Title: The Mediating Role of Connectedness in the Relationship Between Authenticity and Mental Health Symptoms

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Module 12: Positive Clinical Psychology and Technology (PCPT)

Course Code: 202000381

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June 23, 2024

Word Count: 4742

Author Note

This study used AI tools such as Grammarly Student Edition, Academic Writer AI and ChatGPT by the American Psychological Association (APA) for supportive purposes, such as literature review enhancement, data analysis and coding assistance, and grammar and spelling checks. The author conducted the primary research and analysis, with AI being a helpful tool for additional support and efficiency. The possible AI percentage in tools such as TurnItIn may become inflated by using AI tools for aid.

Abstract

In today's psychology studies, the quest to lead a life is becoming more significant in light of the era and societal disconnection. Authenticity, defined as aligning values with behaviours, is critical to enhancing well-being. This research delves into how connectedness, which involves feeling connected and receiving support, impacts this dynamic. One hundred four adults participated in this study, which looked at authenticity, connectedness, and mental health using established assessment tools. The results show that connectedness is intricately linked to mental health $(\beta = .56, p < .01)$. Furthermore, the findings show that it does not mediate between authenticity and mental health $(\beta = .01, p = .8)$. These findings suggest that factors exist that influence how authenticity affects well-being, which has implications for interventions targeting mental health improvement. The study emphasises the significance of connections for well-being and suggests that boosting connectedness could positively impact mental health. Further research should, therefore, delve into the mediators and aspects of connectedness to deepen our understanding of mental age, thus providing a foundation for future studies and interventions.

Keywords: Authenticity, Connectedness, Mental Health, Well-being, Social Connectedness, Self-Determination Theory, Psychological Resilience, Interpersonal Relationships, Mediation Analysis, Emotional Support

Introduction

In contemporary discussions, the pursuit of living authentically holds importance, particularly in light of the rapid growth of digital platforms and increasing social disconnection. To be precise, the concept of authenticity, which involves aligning one's self with one's true authentic self, is closely tied to enhanced well-being (Ryan & Deci, 2001). This idea is related to the self-discrepancy theory, which emphasises the adverse effects of discrepancies between different aspects of the self.

Moreover, scholars such as Ryan and Deci (2001) and Kernis and Goldman (2006) have highlighted how authenticity impacts happiness and reduces emotional strain, thereby shedding light on the complex dynamics in an age where online interactions often blur the boundaries between genuine self-representation and unauthentic virtual personas. Furthermore, recent studies from sociology and psychology emphasise that our ability to convey authentic behaviour plays a role in shaping the quality of our relationships and well-being (Lee & Robbins, 1998; Cacioppo & Cacioppo, 2014).

Additionally, ongoing research does indicate that virtual interactions can hinder and promote connections, thereby creating a complex situation for successfully navigating today's highly interconnected and digital society (Zhao et al., 2018). For instance, the rise of media platforms such as Facebook and Instagram has created channels for self-expression, with the consequence being that it has also created spaces where people are not acting authentically, consequently reducing authenticity and connectedness in other areas of life. Therefore, this is particularly evident in how individuals showcase a modified and curated version of themselves, which may not represent their authentic emotions or experiences, thereby confirming that in today's world, people often present a version of themselves that does not always reflect their genuine and authentic feelings (Zhao et al., 2018).

Therefore, building on this idea, our study explores the intertwined roles of authenticity and connectedness in impacting mental health, a topic that has not received adequate attention. Authenticity, which involves aligning one's actions and behaviours with one's true inner self and values, is closely tied to enhanced well-being (Ryan & Deci, 2001). Simultaneously, we investigate how one's sense of connectedness with others shapes our well-being. Our investigation draws from theories highlighting the significance of both authenticity and connectedness for overall health (Baumeister & Leary, 1995; Umberson & Montez, 2010). Research shows that connectedness profoundly influences happiness and survival rates (Holt-Lunstad et al., 2010), suggesting that a lack of interactions can lead to loneliness and exacerbate health issues, while genuine relationships can protect against such adverse effects.

By examining these two constructs, our study aims to provide a more comprehensive understanding of the factors contributing to mental health. Thus, the primary research has been established: "How does connectedness mediate the relationship between authenticity and mental health outcomes?"

Given the increasing digitalisation of social interactions, understanding the context in which connectedness occurs is essential. This research, by focusing on the role of authenticity and connectedness in promoting well-being, has the potential to impact mental health outcomes significantly. Specifically, it explores how authenticity affects well-being and how connectedness mediates this relationship.

The findings can inform interventions to foster genuine social bonds, contributing to better mental health outcomes. As society navigates the complexities of digital and physical interactions, this study thus underscores the importance of connectedness for well-being. We anticipate that this study will provide novel perspectives that can be used at large in future research to improve the public's mental health.

Authenticity

Authenticity, an aspect intertwined with an individual's existence, often goes beyond societal norms to behaviour that inherently aligns with one's fundamental core values. Living authentically can be described as a transformative journey that entails the harmonious integration of thoughts, feelings, and deeds, reflecting a way of behaving authentically that is upheld alongside life's challenges (Schwartz & Sharpe, 2006). Furthermore, embracing authenticity involves living by one's fundamental core values and beliefs, which could show consistency and congruence in both personal and professional domains of life (Hodges & Clifton, 2004). Moreover, living authentically can be a guiding compass in helping people navigate complex ethical choices and nurture a strong sense of honesty and integrity (Knapp, 2011).

In addition, authenticity is progressively recognised as an essential aspect of our mental health today. Authenticity involves living in harmony with our authentic selves, ensuring that our internal core values align with our external actions (Antonovsky, 1987; Ryan & Deci, 2001). This alignment creates a sense of coherence in life, which can help us navigate challenges effectively and promote resilience and overall well-being (Antonovsky, 1987). According to Ryan and Deci (2001), self-determination theory emphasises the importance of autonomy, competence, and relatedness for psychological well-being. Authentic living enhances self-congruence, facilitating genuine social interactions and a broader sense of connectedness, encompassing emotional and communal ties. In this context, authenticity

aligns with the concept of autonomy, as it involves living by one's true self and values. Moreover, Sheldon et al. (1997) also discovered that pursuing goals that resonate with one's true self enhances well-being through supportive relationships.

Furthermore, empirical evidence consistently highlights the psychological benefits of authenticity on one's well-being, which helps lay a strong groundwork for boosting self-confidence. Numerous studies have repeatedly indicated that individuals who consistently display authenticity tend to experience levels of self-reduced emotional distress and increased overall contentment with life (Kernis & Goldman, 2006; Wood et al., 2008). For example, a comprehensive study by Wood et al. (2008) revealed that embracing authenticity correlates with happiness, leading to more positive and fewer negative emotions. Additional research by Heppner et al. (2008) shows that being authentic is associated with more and better coping mechanisms and significantly reduced levels of anxiety and depression. These benefits are, therefore, linked to a sense of self-acceptance and self-awareness that accompany living authentically, which is closely tied to the concept of autonomy in self-determination theory (Ryan & Deci, 2000). Autonomy, a core component of self-determination theory, involves living in alignment with one's true self and values. Moreover, authenticity fosters heightened social trust and intimacy in interactions with others since authentic individuals are perceived as significantly more reliable and sincere (Reis & Shaver, 1988).

Connectedness

Connectedness is vital in positively impacting one's well-being, just like authenticity. Embracing connectedness involves achieving a sense of balance and unity among a person's different facets, including their identity, values, and actions (Ryan & Deci, 2011). This significant internal harmony fosters self-awareness and acceptance that helps individuals navigate life with clarity and purpose, especially in complex and turbulent times (Maté, 2010). Additionally, connectedness supports the cultivation of meaningful and valuable relationships with others. Therefore, people who are confident and connected in their identity excel at forming connections with others. This notion goes beyond interactions to encompass a deep emotional bond that significantly enriches personal and collective well-being (Baumeister & Leary, 1995; House et al., 1988).

Moreover, connectedness can be categorised into social, emotional, and relational aspects. Social connectedness involves belonging to a community or group (Lee & Robbins, 2000). In contrast, emotional connectedness relates to creating deep and meaningful relationships that offer support based on mutual understanding (Deci & Ryan, 2000). Lastly, relational

connectedness focuses on the quality and depth of relationships by highlighting understanding and commonly shared experiences (Baumeister & Leary, 1995).

Similarly, having connections makes us feel good and acts like a shield that protects us, providing us with emotional benefits that help us deal with stress, thereby giving us a feeling of safety and comfort (Lakey & Orehek, 2011). Furthermore, individuals who have a powerful sense of connectedness tend to be more resilient, have more and better emotional self-regulation and control and have overall increased levels of life satisfaction, which reinforces this protective role that connectedness exercises (Townsend & McWhirter, 2005; Holt-Lunstad et al., 2010). As expected, a longitudinal study by Holt Lunstad et al. (2010) showed that individuals with robust social connections had a lower mortality risk than those without such connections. This highlights how vital connectedness is for our well-being and physical health, making us feel secure in our relationships. In addition, studies by Umberson and Montez (2010) suggest that being socially integrated and connected to others reduces risks of chronic illness and significantly enhances recovery from diseases, further supporting this protective function. Moreover, connectedness helps the individual deal with stress remarkably better, increases life satisfaction and is positively associated with longevity, thus offering comfort and security in our relationships (Cohen & Wills, 1985; House et al., 1988).

Furthermore, connectedness may positively mediate the relationship between authenticity and well-being by providing a sense of connection and belonging that allows genuine expressions to potentially impact one's well-being positively. This possible mediation occurs because authenticity can help create internal harmony, enabling individuals to form genuine and supportive relationships aligned with their core values, which are essential and represent the essence of connectedness. When people exhibit authentic behaviours that align with their core values, they may be more likely to connect with others, fostering feelings of belonging and approval, which can enhance their well-being. This sense of connectedness may serve as a conduit through which the beneficial effects of connectedness and authenticity can flow, potentially enabling and enhancing emotional regulation, resilience, and life satisfaction (Ryan & Deci, 2001; Sheldon et al., 1997; Reis & Shaver, 1988; Townsend & McWhirter, 2005).

Method

Participants

A sample of 108 adults was recruited through the SONA platform, consisting mainly of students from the University of Twente. Additionally, participants were recruited via social networks such as friends and family. The demographic characteristics of the sample were as

follows: 70% identified as female (*n* = 76), 23% as male (*n* = 25), 2% as diverse (*n* = 2), 3% as other (*n* = 3), and 2% preferred not to say (*n* = 2). Regarding nationality, 60% of the participants were German (*n* = 65), 24% were Dutch (*n* = 26), and 16% were from other nationalities (*n* = 17). Most of the participants were between 18 and 25 years old.

Materials

In this study, three questionnaires were used to gather data. First, the Authenticity Scale (Wood et al., 2008) was employed to assess participants' levels of authenticity. This scale includes three sections: self-alienation (e.g., "I feel out of touch with the 'real me'"), authentic living (e.g., "I live in accordance with my values and beliefs"), and accepting external influence (e.g., "I am strongly influenced by the opinions of others"). Participants responded to 12 items on a 7-point Likert-type scale, ranging from 1 (*does not describe me at all*) to 7 (*describes me very well*). Example items include: "I think it is better to be yourself than to be popular" for authentic living, "I don't know how I really feel inside" for self-alienation, and "I am strongly influenced by the opinions of others" for accepting external influence. The scale demonstrates good internal consistency, with Cronbach's Alpha > .70, and validity through correlations with related constructs (Wood et al., 2008). In this research, the Authenticity Scale displayed good internal consistency, with a Cronbach's Alpha value of .82.

Additionally, we used the Watts Connectedness Scale (Watts et al., 2022) to gauge participants' sense of connectedness in areas such as self-connection, connection to others, and connection to the world at large. This scale comprised 18 items and was presented to participants on a 7-point Likert-type scale ranging from 1 (*disagree*) to 7 (*strongly agree*). Example items include: "I feel connected to the world around me" and "I feel a sense of belonging with others." In this research, the Watts Connectedness Scale displayed a Cronbach's Alpha of .85, indicating its solid reliability. This aligns with studies validating the scale, which also showed Cronbach's alpha values above .80, reinforcing its robust psychometric properties (Watts et al., 2022).

Thirdly, the Mental Health Continuum Short Form (MHC-SF; Keyes, 2009) was employed to assess mental health across three different dimensions: emotional, social, and psychological. Participants rated their responses on a 6-point Likert-type scale ranging from 0 (*never*) to 5 (*every day*), with the MHC-SF comprising 14 items. Example items include: "During the past month, how often did you feel happy?" for emotional well-being, "During the past month, how often did you feel that you had something important to contribute to society?" for social well-being, and "During the past month, how often did you feel that your

life has a sense of direction or meaning to it?" for psychological well-being. In this study, the MHC-SF yielded a Cronbach's Alpha of .88, which aligns with previous research findings, confirming that the scale has been well-validated across populations. Employing such a validated tool ensured that our research findings were applicable across different contexts and populations (Keyes, 2009).

Procedure

The study was conducted with the approval of the Ethics Board of the University of Twente, which is a crucial step in ensuring that the research adheres to ethical standards. After providing informed consent, participants completed several online questionnaires, including a demographic questionnaire, the Authenticity Scale, the Watts Connectedness Scale, and the MHC-SF. Moreover, the informed consent process involved the first pages on Qualtrics, where participants had to indicate their approval.

Those who did not consent were politely thanked for their time and could not proceed with the study. The surveys were administered in a fixed order, starting with the demographics questionnaire, followed by the Authenticity Scale, Watts Connectedness Scale, and MHC-SF. All questionnaires were completed in a session lasting between 20 and 35 minutes. Importantly, data collection was done securely in line with the regulations of the University of Twente, thereby ensuring participant data confidentiality and reinforcing trust in the research findings.

Data Analysis

The data underwent an analysis using the R software (R Core Team, 2023) using several packages such as 'psych' ', mediation' ', dplyr', 'tidyverse' ', ggplot2' and 'corrplot'. Any values outside the range of 0 to 10 were substituted with missing values (NA) because some metadata was not removed from the dataset despite initial cleaning. Then, the average authenticity score for each participant was computed while preserving all values. Subsequently, the average mental health score for each participant was calculated. Afterwards, the mean connectedness score for each participant was calculated. Moreover, descriptive statistics such as means, standard deviations and medians were calculated for the authenticity, connectedness and mental health variables. Following this process, Pearson's correlations were employed to explore the relationships between these variables.

Moreover, an analysis was conducted using the 'mediation' package in RStudio (R Core Team, 2023) to test the initial hypothesis. This analysis involved running two regression models: one where authenticity was regressed onto connectedness (the a-path) and another where mental health was regressed onto both authenticity and connectedness (the b path and c'

path). By utilising this function, the Average Causal Mediation Effect (ACME) representing the indirect effect (a*b path) was determined, as well as the Average Direct Effect (ADE), showing how authenticity directly impacts mental health. Furthermore, the total effect combining indirect and direct effects was calculated. The analysis also provided estimates for each path and their standard errors (SE), t-values and significance levels. This rigorous approach was chosen because it does not depend on normality assumptions, ensuring reliable confidence intervals. Consequently, the "mediate" function in R simplifies understanding the mediation process by presenting an output of all relevant pathways, making it an effective and trustworthy method for this study. To further increase the reliability of the data, bootstrapping with 5,000 resamples was used to provide robust confidence intervals and test the significance of the respective mediation effects.

Results

Descriptive Statistics

Connectedness was significantly associated with mental health, indicating a moderate positive relationship ($r = 0.56$, $p < .01$). No other correlations reached significance.

Table 1

Descriptive Statistics for Authenticity, Connectedness, and Mental Health Scores, including the Correlation Matrix

Variable	Mean	Standard Deviation	Median	Authenticity	Connectedness
Authenticity	4.32	1.05	4.2	-	-
Connectedness	55.2	8.65	56	-.02	-
Mental Health	4.05	.92	4.15	-.06	**.56***

***p < .01.

Mediation Analysis

Figure 1

Mediation model illustrating the paths between Authenticity, Connectedness, and Mental Health.
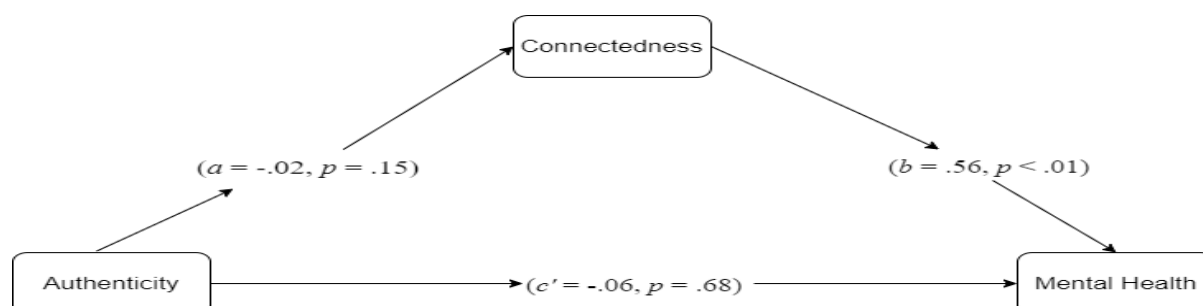
Figure 1 presents the mediation analysis results. The a-path, representing the effect of authenticity on connectedness, was insignificant ($a = -.02$, $p = .15$). The b-path, representing the effect of connectedness on mental health while controlling for authenticity, was significant ($b = .56$, $p < .01$). The direct effect (c'-path) of authenticity on mental health, controlling for connectedness, was insignificant ($c' = -.06$, $p = .68$). The indirect effect ($a \times b$), or the mediation effect through connectedness, was also insignificant. The Average Causal Mediation Effect (ACME) represents the average effect of the mediator (connectedness) on the outcome (mental health), given the predictor (authenticity). In this study, the ACME was not significant, indicating that connectedness did not mediate the relationship between authenticity and mental health.

In summary, our hypothesis was not confirmed, as the mediation effect of connectedness on the relationship between authenticity and mental health was not statistically significant. See Table 2 for the detailed results.

Table 2

Causal Mediation Analysis Results with Bootstrapping for Robustness

	Estimate	95% CI Lower	95% CI Upper	p-value
ACME	-.01	-.15	.11	.80
ADE	-.06	-.47	.29	.69
Total Effect	-.08	-.49	.26	.64
Proportion Mediated	.17	-3.28	3.07	.85

Sample Size = 104. Simulations = 5000

Discussion

The impetus of this study was to gain a deeper understanding of the mediating role of connectedness in the relationship between the constructs of authenticity and mental health. This research suggests that connectedness did not significantly mediate the relationship between authenticity and mental health. However, it is essential to highlight that connectedness showed a positive and significant association with well-being. This finding is consistent with numerous studies emphasising its crucial impact on fostering well-being (Holt-Lunstad et al., 2010; Lee & Robbins, 1998). The significant association between connectedness and well-being underscores the importance of social bonds and support networks in mental health. These results align with the broader literature, highlighting connectedness as a vital factor in promoting psychological health and resilience (Baumeister & Leary, 1995).

Non-Significant Mediation Effect

Despite the initial hypothesis that connectedness would mediate the relationship between authenticity and mental health, our research did not support this hypothesis. Past research has found that authenticity is positively correlated with positive mental health outcomes (Kernis & Goldman, 2006; Wood et al., 2008), but our study showed that this relationship does not apply in our context. The complexity of the relationship between authenticity and mental health might involve other mediating variables not considered in this study, such as self-esteem, coping strategies, or emotional regulation (Baumeister & Vohs, 2004; Taylor et al., 2008; Gross, 2015). These factors could explain the mechanisms through which authenticity impacts mental health.

Our results suggest several practical and theoretical implications. For instance, exploring other variables that might mediate the relationship between authenticity and mental health is essential. Additionally, the present study provides support for self-determination theory by Ryan & Deci (2000) and the buffering hypothesis (Cohen & Wills, 1985), suggesting that factors such as autonomy, competence, and social support could further interact with authenticity. Future research should investigate the role of other potential mediators, such as self-esteem, coping strategies, and emotional regulation, in the relationship between authenticity and mental health. Additionally, studies could explore how different forms of connectedness, including social, emotional, and community connectedness, contribute to mental well-being. These investigations could provide a more comprehensive understanding of how authenticity and connectedness influence mental health outcomes, potentially leading to more effective interventions and support mechanisms.

Significant Effect of Connectedness on Well-Being

Furthermore, our results align with the claim of past research that connectedness, also known as the sense of belonging and perceived support from others, is particularly important and positively correlated with well-being (Cohen & Wills, 1985; House et al., 1988). This idea is further supported by this study's strong direct and positive relationship between connectedness and well-being, reinforcing the importance of being connected to oneself and the social environment as critically important determinants of well-being (Baumeister & Leary, 1995). This ornamentation of results is congruent with the previous findings that the self-determination theory posits that connectedness is one of the three fundamental psychological needs and vital for psychological growth and well-being (Ryan & Deci, 2000). Lastly, our findings indicate that enhancing and fostering connectedness could be a valuable goal for further interventions to improve well-being.

Practical Implications

Expectedly, our results suggest that fostering and cultivating connectedness is vital for improving mental health outcomes. The insights obtained in the study provide a tangible approach to facilitate mental health improvement. For instance, interventions designed to enhance connectedness, enhance personal and social bonds, and create networks that offer a supportive environment could improve mental health, as suggested by previous research by Holt-Lunstad et al. (2010). Furthermore, initiatives that promote group interactions and community involvement can help facilitate a stronger sense of connectedness (Hogan et al., 2002). Similarly, programs such as group therapy sessions, interactive community sessions, and social skills training have enhanced and fostered individuals' sense of connectedness (Heinrich & Gullone, 2006).

Similarly, it can be out of great interest to the well-being of an individual to establish mentorship programs and peer support groups that provide individuals with the necessary support to foster a sense of belonging, which would, in turn, also both increase connectedness and remarkably improve mental health (Kram & Isabella, 1985). Moreover, therapy can also offer significant benefits by providing structured and guided support and facilitating personal growth. Lastly, Yalom and Leszcz (2005) discussed in their research book about therapy that both group and individual therapy can boost support and enhance overall well-being by fostering a sense of connectedness.

Limitations and Strengths

Notably, several potential limitations concern the result of our research findings. The first limitation concerns the cross-sectional nature of this study. The nature of this design limits the ability to draw causal inferences that could be necessary to understand the relationship between multiple variables (Rindfleisch et al., 2008). Furthermore, a second potential limitation is the sample size and selection. While adequate with 104 participants, more may have been needed to detect minor effects (Cohen, 1992). Additionally, the sample was self-selected through the SONA pool, which may introduce a selection bias. However, it is important to note that a smaller sample size does not necessarily impact the generalizability of the results if the sample accurately represents the population. A third potential limitation could have been the reliance on self-report measures in which participants report their thoughts, feelings, and behaviours, even if they are expressed on a numerical scale. This reliance could introduce biases such as social desirability and common method variance (Podsakoff et al., 2003).

Fourthly, each construct (authenticity, connectedness, and mental health) was measured using one well-validated instrument. This approach ensures clarity and focus in our measurements. However, using different scale formats and question-wording variations among these instruments could introduce potential inconsistencies, potentially affecting the reliability and validity of the measures (Nunnally & Bernstein, 1994). Although including multiple constructs in the analysis can reduce statistical power, using only three variables in this study minimises this issue. Therefore, while potential inconsistencies remain a concern, the limited number of variables should not significantly impact the statistical power.

Moreover, understanding the concepts of authenticity and connectedness and what they entail can vary significantly across cultures, resulting in inconsistencies in the responses (Triandis, 1995). Despite these limitations, this study contains several notable strengths. The comprehensive design uniquely combined the constructs of authenticity, connectedness, and mental health, providing a fresh perspective on these relationships. Moreover, by using robust statistical methods such as bootstrapping, this study enhances the reliability and validity of its findings (Preacher & Hayes, 2008). Overall, the comprehensive analysis in this study, particularly the mediation analysis, allows for a deeper understanding of the complex relationships at hand. The study also utilises proven and validated methods to assess authenticity, connectedness, and mental health, thereby enhancing the credibility of its findings (Wood et al., 2008; Lee & Robbins, 1998; Keyes, 2009).

Future Directions

If, as the present study suggests, connectedness does not mediate the relationship between authenticity and mental health, then research is needed to explore the mechanisms explaining this relationship further. To address the first limitation, longitudinal studies that track changes over time could be used to establish the temporal relationships between authenticity, connectedness, and mental health, providing deeper insights into these dynamics (Seligman, 2005). Moreover, employing multi-method approaches, including behavioural observations and reports from others, could enhance the validity and applicability of the findings by countering the reliance on self-report measures (Campbell & Fiske, 1959). Lastly, to counter the third limitation, research should examine diverse cultural contexts to improve the generalizability of the results (Triandis, 1995).

Additionally, future research should prioritise exploring the different dimensions and mechanisms of connectedness and how they relate to other variables. Therefore, more studies are required to understand how the various facets of connectedness are intertwined and how they contribute to well-being (Putnam, 2000). For example, future studies could examine how

self-esteem, coping strategies, and emotional regulation interact with connectedness to influence well-being. High self-esteem might enhance the positive effects of connectedness by reducing vulnerability to external influences, while effective coping strategies and emotional regulation could buffer against stress, strengthening connectedness's beneficial impact on mental health (Baumeister & Vohs, 2004; Gross, 2015). These insights could lead to precisely targeted interventions to enhance connectedness and mental health (Umberson & Montez, 2010).

Future research should also aim to replicate similar findings with larger samples to provide more valid conclusions. Additionally, exploring additional mediators such as autonomy, competence, and social support could lead to a more nuanced understanding of the pathways involved in the relationship between authenticity and mental health. These variables are crucial as they significantly affect how individuals manage their emotions and interactions. For instance, high self-esteem can increase resilience to negative feedback, enhancing authenticity's positive effects on mental health. Coping strategies enable effective management of stress and challenges, further strengthening the benefits of authenticity. Emotional regulation helps maintain stability, allowing smoother navigation of social interactions while preserving authenticity. These interactions collectively contribute to well-being by fostering a supportive and balanced mental state (Baumeister & Vohs, 2004; Gross, 2015).

In conclusion, future research should aim to replicate these findings with larger samples to provide more valid conclusions. Furthermore, examining how autonomy, competence, and social support interact with connectedness can provide a deeper understanding of their influence on mental health outcomes. Additionally, longitudinal designs could help establish causal relationships and provide insights into the long-term effects of authenticity and connectedness on mental health. Finally, incorporating diverse cultural contexts in future studies can enhance the generalizability of the findings and provide a more comprehensive understanding of these constructs across different populations.

Conclusion

Overall, this research has provided perspicuous support for promoting environments that cultivate and advance connectedness and authenticity. By further improving connectedness, we can significantly enhance mental health. Additionally, fostering authenticity, which involves aligning one's actions with one's true self, contributes to well-being by promoting self-acceptance and genuine social interactions.

Furthermore, developing more effective interventions to promote connectedness and authenticity can significantly enhance our understanding of the complex relationships linked to mental health. The present research contributes to an already proven body of study that suggests the significance of connectedness in mental health should be further explored to comprehend its potential benefits fully. Simultaneously, the role of authenticity in facilitating mental health through improved self-congruence and genuine social ties should be investigated further. Combining these insights allows strategies to improve mental health and allow it, therefore, to be better developed and implemented.

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