

## “Beta Tangguh”: Self-Compassion in Survivors of Dysfunctional Family

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**Abstract.** Dysfunctional families are the originators of complex problems, so individual survivors of dysfunctional families need to have self-compassion in themselves. This study aims to describe and provide an overview of self-compassion in dysfunctional family survivors. This study uses a qualitative method. The data collection technique used in this study was the Photovoice method (photos tell stories). After that, participants were given digging questions in the form of interviews. The interview method used is in-depth interviewing. The data analysis technique used by researchers in this study is thematic analysis. Participants were five survivors of dysfunctional families with inadequate parenting types, authoritarian parents, parents with violent behaviour, controlling parents, and alcoholic parents. As a result, three main themes were found, namely vulnerabilities experienced by survivors of dysfunctional families, psychological wounds, and self-compassion. Participants in this study tend to have good self-compassion. This is illustrated by the ability of self-kindness, mindfulness, forgiveness and shared humanity developed by the participants of dysfunctional family survivors.

**Keywords:** *self-compassion, early adulthood, dysfunctional family*

**Abstrak.** Keluarga yang disfungsiional merupakan pencetus permasalahan yang kompleks, sehingga individu penyintas dari keluarga disfungsiional perlu memiliki self-compassion dalam dirinya. Penelitian ini bertujuan untuk mendeskripsikan dan memberikan gambaran mengenai self-compassion pada keluarga disfungsiional survivor. Teknik pengumpulan data yang digunakan dalam penelitian ini adalah metode Photovoice (foto bercerita). Setelah itu, peserta diberikan pertanyaan menggali berupa wawancara. Metode wawancara yang digunakan adalah wawancara mendalam. Teknik analisis data yang digunakan peneliti dalam penelitian ini adalah analisis tematik. Partisipannya adalah lima penyintas keluarga disfungsiional dengan pola asuh yang tidak memadai, orang tua yang otoriter, orang tua yang berperilaku kekerasan, orang tua yang mengontrol, dan orang tua yang alkoholik. Hasilnya, ditemukan tiga tema utama, yaitu kerentanan yang dialami penyintas keluarga disfungsiional, luka psikologis, dan rasa kasihan pada diri sendiri. Partisipan dalam penelitian ini cenderung memiliki self-compassion yang

baik. Hal ini tergambar dari kemampuan self-kindness, mindfulness, memaafkan dan berbagi rasa kemanusiaan yang dikembangkan oleh partisipan penyintas keluarga disfungsi.

**Kata Kunci:** *self-compassion, dewasa awal, keluarga disfungsi*

Article history:

Received 6 November 2022

Received in revised form 7 June 2023

Accepted 13 December 2023

Available online 17 December 2023

## **Introduction**

Neff, Kirkpatrick, and Rude (2007) suggest that self-compassion is a form of healthy self-acceptance, which is very important to develop, especially when an individual experiences difficulties. Self-compassion is a sense of warmth and understanding that we give ourselves when we experience suffering or failure or feel something unexpected. As with the treatment full of warmth, understanding, support, forgiveness, and compassion for others, so should we do to ourselves.

Neff and McGehee (2010) state that self-compassion is a feeling of caring and an effort to support oneself when experiencing problems. Self-compassion involves the individual's sensitivity to misfortune, suffering, or misery paired with a deep inner desire to relieve or end negative things in the individual to overcome the problems experienced.

Neff and McGehee (2010) found that individuals who show low self-compassion are more likely to come from dysfunctional families. Benton states that dysfunctional families are any conditions that interfere with the healthy functioning of a family. A dysfunctional family is the originator of complex problems because a dysfunctional family can cause members to experience suffering, pain, and difficulty due to poor essential family characteristics (Indrawati et al., 2014).

Indrawati et al. (2014) stated that a dysfunctional family is any condition that interferes with the healthy functioning of a family. From the expert's understanding, the researcher concludes that dysfunctional families are family members who do not perform their functions according to their respective roles. As a system, the family can be divided if one or more members do not carry out their duties and functions, leading to dysfunctional families. They termed parents in dysfunctional families as toxic parents or toxic parents (Indrawati et al., 2014).

According to Forward, there are several types of dysfunctional families, namely inadequate parents, controlling parents, alcoholic parents or drug users, and parents who are perpetrators of violence, such as verbal violence, physical violence, and sexual violence. Dysfunctional families can reduce psychologically unhealthy and dysfunctional life patterns to their descendants or future generations so that it can become a sustainable problem (Indrawati et al., 2014). The impact of dysfunctional families on children is the emergence of feelings of worthlessness, unloved, and inadequacy. Another impact is the emergence of depression as a result of the conflicts experienced by children in dysfunctional families.

How the participants of dysfunctional family survivors possess self-compassion is undoubtedly an exciting phenomenon that needs to be followed up through a complete empirical study to get a more descriptive and qualitative picture of self-compassion that is comprehensive so that it can provide benefits not only to survivors of dysfunctional families but also the knowledge gained by them related to self-compassion.

### Method

Research with the title "Beta Tangguh": Self-compassion on Survivors of Dysfunctional Families is a study that was examined using a qualitative approach, and the data collection technique used in this study used the Photovoice method and was supported by interviews. Research using the Photovoice method is carried out by taking pictures and photos of participants who are then interviewed about the reasons for choosing the image or photo and what the meaning of the images and photos can describe the participants' lives. After that, participants are given digging questions in the form of interviews. The interview used in this research is an in-depth interview. In addition, the method of selecting participants used by researchers was a purposive sampling technique, considering that the participants involved in this study were participants with dysfunctional family backgrounds but had gone through difficult times and had self-compassion, so they were referred to as a safe family dysfunctional. Criteria needed in this study are those who come from dysfunctional families with inadequate parenting types, authoritarian parents, parents with violent behaviour, controlling parents, and alcoholic parents. The data analysis technique used by researchers in this study is Thematic Analysis, which is one way to analyze data to identify patterns to find themes through data that researchers have collected, while the technique used by researchers in testing the credibility of the data is to use the Member technique check.

A brief description of the research participants can be seen in the following table:

Table 1.

*Participant Description*

| <b>Pseudonym</b> | <b>Age</b>         | <b>Work</b> | <b>Parental Type</b>                        |
|------------------|--------------------|-------------|---|
| Didi             | 25<br>years<br>old | NGO         | Inadequate parents                          |
| Trys             | 21<br>years<br>old | Student     | Inadequate parents                          |
| Pipit            | 23<br>years        | Student     | Authoritarian parents,<br>Physically abused |

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| Pseudonym | Age                       | Work    | Parental Type                                       |
|-----------|---------------------------|---------|---|
| Arden     | old<br>23<br>years        | Student | parents<br>Inadequate parent,<br>Controlling parent |
| dhan      | old<br>34<br>years<br>old | Teacher | Inadequate parents,<br>Alcoholic parents            |

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### Results

Data was obtained from the results of subsequent interviews through the author's analysis process through thematic analysis manually. The author begins the analysis by classifying the existing data into four main themes. These themes were then revised again, and some themes underwent name changes. Several themes were combined into one central theme. In the end, the writer found three main themes, namely the vulnerability experienced by survivors of dysfunctional families, psychological wounds, and self-compassion.

### Vulnerabilities In Dysfunctional Families

Participants explained that situations experienced in dysfunctional families lead to several vulnerabilities. This is discussed through six things, as follows: exposure to violence, loss of proper parental roles, loss of direction in life, and being a closed person.

*"I had a strict father figure. Every time I made a mistake I was beaten until scars were visible on my body. Even when I was at school, I was often beaten with belts, sticks, rattan, and wood. I was punched, I was kicked, I was slapped. The more I realized that my father was an adamant man. Every time I made a mistake, I always hit him until it left marks on my body. (Pipit))."*

### ***Psychological Wounds***

In addition to feeling the vulnerability caused by the various events experienced, participants also felt psychological wounds (psychological wounds) that imprinted the child's psychology. Psychological wounds experienced such as negative feelings towards parents, trauma due to parental behaviour or the surrounding environment, emergence of self-harm behaviour, depression experienced and even the emergence of a desire to end life due to negative feelings that often arise. There are five psychological wounds experienced by participants, namely, negative feelings towards parents, trauma, self-harm, depression and suicidal ideation.

*“I had a hard time concentrating when I was in college. I always experience pressure in my head from day to night. Very annoying. If I experience excessive thoughts, sometimes I bang my head against the wall, slice and burn various parts of my body, and several times I try to end my life. I had a hard time concentrating in college. I was always on my mind day and night, which was disconcerting. Sometimes, if I feel so depressed, I bang my head against the wall, slice my body, and several times I try to kill myself”. (Arden)*

### ***Self-Compassion***

Getting to the stage of Self-compassion is undoubtedly not an easy thing to apply to individuals, especially individuals with vulnerabilities and psychological wounds experienced in dealing with dysfunctional families. But, this does not become an obstacle for individual survivors of dysfunctional families in growing self-compassion in each of them. There are four parts of Self-Compassion owned by the participants, namely, self-acceptance (Self-Kindness), the view that difficulties are common (Common Humanity), attention and self-control (Mindfulness), and an attitude of forgiveness (forgiveness).

The study results show that all participants have their way of building self-kindness abilities. Didi feels happy and comfortable with his current state. Didi felt a sense of self-confidence even though he felt he still had many shortcomings. In



Trys, he feels that he comes from a dysfunctional family and that every problem he experiences is following his portion and ability. Pipit believes that every trial experienced is a process to mature. As stated by participant 3: (*Self-Kindness*)

*"...the moon can change its shape. It could be round and crescent-shaped. Even so, the moon was still beautiful and shining, illuminating the earth. I feel the same way. Even though my life is a whole of trials, I see it as something that matures me. I am indeed full of problems, but those problems made me understand that even though our life is full of many problems, we must see that problems are part of life. It is how we see, understand, and learn from the problem. If we see that the problems we are experiencing are okay and we still choose to support ourselves, we will still shine beautifully like the moon. Do not let us fade away. I am filled with problems, but I understand that problems are part of life. It's just how we see, understand, and learn from these problems (Pipit)).*

In addition, listening to music can help Arden in building his spirits. Even though he feels tormented, Arden still maintains the goodness in himself and realizes that there is still pleasure and happiness tucked away in the midst of problems. This condition is the same as that experienced by Dhan, who has economic difficulties and lacks in hearing, but the effort he makes is to continue to accept his shortcomings and prove to himself that he can achieve success.

Next is the aspect of common humanity, where the awareness that individuals view difficulties, failures, and challenges as part of human life and is something that is experienced by everyone, not only experienced by oneself. The results of the interviews showed that each participant had begun to accept the situation and lead to common humanity. Didi realizes that he is part of a spiritual community that can also guide him, even some friends like Trys also feel that they are accepted in a social and community environment which helps him a lot in the process of forgiving mistakes. All participants realized that every individual will definitely experience problems in his life, and this is when this problem arrived at

them. And start to improve and realize and forgive the problems that have been passed. As stated by participant Didi: (*Common Humanity*)

*"...so all of these are people I lead in spiritual groups, and they have various unique and challenging life struggles. As you know before, I've told stories about my complicated life, but with them, I understand better that there are much heavier problems than I experienced. So there are also stories from them that made me learn to be grateful, or at least not blame myself for the fact that I'm the only one experiencing the weight of the world. Even though I don't have to be grateful, at least it makes me feel not alone or too sorry for myself, and that's it. Through the stories of other people's experiences, I learned to be grateful, or at least it made me feel helpless. Even though I wasn't grateful, at least it made me not feel alone or the most sorry for myself and the most difficult, as if the world was not fair just for me (Didi).*

Feelings of sadness, overthinking and low self-esteem also arise when experiencing problems and vulnerability in psychological problems. In Pipit, she felt disappointed, but after meeting many friends who had problems even more difficult than her own, Pipit understood that each person experienced problems in their lives according to their abilities. Arden felt the care and support from friends, which made Arden realize that everyone also experiences challenges and difficulties in life.



Mindfulness is not easy because the pressure conditions experienced by individuals are different and require a process of getting used to them to turn them into well-being. As in Didi, who builds his mindfulness that a problem is something that cannot be changed and the future cannot be regulated, but according to Didi himself, surviving until now is a form of inclusion from God and God's Word in the holy book is beneficial for him in seeing the problem experienced now. Trys develops spirituality within himself which greatly helps him in dealing with various



life problems he goes through. Pipit, Arden, and Dhan also developed positive thinking. As stated by participant Dhan: (*Mindfulness*)



*“...Back when I was little, learning to paddle and pedal a bicycle was not as easy as we see it, and when we fall, we are always motivated by what we often hear. For example, it is okay if you fall. There will be a moment where you will be proficient. It just occurred to me that there was a lesson from something like that. What I can understand from that motivation if there is a problem situation that I am experiencing now is if we fall, we get up again, and that’s right. While practising riding a bicycle and falling, we become afraid and choose to stop riding it. We will never be able to ride a bicycle. But if we choose to keep trying and want to learn, let alone bicycles, motorbikes, cars and other vehicles, we can do it too. From the beginning, I always motivated myself by telling myself that I could do it, I could do it, I had to do it. That’s what made me strong from the past, even to this moment. When we fall, we must get up again to be agile and get used to facing challenges; otherwise, we will have fear (Dhan).*”

With the existence of self-compassion in the survivors of dysfunctional families, they have also grown an attitude of forgiveness (forgiveness) towards any problems that occur to them. Forgiveness is a change in one's motivation to reduce the motivation for revenge and make peace with dysfunctional perpetrators in the family. Didi, Trys, Pipit, and Dhan have expressed this. Didi admits that he has made peace with his past and chooses to accept himself as he is now. For him, the past cannot be changed, so Didi is very forgiving of the behaviour of his biological parents. According to him, forgiveness significantly affects his happiness.

## **Discussion**

Research on Self-Compassion in dysfunctional family survivors is carried out in early adulthood who must have experienced life in a dysfunctional family. In this study, there are several types of dysfunctional families, namely inadequate parents, controlling parents, alcoholic parents, and physically violent parents. It is also found that the type of parent with controlling behaviour uses authoritarian parenting, which is a reflection of the attitude of parents who act harshly and tend to be discriminatory. This is marked by the pressure on children to obey all orders and wishes of parents, which is often done by using physical violence on children. Physical violence perpetrated by perpetrators often causes physical injuries to children's bodies, such as bruises, welts,

Being a victim of a dysfunctional family causes children to experience various kinds of vulnerabilities. The vulnerabilities experienced by the five participants due to dysfunctional families include exposure to violence, loss of parental roles as they should be, loss of direction in life, and being a closed person. Exposure of children to violent behaviour in a broad sense refers to both physical and psychological actions by a person or group of people. In this case, such as bullying behaviour is often experienced by one of the participants as a result of the loss of a parent who should be a role model for children. This causes the child's development to be disrupted. The exposure of children to other violence is the physical action in the form of violence perpetrated by parents against the child, causing physical injury to the child's body. In addition, there is also violence that occurs between the parents and is witnessed by the child, causing vulnerability and affecting the psychology of the child. Another vulnerability is that children lose their parental roles as they should, causing them to be responsible for carrying out their parental obligations and meeting their own needs. Roles in the family become distorted and confused. In addition, there is also violence that occurs between the parents and is witnessed by the child, causing vulnerability and affecting the

psychology of the child. Another vulnerability is that children lose their parental roles as they should, causing them to be responsible for carrying out their parental obligations and meeting their own needs. Roles in the family become distorted and confused. In addition, there is also violence that occurs between the parents and is witnessed by the child, causing vulnerability and affecting the psychology of the child. Another vulnerability is that children lose their parental roles as they should, causing them to be responsible for carrying out their parental obligations and meeting their own needs. Roles in the family become distorted and confused.

In addition, children who are victims of dysfunctional families are vulnerable because they lose their direction in life. After all, victims who become victims become parents for their parents and become parents for themselves without a figure to imitate and become a source of learning. Children who are victims of dysfunctional families are also prone to become closed individuals due to feelings of inferiority and isolation from their surroundings.

Based on the results of the interview, there are psychological injuries to children, such as negative feelings towards parents, which is an emotional response that marks conflicts with families in the past that have not been resolved. This can be caused by parents who fail to carry out their duties and responsibilities to their children, causing negative feelings to parents, including feelings of irritation, feeling of being mistreated, fear, revenge, and shame, as felt by participant Didi, Trys, Pipit, Arden, and Dhan. In addition, there are also psychological wounds in the form of trauma. According to Lawson in Jayanti and Lestari (2015), trauma is an emotional condition that develops after an unpleasant, sad, scary, worrying, traumatic event.

In addition to trauma, there are also psychological wounds caused by self-harm, which is a destructive action on the body in the form of slicing, burning, scratching, biting body parts or hitting the head intentionally without any conscious intention to commit suicide. Although self-harm behaviour is carried out without suicidal ideation, this action still carries a life-threatening risk (Agustin et al., 2019). The same thing was done by Arden, who, based on the interview above, had

behaviours such as banging his head on the wall and slicing his body, which, according to him, was because he overthought the problems experienced by his family, causing participant Arden to find it challenging to concentrate and according to him it was disconcerting. Children who are victims of dysfunctional families also have other psychological wounds, namely depression. According to Rice PL, depression is a mood disorder, a prolonged emotional condition that colours all mental processes (thinking, feeling, and behaving) in a person (Dirgayunita, 2016). Generally, the dominant mood that arises is a feeling of helplessness and loss of hope. As experienced by participants Didi, Trys, Pipit and Arden based on the results of the interviews above, it is known that the four participants often have negative feelings such as thoughts of not worth living, thoughts of blaming themselves, helplessness, and losing hope caused by dysfunctional families a prolonged emotional condition that colours a person's mental processes (thinking, feeling, and behaving) (Dirgayunita, 2016). Generally, the dominant mood that arises is a feeling of helplessness and loss of hope. As experienced by participants Didi, Trys, Pipit and Arden based on the results of the interviews above, it is known that the four participants often have negative feelings such as thoughts of not worth living, thoughts of blaming themselves, helplessness, and losing hope caused by dysfunctional families a prolonged emotional condition that colours all mental processes (thinking, feeling, and behaving) of a person (Dirgayunita, 2016). Generally, the dominant mood that arises is a feeling of helplessness and loss of hope. As experienced by participants Didi, Trys, Pipit and Arden based on the results of the interviews above, it is known that the four participants often have negative feelings such as thoughts of not worth living, thoughts of blaming themselves, helplessness, and losing hope caused by dysfunctional families.

Getting to the stage of Self-compassion is undoubtedly not an easy thing to apply to individuals, especially individuals with vulnerabilities and psychological wounds experienced in dealing with dysfunctional families. However, this does not

become an obstacle for individual survivors of dysfunctional families in growing self-compassion in each of them. Before individuals reach this stage, it can be seen that they first try to accept their shortcomings and imperfections so that they enjoy themselves and feel more comfortable with themselves. Besides that, as on the excellent self-acceptance from dysfunctional family survivors, there is still hope and potential in themselves that needs to be fought for in achieving their success in the future. This new hope appears as a form of positive self-acceptance in them. It was also seen that the participants tried reframing, which is one of the techniques of cognitive therapy that aims to reduce negative thinking and change how individuals view problems so that individuals can develop new perspectives on the problems they have. Based on this understanding, in the interview results, the participants tried to form a positive perspective on all the adverse events they experienced. One example is the existence of a positive point of view where participants view the suffering they experience as a process to learn to become a better person. In addition, in the process of growing self-compassion, participants are also greatly helped by the relationships and support from their social environment. Of course, the support from the people around is a positive thing that can motivate participants to grow self-compassion.

In addition, in dealing with vulnerabilities and psychological wounds in individuals, a new and positive meaning is needed for each problem that has been faced, as is done in near-astrophic cognitive therapy. Nearastrophy is a therapy that aims to help someone evaluate the problem situation so they don't look at it excessively. Each participant has shown this, for example, the view that problems are not only experienced by themselves, but other people also experience problems in life that are even more severe than what they experience. There is also a spiritual meaning that helps participants in dealing with every life challenge they experience. For example, there is the view that nothing can happen without the permission of God. This makes participants calm and believe that God has a good plan for them.

Based on the results of the interviews, it can be seen that the five participants have grown in Self-Compassion regardless of everything they experience in a dysfunctional family that causes vulnerability, as well as psychological wounds to the problems they experience, have an awareness that difficulties and challenges are something that everyone experiences, can control themselves so they don't overdo it in facing problems and challenges in life, and have a forgiving attitude towards problems. There are four parts of Self-Compassion that participants, namely own, self-acceptance (Self-Kindness), the view that difficulties are common (Common Humanity), attention and self-control (Mindfulness), and forgiveness (forgiveness).

### **Conclusion**

Self-compassion is the warm and understanding feeling we give ourselves when we experience suffering or failure or feel that something is not going our way, such as treatment full of warmth, understanding, support, forgiveness, affection for others, and what we should do with ourselves. Self-compassion involves an individual's sensitivity to misfortune, suffering, or misery coupled with a deep inner desire to relieve or end negative things in the individual to overcome the problems experienced. Individuals with self-compassion do not easily blame themselves when facing problems, correct mistakes, change unproductive behaviour and dare to face new challenges. Individuals with self-compassion are motivated to do things based on an intrinsic drive, not just because they expect environmental approval. Self-compassion involves the need to manage one's own health and well-being and encourage initiative to make changes in one's life not just because of expectations of environmental acceptance.

Relationships within the family (family support and parental attitudes) will contribute to growing self-compassion. When experiencing adversity, how a person treats himself tends to imitate what his parents show him. If parents show a caring attitude, the child learns to treat himself with compassion. Individuals who show

low levels of self-compassion tend to come from dysfunctional families. A dysfunctional family is any condition that interferes with the family's healthy functioning. A dysfunctional family is a trigger for complex problems because a dysfunctional family can cause its members to experience suffering, pain, and difficulties due to the destructive nature of the family. There are several types of family dysfunction, namely inadequate parents, authoritarian parents, controlling parents, parents who are alcoholism or drug users, and parents who become perpetrators of violence such as verbal abuse, physical violence, and other sexual violence.

Based on the results of the interviews, there are vulnerabilities experienced by children in dysfunctional families, namely exposure to violence, losing their proper parental role, losing their direction in life, and becoming closed individuals. In addition to feeling vulnerable as a result of various events experienced, there are psychological scars that leave an imprint on the child's psychology. Psychological wounds are experienced, such as negative feelings towards parents, trauma due to the behaviour of parents or the surrounding environment, the emergence of self-harm behaviour, depression and even the emergence of the desire to end one's life due to negative feelings that often arise. With self-compassion, participants have been able to develop an attitude of self-acceptance towards the problems they experience, have an awareness that everyone experiences difficulties and challenges, can control themselves so as not to overdo it in dealing with problems and challenges of life, and have a forgiving attitude towards problems.

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