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Mindful Self-Compassion (MSC) Training to Improve the Subjective Well-Being of Postpartum Women After Caesarean Delivery

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Abstract

Postpartum women experience both physical and psychological changes. Previous studies have shown that women who delivered via caesarean section tend to have lower levels of Subjective Well-Being (SWB) than those who gave birth vaginally. If left unaddressed, these psychological challenges may lead to anxiety or depression. This study aimed to investigate the impact of Mindful Self-Compassion (MSC) training on improving the Subjective Well-Being of postpartum women following caesarean delivery. This research employed a randomized controlled pilot trial (waitlist control) with pretest–posttest assessments and utilized non-parametric analysis (Mann-Whitney U Test). The Scale of Positive and Negative Experience (SPANE), Satisfaction with Life Scale (SWLS), and Self-Compassion Scale (SCS) were used to measure Subjective Well-Being and self-compassion. The results showed a significant increase in Subjective Well-Being among participants in the experimental group after receiving the MSC training. The findings suggest that MSC training is effective in improving the well-being of postpartum women who delivered via caesarean section.

Keywords: subjective well-being; self-compassion; mindful self-compassion; postpartum; caesarean section

Postpartum is a transitional period experienced by women after childbirth, lasting approximately six to eight weeks, until the reproductive organs return to their pre-pregnancy condition (Lowdermilk et al., 2000). As they face new responsibilities, new mothers undergo an adaptation process. During this time, they must adapt to significant life changes, which are often accompanied by emotional and physical challenges (Habel et al., 2015). In the adaptation process, women who have just given birth tend to experience psychological changes, e.g., feeling sad, disappointed, tired, angry, and hopeless, which are commonly referred to as postpartum blues. This condition is distressing for mothers who have just given birth, especially for those giving birth through surgery (Ernawati et al., 2020). Postpartum risks, such as depression, anxiety, or posttraumatic symptoms, can disrupt the caregiving process and also affect the overall stability of the family (Molgora & Accordini, 2020).

According to Susilawati et al. (2020) and Ismail et al. (2019), women who gave birth through surgical procedures showed more baby blues symptoms than mothers who gave birth naturally. After giving birth through a surgical procedure, women tend to feel that they have not fully become mothers, and the incision from the surgery can affect both their psychological state and physical condition, causing them to feel unable to properly care for their babies (Ismail et al., 2019). Postpartum women likely attribute the psychological changes and challenges (Fernandes et al., 2021) to either controllable or uncontrollable causes. This includes internal causes, e.g., personality flaws (being too dependent or too weak) or external causes, e.g., financial problems, husbands' affairs, et cetera (Tang et al., 2020). Giving birth through caesarean section/surgery may impact their view on life satisfaction and affective assessment of moods and emotions, or known as Subjective Well-Being (Diener & Seligman, 2004; Diener et al., 2003; Wijayanti, 2015).

Subjective Well-Being is a person's subjective evaluation that incorporates concepts like general life satisfaction, pleasant/positive emotions, fulfillment, satisfaction with marriage and work, and the lack of unpleasant emotions (Diener et al., 2003). Subjective Well-Being has three components: life satisfaction, positive affect, and negative affect. Life satisfaction means a person's satisfaction and effective evaluations of their life. Women giving birth via caesarean section/surgery may not evaluate their life favorably as they feel like they have not become a perfect mother (Husna Ali et al., 2020). Positive affect emphasizes pleasant emotions that are presently experienced by a person or just based on their judgment, while negative affect refers to unpleasant emotions and mood or the individual's perception that their life is not pleasant or satisfying. A study by Pratiwi and Coralia (2022) showed that mothers who work from home showcase higher negative affect than positive affect and relatively have lower Subjective Well-Being (Wulandari et al., 2021). Pregnant women typically have high life satisfaction, but experience a decrease in positive emotions (Battulga et al., 2021). Alderdice and Gargan (2019) conducted a study on women who have just given birth, finding that they experienced various kinds

of negative feelings, such as stress, fear, and frustration. Moreover, they frequently feel tired, do not believe in their abilities as parents, and feel socially isolated after giving birth because they must look after their babies all the time.

Booker and Dunsmore (2019) stated that self-compassion influences individual Subjective Well-Being. There are two aspects of self-compassion, namely self-kindness and mindfulness. Both are predictors of Subjective Well-Being. Postpartum mothers with high levels of self-compassion are proficient in understanding and accepting themselves as they are when facing new responsibilities as parents. On the other hand, postpartum mothers with low self-compassion are incapable of being forgiving of themselves when facing the pressures in the transition period as new parents, and instead will criticize and judge themselves.

Mindfulness is the foundation and most important component of self-compassion. Mindfulness can support individuals to find new ways to respond to a situation (Neff & Germer, 2018). In performing the parental role, mindfulness can help reduce negative affect so that parents, especially mothers, are better at identifying the stress before it develops and negatively affects them when they have to tend to the baby (Romadhani & Hadjam, 2017).

This skill can be trained with Mindful Self-Compassion (MSC) training. MSC training is an integration of personal development training and psychotherapy (Germer & Neff, 2019). Based on the training's concept, self-compassion is not only meant to replace negative feelings with positive feelings, but also encourages individuals to accept and integrate negative experiences (Neff, 2011). Mothers who reported having a negative emotion during their postpartum period (79.5%) presented lower levels of self-compassion and mindful parenting, and higher levels of postpartum depression and anxiety (Fernandes et al., 2021). These results highlight the importance of self-compassion in new mothers to help them feel less anxious and adopt a mindful way of parenting in the postpartum period. Mindfulness and compassion-based parenting interventions may promote positive parenting skills in the postpartum period and enhance the quality of parent-infant relationships in the postpartum period (Fernandes et al., 2021).

MSC training can be conducted in groups. The training was implemented in eight sessions, each session lasting 2 hours, plus a 4-hour retreat (Germer & Neff, 2019). MSC teaches the practice of self-compassion both formally (seated meditation) and informally (practiced during daily life). During the training, interpersonal exercise is used to share self-compassion experiences with fellow participants, which can develop a sense of togetherness. Informal practices conducted include placing a hand on the chest when stressed or repeating a memorized set of self-compassion phrases for use in everyday life. Otherwise, formal meditations can be introduced via Loving-Kindness Meditation (LKM), a practice designed to increase compassion for oneself and others, and a variant of LKM that emphasizes self-compassion for feelings of inadequacy or stress. Postpartum mothers who gave birth via caesarean section were asked to practice self-compassion every day for 40 minutes, combining formal and informal practices. Bluth and Eisenlohr-Moul (2017) conducted a study to confirm that the MSC training, conducted for eight weeks, could significantly reduce stress and increase well-being. The intervention was reported to significantly reduce body shame and dissatisfaction and improve body appreciation and self-compassion in women during pregnancy and postpartum, all of which can potentially improve mental health outcomes (Papini et al., 2022). In addition, a study conducted by Guo et al. (2020) found that the MSC training could prevent postpartum depression and improve the well-being of mothers and babies. Given these considerations, the present study investigated whether MSC training could improve the Subjective Well-Being of postpartum women who delivered via caesarean section. Through an experimental approach, this study aimed to provide empirical evidence on the effectiveness of MSC in enhancing psychological adjustment during the early postpartum phase.

1. Methods

1.1 Research Design

This study employed a randomized controlled pilot trial with a pretest–posttest design and a waitlist control. The use of a randomized controlled pilot trial design, in which participants are randomly assigned to study groups, helps ensure comparability between groups by balancing variables that might otherwise influence study outcomes (Torgerson & Torgerson, 2008). Participants were randomly assigned to either the experimental group, which received the Mindful Self-Compassion (MSC) Training, or the control group, which did not receive the intervention during the study period. This design enabled the evaluation of the intervention's effectiveness by comparing outcomes between the two groups across pre- and posttest assessments.

The intervention was conducted online over eight weekly 120-minute sessions and one 4-hour retreat, including formal (e.g., loving-kindness meditation) and informal practices (e.g., self-compassion phrases, soothing touch), daily home practice (40 minutes), and brief exercises between sessions. Sessions were facilitated by a licensed clinical psychologist trained in MSC and supervised by university faculty. The facilitator followed the standardized MSC protocol to ensure fidelity. Participants attended all sessions except for one absence and were instructed to engage in daily home practice for about 40 minutes, monitored through self-reported logs. No adverse events were reported. Ethical approval was obtained from the Faculty of Psychology, Maranatha Christian University, and informed consent was obtained from all participants.

1.2 Research Participants

Participants were 10 postpartum women aged 21–34 years old who had delivered via caesarean section within the previous one to three months and resided in Bandung. Participants were recruited using a snowball sampling technique, which was useful in reaching out to the specific target population (mothers experiencing emotional problems) but may limit generalizability. All participants reported experiencing negative mood, dissatisfaction, or emotional distress during the postpartum period. The participants were divided into two groups: five in the

experimental group and five in the control group. Among them, six were first-time mothers and four were multiparous. Some participants were housewives, while others were on maternity leave from work or studies. Table 1 describes additional characteristics of the participants. See Table 1

1.3 Measurements

The first measurement scale used in this study was the Satisfaction with Life Scale (SWLS). The scale was developed by Diener et al. (1985) and translated into Indonesian by Novanto (in https://eddiener.com/scales/7). This scale is explicitly designed to measure the overall cognitive assessment of individual life satisfaction. Items are answered on a scale of 1 to 7, from "Strongly disagree" to "Strongly agree". The instrument demonstrated acceptable reliability according to Cronbach's alpha (α=0.790), derived from the participants' responses.

The second scale, the Scale of Positive and Negative Experience (SPANE), was developed by E et al. (2009) and translated into Indonesian by H and A. (2021) (in https://eddiener.com/scales/8). It measures positive and negative feelings, making people evaluate various positive and negative experiences. This scale consists of 12 concise items, six items referring to positive affect and six items designed to assess negative affect. The instrument showed reliability coefficients of α=0.793 for SPANE-P and α=0.528 for SPANE-N, as obtained from the analysis of the study participants' responses.

Self-compassion was measured using the Self-Compassion Scale. The instrument was developed based on the definitions and components of self-compassion by Neff (2003) and has been adapted to Indonesian by Sugianto et al. (2020). It consists of 26 statements that measure all components of self-compassion and uses a Likert scale ranging from 1 (Rarely) to 4 (Almost Always). Based on the analysis of the study participants' responses, the measurement instrument demonstrated a reliability coefficient of α=0.861.

1.4 Procedure

In the beginning, all participants were asked to sign an informed consent form before completing the questionnaire and participating in the intervention. After providing consent, participants filled out a questionnaire to measure Subjective Well-Being and self-compassion (pretest). Then, the experimental group received the Mindful Self-Compassion (MSC) training. After the experimental group completed the intervention, all participants filled out the Subjective Well-Being and self-compassion questionnaire (posttest), which took around 5 to 10 minutes to complete. After the entire process was completed, the control group was administered a similar intervention (waitlist).

MSC Training followed the Germer and Neff protocol with postpartum adaptations. The following describes what the participants did in every session. 1) In Sessions 1–3, participants were given a general introduction, practice, and implementation of self-compassion, mindfulness, and loving kindness in daily life; 2) In Sessions 4 and 5, participants were taught to do mindful self-compassion and compassionate listening step-by-step and practice these skills in various aspects of life; 3) In Sessions 6 and 7, participants learned how to identify their emotions, especially negative emotions that can be an obstacle in interacting with others; 4) In Session 8, participants were asked to make an action plan about what they would do next to embrace life on their own.

1.5 Research Question

The researchers proposed the following question: How does Mindful Self-Compassion training affect Subjective Well-Being among postpartum mothers who delivered via caesarean section?

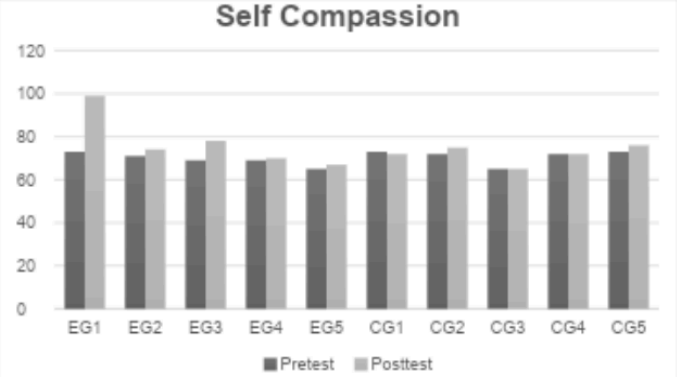
1.6 Hypothesis

Based on the literature review, the researchers hypothesized that postpartum mothers who received the MSC training would report higher Subjective Well-Being than those who did not.

2. Result

Before conducting the hypothesis test, we ensured that the manipulation was successful according to our predictions. Figure 1 shows the comparison of Self-Compassion scores in participants before and after the intervention, while Figure 2 shows the pretest-posttest comparison of Subjective Well-Being scores.

Figure 1
Pretest-Posttest Comparison of Self-Compassion



In this study, the MSC training was aimed at increasing the Subjective Well-Being of the participants. To find out whether the intervention had the desired effect, we compared Self-Compassion Scale scores before and after the intervention (pretest – posttest) between the experimental group and the control group using the non-parametric Wilcoxon test.

The Wilcoxon signed-rank test (Table 2) indicated a significant increase in self-compassion scores in the experimental group between pretest and posttest ($p = 0.043$; $p < 0.05$). The control group did not show any significant

Table 1
Characteristics of the Participants

Group	Age	Child's Age	Birth Order	Education Level	Occupation
Experimental	29	2 months	Second	Master's degree	College Student
	24	2 months	First	Bachelor's degree	Housewife
	33	3 months	First	Bachelor's degree	Bank Employee
	30	3 months	Second	Bachelor's degree	Self-employed
	23	1 month	First	Bachelor's degree	Housewife
Control Group	23	1 month	First	Bachelor's degree	Housewife
	34	3 months	First	Master's degree	Bank Employee
	21	1 month	Second	High School	Housewife
	25	3 months	First	High School	Self-employed
	29	3 months	Second	Bachelor's degree	Housewife

Note. This table presents the demographic characteristics of participants in both experimental and control groups.

Figure 2
Pretest-Posttest Comparison of Subjective Well Being

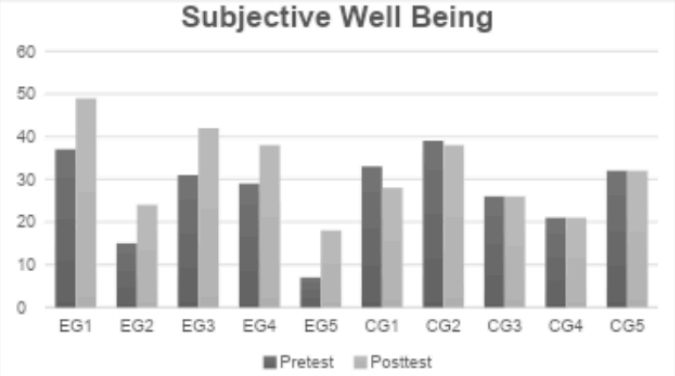


Table 2
Wilcoxon Test on Self-Compassion

Group	Measurem	p	Description	Z	r
Experimental	Pretest - Posttest	.043	$p < .05$ (significant)	-2.023	.91
Control	Pretest - Posttest	.276	$p > .05$ (not significant)	-1.089	–

Note. Wilcoxon signed-rank test results showing significant improvement in self-compassion for the experimental group but not for the control group.

Table 3
Results of the Mann-Whitney U Test

Variable	p	Description	Z	r
Life Satisfaction	.030	$p < .05$ (significant)	-2.176	.69
Positive Affect	.031	$p < .05$ (significant)	-2.155	.68
Negative Affect	.008	$p < .05$ (significant)	-2.652	.84
Subjective Well-Being	.008	$p < .05$ (significant)	-2.643	.84

Note. Mann-Whitney U test results showing significant differences between groups across all measured well-being variables.

change ($p = 0.276$; $p > 0.05$), with a large effect size ($r > 0.5$).

According to Table 3, the Mann-Whitney U test results showed that the experimental group reported significantly higher life satisfaction scores compared to the control group after the MSC training ($Z = -2.176$; $p < 0.05$). Similarly, the experimental group demonstrated significantly higher positive affect scores than the control group ($Z = -2.155$; $p < 0.05$) and significantly lower negative affect scores ($Z = -2.652$; $p < 0.05$). These findings indicate that the MSC training intervention significantly improved the Subjective Well-Being scores of participants in the experimental group compared to those in the control group ($Z = -2.643$; $p < 0.05$), with a large effect size ($r > 0.5$).

3. Discussion

According to the result, participants in the experimental group saw an increase in satisfaction with life and positive feelings and a decrease in negative feelings during the postpartum period. This shows that interventions that emphasize the increase of self-compassion skills can benefit mothers in the postpartum period. Previously, these participants showed symptoms of low self-compassion. When the experimental group was given the MSC treatment, the results showed that their positive feelings increased significantly compared to the control group. This is shown when individuals with high self-compassion have an awareness of their suffering and show a warm attitude toward themselves, as well as maintain interpersonal relationships so that they have more positive feelings and less negative feelings (Neff, 2003). Individuals who experience more positive feelings tend to be happier than others (Myers & Diener, as cited Mülazım and Eldeleklioğlu (2016).

The MSC training also increased life satisfaction. Individuals who have self-compassion tend to be more satisfied with their lives than those who lack it (Mülazım & Eldeleklioğlu, 2016). When individuals are compassionate toward their own pain, e.g., disappointment and failure, they tend to integrate their sadness into a deep, satisfying acceptance of their human experience (Neff, 2011). In this study, a participant complained that after giving birth via surgery, she felt that her movement was limited, making child-rearing less optimal because she was still in the recovery stage, which took longer than normal

childbirth. It led to sadness, guilt, and thoughts of not fully being a mother. Self-compassion can help individuals who experience various life problems to continue to see themselves positively, engage in enjoyable activities, and develop positive relationships with others (Klingle & Van Vliet, 2017).

Based on how participants in the experimental group felt, the intervention provided them with the necessary skills to recognize and accept the full range of emotions felt and to deal mindfully with difficult life events. Individuals with high self-compassion experienced more positive emotions in their lives, e.g., enthusiasm, interest, inspiration, and joy, than those who were self-critical. Self-compassion does not erase negative feelings but embraces these feelings with care and kindness so that individuals have the courage to face difficult times with the help of compassionate support from themselves. This modality can help postpartum mothers adapt to their new role as parents.

Moreover, this study showed that MSC can be effectively delivered online and remotely, suggesting that digital formats may expand accessibility for postpartum women who face physical or logistical barriers to attending in-person sessions. This has important implications for mental health service delivery in both urban and rural areas. In summary, the study demonstrated that MSC training is not only effective but also feasible and culturally adaptable for Indonesian mothers recovering from caesarean section.

4. Conclusion

Mindful Self-Compassion training was found to be effective in enhancing the Subjective Well-Being of postpartum women who delivered via caesarean section. The intervention increased participants' self-compassion, which allowed them to experience more joy, acceptance, and emotional stability in their transition to motherhood. The training could also help them reduce self-criticism, stress, anxiety, and depression by encouraging them to do positive actions for themselves. These findings suggest that MSC training helps mothers become more accepting of the emotional and physical changes during the postpartum period, while also fostering greater self-kindness and emotional resilience.

4.1 Recommendation

Although this study provided promising evidence for the effectiveness of MSC training, it is not without limitations. The small sample size and use of snowball sampling restrict the generalizability of the findings. Future research should involve larger and more diverse samples, including different types of postpartum experiences (e.g., mothers with vaginal delivery, single mothers, or working mothers) to increase the robustness and applicability of the results.

Long-term follow-up assessments are also recommended to determine whether the positive effects of MSC training are sustained over time. Furthermore, future researchers are encouraged to explore the potential of integrating MSC into hospital-based postpartum care or online mental health support programs.

For participants who benefit from MSC training, continued practice of the learned skills is recommended to maintain emotional well-being and cope with the ongoing challenges of motherhood. Declaration

5. Declaration

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5.3 Author's Contribution

FWR, MR, and EV designed the study. FWR collected and analyzed the data, and drafted the manuscript. MR and EV provided supervision, methodological guidance, and substantive input in the analysis, as well as approval for conducting the study. MR reviewed, edited, and gave final approval of the manuscript.

5.4 Conflict of Interest

The authors declare that there are no potential conflicts of interest, whether financial or non-financial, that could have influenced the research, authorship, or publication of this article.

5.5 Declaration of Generative AI in Scientific Writing

The author acknowledges the use of generative artificial intelligence (AI) tools (ChatGPT), during the preparation of this manuscript. All AI-generated content was reviewed, verified, and edited by the author, who assumes full responsibility for the originality, accuracy, and academic integrity of the work.

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References

Alderdice, F., & Gargan, P. (2019). Exploring subjective wellbeing after birth: A qualitative deductive descriptive study. *European Journal of Midwifery*, *3*. https://doi.org/10.18332/ejm/104679

Battulga, B., Benjamin, M. R., Chen, H., & Bat-Enkh, E. (2021). The impact of social support and pregnancy on subjective well-being: A systematic review. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.710858

Bluth, K., & Eisenlohr-Moul, T. A. (2017). Response to a mindful self-compassion intervention in teens: A within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *Journal of Adolescence*, *57*, 108–118. https://doi.org/10.1016/j.adolescence.2017.04.001

Booker, J. A., & Dunsmore, J. C. (2019). Testing direct and indirect ties of self-compassion with subjective well-being. *Journal of Happiness Studies*, *20*, 1563–1585. https://doi.org/10.1007/s10902-018-0011-2

Diener, E., Emmons, R. A., Larsem, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*, 71–75. https://doi.org/10.1207/s15327752jpa4901_13

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

Diener, E., & Seligman, M. E. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest*, *5*(1), 1–31. https://doi.org/10.1111/j.0963-7214.2004.00501001.x

E, D., W, G., T, M., M, A. S., J, V., & Rut, V. (2009). *Assessing well-being].* Springer. http://www.springer.com/series/6548

Ernawati, D., Merlin, W. O., & Ismarwati, I. (2020). Kejadian postpartum blues pada ibu postpartum di RS PKU Muhammadiyah Yogyakarta [The incidence of postpartum blues in postpartum mothers at PKU Muhammadiyah Hospital Yogyakarta]. *Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery)*, *7*, 203–212. https://doi.org/10.26699/jnk.v7i2.art.p203-212

Fernandes, D. V., Martins, A. R., Canavarro, M. C., & Moreira, H. (2021). Mindfulness- and compassion-based parenting interventions applied to the postpartum period: A systematic review. *Journal of Child and Family Studies*, *31*(2), 563–587. https://doi.org/10.1007/s10826-021-02175-z

Germer, C., & Neff, K. (2019). Mindful Self-Compassion (MSC). In I. Itvzan (Ed.) In *The handbook of mindfulness-based programs: Every established intervention, from medicine to education* (pp. 357–367). Routledge.

Guo, L., Zhang, J., Mu, L., & Ye, Z. (2020). Preventing postpartum depression with mindful self-compassion intervention: A randomized control study. *Journal of Nervous and Mental Disease*, *208*, 101–107. https://doi.org/10.1097/NMD.0000000000001096

H, A., & A., F. (2021). The pursuit of happiness: Predicting happiness based on anchor theory. *Indigenous: Jurnal Ilmiah Psikologi*, *6*(1). https://journals.ums.ac.id/index.php/indigenous/article/view/11905/6460

Habel, C., Feeley, N., Hayton, B., Bell, L., & Zelkowitz, P. (2015). Causes of women's postpartum depression symptoms: Men's and women's perceptions. *Midwifery*, *31*, 728–734. https://doi.org/10.1016/j.midw.2015.03.007

Husna Ali, R. N. H., Katili, D. N. O., & Umar, S. (2020). Jenis persalinan terhadap kejadian post partum blues di RSUD Dr. MM. Dunda Limboto [The type of delivery and the incidence of postpartum blues at Dr. MM. Dunda Limboto Regional Hospital]. *Jurnal Keperawatan Profesional*, *1*(1), 38–43. https://doi.org/10.36590/kepo.v1i1.87

Ismail, W., Husna, R. N., Octaviani, D. N., & Umar, S. (2019). Pengaruh jenis persalinan terhadap kejadian post partum blues di RSUD dr. MM. Dunda Limboto kabupaten Gorontalo provinsi Gorontalo [The influence of delivery type on the incidence of postpartum blues at Dr. MM. Dunda Limboto Regional Hospital, Gorontalo Regency, Gorontalo Province]. *Jurnal Forum Kesehatan : Media Publikasi Kesehatan Ilmiah*, *9*(2), 73–77. https://e-journal.polkesraya.ac.id/index.php/jfk/article/view/138

Klingle, K. E., & Van Vliet, K. J. (2017). Self-compassion from the adolescent perspective: A qualitative study. *Journal of Adolescent Research*, *34*(3), 323–346. https://doi.org/10.1177/0743558417722768

Lowdermilk, D., Perry, S., & Bobak, I. (2000). *Maternity women's health care. 7th ed.* Mosby.Inc.

Molgora, S., & Accordini, M. (2020). Motherhood in the time of coronavirus: The iImpact of the pandemic emergency on expectant and postpartum women's psychological well-being. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.567155

Mülazım, Ö. Ç., & Eldeleklioğlu, J. (2016). What is the role of self-compassion on subjective happiness and life satisfaction? *Journal of Human Sciences*, *13*(3), 3895. https://doi.org/10.14687/jhs.v13i3.4001

Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself* (1st ed). HarperCollins.

Neff, K., & Germer, C. (2018). *The mindful self-compassion workbook.* The Guilford Press.

Neff, K. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Self and Identity*, *2*, 85–101. https://doi.org/10.1080/15298860309032

Papini, N. M., Mason, T. B., Herrmann, S. D., & Lopez, N. V. (2022). Self-compassion and body image in pregnancy and postpartum: A randomized pilot trial of a brief self-compassion meditation intervention. *Body Image*, *43*, 264–274. https://doi.org/10.1016/j.bodyim.2022.09.010

Pratiwi, Y. P., & Coralia, F. (2022). Studi mengenai gambaran Subjective Well-Being pada ibu pekerja selama masa pandemi Covid-19 [A study on the description of Subjective Well-Being in working mothers during the Covid-19 pandemic]. *Jurnal Riset Psikologi*, *1*(2), 140–146. https://doi.org/10.29313/jrp.v1i2.560

Romadhani, R. K., & Hadjam, M. N. R. (2017). Intervensi berbasis mindfulness untuk menurunkan stres pada orang tua [Mindfulness-based interventions to reduce stress in older adults]. *Gadjah Mada Journal of Professional Psychology*, *3*, 23–37. https://doi.org/10.22146/gamajpp.42777

Sugianto, D., Suwartono, C., & Sutanto, S. H. (2020). Reliabilitas dan validitas self-compassion scale versi bahasa Indonesia [Reliability and validity of the Indonesian version of the self-compassion scale]. *Jurnal Psikologi Ulayat*, *7*, 2580–1228. https://doi.org/10.24854/jpu02020-337

Susilawati, D., Nilakesuma, N. F., & Risnawati, R. (2020). Faktor-faktor yang mempengaruhi bounding attachment masa nifas [Factors that influence postpartum bonding]. *Jurnal Keperawatan Silampari*, *3*(2), 628–637. https://doi.org/10.31539/jks.v3i2.1170

Tang, L., Zhang, X., & Zhu, R. (2020). What causes postpartum depression and how to cope with it: A phenomenological study of mothers in China. *Health Communication*, *36*(12), 1495–1504. https://doi.org/10.1080/10410236.2020.1771063

Torgerson, D. J., & Torgerson, C. J. (2008). *Designing randomised trials in health, education and the social sciences: An introduction.* Palgrave Macmillan.

Wijayanti, D. (2015). Subjective well-being dan penerimaan diri ibu yang memiliki anak down syndrom [Subjective well-being and self-acceptance of mothers who have children with Down syndrome]. *Psikoborneo*, *3*, 224–238. http://dx.doi.org/10.30872/psikoborneo.v3i2.3774

Wulandari, B., Sholihah, K. U., Nabila, T., & Kaloeti, D. V. S. (2021). Subjective well-being pada ibu yang bekerja di masa pandemi COVID-19: Studi systematic literature review [Subjective well-being in working mothers during the COVID-19 pPandemic: A systematic literature review]. *Proceding of Inter-Islamic University Conference on Psychology*, *1*(1). https://press.umsida.ac.id/index.php/iiucp/article/view/602