life are excellent	1	2	3	4	5	6	7
3	I am satisfied with my life	1	2	3	4	5	6	7
4	So far I have gotten the important things I want in life	1	2	3	4	5	6	7
5	If I could live my life over, I would change almost nothing	1	2	3	4	5	6	7

APPENDIX –IV

The Positive and Negative Affect Schedule (PANAS; Watson et al., 1988) PANAS Questionnaire

This scale consists of a number of words that describe different feelings and emotions. Read each item and then list the number from the scale below next to each word. Indicate to what extent you feel this way right now, that is, at the present moment OR indicate the extent you have felt this way over the past week (circle the instructions you followed when taking this measure)

		Very Slightly or Not at All	A Little	Moderately	Quite a Bit	Extremely
1	Interested	1	2	3	4	5
2	Distressed	1	2	3	4	5
3	Excited	1	2	3	4	5
4	Upset	1	2	3	4	5
5	Strong	1	2	3	4	5
6	Guilty	1	2	3	4	5
7	Scared	1	2	3	4	5
8	Hostile	1	2	3	4	5
9	Enthusiastic	1	2	3	4	5
10	Proud	1	2	3	4	5
11	Irritable	1	2	3	4	5
12	Alert	1	2	3	4	5
13	Ashamed	1	2	3	4	5
14	Inspired	1	2	3	4	5
15	Nervous	1	2	3	4	5
16	Determined	1	2	3	4	5
17	Attentive	1	2	3	4	5
18	Jittery	1	2	3	4	5
19	Active	1	2	3	4	5
20	Afraid	1	2	3	4	5

APPENDIX –V

General Health Questionnaire -12 (GHQ_12, Goldberg & William, 1988)

	In the last four weeks ……..	Often	Sometimes	Seldom	Never
1	Able to concentrate.	0	1	2	3
2	Loss of sleep over worry.	0	1	2	3
3	Playing a useful part.	0	1	2	3
4	Capable of making decisions.	0	1	2	3
5	Felt constantly under strain.	0	1	2	3
6	Could not overcome difficulties.	0	1	2	3
7	Able to enjoy day-to-day activities.	0	1	2	3
8	Able to face problems.	0	1	2	3
9	Feeling unhappy or depressed.	0	1	2	3
10	Losing self-confidence.	0	1	2	3
11	Feeling worthless.	0	1	2	3
12	Feeling reasonably happy.	0	1	2	3

APPENDIX –VI

Sussex Oxford Compassion Scale for Self (SOCS, Gu et al., 2019)

Below are statements describing how you might relate to yourself. Please indicate how true the following statements are of you using the 5-point response scale (1 = Not at all true, 2 = Rarely true, 3 = Sometimes true, 4 = Often true, 5 = Always true). For example, if you think that a statement is often true of you, circle '4'.
Note: In the below items, generic terms (e.g., 'upset', 'distress', 'suffering', struggling') are used to cover a range of unpleasant emotions, such as sadness, fear, anger, frustration, guilt, shame, etc.

		Not at all true	Rarely true	Sometimes true	Often true	Always true
1	I'm good at recognising when I'm feeling distressed.	1	2	3	4	5
2	I understand that everyone experiences suffering at some point in their lives.	1	2	3	4	5
3	When I'm going through a difficult time, I feel kindly towards myself.	1	2	3	4	5
4	When I'm upset, I try to stay open to my feelings rather than avoid them.	1	2	3	4	5
5	I try to make myself feel better when I'm distressed, even if I can't do anything about the cause.	1	2	3	4	5
6	I notice when I'm feeling distressed.	1	2	3	4	5
7	I understand that feeling upset at times is part of human nature.	1	2	3	4	5
8	When bad things happen to me, I feel caring towards myself.	1	2	3	4	5
9	I connect with my own distress without letting it overwhelm me.	1	2	3	4	5
10	When I'm going through a	1	2	3	4	5

	difficult time, I try to look after myself.					
11	I'm quick to notice early signs of distress in myself.	1	2	3	4	5
12	Like me, I know that other people also experience struggles in life.	1	2	3	4	5
13	When I'm upset, I try to tune in to how I'm feeling.	1	2	3	4	5
14	I connect with my own suffering without judging myself.	1	2	3	4	5
15	When I'm upset, I try to do what's best for myself.	1	2	3	4	5
16	I recognise signs of suffering in myself.	1	2	3	4	5
17	I know that we can all feel distressed when things don't go well in our lives.	1	2	3	4	5
18	Even when I'm disappointed with myself, I can feel warmly towards myself when I'm in distress.	1	2	3	4	5
19	When I'm upset, I can let the emotions be there without feeling overwhelmed.	1	2	3	4	5
20	When I'm upset, I do my best to take care of myself.	1	2	3	4	5

APPENDIX –VII

The Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (FSCRS, Gilbert et al., 2004).

When things go wrong in our lives or don't work out as we hoped, and we feel we could have done better, we sometimes have negative and self-critical thoughts and feelings. These may take the form of feeling worthless, useless or inferior etc. However, people can also try to be supportive of themselves. Below are a series of thoughts and feelings that people sometimes have. Read each statement carefully and circle the number that best describes how much each statement is true for you.

	When things go wrong for me:	Not at all like me	A lit-tle bit like me	Moder-ate-ly like me	Quite a bit like me	Extreme-ly like me
1	I am easily disappointed with myself.	0	1	2	3	4
2	There is a part of me that puts me down.	0	1	2	3	4
3	I am able to remind myself of positive things about myself.	0	1	2	3	4
4	I find it difficult to control my anger and frustration at myself.	0	1	2	3	4
5	I find it easy to forgive myself.	0	1	2	3	4
6	There is a part of me that feels I am not good enough.	0	1	2	3	4
7	I feel beaten down by my own self-critical thoughts.	0	1	2	3	4
8	I still like being me.	0	1	2	3	4
9	I have become so angry with myself that I want to hurt or injure myself.	0	1	2	3	4
10	I have a sense of disgust with myself.	0	1	2	3	4
11	I can still feel lovable and acceptable.	0	1	2	3	4
12	I stop caring about myself.	0	1	2	3	4
13	I find it easy to like myself.	0	1	2	3	4
14	I remember and dwell on my failings.	0	1	2	3	4

15	I call myself names.	0	1	2	3	4
16	I am gentle and supportive with myself.	0	1	2	3	4
17	I can't accept failures and setbacks without feeling in-adequate.	0	1	2	3	4
19	I think I deserve my self-criticism.	0	1	2	3	4
19	I am able to care and look after myself.	0	1	2	3	4
20	There is a part of me that wants to get rid of the bits I don't like.	0	1	2	3	4
21	I encourage myself for the future.	0	1	2	3	4
22	I do not like being me.	0	1	2	3	4

APPENDIX –VIII

Emotion Regulation Questionnaire (ERQ, Gross &John, 2003)

We like to ask you some questions about your emotion life, in particular how you control (i.e., regulate & manage) your emotions.

The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways".

		Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
1	When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	1	2	3	4	5	6	7
2	I keep my emotions to myself.	1	2	3	4	5	6	7
3	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	1	2	3	4	5	6	7
4	When I am feeling positive emotions, I am careful not to express them.	1	2	3	4	5	6	7
5	When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	1	2	3	4	5	6	7
6	I control my emotions by not expressing them.	1	2	3	4	5	6	7

7	When I want to feel more positive emotion, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7
8	I control my emotions by changing the way I think about the situation I'm in.	1	2	3	4	5	6	7
9	When I am feeling negative emotions, I make sure not to express them.	1	2	3	4	5	6	7
10	When I want to feel less negative emotion, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7

APPENDIX –IX

Multidimensional Scale of Perceived Social Support (PSS, Zimet et al., 1988)

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you Very Strongly Disagree Circle the "2" if you Strongly Disagree Circle the "3" if you Mildly Disagree Circle the "4" if you are Neutral Circle the "5" if you Mildly Agree Circle the "6" if you Strongly Agree Circle the "7" if you Very Strongly Agree

		Very strongly disagree	Strongly dis-agree	Mild-ly dis-agree	Neutral	Mildly agree	Strongly agree	Very strongly agree
1	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3	My family really tries to help me.	1	2	3	4	5	6	7
4	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6	My friends really try to help me.	1	2	3	4	5	6	7
7	I can count on my friends when things go wrong.	1	2	3	4	5	6	7

8	I can talk about my problems with my family.	1	2	3	4	5	6	7
9	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11	My family is willing to help me make decisions	1	2	3	4	5	6	7
12	I can talk about my problems with my friends.	1	2	3	4	5	6	7

REFERENCES

REFERENCES

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5–14. https://doi.org/10.1037/0003-066x.58.1.5

Afifi, T. D., Granger, D. A., Joseph, A., Denes, A., &Aldeis, D. (2013). The influence of divorce and parents' communication skills on adolescents' and young adults' stress reactivity and recovery. *Communication Research, 42*(7), 1009–1042. https://doi.org/10.1177/0093650213509665

Agrawal, J., Murthy, P., Philip, M., Mehrotra, S., Thennarasu, K., John, J. P., Girish, N., Thippeswamy, V., & Isaac, M. (2010). Socio-demographic correlates of subjective well-being in urban India. *Social Indicators Research, 101*(3), 419–434. https://doi.org/10.1007/s11205-010-9669-5

Akın, A. (2010). Self-Compassion and interpersonal cognitive distortions. *HacettepeUniversitesiEgitimFakultesiDergisi-hacettepe University Journal of Education, 39*(39), 1–9. https://app.trdizin.gov.tr/makale/TVRFd05UUTBOQT09/self-compassion-and-interpersonal-cognitive-distortions-

Aldao, A., & Dixon-Gordon, K. L. (2014). Broadening the scope of research on emotion regulation strategies and psychopathology. *Cognitive Behaviour Therapy, 43*(1), 22–33. https://doi.org/10.1080/16506073.2013.816769

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review, 30*(2), 217–237. https://doi.org/10.1016/j.cpr.2009.11.004

Allen, A. B., & Leary, M. R. (2010). Self-Compassion, stress, and coping. *Social and Personality Psychology Compass, 4*(2), 107–118. https://doi.org/10.1111/j.1751-9004.2009.00246.x

Allen, A. B., & Leary, M. R. (2014). Self-compassionate responses to aging. *Gerontologist, 54*(2), 190–200. https://doi.org/10.1093/geront/gns204

Allen, J. P., Insabella, G., Porter, M. R., Smith, F. D., Van 't Land, D., & Phillips, N. (2006). A social-interactional model of the development of depressive symp-

toms in adolescence. *Journal of Consulting and Clinical Psychology*, *74*(1), 55–65. https://doi.org/10.1037/0022-006x.74.1.55

Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of Marriage and Family*, *62*(4), 1269–1287. https://doi.org/10.1111/j.1741-3737.2000.01269.x

Amato, P. R. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology*, *15*(3), 355–370. https://doi.org/10.1037/0893-3200.15.3.355

American Psychological Association. (2007). APA dictionary of psychology. American Psychological Association.

Andersen, S., & Teicher, M. H. (2008). Stress, sensitive periods and maturational events in adolescent depression. *Trends in Neurosciences*, *31*(4), 183–191. https://doi.org/10.1016/j.tins.2008.01.004

Aneshensel, C. S., & Stones, J. D. (1982). Stress and depression. *Archives of General Psychiatry*, *39*(12), 1392. https://doi.org/10.1001/archpsyc.1982.04290120028005

Antaramian, S. P., Huebner, E. S., Hills, K. J., & Valois, R. F. (2010). A dual-factor model of mental health: Toward a more comprehensive understanding of youth functioning. *American Journal of Orthopsychiatry*, *80*(4), 462–472. https://doi.org/10.1111/j.1939-0025.2010.01049.x

Antonucci, T. C., & Akiyama, H. (1987). An examination of sex differences in social support among older men and women. *Sex Roles*, *17*(11–12), 737–749. https://doi.org/10.1007/bf00287685

Aradilla-Herrero, A., Tomás–Sábado, J., & Gómez-Benito, J. (2014). Associations between emotional intelligence, depression and suicide risk in nursing students. *Nurse Education Today*, *34*(4), 520–525. https://doi.org/10.1016/j.nedt.2013.07.001

Arditti, J. A. (1999). Rethinking Relationships between Divorced Mothers and Their Children: Capitalizing on Family Strengths. *Family Relations*, *48*(2), 109. https://doi.org/10.2307/585074

Argyle, M. (2013). The psychology of happiness. In *Routledge eBooks*. https://doi.org/10.4324/9781315812212

Arimitsu, K., & Hofmann, S. G. (2015). Cognitions as mediators in the relationship between self-compassion and affect. *Personality and Individual Differences*, *74*, 41–48. https://doi.org/10.1016/j.paid.2014.10.008

Arkes, J. (2013). The temporal effects of parental divorce on youth substance use. *Substance Use & Misuse*, *48*(3), 290–297. https://doi.org/10.3109/10826084.2012.755703

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55*(5), 469–480. https://doi.org/10.1037/0003-066x.55.5.469

Arnett, J. J. (2001). *Adolescence and emerging adulthood: A cultural approach* (2nd ed.). Pearson Education New Zealand.

Arnett, J. J. (2014). *Emerging adulthood*: *The winding road from the late teens through the twenties. (2nd ed.)*Oxford University Press

Astone, N. M., & McLanahan, S. (1991). Family structure, parental practices and high school completion. *American Sociological Review*, *56*(3), 309. https://doi.org/10.2307/2096106

Attar-Schwartz, S., Tan, J., Buchanan, A., Flouri, E., & Griggs, J. (2009). Grandparenting and adolescent adjustment in two-parent biological, lone-parent, and step-families. *Journal of Family Psychology*, *23*(1), 67–75. https://doi.org/10.1037/a0014383

Auerbach, R. P., Alonso, J., Axinn, W. G., Cuijpers, P., Ebert, D. D., Green, J., Hwang, I., Kessler, R. C., Liu, H., Mortier, P., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Aguilar-Gaxiola, S., Al-Hamzawi, A., Andrade, L. H., Benjet, C., Caldas-De-Almeida, J. M., Demyttenaere, K., . . . Bruffaerts, R. (2016). Mental disorders among college students in the World Health Organization World Mental Health Surveys. *Psychological Medicine*, *46*(14), 2955–2970. https://doi.org/10.1017/s0033291716001665

Auerbach, R. P., Bigda-Peyton, J. S., Eberhart, N. K., Webb, C. A., & Ho, M. R. (2011). Conceptualizing the prospective relationship between social support, stress, and depressive symptoms among adolescents. *Journal of Abnormal Child Psychology*, *39*(4), 475–487. https://doi.org/10.1007/s10802-010-9479-x

Aymerich, M., Cladellas, R., Castelló, A., Casas, F., & Cunill, M. (2021). The evolution of life satisfaction throughout childhood and adolescence: differences in young people's evaluations according to age and gender. *Child Indicators Research*, *14*(6), 2347–2369. https://doi.org/10.1007/s12187-021-09846-9

Baião, R., Gilbert, P., McEwan, K., & Carvalho, S. A. (2014). Forms of Self-Criticising/Attacking & Self-Reassuring Scale: Psychometric properties and normative study. *British Journal of Medical Psychology*, *88*(4), 438–452. https://doi.org/10.1111/papt.12049

Balázs, M. Á., Pikó, B., & Fitzpatrick, K. M. (2017). Youth Problem Drinking: The role of Parental and Familial relationships. *Substance Use & Misuse*, *52*(12), 1538–1545. https://doi.org/10.1080/10826084.2017.1281311

Balluerka, N., Aritzeta, A., Gorostiaga, A., Gartzia, L., & Soroa, G. (2013). Emotional intelligence and depressed mood in adolescence: A multilevel approach. *International Journal of Clinical and Health Psychology*, *13*(2), 110–117. https://doi.org/10.1016/s1697-2600(13)70014-0

Balzarotti, S., John, O. P., & Gross, J. J. (2010). An Italian adaptation of the emotion Regulation questionnaire. *European Journal of Psychological Assessment*, *26*(1), 61–67. https://doi.org/10.1027/1015-5759/a000009

Barbee, A. P., Cunningham, M. R., Winstead, B. A., Derlega, V. J., Gulley, M. R., Yankeelov, P., & Druen, P. B. (1993b). Effects of gender role expectations on the social support process. *Journal of Social Issues*, *49*(3), 175–190. https://doi.org/10.1111/j.1540-4560.1993.tb01175.x

Barber, B. L., & Demo, D. H. (2006). The Kids Are Alright (at Least, Most of Them): Links Between Divorce and Dissolution and Child Well-Being. In M. A. Fine & J. H. Harvey (Eds.), *Handbook of divorce and relationship dissolution* (pp. 289–311). Lawrence Erlbaum Associates Publishers.

Barnard, L., & Curry, J. F. (2011). Self-Compassion: Conceptualizations, Correlates, & Interventions. *Review of General Psychology*, *15*(4), 289–303. https://doi.org/10.1037/a0025754

Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, *14*(4), 413–445. https://doi.org/10.1007/bf00922627

Bartholomew, K. J., Ntoumanis, N., Ryan, R. M., Bosch, J. A., & Thøgersen-Ntoumani, C. (2011). Self-determination theory and diminished functioning. *Personality and Social Psychology Bulletin*, *37*(11), 1459–1473.

Basu, J., Samanta, M., Basu, S., Bhattacharya, M. (2018). Gender and Mental Health: Masculinity, Femininity, Modernity and Daily Hassles as Predictors of Subjective Well-Being. In Misra, G. (Ed), Psychosocial Interventions for Health and Well-Being (pp. 313-333). Springer.

Batz-Barbarich, C., Tay, L., Kuykendall, L., & Cheung, H. K. (2018). A Meta-Analysis of Gender Differences in Subjective Well-Being: Estimating effect sizes and associations with gender inequality. *Psychological Science*, *29*(9), 1491–1503. https://doi.org/10.1177/0956797618774796

Baumeister, R. F., & Vohs, K. D. (Eds.). (2004). *Handbook of self-regulation: Research, theory, and applications.* The Guilford Press.

Bearman, K. J. (2002). Assessing friend support of Adolescents' diabetes care: The Diabetes Social Support Questionnaire-Friends version. *Journal of Pediatric Psychology*, *27*(5), 417–428. https://doi.org/10.1093/jpepsy/27.5.417

Belle, D. (1989). Gender differences in children's social networks and supports. In D. Belle (Ed.), *Children's social networks and social supports* (pp. 173–188). John Wiley & Sons.

Belle, D. (1991). Gender differences in the social moderators of stress. In A. Monat & R. S. Lazarus (Eds.), Stress and coping (pp. 258-274). Columbia University Press. (Reprinted from "Gender and Stress" by Rosalind Barnett, Lois Biener and Grace baruch, 1987, Free press).

Bennett-Goleman, T. (2001). *Emotional Alchemy: How the mind can heal the heart*. New York: Three Rivers Press.

Bernaras, E., Jaureguizar, J., &Garaigordobil, M. (2019). Child and Adolescent Depression: A review of theories, evaluation instruments, prevention programs, and treatments. *Frontiers in Psychology*, *10*, 543. https://doi.org/10.3389/fpsyg.2019.00543

Berndt, T. J. (1982). The features and effects of friendship in early adolescence. *Child Development*, *53*(6), 1447. https://doi.org/10.2307/1130071

Bishop, S. M., Lau, M. A., Shapiro, S. L., Carlson, L. E., Anderson, N., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D. M., & Devins, G. M. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology-science and Practice*, *11*(3), 230–241. https://doi.org/10.1093/clipsy.bph077

Bjarnason, Þ., Andersson, B., Choquet, M., Elekes, Z., Morgan, M., & Rapinett, G. (2003). Alcohol culture, family structure and adolescent alcohol use: multilevel modeling of frequency of heavy drinking among 15-16 year old students in 11 European countries. *Journal of Studies on Alcohol*, *64*(2), 200–208. https://doi.org/10.15288/jsa.2003.64.200

Blatt, S. J., & Zuroff, D. C. (1992). Interpersonal relatedness and self-definition: Two prototypes for depression. *Clinical Psychology Review*, *12*(5), 527–562. https://doi.org/10.1016/0272-7358(92)90070-o

Bluth, K., & Blanton, P. W. (2015). The influence of self-compassion on emotional well-being among early and older adolescent males and females. *The Journal of Positive Psychology*, *10*(3), 219–230. https://doi.org/10.1080/17439760.2014.936967

Bokhorst, C. L., Sumter, S. R., & Westenberg, P. M. (2010). Social Support from Parents, Friends, Classmates, and Teachers in Children and Adolescents Aged 9 to 18 Years: Who Is Perceived as Most Supportive? *Social Development*, *19*(2), 417–426. https://doi.org/10.1111/j.1467-9507.2009.00540.x

Bradley, R. H., & Corwyn, R. F. (2002). Socioeconomic status and child development. *Annual Review of Psychology*, *53*(1), 371–399. https://doi.org/10.1146/annurev.psych.53.100901.135233

Breines, J. G., Thoma, M. V., Gianferante, D., Hanlin, L., Chen, X., & Rohleder, N. (2014). Self-compassion as a predictor of interleukin-6 response to acute psychosocial stress. *Brain Behavior and Immunity*, *37*, 109–114. https://doi.org/10.1016/j.bbi.2013.11.006

Breivik, K., & Olweus, D. (2006). Children of divorce in a Scandinavian welfare state: Are they less affected than US children? *Scandinavian Journal of Psychology*, *47*(1), 61–74. https://doi.org/10.1111/j.1467-9450.2006.00493.x

Brock, R. L., & Lawrence, E. (2010). A unified and multifaceted approach to examining support transactions in marriage. In K.S. Pearlman (Ed.), *Marriage: Roles, stability and conflicts* (pp. 31-54). Nova Science Publishers, Inc.

Brody, L. R. (1999). Gender, emotion, and the family. *Harvard University Press.*

Brody, L. R., & Hall, J. A. (2008). Gender and emotion in context. In M. Lewis, J. M. Haviland-Jones, & L. F. Barrett (Eds.), *Handbook of emotions* (pp. 395–408). The Guilford Press.

Brook, J. S., Brook, D. W., & Whiteman, M. (2007). Growing Up in a Violent Society: Longitudinal predictors of violence in Colombian adolescents. *American Journal of Community Psychology*, *40*(1–2), 82–95. https://doi.org/10.1007/s10464-007-9126-z

Brooks, M., Kay-Lambkin, F., Bowman, J., & Childs, S. (2012). Self-Compassion Amongst Clients with Problematic Alcohol Use. *Mindfulness*, *3*(4), 308–317. https://doi.org/10.1007/s12671-012-0106-5

Brown, G. W., Bifulco, A., & Harris, T. (1987). Life events, vulnerability and onset of depression. *British Journal of Psychiatry*, *150*(1), 30–42. https://doi.org/10.1192/bjp.150.1.30

Buehler, C., Krishnakumar, A., Stone, G., Anthony, C., Pemberton, S., Gerard, J. M., & Barber, B. K. (1998). Interparental Conflict Styles and Youth Problem Behaviors: A Two-Sample Replication Study. *Journal of Marriage and Family*, *60*(1), 119. https://doi.org/10.2307/353446

Buhrmester, D. (1996). Need fulfillment, interpersonal competence, and the developmental contexts of early adolescent friendship. In W. M. Bukowski, A. F. Newcomb, & W. W. Hartup (Eds.), The company they keep: Friendship in childhood and adolescence (pp. 158–185). New York, NY: Cambridge University Press.

Burg, M. M., & Seeman, T. E. (1994). Families and Health: the Negative Side of Social Ties. *Annals of Behavioral Medicine*, *16*(2), 109–115. https://doi.org/10.1093/abm/16.2.109

Burke, E., Pyle, M., Machin, K., Varese, F., & Morrison, A. P. (2019). The effects of peer support on empowerment, self-efficacy, and internalized stigma: A nar-

rative synthesis and meta-analysis. *Stigma and Health*, *4*(3), 337–356. https://doi.org/10.1037/sah0000148

Burton, E., Stice, E., & Seeley, J. R. (2004). A prospective test of the Stress-Buffering model of Depression in adolescent girls: No support once again. *Journal of Consulting and Clinical Psychology*, *72*(4), 689–697. https://doi.org/10.1037/0022-006x.72.4.689

Butler, E. A., Lee, T. L., & Gross, J. J. (2007). Emotion regulation and culture: Are the social consequences of emotion suppression culture-specific? *Emotion*, *7*(1), 30–48. https://doi.org/10.1037/1528-3542.7.1.30

Buu, A., Dipiazza, C., Wang, J., Puttler, L. I., Fitzgerald, H. E., & Zucker, R. A. (2009). Parent, family, and neighborhood effects on the development of child substance use and other psychopathology from preschool to the start of adulthood. *Journal of Studies on Alcohol and Drugs*, *70*(4), 489–498. https://doi.org/10.15288/jsad.2009.70.489

Cabello, R., Salguero, J. M., Fernández-Berrocal, P., & Gross, J. J. (2013). A Spanish adaptation of the emotion Regulation questionnaire. *European Journal of Psychological Assessment*, *29*(4), 234–240. https://doi.org/10.1027/1015-5759/a000150

Caldwell, M. A., & Peplau, L. A. (1982). Sex differences in same-sex friendship. *Sex Roles*, *8*(7). https://doi.org/10.1007/bf00287568

Campbell, A. (1976). Subjective measures of well-being. *American Psychologist*, *31*(2), 117–124. https://doi.org/10.1037/0003-066x.31.2.117

Caprara, G. V., Steca, P., Gerbino, M., Paciello, M., & Vecchio, G. M. (2006). Looking for adolescents' well-being: self-efficacy beliefs as determinants of positive thinking and happiness. *Epidemiologia E PsichiatriaSociale*, *15*(1), 30–43. https://doi.org/10.1017/s1121189x00002013

Carlson, E. B., Dalenberg, C. J., & McDade-Montez, E. (2012). Dissociation in posttraumatic stress disorder part I: Definitions and review of research. *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*(5), 479–489. https://doi.org/10.1037/a0027748

Castilho, P., Carvalho, S. A., Marques, S., & Pinto-Gouveia, J. (2017). Self-Compassion and Emotional Intelligence in Adolescence: A Multigroup Me-

diational Study of the Impact of Shame Memories on Depressive Symptoms. *Journal of Child and Family Studies*, *26*(3), 759–768. https://doi.org/10.1007/s10826-016-0613-4

Castilho, P., Pinto-Gouveia, J., & Duarte, J. (2015). Exploring Self-criticism: Confirmatory factor analysis of the FSCRS in clinical and nonclinical samples. *Clinical Psychology & Psychotherapy*, *22*(2), 153–164. https://doi.org/10.1002/cpp.1881

Cencus, 2011 https://www.censusindia.co.in/states/mizoram

Chang, C., Yuan, R. E., & Chen, J. (2018). Social support and depression among Chinese adolescents: The mediating roles of self-esteem and self-efficacy. *Children and Youth Services Review*, *88*, 128–134. https://doi.org/10.1016/j.childyouth.2018.03.001

Chappel, A. M., Suldo, S. M., & Ogg, J. A. (2014). Associations between adolescents' family stressors and life satisfaction. *Journal of Child and Family Studies, 23*(1), 76–84. https://doi.org/10.1007/s10826-012-9687-9

Chen, W., Zhang, D., Pan, Y., Liu, G., & Luo, S. (2017). Perceived social support and self-esteem as mediators of the relationship between parental attachment and life satisfaction among Chinese adolescents. *Personality and Individual Differences*, *108*, 98–102. https://doi.org/10.1016/j.paid.2016.12.009

Cheung, R. Y. M., Leung, M. C., Chan, K. K. S., & Lam, C. B. I. (2019). Effects of mother-offspring and father-offspring dynamics on emerging adults' adjustment: The mediating role of emotion regulation. *PLOS ONE*, *14*(2), e0212331. https://doi.org/10.1371/journal.pone.0212331

Chiu, C. Y., Motl, R. W., &Ditchman, N. (2016). Validation of the Social Provisions Scale in people with multiple sclerosis. *Rehabilitation Psychology*, *61*(3), 297–307. https://doi.org/10.1037/rep0000089

Chou, K. L. (1999). Social Support and Subjective Well-Being among Hong Kong Chinese Young Adults. *Journal of Genetic Psychology*, *160*(3), 319–331. https://doi.org/10.1080/00221329909595402

Chronister, J., Johnson, E. K., & Berven, N. L. (2006). Measuring social support in rehabilitation. *Disability and Rehabilitation*, *28*(2), 75–84. https://doi.org/10.1080/09638280500163695

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

Chui, W. H., & Wong, M. Y. H. (2015). Gender Differences in happiness and life satisfaction among Adolescents in Hong Kong: Relationships and Self-Concept. *Social Indicators Research*, *125*(3), 1035–1051. https://doi.org/10.1007/s11205-015-0867-z

Chung, Y., & Emery, R. (2010). Early Adolescents and Divorce in South Korea: Risk, Resilience and Pain. *Journal of Comparative Family Studies. 41*. 855-870. 10.2307/41604408

Cobo-Rendón, R., López-Angulo, Y., Pérez-Villalobos, M. V., &Mújica, A. D. (2020). Perceived social support and its effects on changes in the affective and eudaimonic Well-Being of Chilean University students. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.590513

Cohen, S. (2004). Social relationships and health. *American Psychologist*, *59*(8), 676–684. https://doi.org/10.1037/0003-066x.59.8.676

Cohen, S., & Janicki-Deverts, D. (2009). Can we improve our physical health by altering our social networks? *Perspectives on Psychological Science*, *4*(4), 375–378. https://doi.org/10.1111/j.1745-6924.2009.01141.x

Cohen, S., & Syme, S. L. (1985). Issues in the study and application of social support. In S. Cohen & S. L. Syme (Eds.), *Social support and health* (pp. 3–22). Academic Press.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Cohen, S., Underwood, L. G., & Gottlieb, B. H. (2000). *Social support measurement and intervention: A Guide for Health and Social Scientists*. Oxford University Press.

Colarossi, L. G., & Eccles, J. S. (2003). Differential effects of support providers on adolescents' mental health. *Social Work Research*, *27*(1), 19–30. https://doi.org/10.1093/swr/27.1.19

Cole, P. M. (2014). Moving ahead in the study of the development of emotion regulation. *International Journal of Behavioral Development*, *38*(2), 203–207. https://doi.org/10.1177/0165025414522170

Cole, P. M., Michel, M. K., & Teti, L. O. (1994). The Development of Emotion Regulation and Dysregulation: A Clinical perspective. *Monographs of the Society for Research in Child Development*, *59*(2/3), 73. https://doi.org/10.2307/1166139

Coley, R. L., & Medeiros, B. L. (2007). Reciprocal longitudinal relations between nonresident father involvement and adolescent delinquency. *Child Development*, *78*(1), 132–147. https://doi.org/10.1111/j.1467-8624.2007.00989.x

Collins, W. A. (1997). Relationships and development during adolescence: Interpersonal adaptation to individual change. *Personal Relationships*, *4*(1), 1–14. https://doi.org/10.1111/j.1475-6811.1997.tb00126.x

Collins, W. A., & Laursen, B. (2004). Changing relationships, changing youth. *Journal of Early Adolescence*, *24*(1), 55–62. https://doi.org/10.1177/0272431603260882

Colten, M. E., & Gore, S. (1991). *Adolescent stress: Causes and Consequences*.Aldine de Gruyter.

Compas, B. E. (2009). Coping, regulation, and development during childhood and adolescence. *New Directions for Child and Adolescent Development*, *2009*(124), 87–99. https://doi.org/10.1002/cd.245

Copeland, E. P., & Hess, R. S. (1995). Differences in Young Adolescents' Coping Strategies Based On Gender and Ethnicity. *Journal of Early Adolescence*, *15*(2), 203–219. https://doi.org/10.1177/0272431695015002002

Crăciun, B. (2013). Coping strategies, self-criticism and gender factor in relation to quality of life. *Procedia - Social and Behavioral Sciences*, *78*, 466–470. https://doi.org/10.1016/j.sbspro.2013.04.332

Crockenberg, S., & Lourie, A. (1996). Parents' conflict strategies with children and children's conflict strategies with peers. *Merrill-Palmer Quarterly*, *42*(4), 495–518.

Cummings, E. M., & Davies, P. T. (1996). Emotional security as a regulatory process in normal development and the development of psychopathology. *Develop-*

ment and Psychopathology, *8*(1), 123–139. https://doi.org/10.1017/s0954579400007008

Cummins, R. A. (2000). Personal income and subjective well-being: A review. *Journal of Happiness Studies*, *1*(2), 133–158.

Cunha, M., Xavier, A., & Castilho, P. (2016). Understanding self-compassion in adolescents: Validation study of the Self-Compassion Scale. *Personality and Individual Differences*, *93*, 56–62. https://doi.org/10.1016/j.paid.2015.09.023

Currie C, Roberts Ch, Morgan A, Smith R, Settertobulte W, Samdal O, Barnekow Rasmussen V. (2004). *Young people's health in context: Health Behaviour in School-aged Children (HBSC) Study : International Report from the 2001/2002 Survey*. World Health Organization.

Cutuli, D. (2014). Cognitive reappraisal and expressive suppression strategies role in the emotion regulation: an overview on their modulatory effects and neural correlates. *Frontiers in Systems Neuroscience*, *8*. https://doi.org/10.3389/fnsys.2014.00175

Daly, M & Wilson, M. (1983). *Sex, evolution, and behavior*. Boston: Willard Grant Press.

Datu, J. a. D., & King, R. B. (2018). Subjective well-being is reciprocally associated with academic engagement: A two-wave longitudinal study. *Journal of School Psychology*, *69*, 100–110. https://doi.org/10.1016/j.jsp.2018.05.007

De Rubeis, S., & Hollenstein, T. (2009). Individual differences in shame and depressive symptoms during early adolescence. Personality and Individual Differences, 46(4), 477–482. https://doi.org/10.1016/j.paid.2008.11.019

Deci, E. L., & Ryan, R. M. (2004). *Handbook of Self-determination Research*. University Rochester Press.

Demo, D. H., &Acock, A. C. (1988). The impact of divorce on children. *Journal of Marriage and Family*, *50*(3), 619. https://doi.org/10.2307/352634

Devi, R. C. (2021). Adjustment problems, sense of social support and preferred coping strategy among first year college students in Bengaluru from north-east states. *ICIDR International Journal of Interdisciplinary Research, 1*(2).

DeVore, R., & Pritchard, M. E. (2013). Analysis of Gender Differences in Self-Statements and Mood Disorders. *McNair Scholars Research Journal*, *9*(1), 7.

Diener E., Biswas-Diener R., Lyubchik L., Halpern D., Vitterso J., Reis H., et al. (2018). “Social well-being: research and policy recommendations” in *Global happiness policy report: 2018*. eds. Helliwell J. F., Layard R., Sachs J. (New York: Global Happiness Council;), 129–159.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, *95*(3), 542–575. https://doi.org/10.1037/0033-2909.95.3.542

Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research*, *31*(2), 103–157. https://doi.org/10.1007/bf01207052

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, *55*(1), 34–43. https://doi.org/10.1037/0003-066x.55.1.34

Diener, E. (2006). Understanding Scores on the Satisfaction with Life Scale. http://labs.psychology.illinois.edu/~ediener/Documents/Understanding%20SWLS%20Scores.pdf

Diener, E. (2012). New findings and future directions for subjective well-being research. *American Psychologist*, *67*(8), 590–597. https://doi.org/10.1037/a0029541

Diener, E. (2013). The remarkable changes in the science of subjective Well-Being. *Perspectives on Psychological Science*, *8*(6), 663–666. https://doi.org/10.1177/1745691613507583

Diener, E., & Diener, C. (1996). Most people are happy. *Psychological Science*, *7*(3), 181–185. https://doi.org/10.1111/j.1467-9280.1996.tb00354.x

Diener, E., & Diener, M. L. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, *68*(4), 653–663. https://doi.org/10.1037/0022-3514.68.4.653

Diener, E., & Suh, E. M. (1997). Measuring quality of life: Economic, social, and subjective indicators. *Social Indicators Research*, *40*(1/2), 189–216. https://doi.org/10.1023/a:1006859511756

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, *49*(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13

Diener, E., Oishi, S., & Lucas, R. E. (2003). Personality, Culture, and Subjective Well-Being: Emotional and cognitive evaluations of life. *Annual Review of Psychology*, *54*(1), 403–425. https://doi.org/10.1146/annurev.psych.54.101601.145056

Diener, E., Sandvik, E., & Pavot, W. (2009). Happiness is the Frequency, Not the Intensity, of Positive Versus Negative Affect. In E. Diener (Ed.*), Assessing well-being: The collected works of Ed Diener* (pp. 213–231). https://doi.org/10.1007/978-90-481-2354-4_10

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, *125*(2), 276–302. https://doi.org/10.1037/0033-2909.125.2.276

Dinisman, T., Andresen, S., Montserrat, C., Strózik, D., &Strózik, T. (2017). Family structure and family relationship from the child well-being perspective: Findings from comparative analysis. *Children and Youth Services Review, 80*, 105–115. https://doi.org/10.1016/j.childyouth.2017.06.064

Dixon, S., Graber, J. A., & Brooks-Gunn, J. (2008). The roles of respect for parental authority and parenting practices in parent-child conflict among African American, Latino, and European American families. *Journal of Family Psychology*, *22*(1), 1–10. https://doi.org/10.1037/0893-3200.22.1.1

Doğan, T., Sapmaz, F.&Çötok, N. A. (2011). Self-criticism and happiness. *Kastamonu Education Journal, 21* (1), 391- 400

Duarte, C., Stubbs, R. J., Pinto-Gouveia, J., Matos, M., Gale, C., Morris, L., & Gilbert, P. (2017). The impact of Self-Criticism and Self-Reassurance on Weight-Related Affect and Well-Being in participants of a commercial weight management programme. *Obesity Facts*, *10*(2), 65–75. https://doi.org/10.1159/000454834

Dunkley, D. M., Sanislow, C. A., Grilo, C. M., & McGlashan, T. H. (2006). Perfectionism and depressive symptoms 3 years later: negative social interactions, avoidant coping, and perceived social support as mediators. *Comprehensive Psychiatry*, *47*(2), 106–115. https://doi.org/10.1016/j.comppsych.2005.06.003

Dunn, J., & Deater-Deckard, K. D. (2001). *Children's views of their changing families*. Joseph Rowntree Foundation

Durkheim, É. (1951). *Suicide, a study in Sociology*. Glencoe, Ill. : Free Press.

Easterlin, R.A. (2003). Happiness of Women and Men in Later Life: Nature, Determinants, and Prospects. In M.J. Sirgy., D. Rahtz.., A.C. Samli (Eds) *Advances in Quality-of-Life Theory and Research. Social Indicators Research Series*, vol 20 (pp. 13-26). Springer, Dordrecht.

Eaton, N. R., Keyes, K. M., Krueger, R. F., Balsis, S., Skodol, A. E., Markon, K. E., Grant, B. F., & Hasin, D. S. (2012). An invariant dimensional liability model of gender differences in mental disorder prevalence: Evidence from a national sample. *Journal of Abnormal Psychology, 121*(1), 282–288. https://doi.org/10.1037/a0024780

Eccles, J. S., & Gootman, J. A. (Eds.). (2002). Community Programs to Promote Youth Development/Committee on Community-Level Programs for Youth. National Academy Press.

Edwards, L. M., & Lopez, S. J. (2006). Perceived family support, acculturation, and life satisfaction in mexicanamerican youth: A mixed-methods exploration. *Journal of Counseling Psychology*, *53*(3), 279–287. https://doi.org/10.1037/0022-0167.53.3.279

Ehring, T., Tuschen-Caffier, B., Schnülle, J., Fischer, S., & Gross, J. J. (2010). Emotion regulation and vulnerability to depression: Spontaneous versus instructed use of emotion suppression and reappraisal. *Emotion*, *10*(4), 563–572. https://doi.org/10.1037/a0019010

Eisenberg, N., Cumberland, A., & Spinrad, T. L. (1998). Parental socialization of emotion. *Psychological Inquiry*, *9*(4), 241–273. https://doi.org/10.1207/s15327965pli0904_1

Eisenberg, N., Cumberland, A., Spinrad, T. L., Fabes, R. A., Shepard, S. A., Reiser, M., Murphy, B. C., Losoya, S. H., & Guthrie, I. K. (2001). The relations of regulation and emotionality to children's externalizing and internalizing problem behavior. *Child Development*, *72*(4), 1112–1134. https://doi.org/10.1111/1467-8624.00337

Eisenberg, N., Fabes, R. A., Guthrie, I. K., & Reiser, M. (2000). Dispositional emotionality and regulation: Their role in predicting quality of social functioning.

Journal of Personality and Social Psychology, *78*(1), 136–157. https://doi.org/10.1037/0022-3514.78.1.136

Eisenberg, N., Fabes, R. A., Guthrie, I. K., Murphy, B. C., Maszk, P., Holmgren, R., & Suh, K. (1996). The relations of regulation and emotionality to problem behavior in elementary school children. *Development and Psychopathology*, *8*(1), 141–162. https://doi.org/10.1017/s095457940000701x

Elkind, D. (1978). Understanding the young adolescent. *Adolescence, 13*(49), 127–134.

Elmaci, F. (2006). The Role of Social Support on Depression and Adjustment Levels of Adolescents Having Broken and Unbroken Families. *Educational Sciences: Theory & Practice*, *6*, 421.

Emadpoor, L., Lavasani, M. G., &Shahcheraghi, S. M. (2016). Relationship Between Perceived Social Support and Psychological Well-Being Among Students Based On Mediating Role of Academic Motivation. *International Journal of Mental Health and Addiction*, *14*(3), 284–290. https://doi.org/10.1007/s11469-015-9608-4

English, T., John, O. P., Srivastava, S., & Gross, J. J. (2012). Emotion regulation and peer-rated social functioning: A 4-year longitudinal study. *Journal of Research in Personality*, *46*(6), 780–784. https://doi.org/10.1016/j.jrp.2012.09.006

Erikson, E. H. (1968). *Identity Youth and Crisis*.New York: Norton.

Eskin, M. (2003). Self-reported assertiveness in Swedish and Turkish adolescents: A cross-cultural comparison. *Scandinavian Journal of Psychology*, *44*(1), 7–12. https://doi.org/10.1111/1467-9450.t01-1-00315

Fambawl, J. R. (2010). Marital Breakdown and its Impact on Families in Mizoram. Doctoral dissertation, Mizoram University. http://hdl.handle.net/10603/235336

Feeney, B. C., & Collins, N. L. (2014). A new look at social support: a theoretical perspective on thriving through relationships. *Personality and Social Psychology Review*, *19*(2), 113–147. https://doi.org/10.1177/1088868314544222

Feeney, B. C., & Collins, N. L. (2015). A new look at social support: a theoretical perspective on thriving through relationships. *Personality and Social Psychology Review*, *19*(2), 113–147. https://doi.org/10.1177/1088868314544222

Feldman, C., &Kuyken, W. (2011). Compassion in the landscape of suffering. *Contemporary Buddhism*, *12*(1), 143–155. https://doi.org/10.1080/14639947.2011.564831

Fente, H. K. L (2018). Participation of Women in Governance and Politics: A Local Analysis of Psychological Impediments in Mizoram. In Lalkima, C &Lalneihzovi (Eds.), Participation of Women in Politics and Governance: Local and State in Mizoram, IIPA, Mizoram Regional Branch and UGCWomen's Studies Centre (pp. 114-123). Mizoram University.

Fergusson, D.M., McLeod, G.F., & John Horwood, L. (2014). Parental separation/divorce in childhood and partnership outcomes at age 30. *Journal of child psychology and psychiatry, and allied disciplines, 55 4*, 352-60.

Flanagan, C., Schulenberg, J., &Fuligni, A. (1993). Living arrangements and parent-adolescent relationships during the college years. *Journal of Youth and Adolescence, 22,* 171–189.

Flannery, R. B., & Wieman, D. A. (1989). Social support, life stress, and psychological distress: An empirical assessment. *Journal of Clinical Psychology*, *45*(6), 867–872. https://doi.org/10.1002/1097-4679(198911)45:6

Flynn, J. J., Hollenstein, T., & Mackey, A. (2010). The effect of suppressing and not accepting emotions on depressive symptoms: Is expression suppression different for men and women? *Personality and Individual Differences*, *49*(6), 582-586.

Folkman, S., & Moskowitz, J. T. (2000). Stress, positive emotion, and coping. *Current Directions in Psychological Science*, *9*(4), 115–118. https://doi.org/10.1111/1467-8721.00073

Fredrickson BL. The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. Am Psychol. 2001;56(3):218.

Frey, C. U., &Röthlisberger, C. (1996). Social support in healthy adolescents. *Journal of Youth and Adolescence*, *25*(1), 17–31. https://doi.org/10.1007/bf01537378

Frosch, C. A., & Mangelsdorf, S. C. (2001). Marital behavior, parenting behavior, and multiple reports of preschoolers' behavior problems: Mediation or moderation? *Developmental Psychology*, *37*(4), 502–519. https://doi.org/10.1037/0012-1649.37.4.502

Fujita, F., Diener, E., & Sandvik, E. (1991). Gender differences in negative affect and well-being: The case for emotional intensity. *Journal of Personality and Social Psychology*, *61*(3), 427–434. https://doi.org/10.1037/0022-3514.61.3.427

Furman, W., & Buhrmester, D. (1992). Age and Sex Differences in Perceptions of Networks of Personal Relationships. *Child Development*, *63*(1), 103–115. https://doi.org/10.2307/1130905

Galinha, I. C., Oishi, S., Pereira, C. R., Wirtz, D., & Esteves, F. (2012). The role of personality traits, attachment style, and satisfaction with relationships in the Subjective Well-Being of Americans, Portuguese, and Mozambicans. *Journal of Cross-Cultural Psychology*, *44*(3), 416–437. https://doi.org/10.1177/0022022112453317

Gangte, M. (2016). Gender and Customary Law: A Case Study of Mizo Tribe in North East India. *Indian Anthropologist*, *46*(1), 17–30. http://www.jstor.org/stable/43899790

Ganong, L. H., & Coleman, M. (2004). *Stepfamily relationships: Development, dynamics, and interventions.* Kluwer Academic/Plenum Publishers. https://doi.org/10.1007/978-1-4419-9112-6

Garnefski, N., &Kraaij, V. (2006). Relationships between Cognitive Emotional Regulation Strategies and Depressive Symptoms: a Comparative Study of Five Specific Samples. *Personality and Individual Differences*, *40*, 1659-1669.

Garnefski, N., Kraaij, V., &Spinhoven, P. (2001). Negative life events, cognitive emotion regulation and emotional problems. *Personality and Individual Differences*, *30*(8), 1311–1327. https://doi.org/10.1016/s0191-8869(00)00113-6

Gentile, B., Grabe, S., Dolan-Pascoe, B., Twenge, J. M., Wells, B. E., &Maitino, A. (2009). Gender Differences in Domain-Specific Self-Esteem: A Meta-Analysis. *Review of General Psychology*, *13*(1), 34–45. https://doi.org/10.1037/a0013689

Gilbert, P. (2005). Compassion and cruelty: A biopsychosocial approach. In P Gilbert (Ed.), Compassion: Conceptualizations, research and use in psychotherapy (pp. 9–74). Routledge.

Gilbert, P. (2007). The evolution of shame as a marker for relationship security: A biopsychosocial approach. In J. L. Tracy, R. W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 283–309). The Guilford Press.

Gilbert, P. (2010). *The compassionate mind: A New Approach to Life's Challenges*. New Harbinger Publications.

Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, *53*(1), 6–41. https://doi.org/10.1111/bjc.12043

Gilbert, P., & Irons, C. (2004). A pilot exploration of the use of compassionate images in a group of self-critical people. *Memory*, *12*(4), 507–516. https://doi.org/10.1080/09658210444000115

Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263–325). Routledge. https://doi.org/10.4324/9780203003459

Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, *13*(6), 353–379. https://doi.org/10.1002/cpp.507

Gilbert, P., Clarke, M., Hempel, S., Miles, J. N. V., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, *43*(1), 31–50. https://doi.org/10.1348/014466504772812959

Gilbert, P., McEwan, K., Gibbons, L., Chotai, S., Duarte, J., & Matos, M. (2012). Fears of compassion and happiness in relation to alexithymia, mindfulness and self-criticism. Psychology and Psychotherapy: Theory, Research and Practice, 8, 374–390. doi:10.1111/j.2044-8341.2011. 02046.x

Gillath, O., Shaver, P. R., &Mikulincer, M. (2005). An attachment-theoretical approach to compassion and altruism. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 121–147). Routledge.

Gilman, R., & Huebner, E. S. (2000). Review of life satisfaction Measures for Adolescents. *Behaviour Change*, *17*(3), 178–195. https://doi.org/10.1375/bech.17.3.178

Gohier, B., Senior, C., Brittain, P. J., Lounes, N., El-Hage, W., Law, V., Phillips, M. L., & Surguladze, S. (2011). Gender Differences in the sensitivity to Negative Stimuli: Cross-Modal Affective Priming Study. *European Psychiatry*, *28*(2), 74–80. https://doi.org/10.1016/j.eurpsy.2011.06.007

Golan, V. S., & Goldberg, A. (2019). Subjective well-being, parent–adolescent relationship, and perceived parenting style among Israeli adolescents involved in a gap-year volunteering service. *Journal of Youth Studies*, *22*(8), 1068–1082. https://doi.org/10.1080/13676261.2018.1563289

Goldberg, D. P., and Williams, P. (1988). A Users' Guide To The General Health Questionnaire. London: GL Assessment.

Goldberg, D., Gater, R., Sartorius, N., Üstün, T. B., Piccinelli, M., Gureje, O., & Rutter, C. M. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, *27*(1), 191–197. https://doi.org/10.1017/s0033291796004242

Goldberg, W. A., Kelly, E. L., Matthews, N. L., Kang, H., Li, W., &Sumaroka, M. (2012). The More Things Change, the More They Stay the Same: Gender, Culture, and College Students' Views about Work and Family. *Journal of Social Issues*, *68*(4), 814–837. https://doi.org/10.1111/j.1540-4560.2012.01777.x

Goldstein, J., & Kornfield, J. (2001). *Seeking the heart of wisdom: The Path of Insight Meditation*. Shambhala Publications.

Goldstein, T. R., & Winner, E. (2012). Sympathy for a character's plight: Sex Differences in response to Theatre. *Empirical Studies of the Arts*, *30*(2), 129–141. https://doi.org/10.2190/em.30.2.b

González-Morales, M. G., Rodríguez, I., &Peíró, J. M. (2010). A longitudinal study of coping and gender in a female-dominated occupation: Predicting teachers'

burnout. *Journal of Occupational Health Psychology*, *15*(1), 29–44. https://doi.org/10.1037/a0018232

Good, G. E., Dell, D. M., & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help seeking in men. *Journal of Counseling Psychology*, *36*(3), 295–300. https://doi.org/10.1037/0022-0167.36.3.295

Graham, C., & Chattopadhyay, S. (2013). Gender and well-being around the world. *International Journal of Happiness and Development*, *1*(2), 212. https://doi.org/10.1504/ijhd.2013.055648

Grant, B. F., & Weissman, M. M. (2007). Gender and the prevalence of psychiatric disorders. In W. E. Narrow, M. B. First, P. J. Sirovatka, & D. A. Regier (Eds.), *Age and gender considerations in psychiatric diagnosis: A research agenda for DSM-V* (pp. 31–45). American Psychiatric Publishing, Inc..

Greeff, A. P., & Van Der Merwe, S. (2004). Variables Associated with Resilience in Divorced Families. *Social Indicators Research*, *68*(1), 59–75. https://doi.org/10.1023/b:soci.0000025569.95499.b5

Gross, J. J. & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. Journal of Personality and Social Psychology, 85(2), 348-362.

Gross, J. J. (1998a). Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology*, *74*(1), 224–237. https://doi.org/10.1037/0022-3514.74.1.224

Gross, J. J. (1998b). The Emerging Field of Emotion Regulation: An Integrative Review. *Review of General Psychology*, *2*(3), 271–299. https://doi.org/10.1037/1089-2680.2.3.271

Gross, J. J. (2001). Emotion regulation in adulthood: Timing is everything. *Current Directions in Psychological Science*, *10*(6), 214–219. https://doi.org/10.1111/1467-8721.00152

Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, *39*(3), 281–291. https://doi.org/10.1017/s0048577201393198

Gross, J. J. (2015a). Emotion Regulation: Current status and future Prospects. *Psychological Inquiry*, *26*(1), 1–26. https://doi.org/10.1080/1047840x.2014.940781

Gross, J. J. (2015b). The Extended Process Model of Emotion Regulation: elaborations, applications, and future directions. *Psychological Inquiry*, *26*(1), 130–137. https://doi.org/10.1080/1047840x.2015.989751

Gross, J. J., & John, O. P. (1998). Mapping the domain of expressivity: Multimethod evidence for a hierarchical model. *Journal of Personality and Social Psychology*, *74*(1), 170–191. https://doi.org/10.1037/0022-3514.74.1.170

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, *85*(2), 348–362. https://doi.org/10.1037/0022-3514.85.2.348

Gross, J. J., & Levenson, R. W. (1993). Emotional suppression: Physiology, self-report, and expressive behavior. *Journal of Personality and Social Psychology*, *64*(6), 970–986. https://doi.org/10.1037/0022-3514.64.6.970

Gross, J. J., & Thompson, R. A. (2007). Emotion Regulation: Conceptual Foundations. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 3–24). The Guilford Press.

Gross, J. J., Richards, J. M., & John, O. P. (2006). Emotion Regulation in Everyday Life. In D. K. Snyder, J. Simpson, & J. N. Hughes (Eds.), *Emotion regulation in couples and families: Pathways to dysfunction and health* (pp. 13–35). American Psychological Association. https://doi.org/10.1037/11468-001

Grossman, M., & Wood, W. (1993). Sex differences in intensity of emotional experience: A social role interpretation. *Journal of Personality and Social Psychology*, *65*(5), 1010–1022. https://doi.org/10.1037/0022-3514.65.5.1010

Grusec, J. E. (2011). Socialization processes in the family: social and emotional development. *Annual Review of Psychology*, *62*(1), 243–269. https://doi.org/10.1146/annurev.psych.121208.131650

Gu, J., Baer, R. A., Cavanagh, K., Kuyken, W., & Strauss, C. (2019). Development and Psychometric Properties of the Sussex-Oxford Compassion Scales

(SOCS). *Assessment*, *27*(1), 3–20. https://doi.org/10.1177/1073191119860911

Gu, J., Strauss, C., Crane, C., Barnhofer, T., Karl, A., Cavanagh, K., &Kuyken, W. (2016). Examining the factor structure of the 39-item and 15-item versions of the Five Facet Mindfulness Questionnaire before and after mindfulness-based cognitive therapy for people with recurrent depression. *Psychological Assessment*, *28*(7), 791–802. https://doi.org/10.1037/pas0000263

Gülaçtı, F. (2010). The effect of perceived social support on subjective well-being. *Procedia - Social and Behavioral Sciences*, *2*(2), 3844–3849. https://doi.org/10.1016/j.sbspro.2010.03.602

Gullone, E., & Taffe, J. R. (2012). The Emotion Regulation Questionnaire for Children and Adolescents (ERQ–CA): A psychometric evaluation. *Psychological Assessment*, *24*(2), 409–417. https://doi.org/10.1037/a0025777

Gullone, E., Hughes, E. K., King, N. J., & Tonge, B. J. (2010). The normative development of emotion regulation strategy use in children and adolescents: a 2-year follow-up study. *Journal of Child Psychology and Psychiatry*, *51*(5), 567–574. https://doi.org/10.1111/j.1469-7610.2009.02183.x

Gunnell, K. E., Mosewich, A. D., McEwen, C. E., Eklund, R. C., & Crocker, P. R. (2017). Don't be so hard on yourself! Changes in self-compassion during the first year of university are associated with changes in well-being. *Personality and Individual Differences*, *107*, 43–48. https://doi.org/10.1016/j.paid.2016.11.032

Guo, X. (2019). The Association between Family Structure and Subjective Well-Being among Emerging Adults in China: Examining the sequential mediation effects of maternal attachment, peer attachment, and Self-Efficacy. *Journal of Adult Development*, *26*(1), 22–30. https://doi.org/10.1007/s10804-018-9293-1

Haga, S. M., Kraft, P., & Corby, E. (2009). Emotion Regulation: Antecedents and Well-Being Outcomes of Cognitive reappraisal and Expressive Suppression in Cross-Cultural samples. *Journal of Happiness Studies*, *10*(3), 271–291. https://doi.org/10.1007/s10902-007-9080-3

Hall, G.S. (1904). Adolescence. New York: Appleton.

Hankin, B. L., & Abramson, L. Y. (2001). Development of gender differences in depression: An elaborated cognitive vulnerability–transactional stress theory. *Psychological Bulletin*, *127*(6), 773–796. https://doi.org/10.1037/0033-2909.127.6.773

Hankins, M. (2008). The factor structure of the twelve item General Health Questionnaire (GHQ-12): the result of negative phrasing? *Clinical Practice & Epidemiology in Mental Health*, *4*(1), 10. https://doi.org/10.1186/1745-0179-4-10

Harikrishnan U &Sailo, G. L, (2020). Assessment on social support among school going adolescents: A school based survey. *International Journal of Multidisciplinary Educational Research 9*(5*),* 130–135.

Haring, M. J., Stock, W. A., & Okun, M. A. (1984). A research synthesis of gender and social class as correlates of Subjective Well-Being. *Human Relations*, *37*(8), 645–657. https://doi.org/10.1177/001872678403700805

Harter, S. (1990). Self and Identity Development. In S. S. Feldman and G. R. Elliott (Eds.), At the Threshold: The Developing Adolescent (pp. 352-387). Harvard University.

Hawkins, M., Letcher, P., Sanson, A., Smart, D., &Toumbourou, J. W. (2009). Positive development in emerging adulthood. *Australian Journal of Psychology*, *61*(2), 89–99. https://doi.org/10.1080/00049530802001346

Heaney, C. A., & Israel, B. A. (2008). Social networks and social support. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 189–210). Jossey-Bass.

Heine, S., Kitayama, S., Lehman, D. R., Takata, T., Ide, E., Leung, C. S. B., & Matsumoto, H. (2001). Divergent consequences of success and failure in Japan and North America: An investigation of self-improving motivations and malleable selves. *Journal of Personality and Social Psychology*, *81*(4), 599–615. https://doi.org/10.1037/0022-3514.81.4.599

Heller, K., Swindle, R., & Dusenbury, L. (1986). Component social support processes: Comments and integration. *Journal of Consulting and Clinical Psychology*, *54*(4), 466–470. https://doi.org/10.1037/0022-006x.54.4.466

Henrich, G., & Herschbach, P. (2000). Questions on Life Satisfaction (FLZM) - A Short Questionnaire for Assessing Subjective Quality of Life. *European Journal of Psychological Assessment*, *16*(3), 150–159. https://doi.org/10.1027/1015-5759.16.3.150

Hermanto, N., & Zuroff, D. C. (2016). The social mentality theory of self-compassion and self-reassurance: The interactive effect of care-seeking and caregiving. *Journal of Social Psychology*, *156*(5), 523–535. https://doi.org/10.1080/00224545.2015.1135779

Hertel, J., Schütz, A., & Lammers, C. (2009). Emotional intelligence and mental disorder. *Journal of Clinical Psychology*, *65*(9), 942–954. https://doi.org/10.1002/jclp.20597

Hetherington, E. M., Clingempeel, W. G., Anderson, E. G., Deal, J. E., Hagan, M. S., Hollier, E. A., Lindner, M. S., Maccoby, E. E., Brown, J. C., O'Connor, T. G., Eisenberg, M. M., Rice, A. M., & Bennion, L. D. (1992). Coping with Marital Transitions: A Family Systems Perspective. *Monographs of the Society for Research in Child Development*, *57*(2/3), i. https://doi.org/10.2307/1166050

Hilt, L., & Nolen-Hoeksema, S. (2009). The emergence of gender differences in depression in adolescence. In L. Hilt, & S. Nolen-Hoeksema, *Handbook of Depression in Adolescents* (pp. 111-126). Routledge.

Hoffmann, J. P. (2006). Family structure, community context, and adolescent problem behaviors. *Journal of Youth and Adolescence*, *35*(6), 867–880. https://doi.org/10.1007/s10964-006-9078-x

Hollis-Walker, L., & Colosimo, K. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences*, *50*(2), 222–227. https://doi.org/10.1016/j.paid.2010.09.033

Holt-Lunstad, J., & Smith, T. B. (2012). Social relationships and mortality. *Social and Personality Psychology Compass*, *6*(1), 41–53. https://doi.org/10.1111/j.1751-9004.2011.00406.x

House, J. S., Robbins, C., & Metzner, H. L. (1982). The association of social relationships and activities with mortality: prospective evidence from the Tecum-

seh Community Health Study. *American Journal of Epidemiology*, *116*(1), 123–140. https://doi.org/10.1093/oxfordjournals.aje.a113387

House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and processes of social support. *Annual Review of Sociology*, *14*(1), 293–318. https://doi.org/10.1146/annurev.so.14.080188.001453

Hu, T., Wang, J., Mistry, R., Ran, G., & Wang, X. (2014). Relation between Emotion Regulation and Mental Health: A Meta-Analysis Review. *Psychological Reports*, *114*(2), 341–362. https://doi.org/10.2466/03.20.pr0.114k22w4

Hutchison, C. B. (1999). Social support: factors to consider when designing studies that measure social support. *Journal of Advanced Nursing*, *29*(6), 1520–1526. https://doi.org/10.1046/j.1365-2648.1999.01041.x

Huurre, T., Junkkari, H., & Aro, H. (2006). Long–term Psychosocial effects of parental divorce. *European Archives of Psychiatry and Clinical Neuroscience*, *256*(4), 256–263. https://doi.org/10.1007/s00406-006-0641-y

Hyde, J. S. (2005). The gender similarities hypothesis. *American Psychologist*, *60*(6), 581–592. https://doi.org/10.1037/0003-066x.60.6.581

Inam, A., Fatima, H., Naeem, H., Mujeeb, H., Khatoon, R., Wajahat, T., Andrei, L. C., Starčević, S., & Sher, F. (2021). Self-Compassion and Empathy as Predictors of Happiness among Late Adolescents. *Social Sciences*, *10*(10), 380. https://doi.org/10.3390/socsci10100380

Isen, A. M. (2000). Some perspectives on positive affect and self-regulation. *Psychological Inquiry*, *11*(3), 184–188.

Jabłońska, B., & Lindberg, L. (2007). Risk behaviours, victimisation and mental distress among adolescents in different family structures. *Social Psychiatry and Psychiatric Epidemiology*, *42*(8), 656–663. https://doi.org/10.1007/s00127-007-0210-3

Jaworska, N., & MacQueen, G. (2015). Adolescence as a unique developmental period. *Journal of psychiatry & neuroscience: JPN*, *40*(5), 291–293. https://doi.org/10.1503/jpn.150268

Jazaieri, H., Jinpa, G. T., McGonigal, K., Rosenberg, E. L., Finkelstein, J., Simon-Thomas, E., Cullen, M., Doty, J. R., Gross, J. J., & Goldin, P. R. (2012). Enhancing Compassion: A randomized controlled trial of a compassion Cultiva-

tion training program. *Journal of Happiness Studies*, *14*(4), 1113–1126. https://doi.org/10.1007/s10902-012-9373-z

Jeynes, W. H. (2005). Effects of parental involvement and family structure on the academic achievement of adolescents. *Marriage and Family Review*, *37*(3), 99–116. https://doi.org/10.1300/j002v37n03_06

Jeynes, W. H. (2007). The Impact of Parental Remarriage on Children: A Meta-Analysis. *Marriage & Family Review*, *40*(4), 75–102. https://doi.org/10.1300/J002v40n04_05

John, O. P., & Gross, J. J. (2004). Healthy and unhealthy emotion regulation: personality processes, individual differences, and life span development. *Journal of Personality*, *72*(6), 1301–1334. https://doi.org/10.1111/j.1467-6494.2004.00298.x

John, O. P., & Gross, J. J. (2007). Individual differences in emotion regulation. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 351–372). The Guilford Press.

Jopling, D. A. (2000). *Self-Knowledge and the self*. Routledge.

Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles, and social support. InP. B. Baltes & O. G. Brim (Eds.),*Life-span Development and Behavior* (pp. 253–286). NY: Academic Press.

Kalyanwala, S., Sharma, V., & Sarna, A. (2013). Adolescents in India: A desk review of existing evidence and behaviours, programmes and policies. New Delhi: Population Council & UNICEF.

Kao, K., Tuladhar, C. T., & Tarullo, A. R. (2020). Parental and Family-Level Sociocontextual Correlates of Emergent Emotion Regulation: Implications for Early Social Competence. *Journal of Child and Family Studies*, *29*(6), 1630–1641. https://doi.org/10.1007/s10826-020-01706-4

Karasawa, M., Curhan, K. B., Markus, H. R., Kitayama, S., Love, G. D., Radler, B., & Ryff, C. D. (2011). Cultural Perspectives on Aging and Well-Being: A comparison of Japan and the United States. *International Journal of Aging & Human Development*, *73*(1), 73–98. https://doi.org/10.2190/ag.73.1.d

Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health-bulletin of the New York Academy of Medicine*, *78*(3), 458–467. https://doi.org/10.1093/jurban/78.3.458

Kehn, A., & Ruthig, J. C. (2013). Perceptions of Gender Discrimination across Six Decades: The Moderating Roles of Gender and Age. *Sex Roles*, *69*(5–6), 289–296. https://doi.org/10.1007/s11199-013-0303-2

Kelishadi, R., Qorbani, M., Heshmat, R., Motlagh, M. E., Magoul, A., Mansourian, M., Raeesi, S., Gorabi, A. M., Safiri, S., &Mirmoghtadaee, P. (2018). Determinants of life satisfaction in Iranian children and adolescents: the CASPIAN-IV study. *Child and Adolescent Mental Health*, *23*(3), 228–234. https://doi.org/10.1111/camh.12239

Kelly, A. C., Zuroff, D. C., Foa, C. L., & Gilbert, P. (2010). Who Benefits from Training in Self-Compassionate Self-Regulation? A Study of Smoking Reduction. *Journal of Social and Clinical Psychology*, *29*(7), 727–755. https://doi.org/10.1521/jscp.2010.29.7.727

Kelly, J. B. (2007). Children's living arrangements following separation and divorce: Insights from empirical and clinical research. *Family Process*, *46*(1), 35–52. https://doi.org/10.1111/j.1545-5300.2006.00190.x

Keltner, D., Kogan, A., Piff, P. K., & Saturn, S. R. (2014). The Sociocultural Appraisals, Values, and Emotions (SAVE) Framework of Prosociality: Core Processes from Gene to Meme. *Annual Review of Psychology*, *65*(1), 425–460. https://doi.org/10.1146/annurev-psych-010213-115054

Kerr, D., Preuss, L. J., & King, C. A. (2006). Suicidal Adolescents' Social Support from Family and Peers: Gender-Specific Associations with Psychopathology. *Journal of Abnormal Child Psychology*, *34*(1), 99–110. https://doi.org/10.1007/s10802-005-9005-8

Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and social support. *American Psychologist*, *63*(6), 518–526. https://doi.org/10.1037/0003-066x

Kim, Y., Kwak, K., & Lee, S. (2016). Does optimism moderate parental achievement pressure and academic stress in Korean children? *Current Psychology*, *35*(1), 39–43. https://doi.org/10.1007/s12144-015-9355-5

Kitayama, S., Markus, H. R., Matsumoto, H., &Norasakkunkit, V. (1997). Individual and collective processes in the construction of the self: Self-enhancement in the United States and self-criticism in Japan. *Journal of Personality and Social Psychology*, *72*(6), 1245–1267. https://doi.org/10.1037/0022-3514.72.6.1245

Klainin-Yobas, P., Ramirez, D., Fernandez, Z., Sarmiento, J., Thanoi, W., Ignacio, J., & Lau, Y. (2016). Examining the predicting effect of mindfulness on psychological well-being among undergraduate students: A structural equation modelling approach. *Personality and Individual Differences*, *91*, 63–68. https://doi.org/10.1016/j.paid.2015.11.034

Kling, K. C., Hyde, J. S., Showers, C. J., & Buswell, B. N. (1999). Gender differences in self-esteem: A meta-analysis. *Psychological Bulletin*, *125*(4), 470–500. https://doi.org/10.1037/0033-2909.125.4.470

Kong, F., Ding, K., & Zhao, J. (2014). The relationships among gratitude, self-esteem, social support and life satisfaction among undergraduate students. *Journal of Happiness Studies*, *16*(2), 477–489. https://doi.org/10.1007/s10902-014-9519-2

Kopp, C. B. (1989). Regulation of distress and negative emotions: A developmental view. *Developmental Psychology*, *25*(3), 343–354. https://doi.org/10.1037/0012-1649.25.3.343

Kozaklı, H. (2006). The relation between social support and loneliness as perceived by the undergraduates who accommodate at the dormitories and their families. (Unpublished Master Thesis, Mersin University)

Kring, A. M., & Sloan, D. M. (2009). *Emotion regulation and psychopathology: A Transdiagnostic Approach to Etiology and Treatment*. Guilford Press.

Krishnakumar, A., & Buehler, C. (2000). Interparental Conflict and Parenting Behaviors: A Meta-Analytic Review. *Family Relations*, *49*(1), 25–44. https://doi.org/10.1111/j.1741-3729.2000.00025.x

Kunkel, A. W., & Burleson, B. R. (1999). Assessing explanations for sex differences in emotional support: A test of the different cultures and skill specialization accounts. *Human Communication Research, 25,* 307–340.

Lajom, J. A., Canoy, N., Amarnani, R., Parcon, A. M., & Valera, P. M. (2009). Barkadahan: A study of peer group norms and values among Filipino adolescents. *Philippine Journal of psychology, 42*(2), 195 – 211.

Lalkhawngaihi, G. (2020). Interplay of identity consistency, group participation and collectivistic orientation on well-being. [Docotral dissertation, Mizoram University].

Lalkhawngaihi, G., &Fente, H.K.L.(2020). Collectivistic Culture Orientation across Age and Gender in a Mizo Society. *Mizoram University Journal of Humanities & Social Sciences, 6(1), 199-209. http://www.mzuhssjournal.in/*

Lalrinawma, V. S. (2005). Mizo Ethos: Changes and Challenges. Mizoram Publication Board.

Lama, D. (2012). *How To Practise: The Way to a Meaningful Life*. Random House.

Larsen, R. J. (2009). The contributions of positive and negative affect to Emotional Well-Being. *Psychological Topics, 18*(2), 247-266.

Larsen, R. J., &Prizmic, Z. (2004). Affect regulation. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation: Research, theory, and applications* (pp. 40–61). The Guilford Press.

Larson, E. (2006). Stress in the lives of college women: "Lots to do and not much time." *Journal of Adolescent Research, 21*(6), 579–606. https://doi.org/10.1177/0743558406293965

Larson, R. (1978). Thirty years of research on the subjective well-being of older Americans. *Journal of Gerontology, 33*(1), 109–125. https://doi.org/10.1093/geronj/33.1.109

Larson, R., & Richards, M. H. (1991). Daily companionship in late Childhood and early adolescence: Changing developmental contexts. *Child Development, 62*(2), 284. https://doi.org/10.2307/1131003

Larson, R., Raffaelli, M., Richards, M. H., Ham, M., & Jewell, L. (1990). Ecology of depression in late childhood and early adolescence: A profile of daily states and activities. *Journal of Abnormal Psychology, 99*(1), 92–102. https://doi.org/10.1037/0021-843x.99.1.92

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York : Springer Publishing Company.

Leadbeater, B. J., Kuperminc, G. P., Blatt, S. J., & Hertzog, C. (1999). A multivariate model of gender differences in adolescents' internalizing and externalizing problems. *Developmental Psychology*, *35*(5), 1268–1282. https://doi.org/10.1037/0012-1649.35.5.1268

Leary, M. R., Tate, E. B., Adams, C., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, *92*(5), 887–904. https://doi.org/10.1037/0022-3514.92.5.887

Ledoux, S., Miller, P., Choquet, M., & Plant, M. (2002). Family structure, parent-child relationships, and alcohol and other drug use among teenagers in France and the United Kingdom. *Alcohol and Alcoholism*, *37*(1), 52–60. https://doi.org/10.1093/alcalc/37.1.52

Lee, C. Y. S., & Goldstein, S. E. (2016). Loneliness, stress, and social support in young adulthood: Does the source of support matter? *Journal of Youth and Adolescence*, *45*(3), 568–580. https://doi.org/10.1007/s10964-015-0395-9

Lei, H., Zhang, X., Cai, L., Wang, Y., Bai, M., & Zhu, X. (2014). Cognitive emotion regulation strategies in outpatients with major depressive disorder. *Psychiatry Research*, *218*(1–2), 87–92. https://doi.org/10.1016/j.psychres.2014.04.025

Levant, R. F. (2011). Research in the psychology of men and masculinity using the gender role strain paradigm as a framework. *American Psychologist*, *66*(8), 765–776. https://doi.org/10.1037/a0025034

Leversen, I., Danielsen, A. G., Birkeland, M. S., & Samdal, O. (2012). Basic psychological need satisfaction in leisure activities and adolescents' life satisfaction. *Journal of Youth and Adolescence*, *41*(12), 1588–1599. https://doi.org/10.1007/s10964-012-9776-5

Levitt, M., Guacci-Franco, N., & Levitt, J. (1993). Convoys of social support in childhood and early adolescence: Structure and function. *Developmental Psychology*, *29*(5), 811–818. https://doi.org/10.1037/0012-1649.29.5.811

Lewis, M. D., & Stieben, J. (2004). Emotion Regulation in the Brain: Conceptual issues and directions for Developmental research. *Child Development*, *75*(2), 371–376. https://doi.org/10.1111/j.1467-8624.2004.00680.x

Li, Y., & Ferraro, K. F. (2005). Volunteering and depression in later life: social benefit or selection processes? *Journal of Health and Social Behavior*, *46*(1), 68–84. https://doi.org/10.1177/002214650504600106

Liben, L. S., & Bigler, R. S. (2002). The developmental course of gender differentiation: Conceptualizing, measuring, and evaluating constructs and pathways.t. *Monographs of the Society for Research in Child Development*, *67*(2). https://doi.org/10.1111/1540-5834.t01-1-00187

Longe, O., Maratos, F. A., Gilbert, P., Evans, G., Volker, F., Rockliffe, H., & Rippon, G. (2010). Having a word with yourself: Neural correlates of self-criticism and selfreassurance. NeuroImage, 49, 1849–1856. doi:10.1016/j.neuroimage.2009.09.019

López, A., Sanderman, R., Smink, A., Zhang, Y., Van Sonderen, E., Ranchor, A. V., &Schroevers, M. J. (2015). A Reconsideration of the Self-Compassion Scale's Total Score: Self-Compassion versus Self-Criticism. *PLOS ONE*, *10*(7), e0132940. https://doi.org/10.1371/journal.pone.0132940

Lougheed, J. P., & Hollenstein, T. (2012). A Limited Repertoire of Emotion Regulation Strategies is Associated with Internalizing Problems in Adolescence. *Social Development*, *21*(4), 704–721. https://doi.org/10.1111/j.1467-9507.2012.00663.x

Lucas, R. E., &Gohm, C. L. (2000). Age and sex differences in subjective well-being across cultures. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 291–317). The MIT Press.

Luna, B., Padmanabhan, A., & O'Hearn, K. (2010). What has fMRI told us about the Development of Cognitive Control through Adolescence? *Brain and Cognition*, *72*(1), 101–113. https://doi.org/10.1016/j.bandc.2009.08.005

Lyubomirsky, S., King, L. A., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, *131*(6), 803–855. https://doi.org/10.1037/0033-2909.131.6.803

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. https://doi.org/10.1016/j.cpr.2012.06.003

Maccoby, E. E. (1990). Gender and relationships: A developmental account. *American Psychologist*, *45*(4), 513–520. https://doi.org/10.1037/0003-066x.45.4.513

Maisel, N. C., & Gable, S. L. (2009). The paradox of received social support: the importance of responsiveness. *Psychological Science*, *20*(8), 928–932. https://doi.org/10.1111/j.1467-9280.2009.02388.x

Malecki, C. K., & Demaray, M. K. (2003). What type of support do they need? Investigating student adjustment as related to emotional, informational, appraisal, and instrumental support. *School Psychology Quarterly*, *18*(3), 231–252. https://doi.org/10.1521/scpq.18.3.231.22576

Mance, P., & Yu, P. (2010). Context, relationship transitions and conflict: explaining outcomes for Australian youth from non-intact families. *Journal of Population Research*, *27*(2), 75–105. https://doi.org/10.1007/s12546-010-9033-2

Marks, N., & Shah, H. (2004). A well-being manifesto for a flourishing society. *Journal of Public Mental Health*, *3*(4), 9–15. https://doi.org/10.1108/17465729200400023

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, *98*(2), 224–253. https://doi.org/10.1037/0033-295x.98.2.224

Marroquín, B. (2011). Interpersonal emotion regulation as a mechanism of social support in depression. *Clinical Psychology Review*, *31*(8), 1276–1290. https://doi.org/10.1016/j.cpr.2011.09.005

Marroquín, B., & Nolen–Hoeksema, S. (2015). Emotion regulation and depressive symptoms: Close relationships as social context and influence. *Journal of Personality and Social Psychology*, *109*(5), 836–855. https://doi.org/10.1037/pspi0000034

Marshal, M. P., & Chassin, L. (2000). Peer influence on adolescent alcohol use: The moderating role of parental support and discipline. *Applied Developmental Science*, *4*(2), 80–88. https://doi.org/10.1207/s1532480xads0402_3

Martin, C. L., & Halverson, C. F. (1981). A schematic processing model of sex typing and stereotyping in children. *Child Development*, *52*(4), 1119. https://doi.org/10.2307/1129498

Martin, R. C., & Dahlen, E. R. (2005). Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger. *Personality and Individual Differences*, *39*(7), 1249–1260. https://doi.org/10.1016/j.paid.2005.06.004

Martínez-Hernáez, Á., Carceller-Maicas, N., DiGiacomo, S. M., & Ariste, S. (2016). Social support and gender differences in coping with depression among emerging adults: a mixed-methods study. *Child and Adolescent Psychiatry and Mental Health*, *10*(1). https://doi.org/10.1186/s13034-015-0088-x

Mason, M., Zaharakis, N., &Benotsch, E. G. (2014). Social networks, substance use, and mental health in college students. *Journal of American College Health*, *62*(7), 470–477. https://doi.org/10.1080/07448481.2014.923428

Matsumoto, D., Yoo, S. H., & Nakagawa, S. (2008). Culture, emotion regulation, and adjustment. *Journal of Personality and Social Psychology*, *94*(6), 925–937. https://doi.org/10.1037/0022-3514.94.6.925

Mavroveli, S., Petrides, K. V., Rieffe, C., & Bakker, F. (2007). Trait emotional intelligence, psychological well-being and peer-rated social competence in adolescence. *British Journal of Development Psychology*, *25*(2), 263–275. https://doi.org/10.1348/026151006x118577

McKinney, C., Donnelly, R., & Renk, K. (2008). Perceived parenting, positive and negative perceptions of parents, and late adolescent emotional adjustment. *Child and Adolescent Mental Health*, *13*(2), 66–73. https://doi.org/10.1111/j.1475-3588.2007.00452.x

McKinney, C., Milone, M. C., & Renk, K. (2011). Parenting and Late adolescent Emotional Adjustment: Mediating effects of discipline and gender. *Child Psychiatry & Human Development*, *42*(4), 463–481. https://doi.org/10.1007/s10578-011-0229-2

McLaughlin, K. A., Hatzenbuehler, M. L., Mennin, D. S., & Nolen-Hoeksema, S. (2011). Emotion dysregulation and adolescent psychopathology: A prospective study. *Behaviour Research and Therapy*, *49*(9), 544–554. https://doi.org/10.1016/j.brat.2011.06.003

Mejía, R., Kliewer, W., & Williams, L. J. (2006). Domestic violence exposure in Colombian adolescents: Pathways to violent and prosocial behavior. *Journal of Traumatic Stress*, *19*(2), 257–267. https://doi.org/10.1002/jts.20116

Miles, H. J., & Gross, J. J. (1999). Emotion suppression. In D. Levinson, J. Ponzetti, & P. F. Jorgensen (Eds.), Encyclopaedia of human emotions (pp. 237–241). Macmillan.

Miller, J. B. (1986). *Toward a new psychology of women*. Beacon Press (MA).

Miller, J. G., &Bersoff, D. M. (1992). Culture and moral judgment: How are conflicts between justice and interpersonal responsibilities resolved? *Journal of Personality and Social Psychology*, *62*(4), 541–554. https://doi.org/10.1037/0022-3514.62.4.541

Milyavskaya, M., & Koestner, R. (2011). Psychological needs, motivation, and well-being: A test of self-determination theory across multiple domains. *Personality and Individual Differences*, *50*(3), 387–391. https://doi.org/10.1016/j.paid.2010.10.029

Mitrofan, N., &Ciuluvică, C. (2012). Anger and hostility as indicators of emotion regulation and of the life satisfaction at the beginning and the ending period of the adolescence. *Procedia - Social and Behavioral Sciences*, *33*, 65–69. https://doi.org/10.1016/j.sbspro.2012.01.084

Mokrue, K., Chen, Y. Y., & Elias, M. (2012). The interaction between family structure and child gender on behavior problems in urban ethnic minority children. *International Journal of Behavioral Development*, *36*(2), 130–136. https://doi.org/10.1177/0165025411425707

Moons, P., Budts, W., & De Geest, S. (2006). Critique on the conceptualisation of quality of life: A review and evaluation of different conceptual approaches. *International Journal of Nursing Studies*, *43*(7), 891–901. https://doi.org/10.1016/j.ijnurstu.2006.03.015

Moore, S., Zoellner, L. A., &Mollenholt, N. (2008). Are expressive suppression and cognitive reappraisal associated with stress-related symptoms? *Behaviour Research and Therapy*. https://doi.org/10.1016/j.brat.2008.05.001

Morris, A. S., Criss, M. M., Silk, J. S., & Houltberg, B. J. (2017). The impact of parenting on emotion regulation during childhood and adolescence. *Child Development Perspectives*, *11*(4), 233–238. https://doi.org/10.1111/cdep.12238

Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social*

Development, *16*(2), 361–388. https://doi.org/10.1111/j.1467-9507.2007.00389.x

Muris, P., Meesters, C., Pierik, A., & De Kock, B. (2016). Good for the Self: Self-Compassion and other Self-Related constructs in relation to symptoms of anxiety and depression in non-clinical youths. *Journal of Child and Family Studies*, *25*(2), 607–617. https://doi.org/10.1007/s10826-015-0235-2

Mustonen, U., Huurre, T., Kiviruusu, O., Haukkala, A., & Aro, H. (2011). Long-term impact of parental divorce on intimate relationship quality in adulthood and the mediating role of psychosocial resources. *Journal of Family Psychology*, *25*(4), 615–619. https://doi.org/10.1037/a0023996

Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R., & Chen, Y. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*, *33*(1), 88–97. https://doi.org/10.1007/s11031-008-9119-8

Neff, K. D. (2003a). 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. (2003b). The development and validation of a scale to measure Self-Compassion. *Self and Identity*, *2*(3), 223–250. https://doi.org/10.1080/15298860309027

Neff, K. D. (2009). The role of Self-Compassion in Development: A Healthier Way to Relate to oneself. *Human Development*, *52*(4), 211–214. https://doi.org/10.1159/000215071

Neff, K. D., &Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity*, *12*(1), 78–98. https://doi.org/10.1080/15298868.2011.639548

Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In B. D. Ostafin, M. D. Robinson, & B. P. Meier (Eds.), *Handbook of mindfulness and self-regulation* (pp. 121–137). Springer Science + Business Media. https://doi.org/10.1007/978-1-4939-2263-5_10

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the Mindful Self-Compassion program. *Journal of Clinical Psychology*, *69*(1), 28–44. https://doi.org/10.1002/jclp.21923

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

Neff, K. D., & Pommier, E. (2013). The Relationship between Self-compassion and Other-focused Concern among College Undergraduates, Community Adults, and Practicing Meditators. *Self and Identity*, *12*(2), 160–176. https://doi.org/10.1080/15298868.2011.649546

Neff, K. D., & Vonk, R. (2009). Self-Compassion versus global Self-Esteem: two different ways of relating to oneself. *Journal of Personality*, *77*(1), 23–50. https://doi.org/10.1111/j.1467-6494.2008.00537.x

Neff, K. D., Hsieh, Y., & Dejitterat, K. (2005). Self-compassion, Achievement Goals, and Coping with Academic Failure. *Self and Identity*, *4*(3), 263–287. https://doi.org/10.1080/13576500444000317

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, *41*(1), 139–154. https://doi.org/10.1016/j.jrp.2006.03.004

Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. (2008). Self-Compassion and Self-Construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, *39*(3), 267–285. https://doi.org/10.1177/0022022108314544

Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, *41*(4), 908–916. https://doi.org/10.1016/j.jrp.2006.08.002

Newland, L. A., Giger, J. T., Lawler, M. J., Roh, S., Brockevelt, B. L., &Schweinle, A. (2018). Multilevel Analysis of Child and Adolescent Subjective Well-Being across 14 countries: Child- and Country-Level Predictors. *Child Development*, *90*(2), 395–413. https://doi.org/10.1111/cdev.13134

Newman, P. R., & Newman, B. M. (1976). Early Adolescence and its Conflict: Group Identity versus Alienation. *ResearchGate*. https://www.researchgate.net/publication/232519061_Early_Adolescence_and_Its_Conflict_Group_Identity_Versus_Alienation

Nolen-Hoeksema, S. (2000). The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of Abnormal Psychology*, *109*(3), 504–511. https://doi.org/10.1037/0021-843x.109.3.504

Nolen-Hoeksema, S., & Rusting, C. L. (1999). Gender differences in well-being. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 330–350). Russell Sage Foundation.

Nolen-Hoeksema, S., Morrow, J., & Fredrickson, B. L. (1993). Response styles and the duration of episodes of depressed mood. *Journal of Abnormal Psychology*, *102*(1), 20–28. https://doi.org/10.1037/0021-843x.102.1.20

Noll, H. (1996). Social Indicators and Social Reporting - The international Experience. *ResearchGate*. https://www.researchgate.net/publication/284726634

O'Donovan, A., & Hughes, B. M. (2008). Access to social support in life and in the laboratory: combined impact on cardiovascular reactivity to stress and state anxiety. . Journal of Health Psychology 13(8), 1147 – 56. doi: 10.1177/1359105308095968.

Oishi, S., & Diener, E. (2001). Re-Examining the general positivity model of Subjective Well-Being: the discrepancy between specific and global domain satisfaction. *Journal of Personality*, *69*(4), 641–666. https://doi.org/10.1111/1467-6494.694158

Oishi, S., Diener, E., Suh, E. M., & Lucas, R. E. (1999). Value as a moderator in Subjective Well-Being. *Journal of Personality*, *67*(1), 157–184. https://doi.org/10.1111/1467-6494.00051

Oyserman, D., Coon, H. M., &Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin*, *128*(1), 3–72. https://doi.org/10.1037/0033-2909.128.1.3

Özdemir, A., Utkualp, N., & Palloş, A. (2016). Physical and psychosocial effects of the changes in adolescence period. *International Journal of Caring Sciences*, *9*(2), 717–723. https://avesis.uludag.edu.tr/yayin/52414c40-47ef-4cef-80ca-3363a2978ec9/physical-and-psychosocial-effects-of-the-changes-in-adolescence-period

Papalia, D. E., Olds, S. W., & Feldman, R. D. (2014). *A child world: Infancy through adolescence*. McGrow Hill.

Park, H. S., Koo, H. Y., & Schepp, K. G. (2005). Predictors of Suicidal ideation for Adolescents by Gender. *Daehan GanhoHaghoeji*, *35*(8), 1433. https://doi.org/10.4040/jkan.2005.35.8.1433

Park, J., Kitayama, S., Karasawa, M., Curhan, K. B., Markus, H. R., Kawakami, N., Miyamoto, Y., Love, G. D., Coe, C. L., & Ryff, C. D. (2012). Clarifying the links between social support and health: Culture, stress, and neuroticism matter. *Journal of Health Psychology*, *18*(2), 226–235. https://doi.org/10.1177/1359105312439731

Park, N. (2004). The Role of Subjective Well-Being in Positive Youth Development. *Annals of the American Academy of Political and Social Science*, *591*(1), 25–39. https://doi.org/10.1177/0002716203260078

Paus, T., Keshavan, M. S., & Giedd, J. N. (2008). Why do many psychiatric disorders emerge during adolescence? *Nature Reviews Neuroscience*, *9*(12), 947–957. https://doi.org/10.1038/nrn2513

Pavot, W., & Diener, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment*, *5*(2), 164–172. https://doi.org/10.1037/1040-3590.5.2.164

Paxton, R. J., Valois, R. F., & Drane, J. W. (2007). Is there a Relationship between Family Structure and Substance Use among Public Middle School Students? *Journal of Child and Family Studies*, *16*(5), 593–605. https://doi.org/10.1007/s10826-006-9109-y

Pedersen, S. S., Spinder, H., Erdman, R. A., &Denollet, J. (2009). Poor perceived social support in implantable cardioverter defibrillator (ICD) patients and their partners: cross-validation of the multidimensional scale of perceived so-

cial support. *PubMed*, *50*(5), 461–467. https://doi.org/10.1176/appi.psy.50.5.461

Pederson, E., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, *54*(4), 373–384. https://doi.org/10.1037/0022-0167.54.4.373

Petrocchi, N., Dentale, F., & Gilbert, P. (2019). Self-reassurance, not self-esteem, serves as a buffer between self-criticism and depressive symptoms. *Psychology and Psychotherapy*, *92*(3), 394–406. https://doi.org/10.1111/papt.12186

Piccinelli, M., & Wilkinson, G. (2000). Gender differences in depression. *British Journal of Psychiatry*, *177*(6), 486–492. https://doi.org/10.1192/bjp.177.6.486

Pierre, M. R., Woodland, M. H., & Mahalik, J. R. (2001). The effects of racism, african self-consciousness and psychological functioning on black masculinity: A historical and social adaptation framework. *Journal of African American Men*, *6*(2), 19–39. https://doi.org/10.1007/s12111-001-1006-2

Piliavin, J. A., & Siegl, E. (2007). Health Benefits of Volunteering in the Wisconsin Longitudinal Study. *Journal of Health and Social Behavior*, *48*(4), 450–464. https://doi.org/10.1177/002214650704800408

Pinquart, M., & Sörensen, S. (2001). Gender Differences in Self-Concept and Psychological Well-Being in Old Age: A Meta-Analysis. *The Journals of Gerontology: Series B*, *56*(4), P195–P213. https://doi.org/10.1093/geronb/56.4.p195

Plant, E. A., Hyde, J. S., Keltner, D., & Devine, P. G. (2000). The gender stereotyping of emotions. *Psychology of Women Quarterly*, *24*(1), 81–92. https://doi.org/10.1111/j.1471-6402.2000.tb01024.x

Pommier, E. A. (2010). The compassion scale. The University of Texas at Austin.

Poots, A., & Cassidy, T. (2020). Academic expectation, self-compassion, psychological capital, social support and student wellbeing. *International Journal of Educational Research*, *99*, 101506. https://doi.org/10.1016/j.ijer.2019.101506

Poudel, A., Gurung, B., & Khanal, G. P. (2020). Perceived social support and psychological wellbeing among Nepalese adolescents: the mediating role of self-esteem. *BMC Psychology*, *8*(1). https://doi.org/10.1186/s40359-020-00409-1

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology*, *11*(1), 1–24. https://doi.org/10.1007/bf00898416

Ptacek, J. T., Smith, R. E., & Zanas, J. (1992). Gender, Appraisal, and Coping: A Longitudinal analysis. *Journal of Personality*, *60*(4), 747–770. https://doi.org/10.1111/j.1467-6494.1992.tb00272.x

Raes, F. (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences*, *48*(6), 757–761. https://doi.org/10.1016/j.paid.2010.01.023

Raffaelli, M., & Ontai, L. (2004). Gender Socialization in Latino/a Families: Results from Two Retrospective Studies. *Sex Roles*, *50*(5/6), 287–299. https://doi.org/10.1023/b:sers.0000018886.58945.06

Rapley, M. (2003). *Quality of life research: A Critical Introduction*. SAGE.

Rask, K., Åstedt-Kurki, P., &Laippala, P. (2002). Adolescent subjective well-being and realized values. *Journal of Advanced Nursing*, *38*(3), 254–263. https://doi.org/10.1046/j.1365-2648.2002.02175.x

Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A., & Main, G. (2012). *The Good Childhood Report 2012: A Review of Our Children's Wellbeing*.

Reilly, E. D., Rochlen, A. B., &Awad, G. H. (2014). Men's self-compassion and self-esteem: The moderating roles of shame and masculine norm adherence. *Psychology of Men and Masculinity*, *15*(1), 22–28. https://doi.org/10.1037/a0031028

Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, *128*(2), 330–366. https://doi.org/10.1037/0033-2909.128.2.330

Repetti, R., Taylor, S. E., &Saxbe, D. (2007). The Influence of Early Socialization Experiences on the Development of Biological Systems. In J. E. Grusec& P. D. Hastings (Eds.), *Handbook of socialization: Theory and research* (pp. 124–152). The Guilford Press.

Riggio, H. R. (2004). Parental marital conflict and divorce, parent-child relationships, social support, and relationship anxiety in young adulthood. *Personal*

Relationships, *11*(1), 99–114. https://doi.org/10.1111/j.1475-6811.2004.00073.x

Riggs, J. M. (1997). Mandates for mothers and fathers: Perceptions of breadwinners and care givers. *Sex Roles*, *37*(7/8), 565–580. https://doi.org/10.1023/a:1025611119822

Rockliff, H., Gilbert, P., McEwan, K., Lightman, S., & Glover, D. (2008). A pilot exploration of heart rate variability and salivary cortisol responses to compassion focused imagery. Journal of Clinical Neuropsychiatry, 5, 132–139.

Rockliff, H., Karl, A., McEwan, K., Gilbert, J., Matos, M., & Gilbert, P. (2011). Effects of intranasal oxytocin on 'compassion focused imagery'. Emotion, 11, 1388–1396. doi:10.1037/a0023861.

Rodriguez, M. S., & Cohen, S. (1998). Social support. In H. S. Friedman (Ed.), Encyclopedia of mental health (pp. 535–544). Academic Press

Rogers, C. R. (1951). *Client-centered therapy: Its Current Practice, Implications and Theory*. Houghton Mifflin.

Rose, A. J., & Rudolph, K. D. (2006). A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioral development of girls and boys. *Psychological Bulletin, 132*(1), 98–131. https://doi.org/10.1037/0033-2909.132.1.98

Rosland, A. M., Heisler, M., & Piette, J. D. (2011). The impact of family behaviors and communication patterns on chronic illness outcomes: a systematic review. *Journal of Behavioral Medicine, 35*(2), 221–239. https://doi.org/10.1007/s10865-011-9354-4

Ross, C. E., &Mirowsky, J. (1989). Explaining the social patterns of depression: control and problem solving-or support and talking? *Journal of Health and Social Behavior*, *30*(2), 206. https://doi.org/10.2307/2137014

Rubin, T. I. (1975). *Compassion and self-hate: An alternative to despair*. New York: D. McKay.

Rueger, S. Y., Malecki, C. K., & Demaray, M. K. (2010). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across Gender. *Journal of Youth and Adolescence*, *39*(1), 47–61. https://doi.org/10.1007/s10964-008-9368-6

Rueger, S. Y., Malecki, C. K., Pyun, Y., Aycock, C., & Coyle, S. (2016). A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. *Psychological Bulletin*, *142*(10), 1017–1067. https://doi.org/10.1037/bul0000058

Ruschena, E., Prior, M., Sanson, A., & Smart, D. (2005). A longitudinal study of adolescent adjustment following family transitions. *Journal of Child Psychology and Psychiatry*, *46*(4), 353–363. https://doi.org/10.1111/j.1469-7610.2004.00369.x

Ryan, R. M., & Deci, E. L. (2001). On Happiness and Human Potentials: A review of Research on Hedonic and Eudaimonic Well-Being. *Annual Review of Psychology, 52*(1), 141–166. https://doi.org/10.1146/annurev.psych.52.1.141

Rydell, A., Berlin, L. J., & Bohlin, G. (2003). Emotionality, emotion regulation, and adaptation among 5- to 8-year-old children. *Emotion*, *3*(1), 30–47. https://doi.org/10.1037/1528-3542.3.1.30

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*(4), 719–727. https://doi.org/10.1037/0022-3514.69.4.719

Sachs-Ericsson, N., Verona, E., Joiner, T. E., & Preacher, K. J. (2006). Parental verbal abuse and the mediating role of self-criticism in adult internalizing disorders. *Journal of Affective Disorders*, *93*(1–3), 71–78. https://doi.org/10.1016/j.jad.2006.02.014

Sahu, K. (2016).Psychological well-being and quality of parenting among children of single parent family. Indian Journal of Health and Wellbeing. 7(5), 531-534.

Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition and Personality*, *9*(3), 185–211. https://doi.org/10.2190/dugg-p24e-52wk-6cdg

Santrock, J. W. (2011). *Life Span Development (13th edition)*.McGraw Hill Education.

Sarason, B. R., Pierce, G. R., Shearin, E. N., Sarason, I. G., Waltz, J., & Poppe, L. (1991). Perceived social support and working models of self and actual others. *Journal of Personality and Social Psychology*, *60*(2), 273–287. https://doi.org/10.1037/0022-3514.60.2.273

Sarason, I. G., Sarason, B. R., & Shearin, E. N. (1986). Social support as an individual difference variable: Its stability, origins, and relational aspects. *Journal of Personality and Social Psychology*, *50*(4), 845–855. https://doi.org/10.1037/0022-3514.50.4.845

Sawyer, S. M., Azzopardi, P., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, *2*(3), 223–228. https://doi.org/10.1016/s2352-4642(18)30022-1

Schuessler, K., & Fisher, G. (1985). Quality of Life research and sociology. *Annual Review of Sociology*, *11*(1), 129–149. https://doi.org/10.1146/annurev.so.11.080185.001021

Schulenberg, J. E., Bryant, A., & O'Malley, P. M. (2004). Taking hold of some kind of life: How developmental tasks relate to trajectories of well-being during the transition to adulthood. *Development and Psychopathology*, *16*(04). https://doi.org/10.1017/s0954579404040167

Schunk, F., Trommsdorff, G., Wong, N., & Nakao, G. (2021). Associations between emotion regulation and life satisfaction among university students from Germany, Hong Kong, and Japan: the mediating role of social support. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.745888

Schütz, F. F., Bedin, L. M., &Sarriera, J. C. (2019). Subjective well-being of Brazilian children from different family settings. *Applied Research in Quality of Life, 14*(3), 737–750. https://doi.org/10.1007/s11482-018-9609-0

Seeman, T. E. (1996). Social ties and health: The benefits of social integration. *Annals of Epidemiology*, *6*(5), 442–451. https://doi.org/10.1016/s1047-2797(96)00095-6

Segrin, C., & Flora, J. (2011). *Family communication*. Routledge.

Selçuk, E., & Ong, A. D. (2013). Perceived partner responsiveness moderates the association between received emotional support and all-cause mortality. *Health Psychology, 32*(2), 231–235. https://doi.org/10.1037/a0028276

Seligman, M. E. P. (2002). *Authentic happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. Simon and Schuster.

Sharma, D & Jain, M. (2016). Growing gracefully with age: A study of spiritual intelligence and subjective well-being of emerging adults. *Indian Journal of Health and Wellbeing, 7*(1), 147-149.

Shaver, P. R., &Mikulincer, M. (2007). Adult Attachment Strategies and the Regulation of Emotion. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 446–465). The Guilford Press.

Sherrod, L. R., Haggerty, R. J., & Featherman, D. L. (1993). Introduction: Late adolescence and the transition to adulthood. *Journal of Research on Adolescence, 3*(3), 217–226. https://doi.org/10.1207/s15327795jra0303_1

Shields, S. A., & Shields, S. A. (2002). *Speaking from the Heart: Gender and the Social Meaning of Emotion*. Cambridge University Press.

Shin, D. C., & Johnson, D. (1978). Avowed happiness as an overall assessment of the quality of life. *Social Indicators Research*, *5*(1–4), 475–492. https://doi.org/10.1007/bf00352944

Shmotkin, D. (1990). Subjective well-being as a function of age and gender: A multivariate look for differentiated trends. *Social Indicators Research*, *23*(3), 201–230. https://doi.org/10.1007/bf00293643

Siddall, J., Huebner, E. S., & Jiang, X. (2013). A prospective study of differential sources of school-related social support and adolescent global life satisfaction. *American Journal of Orthopsychiatry*, *83*(1), 107–114. https://doi.org/10.1111/ajop.12006

Siedlecki, K. L., Salthouse, T. A., Oishi, S., & Jeswani, S. (2014). The relationship between Social Support and Subjective Well-Being across age. *Social Indicators Research*, *117*(2), 561–576. https://doi.org/10.1007/s11205-013-0361-4

Silk, J. S., Vanderbilt-Adriance, E., Shaw, D. S., Forbes, E. E., Whalen, D. J., Ryan, N. D., & Dahl, R. E. (2007). Resilience among children and adolescents at risk for depression: Mediation and moderation across social and neurobiological contexts. *Development and Psychopathology*, *19*(3), 841–865. https://doi.org/10.1017/s0954579407000417

Simmons, R. G., Rosenberg, F. R., & Rosenberg, M. (1973). Disturbance in the Self-Image at Adolescence. *American Sociological Review*, *38*(5), 553. https://doi.org/10.2307/2094407

Simon, R. W., & Nath, L. (2004). Gender and Emotion in the United States: Do Men and Women Differ in Self-Reports of Feelings and Expressive Behavior? *American Journal of Sociology*, *109*(5), 1137–1176. https://doi.org/10.1086/382111

Singelis, T. M. (1994). The measurement of independent and interdependent Self-Construals. *Personality and Social Psychology Bulletin*, *20*(5), 580–591. https://doi.org/10.1177/0146167294205014

Skrove, M., Romundstad, P. R., &Indredavik, M. S. (2013). Resilience, lifestyle and symptoms of anxiety and depression in adolescence: the Young-HUNT study. *Social Psychiatry and Psychiatric Epidemiology*, *48*(3), 407–416. https://doi.org/10.1007/s00127-012-0561-2

Snyder CR, Lopez SJ. Oxford handbook of positive psychology. Oxford library of psychology; 2009.

Soares, A. S., Pais-Ribeiro, J., & Silva, I. (2019). Developmental Assets Predictors of life satisfaction in adolescents. *Frontiers in Psychology*, *10*. https://doi.org/10.3389/fpsyg.2019.00236

Sobolewski, J. M., & Amato, P. R. (2005). Economic Hardship in the Family of Origin and Children's Psychological Well-Being in Adulthood. *Journal of Marriage and Family*, *67*(1), 141–156. https://doi.org/10.1111/j.0022-2445.2005.00011.x

Sommers-Spijkerman, M., Trompetter, H., Schreurs, K. M. G., &Bohlmeijer, E. T. (2018). Pathways to Improving Mental Health in Compassion-Focused therapy: Self-Reassurance, Self-Criticism and Affect as Mediators of Change. *Frontiers in Psychology*, *9*. https://doi.org/10.3389/fpsyg.2018.02442

Son, J., Lin, N., & George, L. K. (2008). Cross-National Comparison of Social Support Structures between Taiwan and the United States. *Journal of Health and Social Behavior*, *49*(1), 104–118. https://doi.org/10.1177/002214650804900108

Souza, A. L. R., Guimarães, R. A., De Araújo Vilela, D., De Assis, R. M., De Almeida Cavalcante Oliveira, L. M., Souza, M. R., Nogueira, D. J., & Barbosa, M. A. (2017). Factors associated with the burden of family caregivers of pa-

tients with mental disorders: a cross-sectional study. *BMC Psychiatry*, *17*(1). https://doi.org/10.1186/s12888-017-1501-1

Spinrad, T. L., Eisenberg, N., Cumberland, A., Fabes, R. A., Valiente, C., Shepard, S. A., Reiser, M., Losoya, S. H., & Guthrie, I. K. (2006). Relation of emotion-related regulation to children's social competence: A longitudinal study. *Emotion*, *6*(3), 498–510. https://doi.org/10.1037/1528-3542.6.3.498

Spinrad, T. L., Stifter, C. A., Donelan-McCall, N., & Turner, L. (2004). Mothers' regulation strategies in response to toddlers' affect: Links to later emotion self-regulation. *Social Development*, *13*(1), 40–55. https://doi.org/10.1111/j.1467-9507.2004.00256.x

Spruijt, E., & De Goede, M. (1997). Transitions in family structure and adolescent well-being. *PubMed*, *32*(128), 897–911. https://pubmed.ncbi.nlm.nih.gov/9426812

Srivastava, S., Tamir, M., McGonigal, K., John, O. P., & Gross, J. J. (2009). The social costs of emotional suppression: A prospective study of the transition to college. *Journal of Personality and Social Psychology*, *96*(4), 883–897. https://doi.org/10.1037/a0014755

Steinberg, L. (1987). Impact of puberty on family relations: Effects of pubertal status and pubertal timing. *Developmental Psychology*, *23*(3), 451–460. https://doi.org/10.1037/0012-1649.23.3.451

Steinberg, L. D. (2013). Adolescence (10th ed.). McGraw-Hill Education

Steinberg, L., &Avenevoli, S. (2000). The role of context in the development of Psychopathology: A conceptual framework and some speculative propositions. *Child Development*, *71*(1), 66–74. https://doi.org/10.1111/1467-8624.00119

Steinberg, L., Dahl, R., Keating, D., Kupfer, D. J., Masten, A. S., & Pine, D. S. (2006). The study of developmental psychopathology in adolescence: Integrating affective neuroscience with the study of context. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Developmental neuroscience* (pp. 710–741). John Wiley & Sons, Inc..

Stetler, C., & Miller, G. E. (2008). Social integration of daily activities and cortisol secretion: a laboratory based manipulation. *Journal of Behavioral Medicine*. https://doi.org/10.1007/s10865-007-9143-2

Stevenson, B., & Wolfers, J. (2009). The paradox of declining female happiness. *American Economic Journal: Economic Policy*, *1*(2), 190–225. https://doi.org/10.1257/pol.1.2.190

Stocks, A., April, K., & Lynton, N. (2012). Locus of control and subjective well-being - A cross-cultural study. *Problems and Perspectives in Management, 10, 17-25.*

Strauss, C., Taylor, B. L., Gu, J., Kuyken, W., Baer, R. A., Jones, F. W., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review*, *47*, 15–27. https://doi.org/10.1016/j.cpr.2016.05.004

Strine, T. W., Chapman, D. P., Balluz, L., & Mokdad, A. H. (2008). Health-related quality of life and health behaviors by social and emotional support. *Social Psychiatry and Psychiatric Epidemiology*, *43*(2), 151–159. https://doi.org/10.1007/s00127-007-0277-x

Suldo, S. M., & Huebner, E. S. (2004). Does life satisfaction moderate the effects of stressful life events on psychopathological behavior during adolescence? *School Psychology Quarterly*, *19*(2), 93–105. https://doi.org/10.1521/scpq.19.2.93.33313

Suldo, S. M., Thalji, A., & Ferron, J. M. (2011). Longitudinal academic outcomes predicted by early adolescents' subjective well-being, psychopathology, and mental health status yielded from a dual factor model. *The Journal of Positive Psychology*, *6*(1), 17–30. https://doi.org/10.1080/17439760.2010.536774

Sun, Y., & Li, Y. (2002). Children's well-being during parents' marital disruption process: A pooled time-series analysis. *Journal of Marriage and Family, 64*(2), 472–488. https://doi.org/10.1111/j.1741-3737.2002.00472.x

Susman, E. J., & Dorn, L. D. (2009). Puberty: Its role in development. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology: Individual bases of adolescent development* (pp. 116–151). John Wiley & Sons, Inc..

Sweeting, H., & West, P. (1995). Family life and health in adolescence: A role for culture in the health inequalities debate. *Social Science & Medicine*, *40*(2), 163–175. https://doi.org/10.1016/0277-9536(94)e0051-s

Takahashi, M., & Overton, W. F. (2002). Wisdom: A culturally inclusive developmental perspective. *International Journal of Behavioral Development*, *26*(3), 269–277. https://doi.org/10.1080/01650250143000139

Tam, C. L., Lee, T., Har, W., & Pook, W. (2011). Perceived Social Support and Self-Esteem towards Gender Roles: Contributing Factors in Adolescents. *Asian Social Science*, *7*(8), 49–58. https://doi.org/10.5539/ass.v7n8p49

Tam, K., Lau, B. H. P., & Jiang, D. (2010). Culture and Subjective Well-Being. *Journal of Cross-Cultural Psychology*, *43*(1), 23–31. https://doi.org/10.1177/0022022110388568

Tamres, L. K., Janicki, D. L., & Helgeson, V. S. (2002). Sex Differences in Coping Behavior: A Meta-Analytic Review and An Examination of Relative Coping. *Personality and Social Psychology Review*, *6*(1), 2–30. https://doi.org/10.1207/s15327957pspr0601_1

Tay, L., & Diener, E. (2011). Needs and subjective well-being around the world. *Journal of Personality and Social Psychology*, *101*(2), 354–365. https://doi.org/10.1037/a0023779

Taylor, S. E. (2011). Social support: A review. In H. S. Friedman (Ed.),. The Oxford handbook of health psychology (pp. 189–214). Oxford University Press

Taylor, S. E., Klein, L. C., Gruenewald, T. L., Gurung, R. A. R., & Fernandes-Taylor, S. (2003). Affiliation, social support and biobehavioral responses to stress. In J. Suls& K. A. Wallston (Eds.), *Social psychological foundations of health and illness* (pp. 314–331). Blackwell Publishing.

Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. a. R., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review*, *107*(3), 411–429. https://doi.org/10.1037/0033-295x.107.3.411

Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? what next? *Journal of Health and Social Behavior*, *35*, 53. https://doi.org/10.2307/2626957

Thompson, R. A. (1994). Emotion Regulation: a theme in search of definition. *Monographs of the Society for Research in Child Development*, *59*(2/3), 25. https://doi.org/10.2307/1166137

Thompson, R. A., & Meyer, S. (2007). Socialization of Emotion Regulation in the Family. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 249–268). The Guilford Press.

Thompson, R. A., Lewis, M. D., & Calkins, S. D. (2008). Reassessing emotion regulation. *Child Development Perspectives*, *2*(3), 124–131. https://doi.org/10.1111/j.1750-8606.2008.00054.x

Tomás, J. M., Gutiérrez, M., & Sancho, P. (2017). Factorial validity of the General Health questionnaire 12 in an Angolan sample. *European Journal of Psychological Assessment*, *33*(2), 116–122. https://doi.org/10.1027/1015-5759/a000278

Tóth-Király, I., & Neff, K. D. (2021). Is Self-Compassion universal? Support for the measurement invariance of the Self-Compassion scale across populations. *Assessment*, *28*(1), 169–185. https://doi.org/10.1177/1073191120926232

Turley, R. N. L., & Desmond, M. (2011). Contributions to college costs by married, divorced, and remarried parents. *Journal of Family Issues*, *32*(6), 767–790. https://doi.org/10.1177/0192513x10388013

Turner, R. J., & Marino, F. (1994). Social Support and Social Structure: A Descriptive Epidemiology. *Journal of Health and Social Behavior*, *35*(3), 193–212. https://doi.org/10.2307/2137276

Uchida, Y., Kitayama, S., Mesquita, B., Reyes, J. a. S., & Morling, B. (2008). Is perceived emotional support beneficial? Well-Being and health in independent and interdependent cultures. *Personality and Social Psychology Bulletin*, *34*(6), 741–754. https://doi.org/10.1177/0146167208315157

Umberson, D., & Montez, J. K. (2010). Social Relationships and Health: A Flashpoint for Health policy. *Journal of Health and Social Behavior*, *51*(1_suppl), S54–S66. https://doi.org/10.1177/0022146510383501

Ümmet, D. (2015). Self Esteem among College Students: A Study of Satisfaction of Basic Psychological Needs and Some Variables. *Procedia - Social and Behavioral Sciences*, *174*, 1623–1629. https://doi.org/10.1016/j.sbspro.2015.01.813

Unger, J. B., Li, Y., Johnson, C. A., Gong, J., Chen, X., Li, C., Trinidad, D. R., Tran, N. T., & Lo, A. T. (2001). Stressful life events among adolescents in Wuhan,

China: Associations with smoking, alcohol use, and depressive symptoms. *International Journal of Behavioral Medicine*, *8*(1), 1–18. https://doi.org/10.1207/s15327558ijbm0801_01

Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., & Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders*, *25*(1), 123–130. https://doi.org/10.1016/j.janxdis.2010.08.011

Vanlalhruaia, C. (2011). Intergenerational conflict in Mizo society: A psychological Analysis. Department of Psychology. Mizoram University.

Varkey M.T (2010). Test anxiety in relation to self esteem Locus of control and social support A study of Mizo adolescents. Doctoral dissertation, Mizoram University. http://hdl.handle.net/10603/238962

Vaux, A. (1988). *Social support: Theory, Research, and Intervention*. Praeger.

Veenhoven, R. (1996). Developments in satisfaction-research. *Social Indicators Research*, *37*(1), 1–46. https://doi.org/10.1007/bf00300268

Veenhoven, R., & Ehrhardt, J. (1995). The cross-national pattern of happiness: Test of predictions implied in three theories of happiness. *Social Indicators Research*, *34*(1), 33–68. https://doi.org/10.1007/bf01078967

Wang, M., Wong, Y. J., Nyutu, P., Spears, A. P., & Nichols, W. (2016). Suicide Protective factors in outpatient substance abuse patients: religious faith and family support. *International Journal for the Psychology of Religion*, *26*(4), 370–381. https://doi.org/10.1080/10508619.2016.1174568

Watson, D., &Tellegen, A. (1985). Toward a consensual structure of mood. *Psychological Bulletin*, *98*(2), 219–235. https://doi.org/10.1037/0033-2909.98.2.219

Watson, T., Clark, L., &Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063–1070.

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, *1*(2), 125–151. https://doi.org/10.1177/0891243287001002002

White, H. R., & Jackson, K. M. (2004). Social and psychological influences on emerging adult drinking behavior. *Alcohol Research & Health*, *28*(4), 182–190. https://europepmc.org/article/PMC/PMC6601679

Whitton, S. W., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2008). Effects of parental divorce on marital commitment and confidence. *Journal of Family Psychology*, *22*(5), 789–793. https://doi.org/10.1037/a0012800

WHO (2007) Helping youth overcome mental health problems. Geneva: World Health Organization

WHO. (2001). The World health report: 2001: Mental health: new understanding, new hope. Geneva: World Health Organization. https://apps.who.int/iris/handle/10665/42390

Wickrama, K. a. S., Conger, R. D., Lorenz, F. O., & Jung, T. (2008). Family Antecedents and Consequences of Trajectories of Depressive Symptoms from Adolescence to Young Adulthood: A Life Course Investigation. *Journal of Health and Social Behavior*, *49*(4), 468–483. https://doi.org/10.1177/002214650804900407

Wills, T. A., Mariani, J., & Filer, M. (1996). The role of family and peer relationships in adolescent substance use. In G. R. Pierce, B. R. Sarason, & I. G. Sarason (Eds.), *Handbook of social support and the family* (pp. 521–549). Plenum Press. https://doi.org/10.1007/978-1-4899-1388-3_21

Windle, M. (2000). Parental, sibling, and peer influences on adolescent substance use and alcohol problems. *Applied Developmental Science*, *4*(2), 98–110. https://doi.org/10.1207/s1532480xads0402_5

Wolchik, S. A., Schenck, C. E., & Sandler, I. N. (2009). Promoting resilience in youth from divorced Families: Lessons learned from experimental trials of the New Beginnings program. *Journal of Personality*, *77*(6), 1833–1868. https://doi.org/10.1111/j.1467-6494.2009.00602.x

Wood, W., Rhodes, N., & Whelan, M. (1989). Sex differences in positive well-being: A consideration of emotional style and marital status. *Psychological Bulletin*, *106*(2), 249–264. https://doi.org/10.1037/0033-2909.106.2.249

Xavier, A., Pinto-Gouveia, J., Cunha, M., & Carvalho, S. A. (2016). Self-Criticism and depressive symptoms mediate the relationship between emotional experiences with family and peers and Self-Injury in adolescence. *The Journal of Psychology*, *150*(8), 1046–1061. https://doi.org/10.1080/00223980.2016.1235538

Yang, X. (2016). Self-compassion, relationship harmony, versus self-enhancement: Different ways of relating to well-being in Hong Kong Chinese. *Personality and Individual Differences*, *89*, 24–27. https://doi.org/10.1016/j.paid.2015.09.006

Yap, M. B. H., Schwartz, O., Byrne, M., Simmons, J. G., & Allen, N. B. (2010). Maternal positive and negative interaction behaviors and early adolescents' depressive symptoms: Adolescent Emotion Regulation as a Mediator. *Journal of Research on Adolescence*, *20*(4), 1014–1043. https://doi.org/10.1111/j.1532-7795.2010.00665.x

Yarnell, L. M., & Neff, K. D. (2013). Self-compassion, interpersonal conflict resolutions, and well-being. *Self and Identity*, *12*(2), 146–159. https://doi.org/10.1080/15298868.2011.649545

Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. C. (2015). Meta-Analysis of gender differences in Self-Compassion. *Self and Identity*, *14*(5), 499–520. https://doi.org/10.1080/15298868.2015.1029966

Yárnoz-Yaben, S., & Garmendia, A. (2015). Parental Divorce and Emerging Adults' Subjective Well-Being: The role of "Carrying Messages." *Journal of Child and Family Studies*, *25*(2), 638–646. https://doi.org/10.1007/s10826-015-0229-0

Yárnoz-Yaben, S., & Garmendia, A. (2016). Parental divorce and emerging adults' subjective well-being: The role of "carrying messages". *Journal of Child and Family Studies*, *25*(2), 638–646. https://doi.org/10.1007/s10826-015-0229-0

Ying, Y. (2009). Contribution of self-compassion to competence and mental health in social work students. *Journal of Social Work Education*, *45*(2), 309–323. https://doi.org/10.5175/jswe.2009.200700072

Youniss, J. (1982). *Parents and peers in social development: A Sullivan-Piaget Perspective*. University of Chicago Press.

Yu, Y., Yang, X., Yang, Y., Chen, L., Qiu, X., Qiao, Z., Zhou, J., Pan, H., Ban, B., Zhu, X., He, J., Ding, Y., & Bai, B. (2015). The Role of Family Environment in Depressive Symptoms among University Students: A Large Sample Sur-

vey in China. *PLOS ONE*, *10*(12), e0143612. https://doi.org/10.1371/journal.pone.0143612

Zahn-Waxler, C. (2001). The development of empathy, guilt, and internalization of distress: Implications for gender differences in internalizing and externalizing problems. In R. Davidson (Ed.), *Anxiety, depression, and emotion*: Wisconsin Symposium on Emotion (pp. 222–265). Oxford Press.

Zahn-Waxler, C., Cole, P. M., & Barrett, K. C. (1991). Guilt and empathy: Sex differences and implications for the development of depression. In J. Garber & K. A. Dodge (Eds.), *The development of emotion regulation and dysregulation* (pp. 243–272). Cambridge University Press.

Zaki, J., & Williams, W. C. (2013). Interpersonal emotion regulation. *Emotion*, *13*(5), 803–810. https://doi.org/10.1037/a0033839

Zelazo, P. D., & Cunningham, W. A. (2007). Executive Function: Mechanisms Underlying Emotion Regulation. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 135–158). The Guilford Press.

Zeman, J., Cassano, M., Perry-Parrish, C., & Stegall, S. (2006). Emotion regulation in children and adolescents. *Journal of Developmental and Behavioral Pediatrics*, *27*(2), 155–168. https://doi.org/10.1097/00004703-200604000-00014

Zessin, U., Dickhäuser, O., & Garbade, S. F. (2015). The Relationship Between Self-Compassion and Well-Being: A Meta-Analysis. *Applied Psychology: Health and Well-being*, *7*(3), 340–364. https://doi.org/10.1111/aphw.12051

Zevon, M. A., &Tellegen, A. (1982). The structure of mood change: An idiographic/nomothetic analysis. *Journal of Personality and Social Psychology*, *43*(1), 111–122. https://doi.org/10.1037/0022-3514.43.1.111

Zhang, Q., Ting-Toomey, S., & Oetzel, J. (2014). Linking Emotion to the Conflict Face-Negotiation Theory: A U.S.-China investigation of the mediating effects of anger, compassion, and guilt in interpersonal conflict. *Human Communication Research*, *40*(3), 373–395. https://doi.org/10.1111/hcre.12029

Zhang, Y., & Bian, Y. (2020). Emotion Regulation Questionnaire for Cross-Gender Measurement invariance in Chinese university students. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.569438

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, *52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2

Zimmermann, P., & Iwanski, A. (2014). Emotion regulation from early adolescence to emerging adulthood and middle adulthood. *International Journal of Behavioral Development*, *38*(2), 182–194. https://doi.org/10.1177/0165025413515405

Zuckerman, M., Li, C., & Diener, E. (2017). Societal conditions and the gender Difference in Well-Being. *Personality and Social Psychology Bulletin*, *43*(3), 329–336. https://doi.org/10.1177/0146167216684133

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- Lalrintluangi & Zoengpari. Emotion regulation, Perceived social support and Satisfaction with life among Mizo Adolescents – A pilot study. *Contemporary Psychosocial (2),* 148-161.

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DATE OF ADMISSION	:	26. 07. 2017
APPROVAL OF RESEARCH PROPOSAL		
1. DRC	:	17. 04. 2018
2. BOS	:	23. 04. 2018
3. SCHOOL BOARD	:	03. 05. 2018
MZU REGISTRATION NO	:	993 of 2009-10
Ph.D REGISTRATION NO. & DATE	:	MZU/Ph.D/1128 of 03.5.2018
EXTENSION (IF ANY)	:	No.16-2/MZU(Acad)/21/313-318 Dated: 12th July 2023 upto 2 years

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ABSTRACT

ROLE OF SELF-COMPASSION, EMOTION REGULATION AND PERCEIVED SOCIAL SUPPORT ON THE SUBJECTIVE WELL-BEING OF MIZO ADOLESCENTS IN INTACT AND NON-INTACT FAMILY

AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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ABSTRACT

ROLE OF SELF-COMPASSION, EMOTION REGULATION AND PERCEIVED SOCIAL SUPPORT ON THE SUBJECTIVE WELL-BEING OF MIZO ADOLESCENTS IN INTACT AND NON-INTACT FAMILY

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In partial fulfillment of the requirement of the Degree of Doctor of Philosophy in Psychology of Mizoram University, Aizawl

In order to gain a comprehensive understanding of well-being, it is important to acknowledge the interplay between individual and social factors that impact the lives of adolescents. Well-being is a global assessment of a person's quality of life, encompassing personal growth, fulfillment, and community contribution (Marks & Shah, 2004; Shin & Johnson, 1978).

The common conceptualization of well-being is based on a disease model, with health defined by the absence of distress and disorder. However, well-being is more than just the absence of psychopathology, and the absence of a diagnosable mental disorder does not necessarily ensure high levels of well-being. An optimal state of well-being appears to be essential for adaptation (Diener & Diener, 1996), and departure from it increases the risk of maladaptive outcomes (Pavot & Diener, 1993). The concept of subjective well-being (SWB) incorporates positive factors and not just the absence of negative factors. It is defined as an individual's cognitive and affective evaluations of their life (Diener, 2000). SWB has long been considered a central component of the good life, and individuals must operate at their optimal level to benefit the most in life.

Transitioning to a new developmental stage is often accompanied by stress and increased obligations. Compared to younger adolescents, late adolescents such as undergraduate students might not experience as many biological and cognitive changes. However, starting an undergraduate program is a significant milestone in and of itself that presents new challenges that call for skillful emotion regulation and positive self-view in order to adjust to the changing circumstances. The newfound freedom of college life can also come with risks. These include the possibility of high-risk behaviors like drug and alcohol abuse.

The major challenges of late adolescents include establishing autonomy and decision-making about careers. The cultivation of autonomy seems to be particularly important during late adolescence, as it entails the ability to exercise self-governance and make independent decisions, which are fundamental attributes of adulthood. During this period, individuals are particularly susceptible to experiencing distress because the process of establishing independence can conflict with the level of

independence they actually have. Furthermore, as late adolescents assume the new roles and responsibilities required by their community and family, they are still in the process of discovering their individual and social identity. In the process of finding identity, adolescents engage in self-evaluation and social comparison which often results in unfavorable self-view (Steinberg, 2013).

Understanding the well-being of adolescents is crucial, as the overall mental health of the world is influenced to some extent by the mental well-being of young people, who make up the majority of the population. Caring for an adolescent with a mental disorder can be extremely stressful for both their caregivers and family members. It places a significant burden encompassing physical, psychological, and economic aspects, which consequently has adverse effects on not only the affected family but also their friends and the wider community (Souza et al., 2017). Therefore, promoting adolescents' mental health and well-being is an important measure that can be taken to prevent the risk of future mental health problems in adulthood. The need for autonomy, competence, and relatedness are three basic psychological needs and the satisfaction of these needs is one of the mechanisms that link self-related constructs to well-being outcomes (Deci & Ryan, 2004; Gunnell et al., 2017). Given the importance of well-being, this research primarily focuses on understanding the well-being of adolescents and explores the factors that potentially determine well-being such as self-compassion, emotion regulation and perceived social support.

Self-compassion refers to being kind, considerate, and compassionate toward oneself during difficult times (Bennett-Goleman, 2001). Self-compassion enhances self-autonomy by encouraging self-kindness and actions driven by innate motivation (Neff & Dahm, 2015). It also improves perceived competence, as people high in self-compassion view their life experiences, both positive and negative, as part of a larger human experience and have greater self-kindness and emotional balance (Neff et al., 2005). Self-compassion facilitates the perception of relatedness by helping one understand that one's own needs are as important as the needs of others and are worthy of attention too (Yarnell & Neff, 2013). On the contrary, having low self-

compassion may lead to self-critical thoughts and undermine perceived competence (Neff et al., 2005).

Adolescents who struggle to integrate their own experiences with those of others often become more critical of themselves, feels isolated and over identify with their problems. Self-compassion entails self-kindness, which prevents adolescents from overly criticizing themselves when confronting their own characteristics that they dislike. A sense of common humanity helps them see their experiences and imperfections as part of the common human experience, providing a sense of interpersonal connectedness that can help adolescents cope with the fear of social rejection (Collins, 1997). The mindfulness part of self-compassion is believed to prevent one from engaging in negative thoughts and emotions obsessively and ruminating over them, which often leads to psychological problems (Nolen-Hoeksema, et al., 1993).

Literature review showed that well-being is related to self-compassion. Individuals high in self-compassion also enjoy greater SWB and show fewer symptoms of psychopathology (Bluth & Blanton, 2014; Castilho et al., 2015). The self-soothing qualities of self-compassion help in coping as well as regulating emotion adaptively, and in doing so, self-compassion acts as a buffer against mental illness (Raes, 2010).

Emotional regulation is the process by which individuals influence the emotions they have, when they have them, and how such emotions are experienced and expressed (Gross, 1998b). The ability to regulate emotions reflects competence. Using adaptive (integrative) emotion regulation does not interfere with the satisfaction of basic psychological needs; it helps individuals deal with emotionally salient situations effectively and enables them to communicate their emotions openly, which is likely to elicit appropriate social support from others. On the other hand, the use of maladaptive emotion regulation strategies (dysregulation and suppression) results in frustration because they involve hiding true emotion (suppression) or making people feel that their emotions make them behave in ways they would not normally do (dysregulation). These prevent them from

communicating openly about their emotions and may push people away, reducing the probability of getting appropriate support from others and connecting with other people.

Adolescents who fail to develop adaptive emotion management strategies are particularly at risk for the development of psychopathology and adverse mental health outcomes (Andersen & Teicher, 2008; Silk et al., 2007). Children and adolescents with adaptive emotion regulation strategies understand their own emotions and the emotions of others better than those using non-adaptive emotion regulation strategies, and as such, those who use adaptive strategies are more socially competent and enjoy better relationship quality than those using poor strategies (Rydell et al., 2003; Spinard et al., 2006). Therefore, it is clear that it is important to acquire skills for regulating emotions effectively, and using adaptive emotion regulation strategies such as cognitive reappraisal (Carlson et al., 2012) and self-compassion will help better manage stressful situations.

Literature review showed that well-being is related to emotion regulation. Emotion regulation is an important predictor of subjective well-being and psychopathology (Lei et al., 2014). Studies have shown that cognitive reappraisal is positively associated with SWB and negatively associated with psychopathology while expressive suppression is negatively associated with SWB and positively associated with psychopathology (Cabello et al., 2013; Gross & John, 2003; Haga et al., 2009; Moore et al., 2008). Some people are excellent suppressors, and it is very adaptive to be able to suppress the expression of emotion in certain social situations (Gross & John 2003; Gross & Levenson 1993). Nevertheless, habitual use of expressive suppression to regulate emotion remains maladaptive and correlates with lower well-being (Gross et al. 2006; Miles & Gross 1999).

Perceived social support is an individual's cognitive perception that they have reliable social ties with others and trust that help will be available to them when needed (Kozaklı, 2006). Perceived support from social networks helps achieve the need for relatedness and connection. Family has been identified as the primary socialization mechanism (Ümmet, 2015). Family and friends are predominantly

present in one's life, and studies have highlighted that family and friends play an important role in determining an individual's satisfaction of the primary psychological needs (Leversen et al., 2012; Milyavskaya & Koestner, 2011). Perceiving support from family, friends, and significant others builds a sense of connection and of being valued.

For adolescents, perceiving support from others is essential since social support protects individuals against psychological stressors and risk-taking behaviors, including alcohol and drug use (Wang et al., 2016). It also enhances a person's adjustment by enhancing their coping skills, positive effects, self-confidence, self-mastery, and sense of personal satisfaction (Heller et al., 1986; Lee & Goldstein, 2016*)*. Although peer support becomes more significant for emerging adults, family support, especially from parents continues to be the primary source of support, and parental support remains an important protective factor during this stage (Windle, 2000).

Literature review showed that well-being is related to perceived social support. Studies have shown that subjective well-being is predicted by various aspects of perceived social support (Kelishadi et al., 2018; Siedlecki et al., 2014). A greater perception of support from family increases the level of life satisfaction and decreases negative affect (Kelishadi et al., 2018; Siddall et al., 2013). Perceived support from friends is also positively related to well-being (Cobo-Rendón et al., 2020). Individuals perceiving greater social support also experience higher subjective well-being and fewer psychological problems such as depression, anxiety, and stress (KlaininYobas et al., 2016; Siedlecki et al., 2014).

In the behavioral sciences, there are theories such as biological theory, social development theory, and social constructionist theory that argue that gender plays a role in how we behave or express our behavior.

Studies show that male adolescents experience greater subjective well-being compared to female adolescents (Basu et al., 2018; Soares et al., 2019). There are also studies that show a reverse result. For example, Batz-Barbarich et al. (2018), in their meta-analysis, did not find gender differences in the level of subjective well-

being. In relation to psychopathology, women compared to men seem to experience a higher level of psychopathology, such as depression, anxiety, and mood disorders (Eaton et al., 2012; Grant & Weissman, 2007). Among Mizo population, men enjoy greater emotional well-being, psychological well-being, and overall well-being than women (Lalkhawngaihi, 2020).

Research findings on gender differences in self-compassion have been inconsistent. A number of studies show that females score lower on self-compassion compared to males, and males score higher as compared to females on self-compassion (Neff, 2003b; Neff & Beretvas, 2013; Neff et al., 2005; Neff & McGehee, 2010; Raes, 2010; Yarnell & Neff, 2013). At the same time, several research findings indicate that gender does not play a role in self-compassion (Muris et al., 2016; Neff et al., 2008; Neff, Kirkpatrick, et al., 2007; Neff & Pommier, 2013; Raque-Bogdan et al., 2011).

With regards to emotion regulation, studies have consistently shown that men use expressive suppression more frequently than women, but no consistent gender differences have been found for the use of cognitive reappraisal (Balzarotti et al., 2010; Gross & John, 2003; Gross et al., 2006). Similar findings are observed among adolescents, with boys scoring significantly higher on ES than girls, and gender differences were not observed on cognitive reappraisal (Gullone & Taffe, 2012; Zhang & Bian, 2020).

Majority of studies done on the general population showed that perceived social support is higher in females than in males (Bokhorst et al., 2010; Strine et al., 2008). A study conducted among Mizo adolescents aged 13-17 years also showed that female adolescents perceive greater social support than male adolescents (Harikrishnan & Sailo, 2020; Varkey, 2010). However, there are studies that report that gender differences in perceived social support do not exist among adolescents (Poudel et al., 2020; Tam et al., 2011). A study among undergraduate students also showed that male and female adolescents did not differ in their level of perceived social support (Kong et al., 2014).

In a study conducted by Schütz et al. (2018), children from intact families fared significantly better than those from stepfamilies, single-parent families, and multigenerational families in terms of well-being. There are studies that show that emerging adults from divorced families have lower life satisfaction and feel more negative emotions than those from non-divorced families, but the difference in life satisfaction is relatively small. (Chappel et al., 2014; Yárnoz-Yaben & Garmendia, 2016*)*.

Theoretically, individuals with an insecure attachment style should have less access to self-compassionate feelings because trust issues and feelings of inadequacy make individuals anxious about whether they are deserving of care. According to studies, secure attachment positively correlates with self-compassion and preoccupied and fearful attachment negatively correlating with self-compassion (Neff & McGehee, 2010).

Family environment has been greatly linked to children's understanding of emotions, and their abilities to manage their emotions (Repetti et al., 2002). Non-intact family is likely to have unfavorable family environment compared to intact family. A number of studies indicated that conflicting environments marked by high levels of violence were a major obstacle to the development of emotion regulation skills in children and adolescents (e.g., Brook et al., 2007; Cole, 2014; Mejia et al., 2006).

There are studies that reported that children from non-intact families receive less academic support and encouragement from their parents than those from intact families (Astone Jeynes, 2005). A focus group discussion among Mizo adults conducted by Fambawl (2010) revealed that divorced men find it challenging to maintain close relationship with their children if the children do not stay with them after the divorce and those children also lose their self-assurance and sense of attachment to the non-resident parent.

Late adolescents find themselves at the threshold of adulthood, yet they are still grappling with the task of forging their own distinct identity. Simultaneously, they are anticipated to assume specific adult responsibilities while lacking full

independence, although they have started to enjoy more freedom than before. Based on theoretical and empirical findings reviewed to examine the role of self-compassion, emotion regulation, and perceived social support on the well-being of late adolescents, four objectives were formed.

The first objective is to determine the effect of gender on the measures of well-being, self-compassion, emotion regulation, and perceived social support. The second objective was to determine the effect of family structure on the measures of well-being, self-compassion, emotion regulation, and perceived social support. The third objective was to determine the interaction effects of gender and family structure on the measures of well-being, self-compassion, emotion regulation, and perceived social support. The fourth objective was to determine the predictability of well-being from self-compassion, emotion regulation, and perceived social support.

Well-being was measured using three scales: Satisfaction With Life Scale (Diener et al., 1985), Positive And Negative Affect Scale (Watson et al., 1988) and General Health Questionnaire- 12 (Goldberg & William, 1988). Self-compassion was measured using two scales: Sussex Oxford Compassion Scale for Self (Gu et al., 2019) and Forms of Self Criticizing/Attacking and Reassuring Self (Gilbert et al., 2004). Emotion regulation was measured using Emotion Regulation Questionnaire (Gross & John, 2003), and perceived social support was measured using Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Demographic information such as age, sex, parents' marital status etc was also recorded in order to meet the objectives of sample representativeness and maintenance of homogeneity.

A multistage random sampling procedure was employed to draw the samples. The sample for this study consisted of undergraduate college students randomly selected from seven colleges in Aizawl, specifically chosen to represent the stage of late adolescence (18–21 years) as defined by John Santrock (2011). A family that consists of both biological parents is classified as having an intact family structure, while all other types of families are classified as having a non-intact family structure. Data were screened for extreme outliers and incomplete responses and

were excluded from further analysis. A total of 452 participants were included in the final sample, with 47.12% being male and 52.88% being female.

Demographic analysis revealed that the mean age of the participants was 20.5 years. The majority of participants, specifically 68.14% of the participants come from an intact family structure and 31.86% come from a non-intact family structure. For late adolescents, loss of either one or both biological parents (42.4%) and divorce of parents (33.3%) are the two main reasons for living in a non-intact family structure. In a non-intact family structure more than half (63.4%) of the parents did not remarry. Adolescents, in this context, predominantly reside with their mother (53.9%), while a smaller percentage lives with their father (12.8%). Regarding socio-economic status, both in intact and non-intact family structures, more than 70 % are above the poverty line (APL) and less than 30 % are below the poverty Line (BPL) and live in economically disadvantage household.

The diagnostic tests of assumptions for the use of parametric tests such as linearity, normality (skewness and kurtosis), and homogeneity of variance (Levene's statistic) were checked and found to be generally acceptable. Thus, parametric tests were used for further analysis. The reliability of the scales and subscales used was analyzed using *Cronbach's Alpha*, and the total scales showed acceptable reliability. Scales and subscales with a reliability of less than 0.6 were excluded.

To investigate the **first objective i.e., to determine the effect of gender** on well-being, self-compassion, emotion regulation and perceived social support ANOVA was employed. The result showed significant gender difference on well-being and some subscales of self-compassion. However significant gender effect was not observed on emotion regulation and perceived social support.

Among the Mizo population, late adolescent males have greater subjective well-being than late adolescent females as expected. This result may be supported in the findings of Basu et al., (2018) wherein male college students enjoy greater subjective well-being than female college students. Male adolescents were more satisfied with their lives and experienced more positive affect than female adolescents, while female adolescents experienced more negative affect and showed

more psychological distress than male adolescents. In Mizo society, men enjoy greater societal privileges, particularly in areas such as marriage, divorce, and inheritance (Gangte, 2016), but this does not mean women experience severe oppression. Still, the disparity in the level of well-being experienced by men and women suggests that the societal norms and conditions in Mizo society may be more favorable for the well-being of men than for women.

Notable gender-based variations in self-compassion among Mizo adolescent participants were observed. Male adolescents scored higher than female adolescents on two subscales of positive components of self-compassion: acting or motivating to alleviate suffering (SOCS_AM) and reassured self (FSCRS_RS) and female adolescents scored higher than male adolescents on the negative component of self-compassion: inadequate self (FSCRS_IS) which were expected. There are research evidences that support that males have higher self-compassion than females (Neff & Beretvas, 2013; Raes, 2010) and that females engage in self criticism more than men (Baião et al., 2014; Xavier et al., 2016). Female adolescents also scored higher than male adolescents on two subscales of positive components of self-compassion: recognizing suffering (SOCS_RS) and understanding the universality of suffering (SOCS_UU) which was unexpected. However, to support this finding, there are studies that suggest females to be more sensitive to negative stimuli and can easily recognize suffering (Aymerich et al., 2021; Yarnell et al., 2015) and females also tend to be more accepting of their life circumstances compared to males (Graham & Chattopadhyay, 2013).

The study found no significant gender difference in emotion regulation and perceived social support among Mizo late adolescents. In support of this finding, there are also studies that show that gender difference in social support does not exist among undergraduate students (Devi, 2021; Kong et al., 2014). Collectivistic society emphasizes self-restraint and emotional control (Zhang et al., 2014) in order to attain harmony within the group or society. Mizo being a collectivistic society, both male and female late adolescents may also have a habitual inclination to effectively regulate their emotions, regardless of whether they use cognitive reappraisal or expressive suppression as their specific emotion regulation strategy.

To investigate the **second objective i.e., to determine the effect of family structure** on well-being, self-compassion, emotion regulation and perceived social support ANOVA was employed. The result showed significant effect of family structure on one subscale of Self-compassion and one subscale of Perceived social support. However significant family structure effect was not observed on any measures of well-being and emotion regulation.

Adolescents from non-intact family scored higher on one subscale of self-compassion, which is concerned with understanding the universality of suffering compared to adolescents from intact family which was unexpected. Living in a non-intact family structure is challenging but at the same time it can also foster maturity and self-reliance (Riggio, 2004), equipping children with the strength to confront the difficulties and realities of life including understanding the universality of suffering in life.

Adolescents from intact family scored higher on perceived family support compared to adolescents from non-intact family which was expected. To support this finding parents from non intact families are less likely to display parental support than parents from intact families (to Ledoux et al., 2002). To further support this finding, a focus group discussion conducted by Fambawl (2010) found that Mizo children from families that have experienced divorce lose their sense of emotional connection with the non-resident parent.

The study found no significant effect of family structure on well-being and emotion regulation among Mizo adolescents. Studies show that well-being, self-compassion, and emotion regulation of adolescents are more strongly influenced by factors related to family environment including cohesion and conflict, than family structure (e.g., Neff & McGeehee, 2010; Yu et al., 2015). Regardless of the specific family structure, children with high parental involvement tend to have a positive outlook on life (Sahu, 2016). This could potentially account for the absence of the family structure effect on the majority of the variables examined.

To investigate the **third objective i.e., to determine the interaction effect of 'gender' and 'family structure'** on well-being, self-compassion, emotion regulation

and perceived social support ANOVA was employed. The result showed significant interaction effect of gender and family structure on one measure of well-being and one subscale of self-compassion. A post-hoc analysis (Scheffes' test) was employed to find out which pairs of groups' means differed significantly.

In the studied population, gender difference was observed in non-intact family group but not in intact family group wherein female adolescents experience more psychological distress compared to their male counterparts in non-intact family group. This may suggest that gender differences in psychological distress was more pronounced in non-intact family structure and disappeared in intact family structure. Consistent with the results of this study, previous research conducted on children from divorced families has indicated that females tend to report lower levels of psychological well-being compared to males (Huurre et al., 2006; Mokrue et al., 2012). Additionally, female adolescents from intact family experience more psychological distress than male adolescents from non-intact family and female adolescents from non-intact family experience more psychological distress than male adolescents from intact family.

With regards to inadequate self, gender difference was observed in non-intact family but not in intact family wherein female adolescents experience greater feelings of personal inadequacy compared to their male counterparts in non-intact family group. This may suggest that gender differences in inadequate self was more pronounced in non-intact family structure and disappeared in intact family structure. To support this finding, non-intact family structure has been associated with lower levels of general self-efficacy (Guo, 2019). Additionally, female adolescents from non-intact family also experience greater feelings of personal inadequacy than male adolescents from intact family.

To investigate the **fourth objective i.e., to determine the predictability of well-being** (life satisfaction, positive affect, negative affect and psychological distress) from self-compassion, emotion regulation, and perceived social support hierarchical regression was employed.

First, the relationship between the between measures of well-being with self-compassion, emotion regulation, perceived social support and demographic variables were analyzed using Pearson's correlational coefficient. Among the demographic variables, gender (male and female) had the most correlation with the measures of well-being. Gender was significantly negatively correlated with the positive component of well-being (life satisfaction & positive affect) and significantly positively correlated with the negative component of well-being (negative affect & psychological distress).

Life satisfaction and Positive affect had a significant positive correlation with the positive components of self-compassion (recognizing suffering, understanding the universality of suffering, acting or motivated to alleviate suffering, and a reassured self) and a significant negative correlation with the negative components of self-compassion (inadequate self and hated self). Life satisfaction and Positive affect also had a significant positive correlation with cognitive emotion regulation strategies and perceived social support from family, friends, and significant others. Mizo adolescents who are more satisfied with their life and experience more positive affect also tend to be more self-compassionate, use cognitive reappraisal to regulate emotions more frequently and perceive greater support from family, friends and significant others.

Negative affect and Psychological distress had a significant positive relationship with the negative components of self-compassion (inadequate self and hated self) and a significant negative relationship with the positive components of self-compassion (understanding the universality of suffering, acting or being motivated to alleviate suffering, and reassured self). Negative affect had a significant negative correlation with the cognitive emotion regulation strategy and perceived social support from family and significant others. Psychological distress also had a significant negative correlation with the cognitive emotion regulation strategy and perceived social support from family, friends, and significant others. Mizo late adolescents who experience greater negative affect and psychological distress also tend to be less self-compassionate and use cognitive reappraisal less frequent to regulate emotions. They also perceive lower social support from others.

Before analyzing stepwise regression, data was split based on family structure into intact and non-intact family. The assumptions of multiple regressions (outliers, linearity, multivariate normality, multicollinearity and homoscedasticity of residuals) were generally satisfied. Hierarchical stepwise regression was employed to examine the prediction of adolescent's well-being (life satisfaction, positive affect, negative affect and psychological distress) from self-compassion, emotion regulation, and perceived social support in both intact family and non-intact family. The demographic variables (gender, care giver, frequency of substance used and frequency of verbal fight), the subscales of self-compassion (recognizing suffering, understanding the universality of suffering, motivation/acting to alleviate suffering, reassured self, reassured self, hated self), the subscales of emotion regulation strategy (cognitive reappraisal, expressive suppression) and subscales of perceived social support (support from family, friends and significant others) were separately entered in block 1, block 2, block 3 and block 4 respectively.

The life satisfaction of late adolescents from intact family was predicted by self-compassion such as the ability to reassure oneself and feeling of personal inadequacy when encountering failure, setbacks and personal inadequacies. Perceived social support particularly perceived support from family and gender also predicted the life satisfaction of late adolescents from intact families. This may suggest that the ability to reassure oneself i.e., having a warm and encouraging attitude towards oneself when encountering negative events and perceiving support from family increases life satisfaction, whereas feelings of personal inadequacy decrease life satisfaction among Mizo late adolescents from intact family structure. Also, being female compared to being male predicted lower life satisfaction.

The life satisfaction of late adolescents from non-intact family was predicted by self-compassion such as the ability to reassure oneself, feeling of personal inadequacy and understanding the universality of suffering when encountering failure, setbacks and personal inadequacies. Expressive suppression emotion regulation strategy and perceived social support particularly perceived support from family also predicted the life satisfaction of late adolescents from non-intact families. The ability to reassure oneself i.e., having a warm and encouraging

attitude towards oneself when encountering negative events, understanding the universality of suffering, regulating emotions using expressive suppression emotion regulation strategy and perceiving support from family increases the life satisfaction of Mizo late adolescents from non-intact family structure whereas a feeling of personal inadequacy decreases life satisfaction.

The experience of positive affect of late adolescents from intact family was predicted by self-compassion such as reassured self, inadequate self and recognizing suffering in self. Among the demographic variables gender emerged as significant predictor of positive affect. This may suggest that among Mizo late adolescents from intact, the ability to reassure oneself in the face of negative events and recognizing the signs of one's suffering increase the experience of positive affect, whereas feeling of personal inadequacy decreases the experience of positive affect. Being female as compared to being male also predicted decreased positive affect.

The experience of positive affect of late adolescents from non-intact family was predicted by self-compassion such as reassured self and inadequate self. The demographic variable, gender also significantly predicted the experience of positive affect for late adolescents from non-intact families. This shows that the ability to reassure oneself in the face of negative events increase the experience of positive affect whereas feeling of personal inadequacy predicted decreased positive affect among Mizo late adolescents from non-intact family structure and being female as compared to being male also predicted decreased positive affect.

The experience of negative affect of late adolescents from intact family was predicted by self-compassion such as understanding the universality of suffering, recognizing suffering, reassured self, inadequate self and hating oneself when encountering failure, setbacks and personal inadequacies predicted the experience of negative affect of late adolescents from intact families. Among the demographic variables, gender emerged as significant predictor of negative affect for late adolescents from intact families. This may suggest that among Mizo late adolescents from intact family structure, recognizing one's own signs of suffering, feeling of

personal inadequacy and hating oneself when encountering negative events increases the experience of negative affect and the ability to reassure oneself and understand the universality of suffering decrease the experience of negative affect. Being female as compared to being male predicted increased negative affect.

The experience of negative affect of late adolescents from non-intact family was predicted by one subscale of self-compassion i.e., hated self and gender among the demographic variables. Hated self is a desire to harm self as a result of failure and setback. Engaging in negative self view such as hating self when encountering failure, setbacks and personal inadequacies as well as being female as compared to being male predicted increase experience of negative affect among late adolescents from non-intact family.

Psychological distress of late adolescents from intact family was predicted by self-compassion such as inadequate self, reassured self, hated self and understanding the universality of suffering. Gender and emotion regulation strategy both cognitive reappraisal and expressive suppression also emerged as the significant predictors of psychological distress for late adolescents from intact family structure. This suggest that developing a feeling of personal inadequacy and hating oneself when encountering negative events as well as regulating emotions using expressive suppression increase the experience of psychological distress, whereas understanding the universality of suffering and the ability to reassure oneself in such situations and regulating emotions using cognitive reappraisal decrease the experience of psychological distress among late adolescents from intact family structure. Being female as compared to being male predicted increased psychological distress.

Psychological distress of late adolescents from non-intact family was predicted by self-compassion such as inadequate self and reassured self, and among the demographic variables gender and caregiver also emerged as significant predictors. This may suggest that among Mizo late adolescents from non-intact family structure, developing a feeling of personal inadequacy when encountering negative events increase the experience of psychological distress, whereas the ability to reassure oneself in such a situation decreases the experience of psychological

distress. Being female as compared to being male predicted increased psychological distress. Adolescents who stay with either their biological mother or father have lower psychological distress than those who stay with other relatives.

Among the four measures of well-being (life satisfaction, positive affect, negative affect and psychological distress), the way adolescents relate to themselves in the face of negative events emerged as the most frequent predictor for all the measures of well-being, indicating that cultivating self-compassion, i.e., the ability to relate to one's suffering, imperfection and failure with a sense of warmth, connection, and concern will benefit the well-being of Mizo late adolescents. In support to this finding self-compassion leads to positive thoughts, which results in increased positive mental states such as life satisfaction and positive emotion (Hollis-Walker & Colosimo, 2011; Neff, Rude, et al., 2007). The ability to reassure oneself acts as a buffer against the development of psychopathology and promotes well-being (Petrocchi et al., 2019; Sommers-Spijkerman et al., 2018).

Emotion regulation also predicted well-being of Mizo late adolescents. Other studies (Lei et al., 2014) have also identified emotion regulation as a significant predictor of subjective well-being and psychopathology. It is an interesting finding that regulating emotions by suppressing the felt emotions (ERQ_S) had different effects on different components of well-being, increasing life satisfaction for late adolescents living in non-intact family structure on the one hand and also increasing psychological distress among late adolescents living in intact family structure on the other hand. Numerous studies have found the act of suppressing one's emotions leads to a decrease in overall well-being (Haga et al., 2009; Lei et al., 2014). In contrast to these research findings, this study found that employing expressive suppression as a means of managing emotions enhances the overall life satisfaction of late adolescents from non-intact families. This may be attributed to cultural variations in the regulation of emotions. For example, in cultures that place a strong emphasis on social values and norms, the act of suppressing the expression of emotions was not found to be associated with reduced life satisfaction (Schunk et al., 2021).

Although the socialization process indicated that adolescents need autonomy from family and that peers become significantly important, the result highlighted that family continues to be an important source of support during late adolescence. In fact, among the three sources of support–family, friends and significant others–only perceived support from family significantly predicted well-being particularly life satisfaction. In congruence with the result, several studies have shown the predictability of life satisfaction from perceived family support (Edwards et al., 2006; Kelishadi et al., 2018; Siddall et al., 2013).

To highlight few limitations in this present study, more in-depth findings would have been achieved if it had also examined family environment in addition to family structure. The samples for the study were restricted to Mizo late adolescents who were currently pursuing undergraduate studies at the time of data collection. Late adolescents who do not pursue undergraduate studies were not included in the study, potentially limiting the generalizability of the findings.

The primary goal of the study is to determine if self-compassion, emotion regulation and perceived social support impact the well-being of Mizo adolescents. The results revealed that the self-compassion subscales: inadequate self and reassured self are the most frequent predictors of well-being. This suggests that the way adolescents relate to themselves play a crucial role in their overall well-being, and cultivating a positive and healthy attitude toward themselves contributes to their well-being. Given that self-compassion can be taught, it would be advantageous to include it as a method for enhancing the overall welfare of adolescents.

For future study, investigating not only family structure but also family environment would have provided more clarity on the significance of family on the well-being of adolescents. Additionally, examining the influence of cultural factor, coping strategies and gender norms would provide a more holistic comprehension of the factors impacting Mizo adolescents; overall well-being.