

## Validation of Online-Based Mindful Self-Compassion (MSC) Intervention for Indonesian Adolescent Girls

### [Validasi Intervensi *Mindful Self-Compassion (MSC)* Berbasis Daring Untuk Remaja Perempuan Indonesia]

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Adolescence is a crucial stage characterized by significant developmental changes, presenting various challenges, especially for girls. These challenges are often intensified by societal pressures, heavy media consumption, and peer harassment, which can adversely affect well-being. Girls in this age group frequently face anxiety related to identity and appearance. This study evaluates an online-based Mindful Self-Compassion (MSC) program aimed at enhancing self-compassion and mindfulness among adolescent girls. The Mindful Self-Compassion (MSC) program's content validity was assessed, showing strong alignment with its objectives. Utilizing a flipped classroom model, the program combined collaborative sessions with facilitators and independent practice. A quasi-experimental research design was employed to measure the program's impact, with pretest and posttest data collected from intervention and control groups. Analysis of Covariance (ANCOVA) was conducted to control for baseline differences and assess the program's efficacy. Results indicate that the online-based Mindful Self-Compassion (MSC) program is a valid and effective tool for improving self-compassion and mindfulness, fostering positive emotions, and enhancing adaptive emotional management. Participants experienced increased self-understanding, greater acceptance of personal flaws, and the development of positive coping strategies. The findings from both analyses highlight the efficacy of the intervention in enhancing self-compassion and mindfulness among participants.

**Keywords:** adolescents, girls, intervention, Mindful Self-Compassion (MSC), program validation

Masa remaja merupakan tahap perkembangan yang krusial, ditandai dengan berbagai perubahan signifikan yang dapat menghadirkan tantangan, terutama bagi remaja perempuan. Tantangan ini sering kali diperburuk oleh tekanan sosial, paparan media yang berlebihan, serta perundungan dari teman sebaya, yang dapat berdampak negatif terhadap kesejahteraan mereka. Remaja perempuan kerap mengalami kecemasan terkait identitas diri dan penampilan. Studi ini mengevaluasi program *Mindful Self-Compassion (MSC)* berbasis daring yang dirancang untuk meningkatkan welas asih diri (*self-compassion*) dan *mindfulness* pada remaja perempuan. Validitas isi dari program *Mindful Self-Compassion (MSC)* dinilai dan menunjukkan kesesuaian yang kuat dengan tujuan intervensi. Program ini menerapkan model *flipped classroom*, yang menggabungkan sesi kolaboratif dengan fasilitator serta latihan mandiri. Studi ini menggunakan desain kuasi-eksperimental dengan pengukuran *pretest* dan *posttest* pada kelompok intervensi serta kelompok kontrol. Analisis *Analysis of Covariance (ANCOVA)* dilakukan untuk mengendalikan perbedaan awal dan mengukur efektivitas program. Hasil studi menunjukkan bahwa program *Mindful Self-Compassion (MSC)* berbasis daring merupakan intervensi yang valid dan efektif dalam meningkatkan *self-compassion* dan *mindfulness*, mendorong emosi positif, serta memperkuat strategi pengelolaan emosi yang adaptif. Partisipan mengalami peningkatan pemahaman diri, penerimaan terhadap kekurangan pribadi, serta pengembangan strategi *coping* yang lebih positif. Temuan dari kedua analisis menegaskan bahwa intervensi ini secara efektif meningkatkan *self-compassion* dan *mindfulness* pada partisipan.

**Kata kunci:** remaja, perempuan, intervensi, *Mindful Self-Compassion (MSC)*, validasi program

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The World Health Organization (WHO; 2005, as cited in Chin & Rickard, 2014) defines mental health as a state of well-being in which individuals realize their potential, are able to cope with life's stresses, work productively, and contribute to their communities. Mental health refers not only to the absence of psychological disorders but also includes the presence of positive well-being (Keyes, 2005), one of which is through self-compassion. Self-compassion is a form of compassion for oneself when facing difficulties, challenges, failures, or imperfections (Germer & Neff, 2013; Neff & Germer, 2018). Self-compassion involves being open to the suffering felt, without avoiding or denying it, but instead responding with a desire to alleviate and heal oneself through a benevolent attitude (Neff, 2003). Through self-compassion, individuals learn to be good friends to themselves.

The link between self-compassion and mental health is supported by findings that self-compassion enhances adaptive emotion regulation strategies (Inwood & Ferrari, 2018; Meilasari & Utami, 2022; Syafitri et al., 2024). Research by Vettese et al. (2011) suggests that self-compassion mediates the relationship between childhood abuse experiences and later emotion regulation difficulties. This relationship is also particularly relevant in specific populations, such as sexual and gender minority groups. A meta-analysis by Helminen et al. (2023) suggests that self-compassion may act as a moderator in the relationship between minority stress and mental health. Furthermore, self-compassion contributes to broader well-being, reducing symptoms of psychological distress (Ferrari et al., 2018; Kotera et al., 2018) and improving interpersonal relationships (Sinclair et al., 2017). This evidence demonstrates the potential for clinical self-compassion interventions to improve mental health (Wilson et al., 2010), which becomes important from adolescence to young adulthood.

World Health Organization (WHO; 2005, sitat dalam Chin & Rickard, 2014) mendefinisikan kesehatan mental sebagai kondisi sejahtera ketika individu menyadari potensi dirinya, mampu menghadapi tekanan hidup, bekerja secara produktif, serta berkontribusi kepada komunitasnya. Kesehatan mental tidak hanya mengacu pada ketiadaan gangguan psikologis, tetapi juga mencakup keberadaan kondisi sejahtera yang positif (Keyes, 2005), salah satunya melalui *self-compassion* atau belas kasih terhadap diri. *Self-compassion* merupakan bentuk kasih sayang kepada diri sendiri ketika menghadapi kesulitan, tantangan, kegagalan, atau ketidaksempurnaan (Germer & Neff, 2013; Neff & Germer, 2018). *Self-compassion* melibatkan keterbukaan terhadap penderitaan yang dirasakan, tanpa menghindar atau menyangkalnya, namun justru merespons dengan keinginan untuk meringankan dan menyembuhkan diri melalui sikap yang penuh kebaikan (Neff, 2003). Melalui *self-compassion*, individu belajar untuk menjadi sahabat yang baik bagi dirinya sendiri.

Keterkaitan antara *self-compassion* dan kesehatan mental didukung oleh temuan bahwa *self-compassion* meningkatkan strategi regulasi emosi yang adaptif (Inwood & Ferrari, 2018; Meilasari & Utami, 2022; Syafitri et al., 2024). Penelitian oleh Vettese et al. (2011) menunjukkan bahwa *self-compassion* memediasi hubungan antara pengalaman kekerasan masa kanak-kanak dan kesulitan regulasi emosi di kemudian hari. Hubungan antara kedua variabel ini juga menjadi sangat relevan dalam populasi tertentu, seperti kelompok minoritas seksual dan *gender*. Sebuah meta-analisis oleh Helminen et al. (2023) menunjukkan bahwa *self-compassion* dapat bertindak sebagai moderator dalam hubungan antara stres minoritas dan kesehatan mental. Selain itu, *self-compassion* juga berperan pada kesejahteraan yang lebih luas, yaitu menurunkan gejala *distress* psikologis (Ferrari et al., 2018; Kotera et al., 2018) dan hubungan interpersonal (Sinclair et al., 2017). Sejumlah bukti tersebut memperlihatkan potensi intervensi *self-compassion* di ranah klinis dalam meningkatkan kesehatan mental (Wilson et al., 2010), yang menjadi penting dari masa remaja hingga dewasa muda.

Adolescence is one of the most crucial periods in human development because it occurs with significant changes in almost all aspects of life (Heller & Casey, 2016). Adolescents are vulnerable to various new risks, such as physical changes, peer pressure, academic stress, and sexual exploration (Viner et al., 2015). Problems that arise during this phase can be triggered by low self-esteem (Sowislo & Orth, 2013), high levels of self-criticism, including negative self-beliefs (Gittins & Hunt, 2020), a tendency to compare oneself with others, which can lead to feelings of inferiority (Hu et al., 2021), experiences of bullying (Aldridge et al., 2018), dissatisfaction with life (Krok, 2018), feelings of inferiority, and difficulties in achieving goals (Rajeswari & Eljo, 2014). Data from the Indonesia - National Adolescent Mental Health Survey (I-NAMHS) by the Center for Reproductive Health et al. (2022) showed that around 34.9% of adolescents aged 10-17 years experienced at least one symptom of mental health problems in the past year, and 5.5% of them experienced mental disorders that met the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which means that more than 15 million adolescents face psychological difficulties, and around 2.45 million Indonesian adolescents live with mental disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD).

Adolescent girls generally have lower levels of mental health than adolescent boys in four aspects studied, namely: (1) life satisfaction; (2) psychological distress; and (3) hedonic well-being; and (4) eudaimonic well-being (Campbell et al., 2021). Research by Sulistiowati et al. (2019) also shows a significant relationship between gender and mental health. This may be because adolescent girls are more emotionally sensitive (Rosenfield & Mouzon, 2013), more affected by stressors related to close people, such as the loss of friends or relatives (Matud, 2004), experience gender-role stress and body dissatisfaction (Haugen et al., 2014; Rodríguez-Cano et al., 2006), and are more vulnerable to domestic violence, harassment, and academic pressure (Wiklund et al., 2012). Data from the Indonesia - National Adolescent Mental Health Survey (I-NAMHS) also noted that the prevalence of major depressive disorder in adolescent girls reached 6.7%, higher than in adolescent boys (4.0%), and the prevalence of generalized anxiety disorder in adolescent girls reached 28.2%, compared to 25.4% in boys. In

Masa remaja merupakan salah satu periode yang paling krusial dalam rentang perkembangan manusia karena terjadi perubahan besar dalam hampir seluruh aspek kehidupan (Heller & Casey, 2016). Seorang remaja rentan terhadap berbagai risiko baru, seperti perubahan fisik, tekanan dari teman sebaya, stres akademik, dan eksplorasi seksual (Viner et al., 2015). Permasalahan yang muncul dalam fase ini dapat dipicu oleh rendahnya harga diri (Sowislo & Orth, 2013), tingginya kritik terhadap diri, termasuk keyakinan negatif terhadap diri sendiri (Gittins & Hunt, 2020), kecenderungan membandingkan diri dengan orang lain yang dapat menimbulkan perasaan rendah diri (Hu et al., 2021), pengalaman perundungan (Aldridge et al., 2018), ketidakpuasan terhadap hidup (Krok, 2018), perasaan inferior, dan kesulitan dalam pencapaian tujuan (Rajeswari & Eljo, 2014). Data dari *Indonesia - National Adolescent Mental Health Survey (I-NAMHS)* oleh Center for Reproductive Health et al. (2022) menunjukkan bahwa sekitar 34,9% remaja usia 10-17 tahun mengalami setidaknya satu gejala masalah kesehatan mental dalam satu tahun terakhir, dan 5,5% dari mereka mengalami gangguan mental yang memenuhi kriteria diagnosis dalam *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, yang artinya lebih dari 15 juta remaja menghadapi kesulitan psikologis, dan sekitar 2,45 juta remaja Indonesia hidup dengan gangguan mental seperti keceemasan, depresi, dan *post-traumatic stress disorder (PTSD)*.

Remaja perempuan secara umum memiliki tingkat kesehatan mental yang lebih rendah dibandingkan remaja laki-laki dalam empat aspek yang diteliti, yaitu: (1) kepuasan hidup; (2) *distress* psikologis; serta (3) kesejahteraan *hedonic*; dan (4) kesejahteraan *eudaimonic* (Campbell et al., 2021). Penelitian oleh Sulistiowati et al. (2019) juga menunjukkan adanya hubungan signifikan antara jenis kelamin dan kesehatan mental. Hal ini dapat disebabkan karena remaja perempuan lebih sensitif secara emosional (Rosenfield & Mouzon, 2013), lebih terdampak oleh *stressor* yang berkaitan dengan orang terdekat, seperti kehilangan teman atau kerabat (Matud, 2004), mengalami tekanan terkait peran *gender* dan ketidakpuasan terhadap tubuh (Haugen et al., 2014; Rodríguez-Cano et al., 2006), serta lebih rentan terhadap kekerasan dalam keluarga, pelecehan, dan tekanan akademik (Wiklund et al., 2012). Data dari *Indonesia - National Adolescent Mental Health Survey (I-NAMHS)* juga mencatat bahwa prevalensi gangguan depresi mayor pada remaja perempuan mencapai 6,7%, lebih tinggi daripada pada remaja laki-laki

addition, *Riset Kesehatan Dasar (Riskesdas*; Basic Health Research) data by the Ministry of Health of the Republic of Indonesia (Kementerian Kesehatan Republik Indonesia [The Ministry of Health of the Republic of Indonesia], 2019) reported the prevalence of emotional mental disorders in the 15-24 age group reached around 10%, and based on analysis at the provincial level, adolescent girls were reported to have higher rates. Given the high level of mental health problems in adolescents, especially in women, it is important to introduce approaches that can strengthen a person's ability to care for themselves emotionally, one of which is by having self-compassion skills. Self-compassion is an important factor in supporting adolescent mental health, especially in the context of emotional regulation and psychological resilience (Bluth et al., 2015; Múzquiz et al., 2022; Neff & McGehee, 2010; Zhou et al., 2022).

Based on this explanation, it is necessary to design an intervention that can equip adolescents with the psychological strength to respond to stressors around them. One intervention that can support this is a mindfulness-based intervention. In this study, the authors modified the Mindful Self-Compassion (MSC) module based on two previous studies in Indonesia (Pramudhanti, 2020; Putri, 2020) by adapting the content, language, and delivery method to make it relevant and applicable online to the context of adolescent girls in Indonesia. Mindful Self-Compassion (MSC) is an evidence-based program developed by Kristin Neff and Christopher Germer (2013) that combines mindfulness and self-compassion skills to improve individual emotional well-being. Unlike other mindfulness programs that only emphasize awareness of present-moment experiences, Mindful Self-Compassion (MSC) adds components of self-kindness and common humanity, namely the ability to treat oneself kindly and recognize that suffering is part of the universal human experience (Neff & Germer, 2013). In this program, participants are taught to cultivate compassionate awareness when facing difficult experiences, whether in the form of thoughts, emotions, or bodily sensations (Germer, 2009). The mindfulness element in Mindful Self-Compassion (MSC) is implemented through exercises such as affectionate breathing, soothing touch, self-compassionate breaks, and compassionate letter writing. These skills are essential for developing a compassionate attitude towards oneself in everyday life. Several previous studies have demonstrated the

(4,0%), dan prevalensi gangguan kecemasan umum pada remaja perempuan mencapai 28,2%, dibandingkan 25,4% pada laki-laki. Selain itu, data Riset Kesehatan Dasar (Riskesdas) oleh Kementerian Kesehatan Republik Indonesia (The Ministry of Health of the Republic of Indonesia, 2019) melaporkan prevalensi gangguan mental emosional pada kelompok usia 15-24 tahun mencapai sekitar 10%, dan berdasarkan analisis di tingkat provinsi, remaja perempuan dilaporkan memiliki angka yang lebih tinggi. Melihat tingginya permasalahan kesehatan mental remaja, khususnya pada perempuan, penting untuk memperkenalkan pendekatan yang dapat memperkuat kemampuan seseorang dalam merawat dirinya secara emosional, salah satunya dengan memiliki kemampuan *self-compassion*. *Self-compassion* menjadi faktor penting dalam mendukung kesehatan mental remaja, terutama dalam konteks regulasi emosi dan ketahanan psikologis (Bluth et al., 2015; Múzquiz et al., 2022; Neff & McGehee, 2010; Zhou et al., 2022).

Berdasarkan paparan tersebut, perlu dirancang suatu intervensi yang dapat membekali remaja dengan kekuatan psikologis untuk merespons *stressor* di sekitarnya. Salah satu intervensi yang dapat mendukung hal ini adalah intervensi berbasis *mindfulness*. Dalam studi ini, para penulis memodifikasi modul *Mindful Self-Compassion (MSC)* berdasarkan dua penelitian sebelumnya di Indonesia (Pramudhanti, 2020; Putri, 2020) dengan menyesuaikan konten, bahasa, dan metode penyampaian agar relevan dan dapat diterapkan secara daring pada konteks remaja perempuan di Indonesia. *Mindful Self-Compassion (MSC)* merupakan program berbasis bukti yang dikembangkan oleh Kristin Neff dan Christopher Germer (2013) yang menggabungkan keterampilan *mindfulness* dan *self-compassion* untuk meningkatkan kesejahteraan emosional individu. Tidak seperti program *mindfulness* lainnya yang hanya menekankan pada kesadaran terhadap pengalaman saat ini, *Mindful Self-Compassion (MSC)* menambahkan komponen *self-kindness* dan *common humanity*, yaitu kemampuan memperlakukan diri dengan baik dan menyadari bahwa penderitaan adalah bagian dari pengalaman manusia universal (Neff & Germer, 2013). Dalam program ini, partisipan diajarkan untuk menumbuhkan kesadaran penuh yang penuh belas kasih ketika menghadapi pengalaman sulit, baik berupa pikiran, emosi, maupun sensasi tubuh (Germer, 2009). Elemen *mindfulness* dalam *Mindful Self-Compassion (MSC)* diterapkan melalui latihan, seperti latihan pernapasan (*affectionate breathing*), sentuhan (*soothing touch*), jeda (*self-compassion break*), dan menulis surat (*com-*

therapeutic benefits of Mindful Self-Compassion (MSC), such as reduced levels of stress, anxiety, and depression; increased emotional regulation, self-acceptance, and psychological well-being in students, parents of children with special needs, healthcare workers, and people with chronic pain (Germer & Neff, 2019; Bluth et al., 2015; Neff & Germer, 2018). This suggests that self-compassion is a teachable skill with the potential to improve quality of life (Neff & Germer, 2013).

The Mindful Self-Compassion (MSC) program is designed to stimulate participants' skills so they can be applied independently and become habits. The activities in the Mindful Self-Compassion (MSC) program cover all stages of the hook habit formation model (Eyal, 2014), namely: (1) Trigger, such as the need to learn new skills (internal), and psychoeducation from the facilitator as an external trigger; (2) Action, such as filling out worksheets and doing breathing exercises together or independently; (3) Variable Reward, namely the various positive impacts felt after learning and practicing new skills; and (4) Investment, namely the involvement of participants in getting used to applying these skills in everyday life. In this study, the authors modified the Mindful Self-Compassion (MSC) program by making several changes: (1) simplifying the language and concepts to suit the age of adolescents; (2) adjusting the activities to be more contextual to the experiences of Indonesian adolescent girls; and (3) converting the offline format into an online program with a blended learning approach.

The Mindful Self-Compassion (MSC) program utilizes a blended learning approach, a combination of live learning and self-directed learning (Hofmann, 2018; Baumann et al., 2019). Live learning (virtual synchronous) is conducted collaboratively between participants and facilitators in the same group, encompassing material delivery and facilitator-guided group exercises. This activity allows for active two-way interaction. Meanwhile, self-directed learning (virtual asynchronous) is conducted individually with guidance tailored to the participants' needs. In this study, the Zoom application was used as a medium for syn-

*passionate letter writing*). Keterampilan ini penting untuk membangun sikap ramah terhadap diri dalam kehidupan sehari-hari. Sejumlah studi terdahulu menunjukkan manfaat terapeutik *Mindful Self-Compassion (MSC)*, seperti menurunnya tingkat stres, kecemasan, dan depresi; meningkatnya regulasi emosi, penerimaan diri, serta kesejahteraan psikologis pada mahasiswa, orang tua dengan anak berkebutuhan khusus, tenaga kesehatan, dan penderita nyeri kronis (Germer & Neff, 2019; Bluth et al., 2015; Neff & Germer, 2018). Hal ini menunjukkan bahwa *self-compassion* merupakan keterampilan yang dapat diajarkan dan memiliki potensi untuk meningkatkan kualitas hidup (Neff & Germer, 2013).

Program *Mindful Self-Compassion (MSC)* dirancang untuk menstimulasi keterampilan partisipan agar dapat diterapkan secara mandiri dan menjadi kebiasaan. Aktivitas yang terdapat dalam program *Mindful Self-Compassion (MSC)* mencakup semua tahapan model pembentukan kebiasaan *hook* (Eyal, 2014), yakni: (1) *Trigger* (atau pemicu), seperti kebutuhan untuk mempelajari keterampilan baru (internal), dan psikoedukasi dari fasilitator sebagai pemicu eksternal; (2) *Action*, seperti mengisi lembar kerja dan melakukan latihan pernapasan bersama atau secara mandiri; (3) *Variable Reward*, yaitu berbagai dampak positif yang dirasakan setelah mempelajari dan mempraktikkan keterampilan baru; dan (4) *Investment*, yaitu keterlibatan partisipan dalam membiasakan diri menerapkan keterampilan tersebut dalam kehidupan sehari-hari. Dalam studi ini, para penulis memodifikasi program *Mindful Self-Compassion (MSC)* dengan melakukan beberapa perubahan: (1) penyederhanaan bahasa dan konsep agar sesuai dengan usia remaja; (2) penyesuaian aktivitas menjadi lebih kontekstual dengan pengalaman remaja perempuan Indonesia; serta (3) konversi format luring menjadi program daring dengan pendekatan *blended learning*.

Pelaksanaan program *Mindful Self-Compassion (MSC)* menggunakan pendekatan *blended learning*, yaitu gabungan antara pembelajaran langsung (*live learning*) dan pembelajaran mandiri (*self-directed learning*; Hofmann, 2018; Baumann et al., 2019). Pembelajaran langsung (virtual sinkron) dilakukan secara kolaboratif antara partisipan dan fasilitator dalam kelompok yang sama, meliputi penyampaian materi dan latihan kelompok yang dipandu fasilitator. Kegiatan ini memungkinkan adanya interaksi dua arah secara aktif. Sementara itu, pembelajaran mandiri (virtual asinkron) dilakukan secara individual dengan bimbingan yang

chronous activities (material delivery, discussion, experience sharing, and practice), while WhatsApp Group was used for the distribution of materials (written and audio) that participants could access flexibly.

The purpose of this study was to develop and evaluate a contextually modified online-based Mindful Self-Compassion (MSC) intervention module that could improve positive attitudes toward mindfulness and self-compassion in Indonesian adolescents. Positive attitude changes toward mindfulness and self-compassion are considered an important outcome of the study because a more positive attitude is believed to increase adolescents' motivation and engagement in practicing Mindful Self-Compassion (MSC) skills on an ongoing basis. This positive attitude may be a protective factor against excessive self-criticism, anxiety, and difficulty regulating emotions, which are important mental health issues among adolescent girls in Indonesia.

In addition, specifically, this study is directed to explore three main focuses, with regard to: (1) the validity of the module content; (2) the initial effectiveness of the model; and (3) the feasibility and acceptability of the module. Firstly, assessing the content validity of the modified Mindful Self-Compassion (MSC) module through expert assessment, so that the suitability of the material can be ensured with the context of Indonesian adolescent development. Secondly, testing the initial effectiveness of the module through statistical analysis on the intervention and control groups with the aim of seeing the extent to which this module has an impact on increasing self-compassion and mindfulness. Thirdly, assessing the feasibility and acceptability of this module from the perspective of adolescent girls as the target users in their daily lives. Thus, the validation of the Mindful Self-Compassion (MSC) intervention in this study is not only methodological, but also provides a strong foundation so that the module can truly be used effectively to support adolescent mental health.

## Method

This study has received ethical approval from Komite Etik Penelitian Fakultas Psikologi Universitas Gadjah Mada, as evidenced by the issuance of ethical clearance letter number: 6199/UN1/FPSi.1.3/SD/PT.0

disesuaikan dengan kebutuhan partisipan. Dalam studi ini, aplikasi *Zoom* digunakan sebagai media untuk aktivitas sinkron (penyampaian materi, diskusi, berbagi pengalaman, dan praktik), sedangkan *WhatsApp Group* digunakan untuk distribusi materi (tertulis dan audio) yang dapat diakses partisipan secara fleksibel.

Tujuan dari studi ini adalah untuk menghasilkan dan mengevaluasi modul intervensi *Mindful Self-Compassion (MSC)* berbasis daring yang telah dimodifikasi secara kontekstual yang dapat meningkatkan sikap positif remaja Indonesia terhadap *mindfulness* dan *self-compassion*. Perubahan sikap positif terhadap *mindfulness* dan *self-compassion* dipandang penting sebagai luaran penelitian karena sikap yang lebih positif diyakini dapat meningkatkan motivasi dan keterlibatan remaja dalam mempraktikkan keterampilan *Mindful Self-Compassion (MSC)* secara berkelanjutan. Sikap positif ini dapat menjadi faktor protektif terhadap kritik diri yang berlebihan, kecemasan, dan kesulitan regulasi emosi, yang merupakan beberapa isu penting dari kesehatan mental pada remaja perempuan di Indonesia.

Selain itu, secara khusus, studi ini diarahkan untuk mengeksplorasi tiga fokus utama, sehubungan dengan: (1) validitas isi modul; (2) efektivitas awal model; dan (3) kelayakan dan penerimaan modul. Pertama, menilai validitas isi modul *Mindful Self-Compassion (MSC)* hasil modifikasi melalui penilaian para ahli, sehingga dapat dipastikan kesesuaian materi dengan konteks perkembangan remaja Indonesia. Kedua, menguji efektivitas awal modul melalui analisis statistik pada kelompok intervensi dan kontrol dengan tujuan melihat sejauh mana modul ini berdampak pada peningkatan *self-compassion* dan *mindfulness*. Ketiga, mengkaji kelayakan serta penerimaan modul ini dari perspektif remaja perempuan sebagai target pengguna dalam kehidupan sehari-hari mereka. Dengan demikian, validasi intervensi *Mindful Self-Compassion (MSC)* dalam studi ini tidak hanya bersifat metodologis, tetapi juga memberikan dasar kuat agar modul benar-benar dapat digunakan secara efektif untuk mendukung kesehatan mental remaja.

## Metode

Studi ini telah mendapatkan persetujuan etik dari Komite Etik Penelitian Fakultas Psikologi Universitas Gadjah Mada, yang dibuktikan dengan diterbitkannya surat *ethical clearance* nomor: 6199/UN1/FPSi.1.3/

1.04/2021. As part of ethical procedures, all participants involved, both in the readability and effectiveness testing stages, were provided with complete information regarding the objectives, procedures, potential benefits, and risks that may arise during the study. This information was provided in the form of a participation consent form (informed consent and assent).

The consent-gathering process for this study involved two stages, as the study participants were adolescents under the age of 18. Firstly, the authors obtained written, signed informed consent from their parents or guardians. Secondly, the authors obtained assent directly from the adolescents. During this process, the authors ensured that each participant understood their rights, including the right to withdraw at any time without consequence. The information-gathering and consent-gathering process took place before the study began, and there was no pressure or coercion in the decision to participate. For this participation, each group of participants received compensation tailored to their role, including honorariums and vouchers.

### Study Participants and Flow

This study involved two main stages: (1) content validation; and (2) empirical validation; with a systematic division of participants and a systematic flow of activities. The purpose of this division was to ensure that the developed intervention module had undergone academic review, readability testing, and initial effectiveness testing before being widely used.

#### *Academic Review Participants*

The initial phase of this study focused on validating the module's content, conducted by five professional psychologists. The assessors were graduates of *Program Magister Profesi Psikologi (Klinis)* at *Universitas Gadjah Mada* and had between two and six years of work experience in psychology practice, specifically in the areas of mindfulness and adolescent mentoring. This validation process aimed to assess the module's content's suitability to theoretical principles and the needs of the target audience. Using an expert judgment approach, the assessors provided input on the module's substance, structure, and clarity. This number of assessors was deemed sufficient to reach consensus, as recommended in instrument validation studies

SD/PT.01.04/2021. Sebagai bagian dari prosedur etik, seluruh partisipan yang terlibat, baik pada tahap uji keterbacaan maupun uji efektivitas, diberikan informasi lengkap mengenai tujuan, prosedur, potensi manfaat, serta risiko yang mungkin timbul selama mengikuti penelitian. Informasi ini disampaikan dalam format lembar persetujuan partisipasi (*informed consent* dan *assent*).

Proses pengambilan persetujuan dalam studi ini dilakukan dalam dua lapis, karena partisipan studi merupakan remaja di bawah usia 18 tahun. Pertama, para penulis dengan meminta izin orang tua atau wali melalui lembar persetujuan (*informed consent*) tertulis dengan tanda tangan basah. Kedua, para penulis memperoleh persetujuan partisipasi (*assent*) secara langsung dari remaja yang bersangkutan. Dalam proses ini, para penulis memastikan bahwa setiap partisipan memahami haknya, termasuk hak untuk mengundurkan diri kapan pun tanpa konsekuensi apa pun. Proses pemberian informasi dan pengambilan persetujuan dilakukan sebelum kegiatan dimulai dan tidak ada tekanan atau paksaan dalam pengambilan keputusan untuk berpartisipasi. Dari partisipasi ini, tiap kelompok partisipan mendapatkan kompensasi yang disesuaikan berdasarkan perannya, yakni berupa honorarium dan *voucher*.

### Partisipan dan Alur Studi

Studi ini melibatkan dua tahap utama, yaitu: (1) validasi isi; dan (2) validasi empirik; dengan pembagian partisipan dan alur kegiatan yang sistematis. Tujuan dari pembagian ini adalah untuk memastikan bahwa modul intervensi yang dikembangkan telah melalui proses penelaahan akademik, uji keterbacaan, serta uji efektivitas awal sebelum digunakan secara luas.

#### *Partisipan Penelaahan Akademik*

Tahap awal dari studi ini difokuskan pada validasi isi modul yang dilakukan oleh lima orang psikolog profesional. Para penilai merupakan lulusan Program Magister Profesi Psikologi (Klinis) dari Universitas Gadjah Mada dan memiliki pengalaman kerja antara dua hingga enam tahun dalam praktik psikologi, khususnya pada bidang *mindfulness* dan pendampingan remaja. Proses validasi ini bertujuan untuk menilai kesesuaian konten modul dengan prinsip teoritis dan kebutuhan target pengguna. Melalui pendekatan *expert judgment*, para penilai memberikan masukan terhadap substansi, struktur, dan kejelasan materi dalam modul. Jumlah penilai ini dianggap memadai untuk mencapai konsensus sebagaimana disarankan dalam studi vali-

(Zamanzadeh et al., 2015). After the module was deemed content-appropriate, the next phase was empirical validation, conducted in stages. This phase included a readability test and an initial effectiveness test using a quasi-experimental approach.

### ***Readability Test Participants***

A readability test was conducted to assess the extent to which the content-validated module could be understood and effectively followed by adolescent girls, the target users. This phase involved eight adolescent girls aged 15 to 18 who were recruited using purposive sampling based on specific inclusion criteria. The participant criteria for the readability test were intentionally the same as those for the effectiveness test, as the goal of this phase was to ensure that the module was acceptable and understandable to the target group for the subsequent intervention.

The inclusion criteria included: (1) having never participated in psychological counseling services, either individually or in groups; (2) having adequate device(s) and Internet access to participate in the online program; and (3) being willing to participate in the entire trial program and provide feedback on their experience with the module. These criteria were established to minimize extraneous variables that could influence participants' understanding, acceptance, and response to the module content. By involving adolescents who had never received psychological intervention before, the authors attempted to avoid bias due to psychological experiences that might influence the interpretation of the module material. Furthermore, the availability of adequate devices and internet access were also important considerations to ensure the program's implementation ran smoothly and was uninterrupted by technical difficulties. All participants expressed their willingness to participate in this study by completing an informed consent form, which was also signed by a parent or guardian. During the readability test, participants followed all sections of the program as outlined in the module, including instructions, activities, and reflections. The feedback provided by participants was then used to evaluate the clarity, understandability, and appropriateness of the module's content, and as a basis for improvements before the module was used in the next phase of the effectiveness test.

dasi instrumen (Zamanzadeh et al., 2015). Setelah modul dinyatakan layak secara isi, tahap berikutnya adalah validasi empirik yang dilakukan secara bertahap. Tahap ini mencakup uji keterbacaan serta uji efektivitas awal melalui pendekatan kuasi-eksperimental.

### ***Partisipan Uji Keterbacaan***

Uji keterbacaan dilakukan untuk menilai sejauh mana modul yang telah divalidasi isinya dapat dipahami dan diikuti secara nyata oleh remaja perempuan sebagai target pengguna. Tahap ini melibatkan delapan remaja perempuan berusia 15 hingga 18 tahun yang direkrut menggunakan teknik *purposive sampling* berdasarkan kriteria inklusi tertentu. Kriteria partisipan uji keterbacaan sengaja disamakan dengan kriteria partisipan uji efektivitas, karena tujuan dari tahap ini adalah memastikan bahwa modul dapat diterima dan dipahami oleh kelompok yang memang menjadi sasaran utama intervensi pada tahap selanjutnya.

Adapun kriteria inklusi yang ditetapkan meliputi: (1) belum pernah mengikuti layanan konseling psikologis, baik individu maupun kelompok; (2) memiliki perangkat dan akses Internet yang memadai untuk mengikuti program secara daring; serta (3) bersedia mengikuti seluruh rangkaian program uji coba dan memberikan umpan balik terhadap pengalaman mengikuti modul. Penetapan kriteria tersebut dimaksudkan untuk meminimalkan variabel luar (*extraneous variables*) yang dapat memengaruhi pemahaman, penerimaan, maupun respons partisipan terhadap isi modul. Dengan melibatkan remaja yang belum pernah mendapatkan intervensi psikologis sebelumnya, para penulis berupaya menghindari bias akibat pengalaman psikologis yang mungkin memengaruhi interpretasi materi dalam modul. Selain itu, ketersediaan perangkat dan akses Internet yang memadai juga menjadi pertimbangan penting agar proses pelaksanaan program dapat berjalan lancar dan tidak terganggu oleh kendala teknis. Seluruh partisipan menyatakan kesediaannya untuk terlibat dalam studi ini melalui pengisian lembar persetujuan partisipasi (*informed consent*) yang turut ditandatangani oleh orang tua atau wali. Selama proses uji keterbacaan, partisipan mengikuti seluruh bagian program sebagaimana dirancang dalam modul, termasuk instruksi, aktivitas, dan refleksi. Umpan balik yang diberikan partisipan kemudian digunakan untuk mengevaluasi aspek kejelasan, keterpahaman, dan kesesuaian isi modul, serta sebagai dasar perbaikan sebelum modul digunakan dalam tahap uji efektivitas berikutnya.

Table 1  
*Description of Effectiveness Test Participant Data*

Demographic Data	Experimental Group (n = 11)	Control Group (n = 10)	Total (N = 21)
<b>Age [n (%)]</b>			
15 Y.O.	1 (9.1%)	1 (10%)	2 (9.5%)
16 Y.O.	8 (72.7%)	5 (50%)	13 (61.9%)
17 Y.O.	2 (18.2%)	4 (40%)	6 (28.6%)
<b>Domicile [n (%)]</b>			
DI Yogyakarta	8 (72.7%)	6 (60%)	14 (66.7%)
DKI Jakarta	1 (9.1%)	-	1 (4.8%)
East Java	2 (18.2%)	2 (20%)	4 (19%)
West Java	-	1 (10%)	1 (4.8%)
East Kalimantan	-	1 (10%)	1 (4.8%)

Tabel 1  
*Deskripsi Data Partisipan Uji Efektivitas*

Data Demografis	Kelompok Eksperimen (n = 11)	Kelompok Kontrol (n = 10)	Total (N = 21)
<b>Usia [n (%)]</b>			
15 Tahun	1 (9,1%)	1 (10%)	2 (9,5%)
16 Tahun	8 (72,7%)	5 (50%)	13 (61,9%)
17 Tahun	2 (18,2%)	4 (40%)	6 (28,6%)
<b>Domisili [n (%)]</b>			
DI Yogyakarta	8 (72,7%)	6 (60%)	14 (66,7%)
DKI Jakarta	1 (9,1%)	-	1 (4,8%)
Jawa Timur	2 (18,2%)	2 (20%)	4 (19%)
Jawa Barat	-	1 (10%)	1 (4,8%)
Kalimantan Timur	-	1 (10%)	1 (4,8%)

### **Effectiveness Test Participants**

After the module was deemed suitable in terms of content and readability, the authors recruited participants to participate in the intervention program to test its initial effectiveness. The recruitment process involved distributing posters and a Google Forms link via WhatsApp. Of the 141 adolescents who registered, 85 met the inclusion criteria and were contacted for further information about the program. Of these, 10 did not respond, and 54 were unable to participate due to various reasons, such as having other plans during the intervention period, not having parental permission, or changing their minds (not wanting to participate). After clarification and confirmation of willingness, 21 participants expressed their commitment to complete the study. These participants were then divided into two groups: (1) the experimental group (11 participants); and (2) the control group (10 participants). Group allocation was non-randomized, taking into account the participants' time availability. Participants who were able to participate in the program according to the implementation schedule were designated as members of the experimental group, while participants who were unable to follow the schedule but still agreed to participate were assigned to the control group (see Table 1).

### **Partisipan Uji Efektivitas**

Setelah modul dinyatakan layak secara isi dan keterbacaan, para penulis merekrut partisipan untuk mengikuti program intervensi dalam rangka menguji efektivitas awal modul. Proses rekrutmen dilakukan dengan menyebarkan poster dan tautan *Google Forms* melalui media sosial *WhatsApp*. Dari 141 remaja yang mendaftar, sebanyak 85 orang memenuhi kriteria inklusi dan dihubungi untuk mendapatkan informasi lanjutan mengenai program. Dari angka tersebut, sebanyak 10 orang tidak merespons dan 54 orang tidak dapat berpartisipasi dikarenakan beberapa alasan seperti memiliki agenda lain pada rentang waktu pelaksanaan intervensi, tidak mendapatkan izin orang tua, ataupun berubah pendapat (tidak berkenan untuk berpartisipasi). Setelah proses klarifikasi dan konfirmasi kesediaan, diperoleh 21 orang partisipan yang menyatakan komitmen untuk mengikuti studi hingga selesai. Partisipan tersebut kemudian dibagi ke dalam dua kelompok, yaitu: (1) kelompok eksperimen (11 orang); dan (2) kelompok kontrol (10 orang). Pembagian kelompok dilakukan secara non-acak (*non-randomized*) dengan mempertimbangkan ketersediaan waktu partisipan. Partisipan yang dapat mengikuti program sesuai dengan jadwal pelaksanaan ditetapkan sebagai anggota kelompok eksperimen, sementara partisipan yang tidak dapat mengikuti jadwal tersebut tetapi tetap bersedia terlibat dalam studi, dimasukkan ke dalam kelompok kontrol (lihat Tabel 1).

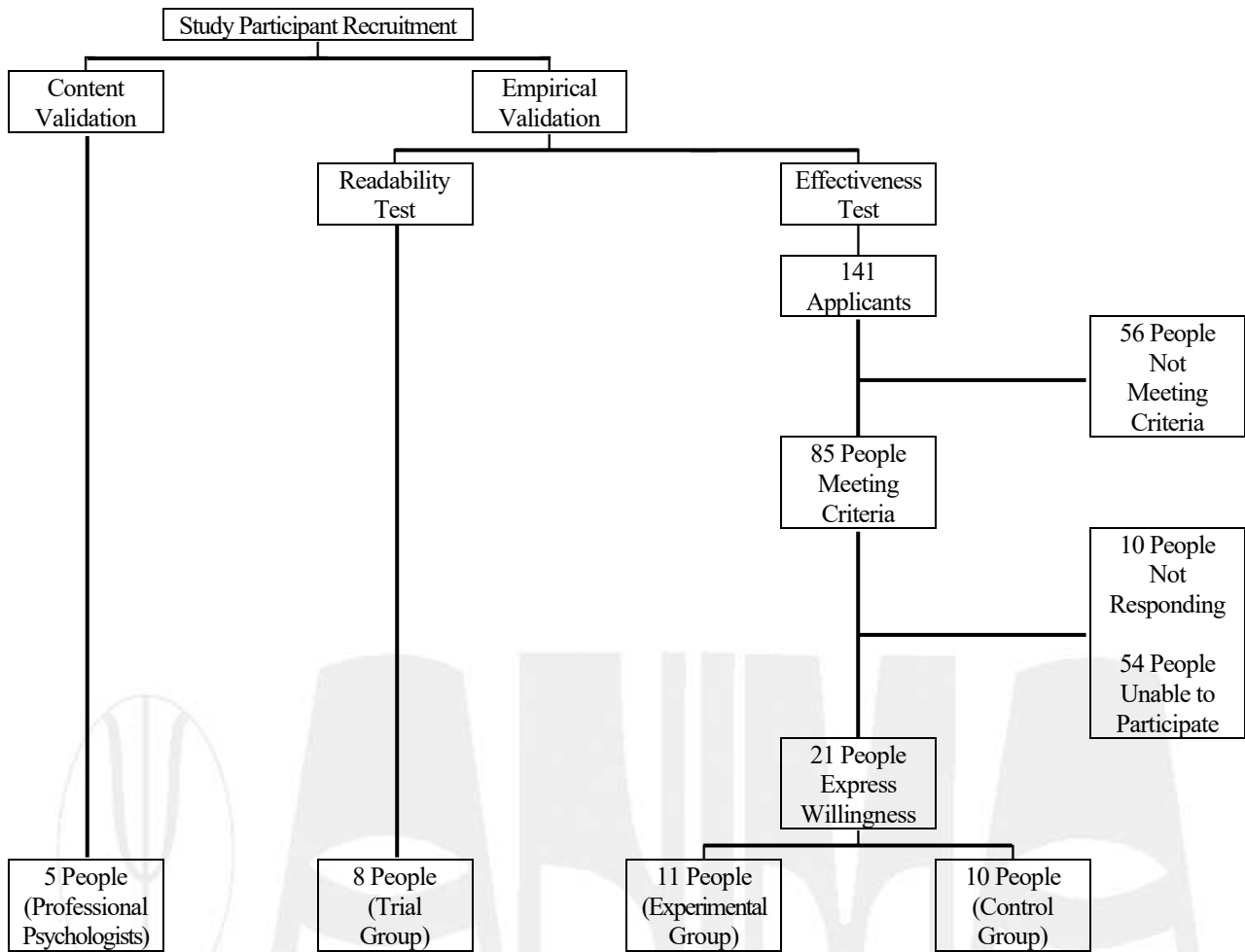


Figure 1. Allocation flow.

Although not random, this allocation was conducted transparently and ethically. All participants received a complete explanation of the objectives, procedures, and the different roles within each group. Study participants also agreed to participate by completing an informed consent form, without any deception. Therefore, ethical research principles, such as participant autonomy and transparency, were strictly maintained throughout the process. An explanation of the stages and allocation of participants in this study is provided in Figure 1, which shows the flow of the participant selection, validation, and data collection processes.

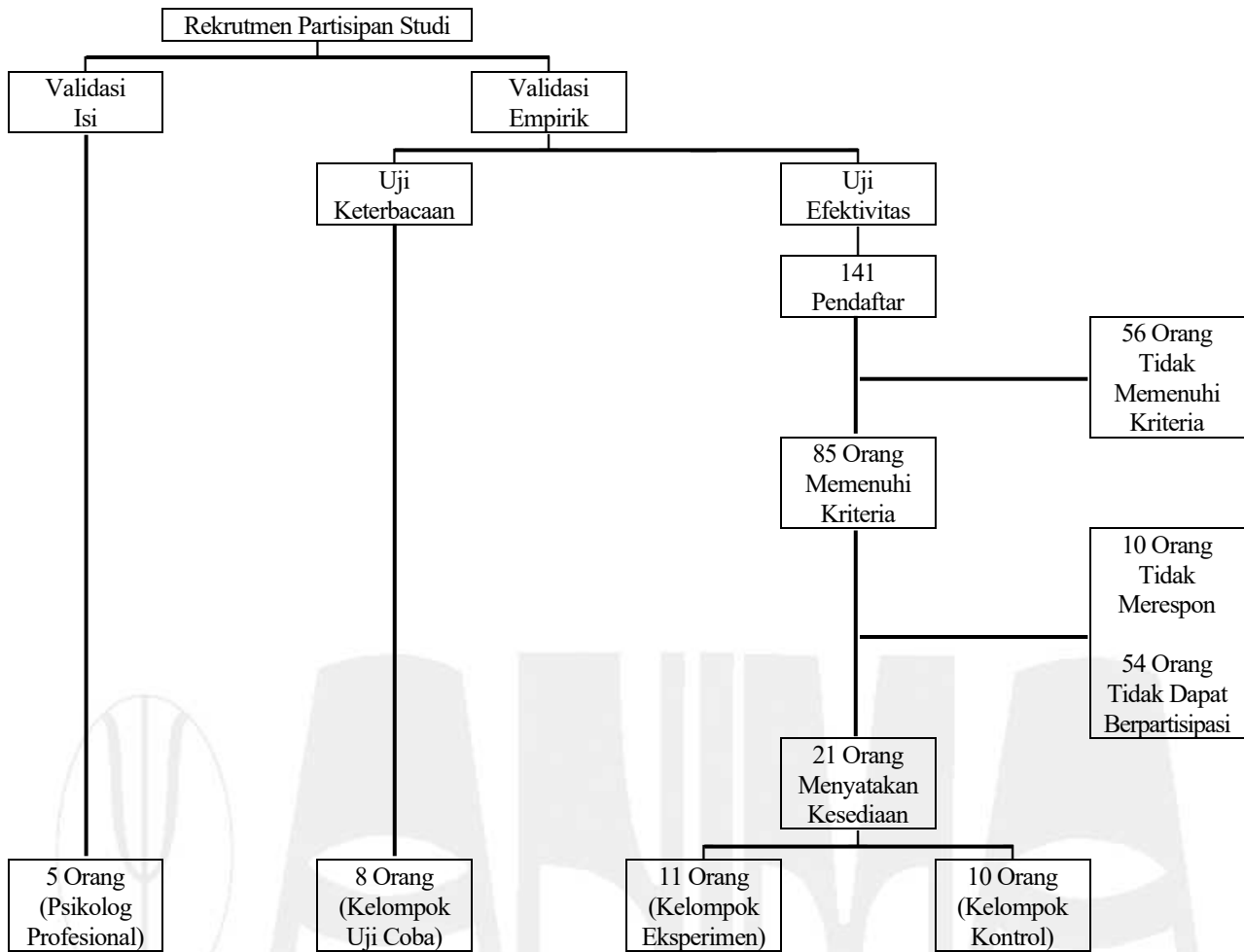
### Study Instruments

The instruments used in this study consist of two types, namely: (1) intervention instruments; and (2) measurement instruments.

Meskipun tidak dilakukan secara acak, pembagian ini dilakukan secara transparan dan etis. Seluruh partisipan memperoleh penjelasan yang lengkap mengenai tujuan, prosedur, dan perbedaan peran dalam kelompok masing-masing. Para partisipan studi juga menyetujui keikutsertaan melalui pengisian *informed consent*, tanpa adanya bentuk desepsi. Dengan demikian, prinsip etika penelitian, seperti otonomi partisipan dan keterbukaan informasi, tetap dijaga dengan ketat sepanjang proses ini. Penjelasan tahapan dan pembagian partisipan dalam studi ini tersedia dalam Gambar 1 yang menunjukkan alur proses penentuan partisipan validasi dan pengumpulan data.

### Instrumen Studi

Instrumen yang digunakan dalam studi ini terdiri atas dua jenis, yaitu: (1) instrumen intervensi; dan (2) instrumen pengukuran.



Gambar 1. Alur penentuan.

### Intervention Instruments

The intervention instruments included an online-based Mindful Self-Compassion (MSC) module, informed consent forms (for participants and parents), a self-guidebook, a self-practice reporting sheet, an observation sheet, and an evaluation sheet. The Mindful Self-Compassion (MSC) module is a modification of the module used in the research by Pramudhanti (2020) and Putri (2020), which has been adapted to the needs and context of adolescents in Indonesia. The structured design of this module is presented in Table 2 as an intervention blueprint. Four sessions included direct and indirect delivery of material and practical activities through worksheets to introduce and practice self-compassion skills. Adjustments to the needs and context of adolescents were made, particularly in the worksheets, to make them more relevant to their daily lives, such as questions about short-term goals ("What do you want to do after graduating from high school?") or

### Instrumen Intervensi

Instrumen intervensi mencakup modul *Mindful Self-Compassion (MSC)* berbasis daring, formulir *informed consent* (untuk partisipan dan orang tua), buku panduan mandiri, lembar pelaporan praktik mandiri, lembar observasi, dan lembar evaluasi. Modul *Mindful Self-Compassion (MSC)* merupakan hasil modifikasi dari modul yang digunakan dalam penelitian Pramudhanti (2020) dan Putri (2020), yang telah disesuaikan dengan kebutuhan dan konteks remaja di Indonesia. Rancangan terstruktur dari modul ini disajikan dalam Tabel 2 sebagai *blueprint* intervensi. Terdapat empat sesi yang memuat penyampaian materi dan aktivitas praktik secara langsung maupun tidak langsung melalui lembar kerja untuk memperkenalkan dan melatih keterampilan *self-compassion*. Penyesuaian kebutuhan dan konteks remaja dilakukan terutama pada lembar kerja agar lebih relevan dengan kehidupan sehari-hari remaja, seperti pertanyaan mengenai tujuan jangka pendek ("Apa

Table 2  
*Online-Based Mindful Self-Compassion (MSC) Program Planning*

Meeting	Session and Activity	Duration
1st	Session 1 – Discovering Self-Compassion: Learning about Mindful Self-Compassion and simple attempts to love one’s self.	120’
2nd	Session 2 – Self-Kindness, Common Humanity, and Mindfulness: Learning further about self-compassion components, which include self-kindness, common humanity, dan mindfulness.	120’
3th	Session 3 – Finding Your Compassionate Voice: Learning to be aware of self-criticism and attempts to be kind to one’s self.	120’
4th	Session 4 – Embracing Your Life: Learning to forgive and appreciate one’s self, then planning future goals.	120’

study habits that you want to improve. Furthermore, the instructional language was simplified using terms more familiar to adolescents, replacing technical terms that were considered too abstract. These adjustments aimed to ensure that the activities in the module were not only easy to understand but also felt relevant to participants.

The Mindful Self-Compassion (MSC) program was implemented online using a blended learning approach, combining synchronous and asynchronous virtual learning. Synchronous activities were conducted through four sessions over two weeks using Zoom. Meanwhile, asynchronous activities were carried out independently by participants, following the module's guidance and flexibly implementing exercises according to their individual needs. Participants were also asked to record their practice results on an independent practice report sheet, which was then used to monitor participant engagement throughout the intervention (further explanations are provided in the study procedures).

### **Measuring Instruments**

The measurement instruments in this study consisted of two measuring tools, namely: (1) Self-Compassion Scale (SCS); and (2) Toronto Mindfulness Scale (TMS), both of which were used as manipulation checks on the effectiveness of the intervention.

**Self-Compassion Scale (SCS).** Self-compassion is measured using the Self-Compassion Scale (SCS) developed by Neff (2003) and adapted into Bahasa Indonesia by Sugianto et al. (2020). This scale consists

yang ingin dilakukan setelah lulus SMA?)” atau kebiasaan belajar yang ingin ditingkatkan. Selain itu, bahasa instruksi juga disederhanakan menggunakan istilah yang lebih *familiar* bagi remaja, menggantikan istilah teknis yang dianggap terlalu abstrak. Penyesuaian ini bertujuan untuk memastikan bahwa aktivitas dalam modul tidak hanya mudah dipahami, tetapi juga dirasakan relevan oleh partisipan.

Pelaksanaan program *Mindful Self-Compassion (MSC)* dilakukan secara daring dengan menggunakan pendekatan *blended learning*, yaitu menggabungkan pembelajaran virtual secara sinkron (*synchronous*) dan a-sinkron (*asynchronous*). Kegiatan sinkron dilaksanakan melalui empat sesi pertemuan dalam kurun waktu dua minggu menggunakan media *Zoom*. Sementara itu, kegiatan asinkron dilakukan secara mandiri oleh partisipan dengan mengikuti panduan modul dan melaksanakan latihan secara fleksibel sesuai kebutuhan masing-masing. Partisipan juga diminta untuk mencatat hasil latihan mereka dalam lembar laporan praktik mandiri, yang selanjutnya digunakan untuk memantau keterlibatan partisipan selama intervensi berlangsung (penjelasan lebih lanjut terdapat pada prosedur studi).

### **Instrumen Pengukuran**

Instrumen pengukuran dalam studi ini terdiri atas dua alat ukur, yaitu: (1) *Self-Compassion Scale (SCS)*; dan (2) *Toronto Mindfulness Scale (TMS)*, yang keduanya digunakan sebagai upaya cek manipulasi (*manipulation check*) terhadap efektivitas intervensi.

**Self-Compassion Scale (SCS).** *Self-compassion* diukur menggunakan *Self-Compassion Scale (SCS)* yang dikembangkan oleh Neff (2003) dan telah diadaptasi ke dalam Bahasa Indonesia oleh Sugianto et al.

Tabel 2  
*Rancangan Program Mindful Self-Compassion (MSC) Berbasis Daring*

Pertemuan	Sesi dan Aktivitas	Durasi
Ke-1	Sesi 1 – <i>Discovering Self-Compassion</i> : Belajar mengenal <i>Mindful Self-Compassion</i> dan usaha sederhana untuk menyayangi diri sendiri.	120'
Ke-2	Sesi 2 – <i>Self-Kindness, Common Humanity, and Mindfulness</i> : Belajar memperdalam komponen <i>self-compassion</i> yang meliputi <i>self-kindness, common humanity, dan mindfulness</i> .	120'
Ke-3	Sesi 3 – <i>Finding Your Compassionate Voice</i> : Belajar menyadari kritik diri dan usaha untuk berbaik hati kepada diri sendiri.	120'
Ke-4	Sesi 4 – <i>Embracing Your Life</i> : Belajar memaafkan dan mengapresiasi diri sendiri, kemudian merancang tujuan untuk masa depan.	120'

of 26 items arranged in a five-point Likert format, ranging from: "1 (*Almost Never*)" to "5 (*Almost Always*)."  
 Reliability testing of the modified version showed a Cronbach's alpha coefficient value of .872, indicating high reliability. The Self-Compassion Scale (SCS) is used to measure the extent to which individuals have compassionate attitudes and behavioral tendencies toward themselves when facing suffering, failure, or difficulties. This scale measures emotional dimensions and actual behaviors, such as self-kindness, mindfulness, and common humanity. The Self-Compassion Scale (SCS) has been widely used in cross-cultural research and has consistently shown associations with various indicators of mental health, such as reduced depression, anxiety, and stress (MacBeth & Gumley, 2012).

**Toronto Mindfulness Scale (TMS).** Mindfulness is measured using the Toronto Mindfulness Scale (TMS), developed by Lau et al. (2006) and adapted into Bahasa Indonesia by Yusainy and Wicaksono (2019). This scale consists of 13 items divided into two aspects: (1) curiosity (six items); and (2) decentering (seven items). The scale response model uses a four-point Likert format, ranging from: "1 (*Very Disappropriate*)" to "4 (*Very Appropriate*)". Reliability testing results show a Cronbach's alpha value of .76 for the curiosity aspect and .62 for the decentering aspect. The Toronto Mindfulness Scale (TMS) is used to measure an individual's attitude toward current conscious experience, specifically in the form of openness to experience (curiosity) and the ability to distance oneself from emerging thoughts or emotions (decentering). This scale measures subjective reflections on an individual's direct experience in mindfulness practice. The Toronto Mindfulness Scale (TMS) was specifically de-

(2020). Skala ini terdiri atas 26 butir yang disusun dalam format *Likert* lima poin, mulai dari: "1 (*Hampir Tidak Pernah*)" hingga "5 (*Hampir Selalu*)". Pengujian reliabilitas pada versi modifikasi menunjukkan nilai koefisien *Cronbach's alpha* sebesar 0,872, yang menunjukkan reliabilitas yang tinggi. *Self-Compassion Scale (SCS)* digunakan untuk mengukur sejauh mana individu memiliki sikap dan kecenderungan perilaku yang penuh kasih terhadap diri sendiri saat menghadapi penderitaan, kegagalan, atau kesulitan. Skala ini mengukur dimensi emosional dan perilaku aktual, seperti *self-kindness, mindfulness, dan common humanity*. *Self-Compassion Scale (SCS)* telah banyak digunakan dalam penelitian lintas budaya dan konsisten menunjukkan hubungan dengan berbagai indikator kesehatan mental, seperti berkurangnya depresi, kecemasan, dan stres (MacBeth & Gumley, 2012).

**Toronto Mindfulness Scale (TMS).** Mindfulness diukur menggunakan *Toronto Mindfulness Scale (TMS)*, yang dikembangkan oleh Lau et al. (2006) dan telah diadaptasi ke dalam Bahasa Indonesia oleh Yusainy dan Wicaksono (2019). Skala ini terdiri dari 13 butir yang terbagi dalam dua aspek, yaitu: (1) *curiosity* (enam butir); dan (2) *decentering* (tujuh butir). Model respons skala menggunakan format *Likert* empat poin, dari: "1 (*Sangat Tidak Sesuai*)" hingga "4 (*Sangat Sesuai*)". Hasil pengujian reliabilitas menunjukkan nilai *Cronbach's alpha* sebesar 0,76 untuk aspek *curiosity* dan 0,62 untuk aspek *decentering*. *Toronto Mindfulness Scale (TMS)* digunakan untuk mengukur sikap individu terhadap pengalaman sadar saat ini, khususnya dalam bentuk keterbukaan terhadap pengalaman (*curiosity*) dan kemampuan mengambil jarak dari pikiran atau emosi yang muncul (*decentering*). Skala ini mengukur refleksi subjektif atas pengalaman langsung individu dalam praktik *mindfulness*. *Toronto Mindful-*

EG	NR	O <sub>1</sub>	X	O <sub>2</sub>
CG	NR	O <sub>1</sub>		O <sub>2</sub>

Information:

O <sub>1</sub>	:	Participant Pretest Measurement	NR	:	Non-Random
O <sub>2</sub>	:	Participant Posttest Measurement	EG	:	Experimental Group
X	:	Online-Based MSC Program	CG	:	Control Group

Figure 2. Study design (untreated control group design with dependent pretest and posttest samples).

veloped to assess the experience of mindfulness as a state, and has been used in experimental studies testing the effectiveness of mindfulness-based interventions (Bishop et al., 2004; Lau et al., 2006).

These two instruments were selected based on strong empirical evidence from previous research. The use of these two measuring instruments aimed to obtain a valid and reliable picture of changes in participants' levels of self-compassion and mindfulness before and after the intervention, so that the effectiveness of the Mindful Self-Compassion (MSC) module could be empirically evaluated. Therefore, both the Self-Compassion Scale (SCS) and the Toronto Mindfulness Scale (TMS) provide information on participants' attitudes and behavioral tendencies toward self-compassion and mindfulness as psychological experiences relevant to the intervention's objectives.

## Study Design

This study used a quasi-experimental design with non-random assignment of participants to control and experimental groups (Hastjarjo, 2019). The design used was an untreated control group design with dependent pretest and posttest samples, namely a design with a control group that received no treatment and an experimental group that received treatment (see Figure 2). Both groups underwent the same pretest and posttest measurements (Shadish et al., 2002).

This quasi-experimental design was chosen because of its high methodological relevance in the context of intervention research, especially when randomization of participants is not ethically and practically feasible. In this design, participants are non-randomly assigned to a control group and an experimental group, and each

ness Scale (TMS) secara khusus dikembangkan untuk menilai pengalaman *mindfulness* sebagai suatu *state*, dan telah digunakan dalam studi eksperimental yang menguji efektivitas intervensi berbasis *mindfulness* (Bishop et al., 2004; Lau et al., 2006).

Kedua instrumen ini dipilih berdasarkan bukti empiris kuat dari penelitian sebelumnya. Penggunaan kedua alat ukur ini ditujukan untuk memperoleh gambaran yang valid dan reliabel mengenai perubahan tingkat *self-compassion* dan *mindfulness* partisipan sebelum dan sesudah intervensi, sehingga efektivitas modul *Mindful Self-Compassion (MSC)* dapat dievaluasi secara empiris. Dengan demikian, *Self-Compassion Scale (SCS)* maupun *Toronto Mindfulness Scale (TMS)* memberikan informasi mengenai sikap dan kecenderungan perilaku partisipan terhadap *self-compassion* dan *mindfulness* sebagai pengalaman psikologis yang relevan dengan tujuan intervensi.

## Desain Studi

Studi ini menggunakan desain kuasi-eksperimen dengan penugasan partisipan secara non-acak ke dalam kelompok kontrol dan eksperimen (Hastjarjo, 2019). Desain yang digunakan adalah *untreated control group design with dependent pretest and posttest samples*, yaitu desain dengan kelompok kontrol yang tidak menerima perlakuan dan kelompok eksperimen yang menerima perlakuan (lihat Gambar 2). Kedua kelompok menjalani pengukuran *pretest* dan *posttest* yang sama (Shadish et al., 2002).

Desain kuasi-eksperimen ini dipilih karena memiliki relevansi metodologis yang tinggi dalam konteks penelitian intervensi terutama ketika randomisasi partisipan tidak memungkinkan dilakukan secara etis dan praktis. Dalam desain ini, partisipan dikelompokkan secara non-acak ke dalam kelompok kontrol dan kelompok

KE	NR	O <sub>1</sub>	X	O <sub>2</sub>
KK	NR	O <sub>1</sub>		O <sub>2</sub>

Keterangan:

- O<sub>1</sub> : Pengukuran Pretest Partisipan
- O<sub>2</sub> : Pengukuran Posttest Partisipan
- X : Program *MSC* Berbasis Daring
- NR : *Non-Random*
- KR : Kelompok Eksperimen
- KK : Kelompok Kontrol

Gambar 2. Desain studi (*untreated control group design with dependent pretest and posttest samples*).

group undergoes pretest and posttest measurements using the same instrument (Shadish et al., 2002; Hastjarjo, 2019).

The use of this design is based on several empirical considerations. Firstly, this design has been shown to be effective in evaluating intra- and inter-group changes resulting from a given treatment, even without randomization (Cook & Wei, 2002). Previous research in the context of developing positive psychology interventions has also used a similar approach to assess the initial effectiveness of modules or programs, particularly in adolescent populations (Froh et al., 2011; Waters & Loton, 2019). Secondly, in this study, the intervention was delivered as an online-based Mindful Self-Compassion (MSC) module implemented using a blended learning approach, allowing control over treatment exposure to be maintained relatively stable. This strengthens the internal validity of the design because the possibility of inter-group contamination is minimized. Thirdly, because this study aimed to measure the initial effectiveness and feasibility of implementing the intervention in a real-world context, this design aligns with a developmental evaluation approach that emphasizes flexibility, contextual engagement, and sensitivity to participants' socio-cultural dynamics (Patton, 2010). Thus, the use of a quasi-experimental design allows for empirical evaluation of the intervention while remaining adaptive to the field context. Therefore, the choice of this design is based not only on theoretical considerations but also on empirical practice in intervention research, particularly in the pilot testing phase, which prioritizes assessing the intervention's sensitivity to changes in the target's behavior or psychological state.

eksperimen, kemudian tiap kelompok menjalani pengukuran *pretest* dan *posttest* dengan instrumen yang sama (Shadish et al., 2002; Hastjarjo, 2019).

Penggunaan desain ini didasarkan pada beberapa pertimbangan empiris. Pertama, desain ini telah terbukti efektif dalam mengevaluasi perubahan intra-kelompok dan antar-kelompok sebagai akibat dari perlakuan yang diberikan, meskipun tanpa randomisasi (Cook & Wei, 2002). Penelitian sebelumnya dalam konteks pengembangan intervensi psikologi positif juga banyak menggunakan pendekatan serupa untuk menilai efektivitas awal modul atau program, terutama pada populasi remaja (Froh et al., 2011; Waters & Loton, 2019). Kedua, dalam studi ini, intervensi diberikan dalam bentuk modul daring berbasis *Mindful Self-Compassion (MSC)* yang dilaksanakan dengan pendekatan *blended learning*, sehingga kontrol atas paparan terhadap perlakuan dapat dijaga secara relatif stabil. Hal ini memperkuat validitas internal dari desain yang digunakan karena kemungkinan kontaminasi antar-kelompok dapat diminimalisasi. Ketiga, karena studi ini bertujuan untuk mengukur efektivitas awal dan kelayakan penerapan intervensi dalam konteks nyata, maka desain ini sesuai dengan pendekatan *developmental evaluation* yang menekankan fleksibilitas, keterlibatan kontekstual, dan kepekaan terhadap dinamika sosial-kultural partisipan (Patton, 2010). Dengan demikian, penggunaan desain kuasi-eksperimen ini memungkinkan evaluasi intervensi dilakukan secara empiris namun tetap adaptif terhadap konteks lapangan. Oleh karena itu, pemilihan desain ini tidak hanya didasarkan pada pertimbangan teoritis, tetapi juga sesuai dengan praktik empiris dalam penelitian intervensi, khususnya dalam tahap uji coba awal (*pilot testing*) yang mengutamakan penilaian sensitivitas intervensi terhadap perubahan perilaku atau kondisi psikologis sasaran.

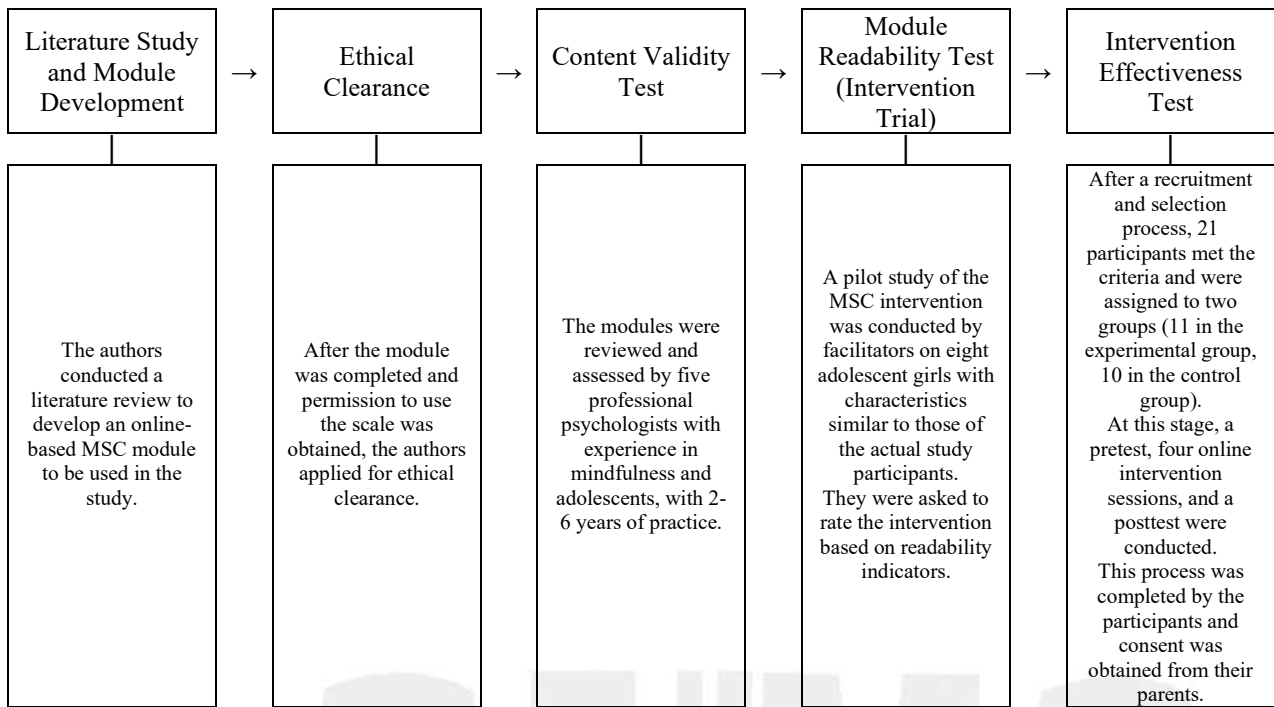


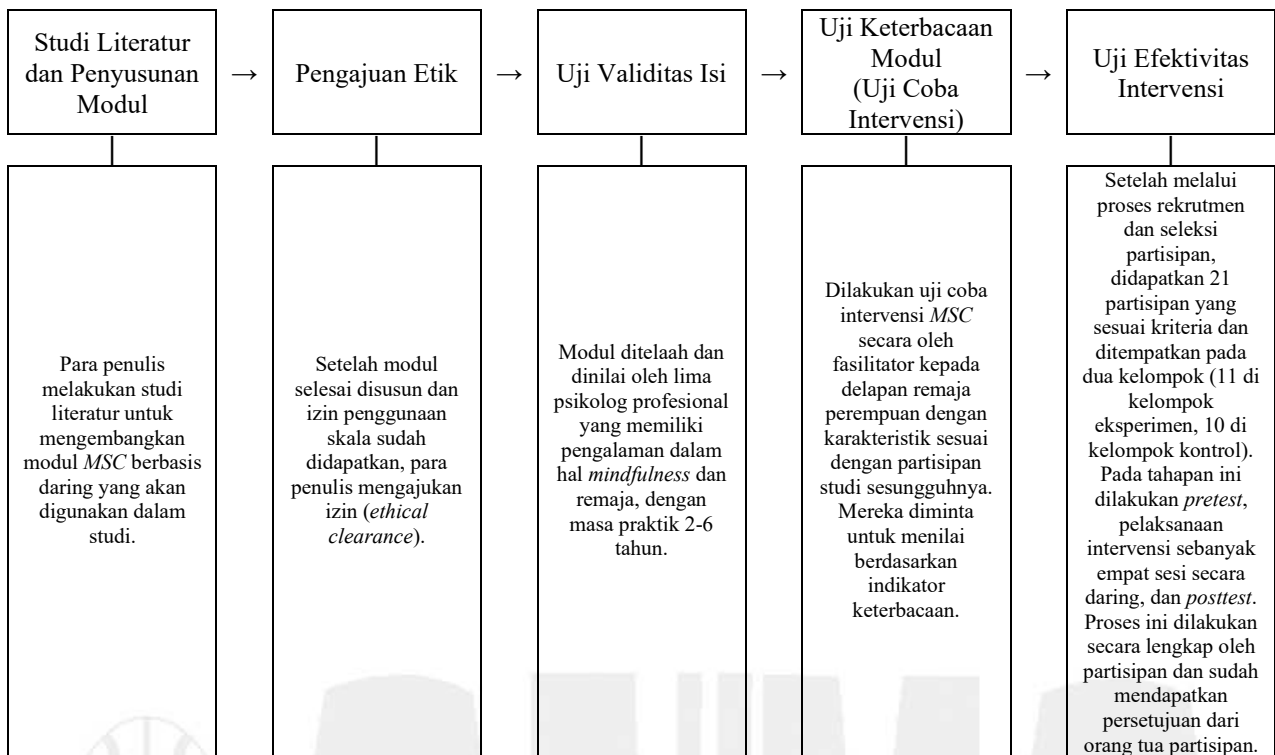
Figure 3. Study implementation procedures.

## Study Procedures

This study was conducted online and consisted of two main stages: (1) the preparation stage; and (2) the implementation stage (see Figure 3). The entire process was carried out systematically, adhering to ethical principles for psychological research and considering the effectiveness and efficiency of implementing online interventions. The preparation stage involved several important steps, including obtaining ethical clearance from the university ethics committee, validating the content of the online-based Mindful Self-Compassion (MSC) intervention by experts, an initial screening process to determine participants who met the inclusion criteria, and training for facilitators and observers. Intervention validation was conducted to ensure the material was appropriate to the program's objectives and its relevance to the cultural context and development of the participants. Meanwhile, participant selection was conducted through a questionnaire distributed using Google Forms, which included demographic data and baseline psychological conditions, to ensure that participants were within the adolescent age range, were ready to participate in the program, and were not currently undergoing other psychological interventions.

## Prosedur Studi

Studi ini dilaksanakan secara daring dan terdiri atas dua tahap utama, yaitu: (1) tahap persiapan; dan (2) tahap pelaksanaan (lihat Gambar 3). Seluruh proses dilakukan secara sistematis dengan mengikuti prinsip etika penelitian psikologi dan mempertimbangkan efektivitas serta efisiensi pelaksanaan intervensi berbasis daring. Tahap persiapan melibatkan beberapa langkah penting, di antaranya pengurusan izin etik kepada komite etik universitas, validasi isi intervensi *Mindful Self-Compassion (MSC)* berbasis daring oleh para ahli, proses penyaringan awal untuk menentukan partisipan yang sesuai dengan kriteria inklusi, serta pelatihan bagi fasilitator dan observer. Validasi intervensi dilakukan untuk menjamin kesesuaian materi dengan tujuan program serta relevansi konteks budaya dan perkembangan partisipan. Sementara itu, seleksi partisipan dilakukan melalui kuesioner yang dibagikan menggunakan *Google Forms*, yang mencakup data demografis dan kondisi psikologis awal, untuk memastikan bahwa partisipan berada dalam rentang usia remaja, memiliki kesiapan mengikuti program, serta tidak sedang menjalani intervensi psikologis lain.



Gambar 3. Prosedur pelaksanaan studi.

The two-week intervention duration was chosen based on a literature review showing that short-term mindfulness-based interventions can provide significant benefits. For example, research by Passmore and Howell (2014) demonstrated that a two-week mindfulness-based self-help program improved participants' psychological well-being and self-compassion. Therefore, two weeks was considered an adequate duration to observe initial changes, especially in the context of a program designed to be concise yet maintain the depth of participants' reflective experiences.

The implementation phase consists of three main parts, namely: (1) pretest measurement; (2) intervention implementation; and (3) posttest measurement. The pretest measurement was conducted one day before the first session of the program began, using Google Forms that were distributed to all participants through a group communication platform (WhatsApp Group). The questionnaire was filled out simultaneously in a class setting, when all participants were asked to set aside time on the same day to answer the pretest questionnaire. The purpose of this approach was to

Durasi intervensi selama dua minggu dipilih berdasarkan hasil kajian literatur yang menunjukkan bahwa intervensi berbasis *mindfulness* dalam rentang waktu pendek dapat memberikan manfaat signifikan. Sebagai contoh, penelitian oleh Passmore dan Howell (2014) menunjukkan bahwa program *self-help* berbasis *mindfulness* yang berlangsung selama dua minggu dapat meningkatkan kesejahteraan psikologis dan rasa belas kasih diri (*self-compassion*) pada partisipan. Oleh karena itu, dua minggu dianggap sebagai durasi yang memadai untuk melihat perubahan awal, terutama dalam konteks program yang dirancang padat namun tetap mempertahankan kedalaman pengalaman reflektif partisipan.

Tahap pelaksanaan terdiri atas tiga bagian utama, yakni: (1) pengukuran *pretest*; (2) pelaksanaan intervensi; dan (3) pengukuran *posttest*. Pengukuran *pretest* dilakukan satu hari sebelum sesi pertama program dimulai, dengan menggunakan *Google Forms* yang dibagikan kepada seluruh partisipan melalui platform komunikasi grup (*WhatsApp Group*). Pengisian dilakukan secara serentak dalam suasana klasikal, ketika seluruh partisipan diminta untuk meluangkan waktu di hari yang sama guna menjawab kuesioner *pretest*. Tujuan pendekatan ini adalah untuk menjaga keseragam-

maintain uniformity in measurement time and minimize bias that might arise due to differences in context or filling conditions.

The intervention program was implemented in the form of four Mindful Self-Compassion (MSC) sessions held over two weeks, with a frequency of two sessions per week (with a four-day gap between sessions). Each session lasted approximately 90 minutes and was conducted online via Zoom. Participant attendance data was recorded, and all participants attended all four Zoom sessions, resulting in 100% attendance for all sessions. This intervention was conducted in a classical (group) format, rather than individually, with the consideration that the group format can strengthen the element of common humanity, a key component of the Mindful Self-Compassion (MSC) approach. Through group discussions, joint exercises, and experience sharing sessions, participants were expected to feel that the challenges they faced were not something unique to them, but rather part of the universal human experience. In addition to the synchronous activities conducted directly via Zoom, participants were also given a number of reflective tasks and informal exercises conducted asynchronously. These activities included practices such as short meditations, daily journaling, and informal application of mindful self-compassion principles in daily life. Although these activities were conducted independently without real-time support, participant engagement in the asynchronous sessions was still monitored by the facilitator. At the beginning of each subsequent synchronous session, the facilitator actively checked engagement by asking each participant to reflect on their experience during the independent practice. These reflections were discussed in an open discussion that also provided space for participants to learn from each other's experiences. Although there was no quantitative recording or systematic activity log, the facilitator's notes during the reflection sessions served as a resource to ensure the continuity and quality of the asynchronous practice. This approach ensured that the asynchronous aspects of the intervention remained monitored and meaningfully integrated into the overall learning process.

The posttest was administered on the same day as the fourth session, shortly after the program's final session. The posttest questionnaire link was shared via Zoom chat, and participants were asked to complete it directly and simultaneously before leaving the session.

an waktu pengukuran dan meminimalkan bias yang mungkin muncul akibat perbedaan konteks atau kondisi pengisian.

Program intervensi dilaksanakan dalam bentuk empat sesi *Mindful Self-Compassion (MSC)* yang dilakukan selama dua minggu, dengan frekuensi dua sesi per minggu (terdapat jarak empat hari antar sesi). Setiap sesi memiliki durasi sekitar 90 menit dan dilaksanakan secara daring melalui *Zoom*. Terdapat data kehadiran partisipan dan seluruh partisipan hadir dalam keempat sesi dengan *Zoom* sehingga kehadiran tercatat 100% untuk semua sesi. Intervensi ini dilakukan secara klasikal (berkelompok), bukan individual, dengan pertimbangan bahwa format kelompok dapat memperkuat elemen *common humanity* yang menjadi salah satu komponen utama dalam pendekatan *Mindful Self-Compassion (MSC)*. Melalui diskusi kelompok, latihan bersama, dan sesi berbagi pengalaman, partisipan diharapkan dapat merasakan bahwa tantangan yang mereka hadapi bukanlah sesuatu yang dialami secara pribadi saja, melainkan merupakan bagian dari pengalaman manusiawi yang universal. Selain kegiatan sinkron yang dilakukan secara langsung melalui *Zoom*, partisipan juga diberikan sejumlah tugas reflektif dan latihan informal yang dilakukan secara asinkron. Kegiatan ini mencakup praktik seperti meditasi singkat, menulis jurnal harian, serta penerapan informal prinsip *mindful self-compassion* dalam kehidupan sehari-hari. Meskipun kegiatan ini dilakukan secara mandiri tanpa pendampingan waktu nyata, keterlibatan partisipan dalam sesi asinkron tetap dimonitor oleh fasilitator. Pada setiap awal sesi sinkron berikutnya, fasilitator secara aktif memeriksa keterlibatan tersebut dengan menanyakan refleksi dari tiap partisipan terkait pengalaman mereka selama melakukan latihan mandiri. Refleksi ini dibahas dalam suasana diskusi terbuka yang juga memberikan ruang bagi partisipan untuk saling belajar dari pengalaman satu sama lain. Meskipun tidak terdapat pencatatan kuantitatif atau *log* aktivitas yang sistematis, catatan fasilitator selama sesi refleksi berfungsi sebagai sumber informasi untuk memastikan keberlangsungan dan kualitas praktik asinkron. Dengan pendekatan ini, aspek asinkron dalam intervensi tetap terpantau dan terintegrasi secara bermakna dalam keseluruhan proses pembelajaran.

Pengukuran *posttest* dilakukan pada hari yang sama dengan pelaksanaan sesi keempat, yaitu sesaat setelah sesi terakhir program berakhir. Tautan kuesioner *posttest* dibagikan melalui *chat* dalam *Zoom*, dan partisipan diminta untuk mengisi kuesioner secara langsung dan

All participants completed the pretest and posttest according to a predetermined schedule. This approach was chosen to capture the immediate effects of the intervention while avoiding the potential influence of external variables that could affect participants' psychological well-being if measurements were taken at intervals.

## Data Analysis

The data analysis technique used in this study is quantitative analysis. The module validation process is carried out in two stages, namely: (1) content validation; and (2) empirical validation. Content validation is assessed by experts (expert judgment) and analyzed using the Aiken's  $V$  technique. An item is declared to have high content validity if Aiken's  $V \geq .80$  (Azwar, 2012). Empirical validation is carried out by implementing the developed module intervention, and the validation data are analyzed using One-Way Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) with the help of Jamovi 2.3.28 software. The module is said to be empirically effective if there is a statistically significant difference ( $p < .05$ ) between the experimental and control groups, and after controlling for covariate variables in the ANCOVA analysis (Gravetter & Wallnau, 2017).

serentak sebelum meninggalkan sesi. Seluruh partisipan melengkap *pretest* dan *posttest* sesuai dengan jadwal yang telah ditentukan. Pendekatan ini dipilih untuk menangkap efek langsung dari intervensi, sekaligus menghindari potensi pengaruh dari variabel luar yang dapat memengaruhi kondisi psikologis partisipan apabila pengukuran dilakukan dengan jeda waktu tertentu.

## Analisis Data

Teknik analisis data yang digunakan dalam studi ini adalah analisis kuantitatif. Proses validasi modul dilakukan dalam dua tahap, yaitu: (1) validasi isi; dan (2) validasi empirik. Validasi isi dinilai oleh para ahli (*expert judgment*) dan dianalisis menggunakan teknik Aiken's  $V$ . Suatu butir dinyatakan memiliki validitas isi yang tinggi apabila nilai Aiken's  $V \geq 0,80$  (Azwar, 2012). Validasi empirik dilakukan dengan menerapkan intervensi modul yang telah dikembangkan, dan data hasil validasi dianalisis menggunakan *One-Way Analysis of Variance (ANOVA)* dan *Analysis of Covariance (ANCOVA)* dengan bantuan perangkat lunak *Jamovi 2.3.28*. Modul dikatakan efektif secara empirik apabila terdapat perbedaan yang signifikan secara statistik ( $p < 0,05$ ) antara kelompok eksperimen dan kontrol, serta setelah mengontrol variabel kovariat dalam analisis *ANCOVA* (Gravetter & Wallnau, 2017).

## Results

### Content Validation

Content validation of the online-based Mindful Self-Compassion (MSC) module was conducted through expert assessment. The experts, five professional psychologists (more detailed information is available in the Academic Review Participants section), assessed the appropriateness of the module's activities to the program's objectives and the appropriateness of the program's delivery strategies. The evaluation components are presented in Table 3. Based on the analysis, the online-based Mindful Self-Compassion (MSC) module demonstrated good content validity (Aiken's  $V = .8663$ ;  $V > .50$ ). A  $V$  coefficient greater than .50 is considered adequate content validity (Azwar, 2017). These results indicate that the online-based Mindful Self-Compassion (MSC) module is conceptually sound, with activities aligned with the program's objectives and theoretical foundation. The evaluation results are presented in Table 3.

## Hasil

### Validasi Isi

Validasi isi terhadap modul *Mindful Self-Compassion (MSC)* berbasis daring dilakukan melalui penilaian para ahli. Para ahli yang merupakan lima psikolog profesional (informasi lebih detail tersedia pada bagian Partisipan Penelaahan Studi) menilai kesesuaian antara aktivitas dalam modul dengan tujuan yang ingin dicapai serta kecocokan strategi penyampaian dalam program. Komponen evaluasi dapat dilihat pada Tabel 3. Berdasarkan hasil analisis, modul *Mindful Self-Compassion (MSC)* berbasis daring menunjukkan validitas isi yang baik (Aiken's  $V = 0,8663$ ;  $V > 0,50$ ). Koefisien  $V$  yang lebih besar dari 0,50 dianggap menunjukkan validitas isi yang memadai (Azwar, 2017). Hasil ini mengindikasikan bahwa modul *Mindful Self-Compassion (MSC)* berbasis daring secara konseptual kuat, dengan aktivitas yang sesuai dengan tujuan program dan landasan teoritisnya. Hasil evaluasi dapat dilihat pada Tabel 3.

Table 3  
*Online-Based Mindful Self-Compassion (MSC) Module's Content Validity Results*

No.	Assessment Components	Aiken's V Range	Aiken's V	Aiken's V Module	Result
1	Synchronous Session Module Assessment	.75 - .9	.835		Good Validity
2	Asynchronous Session Module Assessment	.75 - .95	.85	.8663	
3	Module Delivery Assessment	.8 - 1	.8925		

Table 4  
*Online-Based Mindful Self-Compassion (MSC) Module's Readability Test Results*

No.	Assessment Components	Aiken's V	Readability Test Aiken's V	Result
1	The material presented is easy to understand	.9375		Good Validity
2	The technical procedures for implementation are clear (online use, filling out worksheets)	.96875		
3	The language/wording used by psychologists is easy to understand	.90625	.9375	
4	The instructions given by the psychologist are easy to understand.	.9375		
5	The worksheets provided are easy to understand.	.90625		
6	The activities/actions carried out can be understood	.96875		

Table 5  
*Residual Normality Test Results*

	Score	K-SZ	p
Self-Compassion	Pretest	.626	.829
	Posttest	.392	.988
Mindfulness	Pretest	.699	.712
	Posttest	.391	.998

### Module Readability Test

A readability test of the online-based Mindful Self-Compassion (MSC) module was conducted on eight trial participants (more detailed information is available in the Readability Test Participants section). Based on Table 4, the module demonstrated good validity (*Aiken's V* = .9375;  $V > .50$ ). Statistical results indicate that the language, instructions, procedures, implementation, materials, content of independent tasks, and worksheet format in the online-based Mindful Self-Compassion (MSC) module were well understood by the participants.

### Empirical Validation

Empirical validation was conducted on 21 participants, consisting of 11 in the experimental group and 10 in the control group. All participants underwent a pretest using self-compassion and mindfulness scales. The experimental group then participated in a four-session online-based Mindful Self-Compassion (MSC) program. After the program, participants completed an evaluation form and completed a posttest using the same instruments as the pretest.

### Uji Keterbacaan Modul

Uji keterbacaan terhadap modul *Mindful Self-Compassion (MSC)* berbasis daring dilakukan pada delapan partisipasi uji coba (informasi lebih detail tersedia pada bagian Partisipan Uji Keterbacaan). Berdasarkan Tabel 4, modul menunjukkan validitas yang baik (*Aiken's V* = 0.9375;  $V > 0,50$ ). Hasil statistik menunjukkan bahwa bahasa, instruksi, prosedur, pelaksanaan, materi, konten tugas mandiri, serta format lembar kerja dalam modul *Mindful Self-Compassion (MSC)* berbasis daring dapat dipahami dengan baik oleh partisipan.

### Validasi Empirik

Validasi empirik dilakukan kepada 21 partisipan, terdiri dari 11 orang dalam kelompok eksperimen dan 10 orang dalam kelompok kontrol. Seluruh partisipan menjalani *pretest* dengan menggunakan skala *self-compassion* dan *mindfulness*. Kelompok eksperimen kemudian mengikuti program *Mindful Self-Compassion (MSC)* berbasis daring selama empat sesi. Setelah program selesai, partisipan mengisi formulir evaluasi serta *posttest* menggunakan instrumen yang sama dengan *pretest*.

Tabel 3

*Hasil Dari Validasi Isi Untuk Modul Mindful Self-Compassion (MSC) Berbasis Daring*

No.	Komponen Penilaian	Aiken's V Range	Aiken's V	Aiken's V Module	Hasil
1	Penilaian Modul Sesi <i>Synchronous</i>	0,75 - 0,9	0,835		Validitas Baik
2	Penilaian Modul Sesi <i>Asynchronous</i>	0,75 - 0,95	0,85	0,8663	
3	Penilaian Penyampaian Modul	0,8 - 1	0,8925		

Tabel 4

*Hasil Dari Uji Keterbacaan Modul Mindful Self-Compassion (MSC) Berbasis Daring*

No.	Komponen Penilaian	Aiken's V	Aiken's V Uji Keterbacaan	Hasil
1	Materi yang disampaikan mudah dipahami	0,9375		Validitas Baik
2	Prosedur teknis pelaksanaan sudah jelas (penggunaan daring, pengisian lembar kerja)	0,96875		
3	Bahasa yang digunakan oleh psikolog mudah dipahami	0,90625	0,9375	
4	Instruksi yang diberikan psikolog mudah dipahami	0,9375		
5	Lembar kerja yang diberikan mudah dipahami	0,90625		
6	Aktivitas/kegiatan yang dilakukan dapat dipahami	0,96875		

Tabel 5

*Hasil Uji Normalitas Residual*

	Score	K-SZ	p
<i>Self-Compassion</i>	<i>Pretest</i>	0,626	0,829
	<i>Posttest</i>	0,392	0,988
<i>Mindfulness</i>	<i>Pretest</i>	0,699	0,712
	<i>Posttest</i>	0,391	0,998

A normality test was conducted to determine whether participant scores were normally distributed, which will determine the type of statistical test used. The normality test was performed using the Kolmogorov-Smirnov (K-SZ) method. Data are considered normally distributed if the K-SZ value is positive and the *p* value is  $> .05$  (Widhiarso, 2021). Specific information can be seen in Table 5.

A homogeneity test was also conducted to determine whether the data from the experimental and control groups had relatively equal variance. Data were considered homogeneous if the significance value was  $> .05$  ( $p > .05$ ). The homogeneity test was conducted using One-Way ANOVA, which showed that before and after the intervention, all participants were in equal or homogeneous conditions, both for self-compassion scores ( $F = 8.062$ ;  $p > .05$ ) and mindfulness scores ( $F = 13.670$ ;  $p > .05$ ).

According to recent studies, if statistical assumptions such as normal distribution, homogeneity, and appropriate scaling are met, parametric tests remain valid even with small sample sizes (Kim & Park, 2019).

Uji normalitas dilakukan untuk mengetahui apakah skor partisipan terdistribusi secara normal, yang akan menentukan jenis uji statistik yang digunakan. Uji normalitas dilakukan dengan metode *Kolmogorov-Smirnov (K-SZ)*. Data dianggap berdistribusi normal apabila nilai K-SZ positif dan nilai *p*  $> 0,05$  (Widhiarso, 2021). Informasi spesifik dapat dilihat pada Tabel 5.

Uji homogenitas juga dilakukan untuk mengetahui apakah data dari kelompok eksperimen dan kontrol memiliki variansi yang relatif sama. Data dianggap homogen apabila nilai signifikansi  $> 0,05$  ( $p > 0.05$ ). Uji homogenitas dilakukan menggunakan *One-Way ANOVA*, yang menunjukkan bahwa sebelum dan sesudah intervensi, seluruh partisipan berada dalam kondisi yang setara atau homogen, baik untuk skor *self-compassion* ( $F = 8,062$ ;  $p > 0,05$ ) maupun skor *mindfulness* ( $F = 13,670$ ;  $p > 0,05$ ).

Menurut studi terbaru, apabila asumsi statistik seperti distribusi normal, homogenitas, dan skala yang tepat telah terpenuhi, maka uji parametrik tetap valid meskipun dengan jumlah sampel yang kecil (Kim &

Table 6  
*Descriptive Analysis*

	Group	Pretest (SC)	Posttest (SC)	Gain Score (SC)	Pretest (M)	Posttest (M)	Gain Score (M)
<i>N</i>	Experimental	11	11	11	11	11	11
	Control	10	10	10	10	10	10
<i>Mean (SD)</i>	Experimental	72.9 (14.5)	89.1 (10.5)	16.2 (13.4)	37.3 (3.93)	42.9 (4.53)	5.64 (3.17)
	Control	81.6 (14.3)	84.2 (13.0)	2.60 (6.75)	38.1 (5.32)	37.9 (4.33)	- 0.200 (3.99)

Table 7  
*ANCOVA Results on Self-Compassion Variable*

	Sum of Squares	df	Mean Square	F	p
Overall Model	1642	2	821.0	8.37	.003
Pretest (Self-Compassion)	1196	1	1196.2	15.16	.001
Group	446	1	445.9	5.65	.029
Residuals	1420	18	78.9		

Table 8  
*ANCOVA Results on Mindfulness Variable*

	Sum of Squares	df	Mean Square	F	p
Overall Model	338	2	168.8	14.1	< .001
Pretest (Mindfulness)	177	1	177.4	16.3	< .001
Group	160	1	160.2	14.7	.001
Residuals	196	18	10.9		

Although this study used a relatively small sample size ( $N < 30$ ), recent literature suggests that parametric tests can still be used provided the data are normally distributed (Pöhlmann & Konietschke, 2023). These results support the hypothesis that differences in scores between participants are primarily due to the effect of the treatment between the control and experimental groups, rather than individual differences within the same group (Medugu et al., 2023).

Based on the results of the descriptive analysis, it was found that the experimental group experienced an increase in self-compassion scores from pretest ( $M = 72.9$ ;  $SD = 14.5$ ) to posttest ( $M = 89.1$ ;  $SD = 10.5$ ), with an average gain score of 16.2. In contrast, the control group showed only a small increase ( $gain\ score = 2.60$ ) from pretest ( $M = 81.6$ ) to posttest ( $M = 84.2$ ; more detailed information is available in Table 6). On the mindfulness variable, the experimental group also experienced an increase in the average score from 37.3 to 42.9 ( $gain\ score = 5.64$ ), while the control group showed a small decrease from 38.1 to 37.9 ( $gain\ score = - 0.20$ ). In general, the higher increase in scores in the experimental group compared to the control group

Park, 2019). Walaupun studi ini menggunakan jumlah sampel yang relatif kecil ( $N < 30$ ), literatur mutakhir menyatakan bahwa uji parametrik tetap dapat digunakan dengan syarat data terdistribusi normal (Pöhlmann & Konietschke, 2023). Hasil ini memperkuat dugaan bahwa perbedaan skor antar partisipan lebih disebabkan oleh pengaruh perlakuan antara kelompok kontrol dan eksperimen, bukan oleh perbedaan individu dalam kelompok yang sama (Medugu et al., 2023).

Berdasarkan hasil analisis deskriptif ditemukan bahwa kelompok eksperimen mengalami peningkatan skor *self-compassion* dari pretest ( $M = 72,9$ ;  $SD = 14,5$ ) ke posttest ( $M = 89,1$ ;  $SD = 10,5$ ), dengan *gain score* rerata sebesar 16,2. Sebaliknya, kelompok kontrol hanya menunjukkan peningkatan kecil (*gain score* = 2,60) dari pretest ( $M = 81,6$ ) ke posttest ( $M = 84,2$ ; informasi lebih detail tersedia pada Tabel 6). Pada variabel *mindfulness*, kelompok eksperimen juga mengalami peningkatan skor rerata dari 37,3 ke 42,9 (*gain score* = 5,64), sedangkan kelompok kontrol menunjukkan penurunan kecil dari 38,1 ke 37,9 (*gain score* = - 0,20). Secara umum, peningkatan skor yang lebih tinggi pada kelompok eksperimen dibandingkan kelompok

Tabel 6  
*Analisis Deskriptif*

	Kelompok	Pretest (SC)	Posttest (SC)	Gain Score (SC)	Pretest (M)	Posttest (M)	Gain Score (M)
<i>N</i>	Eksperimen	11	11	11	11	11	11
	Kontrol	10	10	10	10	10	10
<i>Mean (SD)</i>	Eksperimen	72,9 (14,5)	89,1 (10,5)	16,2 (13,4)	37,3 (3,93)	42,9 (4,53)	5,64 (3,17)
	Kontrol	81,6 (14,3)	84,2 (13,0)	2,60 (6,75)	38,1 (5,32)	37,9 (4,33)	- 0,200 (3,99)

Tabel 7  
*Hasil Perhitungan ANCOVA Pada Variabel Self-Compassion*

	Sum of Squares	df	Mean Square	F	p
<i>Overall Model</i>	1642	2	821,0	8,37	0,003
<i>Pretest (Self-Compassion)</i>	1196	1	1196,2	15,16	0,001
<i>Group</i>	446	1	445,9	5,65	0,029
<i>Residuals</i>	1420	18	78,9		

Tabel 8  
*Hasil Perhitungan ANCOVA Pada Variabel Mindfulness*

	Sum of Squares	df	Mean Square	F	p
<i>Overall Model</i>	338	2	168,8	14,1	< 0,001
<i>Pretest (Mindfulness)</i>	177	1	177,4	16,3	< 0,001
<i>Group</i>	160	1	160,2	14,7	0,001
<i>Residuals</i>	196	18	10,9		

indicates a positive effect of the Mindful Self-Compassion (MSC) intervention on both measured variables.

### Hypothesis Testing

ANCOVA was conducted (see Table 7) to determine the effectiveness of the intervention on posttest self-compassion scores while controlling for pretest scores. The covariate variables used in the ANCOVA model were the pretest scores of each dependent variable, so two ANCOVA analyses were conducted separately for each variable. The overall analysis model showed statistically significant results ( $F(2,18) = 8,37; p = .003$ ), indicating that the combination of predictors was able to significantly explain the variance in posttest self-compassion scores. Pretest self-compassion scores proved to be a significant covariate ( $F(1,18) = 15,16; p = .001$ ) with a mean square of 1196.2. These findings confirm the importance of initial self-compassion levels in predicting outcomes after the intervention. The intervention also had a significant effect on self-compassion ( $F(1,18) = 5,65; p = .029$ ) which shows that the group intervention made a positive con-

kontrol mengindikasikan adanya efek positif dari intervensi *Mindful Self-Compassion (MSC)* terhadap kedua variabel yang diukur.

### Uji Hipotesis

ANCOVA dilakukan (lihat Tabel 7) untuk mengetahui efektivitas intervensi terhadap skor *posttest self-compassion* dengan mengontrol skor *pretest*. Variabel kovariat yang digunakan dalam model ANCOVA adalah skor *pretest* dari masing-masing variabel dependen sehingga dua analisis ANCOVA dilakukan secara terpisah untuk tiap variabel. Model analisis secara keseluruhan menunjukkan hasil yang signifikan secara statistik ( $F(2,18) = 8,37; p = 0,003$ ) yang menunjukkan bahwa kombinasi prediktor mampu menjelaskan varians skor *posttest self-compassion* secara signifikan. Skor *pretest self-compassion* terbukti sebagai kovariat yang signifikan ( $F(1,18) = 15,16; p = 0,001$ ) dengan *mean square* sebesar 1196,2. Temuan ini menegaskan pentingnya tingkat *self-compassion* awal dalam memprediksi hasil setelah intervensi. Intervensi juga memberikan pengaruh yang signifikan terhadap *self-compassion* ( $F(1,18) = 5,65; p = 0,029$ ) yang menunjukkan

tribution to increasing self-compassion compared to the control group.

A similar ANCOVA analysis was conducted to assess the effect of the intervention on mindfulness post-test scores, controlling for mindfulness pretest scores. The overall analysis model showed significant results ( $F(2.18) = 14.1; p < .001$ ). This result indicates that the predictors effectively explained the mindfulness post-test results (see Table 8). Initial mindfulness scores made a significant contribution to the model ( $F(1.18) = 16.3; p < .001$ ) with a mean square of 177.4. These results emphasize the predictive value of initial mindfulness levels on post-intervention outcomes. Furthermore, the group intervention was shown to have a significant effect on mindfulness improvement ( $F(1.18) = 14.7; p = .001$ ), indicating that participants in the intervention group experienced greater increases in mindfulness compared to the control group.

The findings from these two analyses highlight the effectiveness of the intervention in improving self-compassion and mindfulness in participants. In both cases, baseline scores were a strong predictor of post-test results, highlighting the importance of participants' baseline conditions in determining the intervention's impact. Furthermore, statistically significant group effects in both analyses demonstrate the intervention's value in improving both psychological constructs. These results support the intervention's efficacy in developing self-compassion and mindfulness. However, the remaining residual variance indicates that other factors, such as individual differences or external influences, may also contribute to the resulting changes.

## Descriptive Analysis

Descriptive analysis in this study was conducted to explain the processes that occurred during program implementation. Descriptive data were obtained through observations of each session, as well as from evaluations and suggestions provided by participants. Observations were conducted by an observer whose task was to monitor the alignment of program implementation with the modules and its achievement of the expected objectives. Each session lasted 110 to 120 minutes. The following is a description of each session.

bahwa intervensi kelompok memberikan kontribusi positif terhadap peningkatan *self-compassion* dibandingkan dengan kelompok kontrol.

Analisis ANCOVA serupa dilakukan untuk menilai pengaruh intervensi terhadap skor *posttest mindfulness* dengan mengontrol skor *pretest mindfulness*. Model analisis secara keseluruhan menunjukkan hasil signifikan ( $F(2.18) = 14,1; p < 0,001$ ). Hasil ini menunjukkan bahwa prediktor secara efektif menjelaskan hasil *posttest mindfulness* (lihat Tabel 8). Skor *mindfulness* awal memberikan kontribusi yang signifikan dalam model ( $F(1.18) = 16,3; p < 0,001$ ) dengan *mean square* sebesar 177,4. Hasil ini menekankan nilai prediktif dari tingkat *mindfulness* awal terhadap hasil setelah intervensi. Lebih lanjut, intervensi kelompok terbukti memberikan pengaruh signifikan terhadap peningkatan *mindfulness* ( $F(1.18) = 14,7; p = 0,001$ ) yang menunjukkan bahwa partisipan dalam kelompok intervensi mengalami peningkatan *mindfulness* yang lebih besar dibandingkan kelompok kontrol.

Temuan dari kedua analisis ini menyoroti efektivitas intervensi dalam meningkatkan *self-compassion* dan *mindfulness* pada partisipan. Dalam kedua kasus, skor awal merupakan prediktor kuat terhadap hasil *posttest*, menegaskan pentingnya kondisi awal partisipan dalam menentukan dampak intervensi. Selain itu, efek kelompok yang signifikan secara statistik dalam kedua analisis menunjukkan nilai intervensi dalam meningkatkan kedua konstruk psikologis tersebut. Hasil ini mendukung kebermanfaatan intervensi dalam mengembangkan *self-compassion* dan *mindfulness*. Namun demikian, varians residual yang tersisa mengindikasikan bahwa faktor lain seperti perbedaan individu atau pengaruh eksternal juga dapat berkontribusi terhadap perubahan yang dihasilkan.

## Analisis Deskriptif

Analisis deskriptif dalam studi ini dilakukan untuk menjelaskan proses yang terjadi selama pelaksanaan program. Data deskriptif diperoleh melalui observasi setiap sesi, serta dari evaluasi dan saran yang diberikan oleh para partisipan. Observasi dilakukan oleh seorang observer yang bertugas memantau kesesuaian antara pelaksanaan program dengan modul serta ketercapaiannya terhadap tujuan yang diharapkan. Setiap sesi berlangsung selama 110 hingga 120 menit. Berikut adalah penjelasan dari tiap sesi.

### ***Session I: Discovering Self-Compassion (First Meeting)***

Session I began with participants invited via Zoom and lasted 110 minutes. After all participants joined, the session began with introductions between the facilitator and participants to establish a positive initial rapport. The facilitator then explained the program flow, rules, and goals for each session. Psychoeducation on Mindful Self-Compassion (MSC) was the main focus of this session, with the aim of providing participants with an initial understanding of the importance of self-kindness. The facilitator taught soothing touch and hands-on-heart techniques, which involve paying attention to the breath and gentle touch on the body. Participants responded well, reporting that these exercises made them feel calmer and more comfortable, and that paying attention to their breath can be a pleasurable experience. Next, participants worked on a "Self-Compassionate Language" worksheet designed to help them reflect on how they talk to themselves. This activity went smoothly and provided participants with new insights into the influence of language on well-being. The session concluded with a self-compassion break, a breathing exercise combined with expressions of compassion for themselves. Participants found the session very useful as they learned concepts and practices they had not previously encountered.

### ***Session II: Self-Kindness, Common Humanity, Mindfulness (Second Meeting)***

Session II lasted 110 minutes and began with an evaluation of the participants' independent practice after the first session. The facilitator asked if there were any challenges in implementing the practice, and most participants stated that they had not experienced any difficulties, and some had even independently practiced the Mindful Self-Compassion (MSC) technique to calm themselves. The main practice in this session was affectionate breathing, which aims to increase awareness of the breathing process and appreciation for the body's efforts in breathing. Participants reported that they became more appreciative of their breath and felt the positive impact of this practice. Next, participants worked on a "What do I need?" worksheet, which helped them recognize the busyness of daily

### ***Sesi I: Discovering Self-Compassion (Pertemuan Pertama)***

Sesi I dimulai dengan mengundang partisipan melalui platform Zoom dan berlangsung selama 110 menit. Setelah seluruh partisipan bergabung, sesi diawali dengan perkenalan antara fasilitator dan partisipan untuk membangun hubungan awal yang positif. Fasilitator kemudian menjelaskan alur program, peraturan, serta tujuan yang ingin dicapai dalam setiap pertemuan. Psikoedukasi mengenai *Mindful Self-Compassion (MSC)* menjadi fokus utama dalam sesi ini, dengan tujuan memberikan pemahaman awal kepada partisipan mengenai pentingnya bersikap baik kepada diri sendiri. Fasilitator mengajarkan teknik *soothing touch* dan *hands-on-heart*, yang melibatkan perhatian pada napas dan sentuhan lembut pada tubuh. Para partisipan merespons dengan baik dan menyampaikan bahwa latihan tersebut membuat mereka merasa lebih tenang dan nyaman, serta menyadari bahwa memperhatikan napas dapat menjadi pengalaman yang menyenangkan. Selanjutnya, partisipan mengerjakan lembar kerja "*Self-Compassionate Language*" yang dirancang untuk membantu mereka merefleksikan cara mereka berbicara kepada diri sendiri. Kegiatan ini berjalan dengan lancar dan memberikan wawasan baru bagi partisipan mengenai pengaruh bahasa terhadap kesejahteraan diri. Sesi ditutup dengan *self-compassion break*, yaitu latihan pernapasan yang dikombinasikan dengan ungkapan kasih sayang kepada diri sendiri. Para partisipan merasa bahwa sesi ini sangat bermanfaat karena mereka mempelajari konsep dan praktik yang sebelumnya belum pernah mereka kenal.

### ***Sesi II: Self-Kindness, Common Humanity, Mindfulness (Pertemuan Kedua)***

Sesi II berlangsung selama 110 menit dan diawali dengan evaluasi terhadap praktik mandiri yang dilakukan partisipan setelah sesi pertama. Fasilitator menanyakan apakah terdapat kendala dalam pelaksanaan praktik tersebut, dan sebagian besar partisipan menyatakan tidak mengalami kesulitan, bahkan beberapa di antaranya sudah mempraktikkan teknik *Mindful Self-Compassion (MSC)* secara mandiri untuk menenangkan diri. Praktik utama dalam sesi ini adalah *affectionate breathing*, yang bertujuan meningkatkan kesadaran terhadap proses bernapas serta mengapresiasi upaya tubuh dalam bernapas. Partisipan melaporkan bahwa mereka menjadi lebih menghargai napas dan merasakan dampak positif dari latihan ini. Selanjutnya, partisipan mengerjakan lembar kerja "*What do I need?*"

activities and personal needs that are often overlooked. The session concluded with a loving kindness and self-compassion exercise, which involved paying attention to the breath and a deeper recognition of physical sensations and feelings. Participants reported feeling more self-aware and began to feel connected to others, realizing that many of them experienced similar challenges in their daily lives.

### ***Session III: Finding Your Compassionate Voice (Third Meeting)***

Session III lasted 110 minutes and began with a reflection on the participants' self-practice. Although some participants had not yet completed their self-practice, the facilitator encouraged discussion about the challenges they faced. The main practice in this session began with the "Working with Shame" worksheet, which aimed to help participants recognize and overcome shame, which often triggers self-criticism. Participants realized that they tend to be too hard on themselves, and that understanding imperfection as part of being human can help reduce self-criticism. Next, participants worked on the "Compassionate Letter for Self" worksheet, which involved writing a compassionate letter to themselves. This activity evoked positive emotions in participants, making them aware of their accomplishments and life journeys. The session concluded with a centering meditation, which encouraged participants to focus on the importance of breathing while listening to affirmations from within. Participants felt an increase in their ability to be kind to themselves and found inner strength.

### ***Session IV: Embracing Your Life (Fourth Meeting)***

Session IV was the final meeting and lasted 120 minutes. This session began with psychoeducation on the importance of self-forgiveness. The facilitator explained that self-criticism and focusing on shortcomings are common experiences, but self-forgiveness is a crucial step toward well-being. Equanimity and forgiveness phrase exercises were conducted to help participants recognize their feelings and readiness to

yang membantu mereka menyadari padatnya aktivitas harian dan kebutuhan pribadi yang seringkali terabaikan. Sesi ditutup dengan latihan *loving kindness* dan *self-compassion*, yang melibatkan perhatian pada napas serta pengenalan yang lebih dalam terhadap sensasi fisik dan perasaan yang muncul. Para partisipan menyampaikan bahwa mereka merasa lebih sadar diri dan mulai merasakan adanya keterhubungan dengan partisipan lain, karena menyadari bahwa banyak di antara mereka mengalami tantangan yang serupa dalam kehidupan sehari-hari.

### ***Sesi III: Finding Your Compassionate Voice (Pertemuan Ketiga)***

Sesi III berlangsung selama 110 menit dan diawali dengan refleksi atas praktik mandiri yang telah dilakukan partisipan. Meskipun beberapa partisipan belum menyelesaikan praktik mandirinya, fasilitator tetap mendorong terjadinya diskusi mengenai tantangan yang dihadapi. Praktik utama dalam sesi ini dimulai dengan mengerjakan lembar kerja "*Working with Shame*" yang bertujuan membantu partisipan mengenali dan mengatasi rasa malu yang seringkali menjadi pemicu munculnya kritik terhadap diri sendiri. Partisipan menyadari bahwa mereka cenderung terlalu keras terhadap diri sendiri, dan bahwa memahami ketidaksempurnaan sebagai bagian dari kemanusiaan dapat membantu mengurangi kritik terhadap diri. Kemudian, partisipan mengerjakan lembar kerja "*Compassionate Letter for Self*", yaitu kegiatan menulis surat welas asih kepada diri sendiri. Aktivitas ini membangkitkan emosi positif bagi partisipan, membuat mereka menyadari pencapaian dan perjalanan hidup yang telah dilalui. Sesi ditutup dengan meditasi *centering*, yang mengajak partisipan untuk memusatkan perhatian pada pentingnya napas sambil mendengarkan afirmasi dari dalam diri. Partisipan merasakan adanya peningkatan kemampuan dalam bersikap baik kepada diri sendiri serta menemukan kekuatan dari dalam.

### ***Sesi IV: Embracing Your Life (Pertemuan Keempat)***

Sesi IV merupakan pertemuan terakhir dan berlangsung selama 120 menit. Sesi ini dimulai dengan psikoedukasi mengenai pentingnya memaafkan diri sendiri. Fasilitator menyampaikan bahwa kritik terhadap diri dan fokus pada kekurangan adalah pengalaman yang umum terjadi, namun memaafkan diri merupakan langkah penting menuju kesejahteraan. Latihan *equanimity and forgiveness phrase* dilakukan untuk membantu

forgive themselves, while still extending kindness to themselves. Participants then worked on the “Appreciating Myself” worksheet, which encouraged them to recognize and appreciate positive aspects of themselves. Some participants realized they had been focusing too much on shortcomings, but through this exercise they began to appreciate their strengths and accomplishments. Participants also worked on the “Setting My Goals” worksheet, which helped them define expectations and concrete steps to achieve them. Participants reported that they became more aware of their life goals and how to achieve them. The session concluded with a session sharing their impressions of the Mindful Self-Compassion (MSC) program. Participants reported that the four sessions provided numerous benefits, particularly in improving their emotional management skills, self-understanding, and implementing Mindful Self-Compassion (MSC) practices in their daily lives. They expressed joy and gratitude for participating in the program, as they felt the impact in their daily lives.

### **Facilitator**

The facilitator used clear and effective communication, both verbally and non-verbally, in Bahasa Indonesia that was easily understood by participants. The material was presented in an engaging manner, using examples from everyday life that were relevant to participants' experiences, and avoiding the use of formal language. The facilitator provided sufficient space for participants to ask questions and explore the material further, while maintaining explanations that focused on the core topic. A strong rapport was established between the facilitator and participants, as evidenced by participants' active involvement in the sessions. The facilitator also provided constructive appreciation and motivation, particularly during sharing sessions, with affirmative gestures that helped participants feel valued and heard. Participants demonstrated active engagement throughout the program, with most feeling comfortable and supported in sharing their experiences and perspectives.

### **Participants**

During the Zoom sessions, most participants had their cameras turned on, although some encountered technical challenges such as poor signal or microphone issues. Initially, participants tended to be quiet and

partisipan menyadari perasaan dan kesiapan untuk memaafkan diri, sambil tetap menyampaikan kebaikan kepada diri sendiri. Partisipan kemudian mengerjakan lembar kerja “*Appreciating Myself*”, yang mendorong mereka untuk mengenali dan menghargai aspek positif dalam diri. Beberapa partisipan menyadari bahwa selama ini mereka terlalu fokus pada kekurangan, namun melalui latihan ini mereka mulai mampu mengapresiasi kekuatan dan pencapaian diri. Partisipan juga mengerjakan lembar kerja “*Setting My Goals*” yang membantu mereka menetapkan harapan serta langkah konkret untuk mencapainya. Partisipan menyampaikan bahwa mereka menjadi lebih sadar akan tujuan hidup dan cara mencapainya. Sesi ditutup dengan sesi berbagi kesan terhadap program *Mindful Self-Compassion (MSC)*. Para partisipan menyampaikan bahwa keempat sesi yang mereka ikuti memberikan banyak manfaat, terutama dalam meningkatkan kemampuan mengelola emosi, memahami diri, dan menerapkan praktik *Mindful Self-Compassion (MSC)* dalam kehidupan sehari-hari. Mereka merasa senang dan bersyukur telah mengikuti program ini karena dampaknya dirasakan dalam keseharian mereka.

### **Fasilitator**

Fasilitator menggunakan komunikasi yang jelas dan efektif, baik secara verbal maupun non-verbal, dengan Bahasa Indonesia yang mudah dipahami oleh partisipan. Materi disampaikan secara menarik dengan menggunakan contoh dari kehidupan sehari-hari yang relevan dengan pengalaman partisipan, serta menghindari penggunaan bahasa yang kaku. Fasilitator memberikan ruang yang cukup bagi partisipan untuk bertanya dan mengeksplorasi materi lebih lanjut, dengan penjelasan yang tetap terfokus pada inti topik. Hubungan antara fasilitator dan partisipan terbangun dengan baik, yang terlihat dari inisiatif partisipan untuk terlibat aktif dalam sesi. Fasilitator juga memberikan apresiasi dan motivasi secara konstruktif, khususnya saat sesi berbagi berlangsung, dengan gestur afirmatif yang membantu partisipan merasa dihargai dan didengarkan. Partisipan menunjukkan keterlibatan aktif selama program berlangsung, dengan sebagian besar merasa nyaman dan didukung dalam berbagi pengalaman serta pandangan mereka.

### **Partisipan**

Selama sesi melalui *Zoom*, sebagian besar partisipan menyalakan kamera, meskipun beberapa menghadapi kendala teknis seperti sinyal yang buruk atau masalah pada mikrofon. Di awal program, partisipan cenderung

reluctant to participate, but gradually became more active thanks to encouragement from the facilitator. Participants understood the material well, practiced independently at home, and reported applying Mindful Self-Compassion (MSC) techniques in their daily lives to calm themselves and manage their emotions. Although some participants did not always complete self-reports after the sessions, they still shared their experiences descriptively during the synchronous sessions. At the end of the program, participants expressed gratitude for the program and reported improved abilities in managing their emotions, self-awareness, and self-compassion. They also reported that the Mindful Self-Compassion (MSC) practices taught helped them feel calmer and more comfortable in their daily lives.

### **Program Evaluation**

Participant evaluations indicated that all the materials and practices provided during the program were engaging, beneficial, had a clear flow and objectives, were applicable to daily life, and brought about meaningful change for participants. Participants felt more capable of demonstrating self-compassion and managing their emotions better. All participants also appreciated the facilitator, who was deemed to have led the program very well, making it enjoyable and engaging for participants. The facilitator's ability to explain the materials and guide the practices was deemed easy to understand by participants. The program was also supported by adequate facilities, ranging from psychoeducational materials and practices to self-guided guidance. Regarding time management, the facilitator and participants agreed on a schedule at the beginning of the program. The facilitator also consistently ensured that the time spent did not exceed the initial agreement. However, participants felt that the program's implementation time needed to be reconsidered. Several participants suggested that the program not be held in the evening, and that it would be better scheduled in the morning or afternoon.

### **Discussion**

The participants in this study were adolescents, a period of significant developmental change. For adolescent girls, the challenges they face are often ex-

diam dan enggan berpartisipasi, namun secara bertahap mereka menjadi lebih aktif berkat dorongan dari fasilitator. Partisipan dapat memahami materi dengan baik, melakukan praktik secara mandiri di rumah, dan melaporkan bahwa mereka telah menerapkan teknik *Mindful Self-Compassion (MSC)* dalam kehidupan sehari-hari untuk menenangkan diri dan mengelola emosi. Meskipun ada beberapa partisipan yang tidak selalu mengisi laporan mandiri setelah praktik, mereka tetap berbagi pengalaman secara deskriptif dalam sesi sinkron. Pada akhir program, partisipan merasa bersyukur telah mengikuti program ini dan melaporkan adanya peningkatan kemampuan dalam mengelola emosi, mengenali diri, dan menunjukkan welas asih terhadap diri sendiri. Mereka juga melaporkan bahwa praktik *Mindful Self-Compassion (MSC)* yang diajarkan membantu mereka merasa lebih tenang dan nyaman dalam menjalani keseharian.

### **Evaluasi Program**

Evaluasi dari partisipan menunjukkan bahwa seluruh materi dan praktik yang diberikan selama program menarik, bermanfaat, memiliki alur dan tujuan yang jelas, dapat diterapkan dalam kehidupan sehari-hari, serta membawa perubahan yang bermakna bagi partisipan. Partisipan merasa lebih mampu menunjukkan welas asih terhadap diri sendiri (*self-compassion*) dan mengelola emosi dengan lebih baik. Seluruh partisipan juga mengapresiasi fasilitator, yang dinilai sangat baik dalam memimpin program sehingga terasa menyenangkan dan membuat partisipan terlibat secara aktif. Kemampuan fasilitator dalam menjelaskan materi dan membimbing praktik dinilai mudah dipahami oleh partisipan. Program juga didukung oleh fasilitas yang memadai, mulai dari materi psikoedukasi, praktik, hingga panduan mandiri. Terkait manajemen waktu, fasilitator dan partisipan telah menyepakati jadwal di awal program. Fasilitator juga secara konsisten memastikan bahwa waktu yang digunakan tidak melebihi kesempatan awal. Namun demikian, partisipan merasa bahwa waktu pelaksanaan program perlu dipertimbangkan ulang. Beberapa partisipan menyarankan agar program tidak diselenggarakan pada malam hari, dan akan lebih baik jika dijadwalkan pada pagi atau siang hari.

### **Diskusi**

Partisipan dalam studi ini adalah remaja, yang merupakan suatu periode dengan berbagai perubahan perkembangan. Bagi remaja perempuan, tantangan yang

cerbated by environmental pressures, including unrealistic cultural standards of success, excessive media use, and everyday peer pressure, which can negatively impact their well-being (Viner et al., 2015). Furthermore, adolescent girls often experience anxiety related to identity and self-presentation (West & Sweeting, 2003). Their daily experiences prior to participating in the program included academic pressure, responsibilities at home, expectations from their peers, and difficulty managing their emotions. Their difficulties in coping with these demands were partly due to a lack of knowledge about adaptive coping strategies. Furthermore, they lacked awareness of their positive qualities and struggled to manage their emotions positively. These conditions can be addressed through the learning provided in the Mindful Self-Compassion (MSC) program examined in this study.

The analysis results indicate that the online-based Mindful Self-Compassion (MSC) module has good content validity. Content validation included an assessment of the material presentation, implementation procedures and flow, language use, and module presentation. Therefore, it can be concluded that the online Mindful Self-Compassion (MSC) module is suitable for use, as the material and activities in each module session align with the objectives of its development.

The Mindful Self-Compassion (MSC) program is designed online to reach a wider audience. The online platforms used in the program—such as Zoom, WhatsApp, Google Drive, and Google Forms—are easy to access and use. However, the challenge in designing online learning lies in maintaining participant engagement. Furthermore, reliance on an internet connection is a potential obstacle during implementation. The learning model used is blended learning with a flipped classroom approach, a rotational model. Participants engage in collaborative sessions with facilitators to receive psychoeducation and practice breathing exercises. Furthermore, participants can independently practice what they have learned as needed. This model has positive impacts, such as increased knowledge and skills. Participants felt that this learning method made it easier to understand the material and carry out the practices more clearly. These findings align with research by Tan et al. (2017), which showed that learning with a flipped classroom approach helps improve knowledge,

mereka hadapi sering kali diperberat oleh tekanan lingkungan, termasuk standar keberhasilan budaya yang tidak realistis, penggunaan media yang berlebihan, serta pelecehan sehari-hari dari teman sebaya, yang dapat mengganggu kesejahteraan mereka (Viner et al., 2015). Selain itu, remaja perempuan kerap mengalami kecemasan yang berkaitan dengan identitas dan penampilan diri (West & Sweeting, 2003). Pengalaman yang mereka alami dalam kehidupan sehari-hari sebelum mengikuti program, seperti tekanan akademik, tanggung jawab di rumah, ekspektasi dari lingkungan, serta kesulitan mengelola emosi. Kesulitan mereka dalam menghadapi tuntutan tersebut sebagian disebabkan oleh kurangnya pengetahuan tentang strategi *coping* yang adaptif. Selain itu, mereka juga kurang menyadari kualitas positif dalam diri mereka dan kesulitan dalam mengelola emosi secara positif. Kondisi ini dapat diatasi melalui pembelajaran yang diberikan dalam program *Mindful Self-Compassion (MSC)* yang diteliti dalam studi ini.

Hasil analisis menunjukkan bahwa modul *Mindful Self-Compassion (MSC)* berbasis daring memiliki validitas isi yang baik. Validasi isi modul mencakup penilaian terhadap penyajian materi, prosedur dan alur pelaksanaan, penggunaan bahasa, serta tampilan modul. Oleh karena itu, dapat dikatakan bahwa modul *Mindful Self-Compassion (MSC)* berbasis daring ini layak digunakan, karena terdapat kesesuaian antara materi atau aktivitas dalam setiap sesi modul dengan tujuan penyusunannya.

Program *Mindful Self-Compassion (MSC)* ini dirancang dalam format daring untuk menjangkau partisipan yang lebih luas. Media daring yang digunakan dalam program ini—seperti *Zoom*, *WhatsApp*, *Google Drive*, dan *Google Forms*—mudah diakses dan digunakan. Namun, tantangan dalam merancang pembelajaran daring terletak pada upaya mempertahankan komitmen partisipan agar tetap terlibat. Selain itu, ketergantungan pada koneksi Internet juga menjadi kendala potensial selama pelaksanaan. Model pembelajaran yang digunakan adalah *blended learning* dengan pendekatan *flipped classroom*, yakni model rotasi. Partisipan terlibat dalam sesi kolaboratif bersama fasilitator untuk mendapatkan psikoedukasi dan praktik latihan pernapasan. Selanjutnya, partisipan dapat secara mandiri mempraktikkan apa yang telah dipelajari sesuai kebutuhan. Model ini memberikan dampak positif, seperti peningkatan pengetahuan dan keterampilan. Partisipan merasa bahwa metode pembelajaran ini mempermudah mereka dalam memahami materi dan melakukan praktik

skills, attitudes, independent learning, learning satisfaction, critical thinking, and problem-solving abilities.

In empirical validity testing, this module was found to have good empirical validity in improving self-compassion and mindfulness. Overall, these results indicate that the online-based Mindful Self-Compassion (MSC) program can be used as an intervention to improve positive psychological aspects in adolescent girls. This program is a mindfulness-based intervention that aims to increase self-compassion, specifically by increasing participants' positive emotions and self-awareness, so they can be more kind to themselves. The program also teaches participants how to manage their emotions more adaptively. Observations indicate that the material in this program helps participants better understand themselves, such as recognizing their strengths, accepting weaknesses, and remaining motivated to develop. These results align with the program's initial goal, namely as an intervention that combines mindfulness and self-compassion skills to increase individuals' emotional well-being (Neff & Germer, 2018). Through this concept, participants are taught how to cultivate compassionate awareness in dealing with difficult experiences, whether in the form of thoughts, emotions, or bodily sensations (Germer, n.d.). After completing this online-based Mindful Self-Compassion (MSC) program, participants felt better able to respond to unpleasant situations. They also felt more able to calm themselves when faced with uncomfortable situations.

In this study, the online-based Mindful Self-Compassion (MSC) program was conducted in groups, involving interaction between participants and facilitators, as well as between participants. This made the process more collaborative and supportive. Participants felt they learned more because they could relate the material to others' experiences. They also showed empathy for other participants' experiences, which may have been similar to their own. This finding aligns with research by Ogrodniczuk (2006), which states that women tend to prefer collaborative relationships. The role of the facilitator was also crucial to the success of this program. The microskills applied by the facilitator

secara lebih jelas. Temuan ini sejalan dengan penelitian Tan et al. (2017) yang menunjukkan bahwa pembelajaran dengan pendekatan *flipped classroom* membantu meningkatkan pengetahuan, keterampilan, sikap, pembelajaran mandiri, kepuasan belajar, berpikir kritis, dan kemampuan memecahkan masalah.

Dalam pengujian validitas empiris, ditemukan bahwa modul ini memiliki validitas empiris yang baik dalam meningkatkan *self-compassion* dan *mindfulness*. Secara keseluruhan, hasil ini menunjukkan bahwa program *Mindful Self-Compassion (MSC)* berbasis daring dapat digunakan sebagai intervensi untuk meningkatkan aspek psikologis positif pada remaja perempuan. Program ini merupakan intervensi berbasis *mindfulness* yang bertujuan untuk meningkatkan *self-compassion*, khususnya dalam meningkatkan emosi positif dan kesadaran diri partisipan, sehingga mereka dapat lebih bersikap baik kepada diri sendiri. Program ini juga mengajarkan partisipan bagaimana mengelola emosi secara lebih adaptif. Hasil observasi menunjukkan bahwa materi dalam program ini membantu partisipan untuk lebih memahami diri mereka, seperti mengenali kekuatan yang dimiliki, menerima kelemahan, dan tetap termotivasi untuk berkembang. Hasil ini selaras dengan tujuan awal program, yaitu sebagai intervensi yang menggabungkan keterampilan *mindfulness* dan *self-compassion* untuk meningkatkan kapasitas kesejahteraan emosional individu (Neff & Germer, 2018). Melalui konsep ini, partisipan diajarkan cara menumbuhkan kesadaran yang penuh welas asih dalam menghadapi pengalaman yang sulit, baik dalam bentuk pikiran, emosi, maupun sensasi tubuh (Germer, n.d.). Setelah menyelesaikan program *Mindful Self-Compassion (MSC)* berbasis daring ini, partisipan merasa lebih mampu merespons situasi yang tidak menyenangkan dengan lebih baik. Mereka juga merasa dapat menenangkan diri saat menghadapi situasi yang tidak nyaman.

Dalam studi ini, program *Mindful Self-Compassion (MSC)* berbasis daring dilaksanakan secara berkelompok, yang melibatkan interaksi antara partisipan dan fasilitator, serta interaksi antar partisipan. Hal ini membuat proses menjadi lebih kolaboratif dan suportif. Partisipan merasa mendapatkan lebih banyak pembelajaran karena dapat mengaitkan materi dengan pengalaman orang lain. Mereka juga menunjukkan empati terhadap pengalaman partisipan lain yang mungkin serupa dengan pengalaman pribadi mereka. Temuan ini sejalan dengan penelitian Ogrodniczuk (2006) yang menyatakan bahwa perempuan cenderung menyukai hubungan yang bersifat kolaboratif. Peran fasilitator

during the sessions, as well as the shared experiences, were considered instrumental in building a therapeutic relationship between participants and the facilitator (Corey, 2012). The facilitator in this study provided relevant and understandable examples, enabling participants to feel more connected to the facilitator's explanations. Participants also reported that the group activities in this program were enjoyable and provided new insights. Indirectly, this program also served as a support group for the participants.

The alignment between participants' goals and needs, the material provided, and the practices undertaken, led participants to commit to completing the program. They perceived the material taught in the program as something they had never learned before. They realized they truly needed the material, thus feeling motivated to continue participating. This alignment between goals and needs served as a catalyst for participants to persist in the program (Eyal, 2014). Furthermore, research by Short et al. (2015) also showed that participant engagement in online interventions increased when the intervention content and presentation methods matched participants' needs. This suggests that formulating shared goals and meeting participants' needs are crucial for increasing participant engagement in the program. Meeting participants' goals and needs through interactive group interactions can help increase the effectiveness of the intervention process (Reusch et al., 2011).

In general, the Mindful Self-Compassion (MSC) program has consistently demonstrated effectiveness in improving mindfulness and self-compassion scores across various age groups and contexts. Neff and Germer (2013) in a randomized controlled trial of the Mindful Self-Compassion (MSC) program for adults demonstrated significant improvements in self-compassion ( $d = .96$ ) and mindfulness ( $d = .69$ ), as well as sustained effects up to one year after the intervention. This study underscores that Mindful Self-Compassion (MSC) is effective not only in the short term but also has long-term durability on psychological well-being variables. Furthermore, a systematic review and meta-analysis by Golden et al. (2021) of 26 RCTs in non-clinical populations showed that mindfulness programs based on Mindful Self-Compassion (MSC), MBSR,

juga sangat penting dalam keberhasilan program ini. *Microskills* yang diterapkan oleh fasilitator selama sesi serta pengalaman yang dibagikan dianggap berperan dalam membangun hubungan terapeutik antara partisipan dan fasilitator (Corey, 2012). Fasilitator dalam studi ini memberikan contoh yang relevan dan mudah dipahami oleh partisipan, sehingga mereka merasa lebih terhubung dengan penjelasan fasilitator. Partisipan juga menyampaikan bahwa kegiatan kelompok dalam program ini menyenangkan dan memberikan wawasan baru. Secara tidak langsung, program ini juga berfungsi sebagai kelompok dukungan bagi para partisipan.

Kesesuaian antara tujuan dan kebutuhan partisipan dengan materi yang diberikan dan praktik yang dilakukan membuat partisipan berkomitmen untuk mengikuti program hingga selesai. Mereka merasa bahwa materi yang diajarkan dalam program ini adalah hal yang belum pernah mereka pelajari sebelumnya. Mereka menyadari bahwa sesungguhnya mereka membutuhkan materi tersebut, sehingga merasa termotivasi untuk terus berpartisipasi. Kesesuaian antara tujuan dan kebutuhan ini menjadi pemicu bagi partisipan untuk tetap mengikuti program (Eyal, 2014). Selain itu, penelitian oleh Short et al. (2015) juga menunjukkan bahwa keterlibatan partisipan dalam intervensi daring meningkat ketika konten intervensi dan cara penyajian informasi sesuai dengan kebutuhan partisipan. Hal ini menunjukkan bahwa perumusan tujuan bersama dan pemenuhan kebutuhan partisipan merupakan aspek penting untuk meningkatkan keterlibatan partisipan dalam program. Pemenuhan tujuan dan kebutuhan partisipan melalui interaksi kelompok yang interaktif dapat membantu meningkatkan efektivitas proses intervensi (Reusch et al., 2011).

Secara umum, program *Mindful Self-Compassion* (MSC) menunjukkan efektivitas yang konsisten dalam meningkatkan skor *mindfulness* dan *self-compassion* pada berbagai kelompok usia dan konteks. Neff dan Germer (2013) dalam uji coba terkontrol acak terhadap program *Mindful Self-Compassion* (MSC) dewasa menunjukkan peningkatan signifikan pada *self-compassion* ( $d = 0,96$ ) dan *mindfulness* ( $d = 0,69$ ), serta keberlanjutan efek hingga satu tahun setelah intervensi. Studi ini menggarisbawahi bahwa *Mindful Self-Compassion* (MSC) efektif tidak hanya dalam jangka pendek, tetapi juga memiliki daya tahan jangka panjang terhadap variabel kesejahteraan psikologis. Selain itu, studi sistematis dan meta-analisis oleh Golden et al. (2021) terhadap 26 RCT pada populasi non-klinis menunjukkan bahwa program *mindfulness* berbasis *Mind-*

and MBCT generally produced moderate effects on improving self-compassion ( $g = .60$ ), although there was heterogeneity between studies. This study also noted that the addition of explicit components such as compassion meditation or loving-kindness can strengthen the results of self-compassion improvements, although most effects in the standard program also remained significant. Specifically for adolescents, research by Bluth and Eisenlohr-Moul (2017) using an adapted version of Mindful Self-Compassion (MSC), “Making Friends with Yourself: A Mindful Self-Compassion Program for Teens,” found that self-compassion and mindfulness scores increased significantly from pre-intervention to post-intervention and remained stable at the six-week follow-up. Furthermore, increased self-compassion was also correlated with decreased stress and increased resilience and positive exploration. Thus, compared with the results of previous research, the Mindful Self-Compassion (MSC) program in this study showed a similar pattern of improvement in mindfulness and self-compassion scores. The program was adapted to the cultural context and needs of Indonesian adolescents, but retained the basic structure of Mindful Self-Compassion (MSC), allowing for theoretical and empirical comparisons with previously tested standard models.

### Study Limitations

There are several limitations that need to be considered when interpreting the results of this study. Participants in this study came from various regions in Indonesia. While this enriches the diversity of the data, it also means that the findings do not represent the specific characteristics or conditions of any particular region. Variations in culture, local values, and life experiences across regions can influence how adolescents respond to the Mindful Self-Compassion (MSC) intervention, which this study did not fully accommodate. Furthermore, all participants were high school students, so these findings may be less relevant to adolescents at other levels of education or those without education. Adolescents in different educational settings likely face different developmental challenges, which could impact the effectiveness of the Mindful Self-Compassion (MSC) intervention. Therefore, generalizing these results to adolescents with different educational backgrounds requires caution. In addition to limitations related to participant characteristics, several other aspects need to be considered when interpreting the results of

*ful Self-Compassion (MSC)*, MBSR, maupun MBCT secara umum menghasilkan efek sedang terhadap peningkatan *self-compassion* ( $g = 0,60$ ), walaupun terdapat heterogenitas antar studi. Studi ini juga mencatat bahwa penambahan komponen eksplisit seperti meditasi kasih sayang atau *loving-kindness* dapat memperkuat hasil peningkatan *self-compassion*, meskipun sebagian besar efek dalam program standar juga tetap signifikan. Khusus untuk remaja, penelitian oleh Bluth dan Eisenlohr-Moul (2017) yang menggunakan versi adaptasi dari *Mindful Self-Compassion (MSC)*, yaitu “*Making Friends with Yourself: A Mindful Self-Compassion Program for Teens*”, menemukan bahwa skor *self-compassion* dan *mindfulness* meningkat secara signifikan dari pra-intervensi ke pasca dan tetap stabil pada *follow-up* enam minggu. Selain itu, peningkatan *self-compassion* juga berkorelasi dengan penurunan stres dan peningkatan resiliensi serta eksplorasi positif. Dengan demikian, dibandingkan dengan hasil penelitian sebelumnya, program *Mindful Self-Compassion (MSC)* dalam studi ini menunjukkan pola peningkatan yang serupa terhadap skor *mindfulness* dan *self-compassion*. Program disesuaikan pendekatan dengan konteks budaya dan kebutuhan remaja Indonesia, tetapi tetap mempertahankan struktur dasar *Mindful Self-Compassion (MSC)* sehingga memungkinkan perbandingan teoretis dan empiris dengan model standar yang telah diuji sebelumnya.

### Keterbatasan Studi

Terdapat beberapa keterbatasan yang perlu dipertimbangkan dalam menafsirkan hasil studi ini. Partisipan dalam penelitian ini berasal dari berbagai daerah di Indonesia. Meskipun hal ini memperkaya keberagaman data, namun juga berarti bahwa temuan ini tidak merepresentasikan karakteristik atau kondisi spesifik suatu daerah tertentu. Variasi budaya, nilai lokal, dan pengalaman hidup antar daerah dapat memengaruhi bagaimana remaja merespons intervensi *Mindful Self-Compassion (MSC)*, yang dalam studi ini belum sepenuhnya diakomodasi. Selain itu, seluruh partisipan merupakan siswa sekolah menengah atas, sehingga temuan ini mungkin kurang relevan bagi remaja dengan jenjang pendidikan lain ataupun remaja yang tidak mengenyam pendidikan. Remaja pada pendidikan yang berbeda kemungkinan menghadapi tantangan perkembangan yang berbeda pula, yang dapat memengaruhi efektivitas intervensi *Mindful Self-Compassion (MSC)*. Oleh karena itu, generalisasi hasil ini pada remaja dengan latar belakang pendidikan yang berbeda perlu dilakukan dengan hati-hati. Selain keterbatasan terkait

this study. The online implementation of the program has its own limitations, particularly related to the authors' limited control over the participants' surrounding environment. During the sessions, participants participated in the program from their respective locations under highly varied circumstances. These conditions can affect participants' concentration levels, emotional comfort, and engagement in the group counseling process, but are beyond the authors' control. Methodologically, this study employed a quasi-experimental design with non-random group assignment. Although ANCOVA analysis was used to control for differences in baseline scores, this design still leaves potential biases that could impact internal validity. Furthermore, the relatively small number of participants implies limited statistical power in detecting intervention effects with greater confidence. Furthermore, this study did not directly measure mental health outcomes (e.g., symptoms of depression, anxiety, or psychological well-being) as additional indicators of intervention effectiveness. This limits understanding of the extent to which the Mindful Self-Compassion (MSC) intervention impacts not only the aspects measured in this study but also the psychological well-being of adolescents more comprehensively. The findings of this study are more appropriately understood as exploratory findings that provide initial direction for further research, rather than conclusions that can be broadly generalized. Therefore, the results of this study are more appropriately understood as preliminary, exploratory findings that open the way for more controlled, larger-scale follow-up studies.

## Conclusion

This study shows that an online-based Mindful Self-Compassion (MSC) intervention can help participants develop a more compassionate and kind attitude toward themselves. Through this program, participants learned various ways to cultivate self-compassion. They were able to recognize and manage both positive and negative emotions. They also gained a better understanding of their strengths and positive qualities and found it easier to accept their weaknesses while maintaining a desire for growth. Participants felt they had alternative ways to feel calmer and more comfortable through the exercises taught in this program.

karakteristik partisipan, terdapat sejumlah aspek lain yang perlu diperhatikan dalam menafsirkan hasil studi ini. Pelaksanaan program secara daring memiliki keterbatasan tersendiri, khususnya terkait dengan minimnya kendali para penulis terhadap kondisi lingkungan sekitar partisipan. Selama sesi berlangsung, partisipan mengikuti program dari lokasi masing-masing dengan situasi yang sangat bervariasi. Kondisi tersebut dapat memengaruhi tingkat konsentrasi, kenyamanan emosional, serta keterlibatan partisipan dalam proses konseling kelompok, namun berada di luar kendali para penulis. Dari sisi metodologi, studi ini menggunakan desain kuasi-eksperimental dengan pembagian kelompok yang tidak dilakukan secara acak. Meskipun analisis *ANCOVA* digunakan untuk mengontrol perbedaan skor awal, desain ini tetap menyisakan potensi bias yang dapat memengaruhi validitas internal. Di samping itu, jumlah partisipan yang relatif kecil berimplikasi pada keterbatasan daya statistik (*statistical power*) dalam mendeteksi efek intervensi secara lebih meyakinkan. Selain itu, studi ini belum secara langsung mengukur luaran kesehatan mental (misalnya: gejala depresi, kecemasan, atau kesejahteraan psikologis) sebagai indikator tambahan efektivitas intervensi. Hal ini membatasi pemahaman mengenai sejauh mana intervensi *Mindful Self-Compassion (MSC)* tidak hanya berpengaruh pada aspek yang diukur dalam studi ini, tetapi juga pada kondisi psikologis remaja secara lebih menyeluruh. Temuan dalam studi ini lebih tepat dipahami sebagai hasil eksploratif yang memberikan arah awal untuk penelitian lanjutan, daripada kesimpulan yang dapat digeneralisasikan secara luas. Oleh karena itu, hasil studi ini lebih tepat dipahami sebagai temuan awal yang bersifat eksploratif dan membuka ruang untuk studi lanjutan yang lebih terkontrol dan berskala lebih besar.

## Simpulan

Studi ini menunjukkan bahwa intervensi *Mindful Self-Compassion (MSC)* berbasis daring dapat membantu partisipan untuk bersikap lebih ramah dan penuh kasih kepada diri sendiri. Melalui program ini, partisipan mempelajari berbagai cara untuk menumbuhkan welas asih terhadap diri. Partisipan mampu mengenali dan mengelola emosi positif maupun negatif. Mereka juga menjadi lebih memahami kekuatan atau kualitas positif yang dimiliki, serta lebih mudah menerima kelemahan diri sambil tetap memelihara keinginan untuk berkembang. Para partisipan merasa memiliki alternatif cara untuk merasa lebih tenang dan nyaman melalui latihan yang diajarkan dalam program ini.

Based on the data analysis, the online-based Mindful Self-Compassion (MSC) module has good content validity and empirical validity. This online-based Mindful Self-Compassion (MSC) module has been proven to improve positive psychological aspects in participants. Furthermore, improvements in positive psychological aspects occur when individuals consciously treat themselves with kindness, such as through adaptive coping mechanisms, recognizing one's strengths, and accepting one's weaknesses without neglecting the spirit of growth. In this context, these aspects are reflected in the concepts of self-compassion and mindfulness. The online-based Mindful Self-Compassion (MSC) intervention can be implemented by psychology practitioners in both clinical settings and educational settings equivalent to high school level, provided that program participants have obtained parental consent. Furthermore, practitioners need to ensure the existence of first aid procedures or risk management measures in case of an adverse event during the program. The Mindful Self-Compassion (MSC) program is designed as a promotive and preventive measure, so it should be administered to participants who are physically and psychologically ready. If this program is to be applied to participants with clinical conditions, the potential risks need to be carefully considered.

### Authorship Roles

A.S.L.R. developed the theoretical framework, performed data analysis, and ran numerical simulations. A.S.L.R. and S.R. jointly contributed to the drafting of the final manuscript. S.R. served as the supervisor of this study.

Berdasarkan hasil analisis data, modul *Mindful Self-Compassion (MSC)* berbasis daring memiliki validitas isi dan validitas empiris yang baik. Modul *Mindful Self-Compassion (MSC)* berbasis daring ini terbukti dapat meningkatkan aspek psikologis positif pada partisipan. Lebih lanjut, peningkatan aspek psikologis positif terjadi ketika individu secara sadar memperlakukan dirinya dengan penuh kebaikan, seperti melalui mekanisme *coping* yang adaptif, pengenalan terhadap kekuatan diri, dan penerimaan terhadap kelemahan tanpa mengabaikan semangat untuk berkembang. Dalam konteks ini, aspek tersebut tercermin dalam konsep *self-compassion* dan *mindfulness*. Intervensi *Mindful Self-Compassion (MSC)* berbasis daring dapat diimplementasikan oleh praktisi psikologi baik di layanan klinis maupun di lingkungan pendidikan yang setara dengan jenjang sekolah menengah atas, dengan catatan bahwa partisipan program telah mendapatkan persetujuan dari orang tua. Selain itu, praktisi perlu memastikan adanya prosedur pertolongan pertama atau langkah manajemen risiko jika terjadi hal yang tidak diinginkan selama pelaksanaan program. Program *Mindful Self-Compassion (MSC)* ini dirancang sebagai langkah promotif dan preventif, sehingga perlu diberikan kepada partisipan yang secara fisik dan psikologis berada dalam kondisi siap. Apabila program ini akan diterapkan pada partisipan dengan kondisi klinis, maka potensi risikonya perlu dipertimbangkan secara cermat.

### Peran Penulis

A.S.L.R. mengembangkan kerangka teoretis, melakukan analisis data, dan menjalankan simulasi numerik. A.S.L.R. dan S.R. bersama-sama berkontribusi dalam penyusunan naskah akhir. S.R. bertindak sebagai penyelia dalam studi ini.

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