

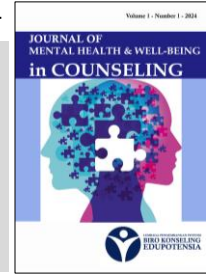


EDUPOTENSIA  
FOUNDATION

## Journal of Mental Health and Well-Being in Counseling

E-ISSN: XXXX-XXXX

Journal homepage: <https://journal.edupotensia.org>



# Mindful Self-Compassion to Improve Students' Quality of Life

Gian Sugiana Sugara<sup>1</sup>, Puteri Karenina<sup>2</sup> Dewang Sulistiana<sup>3</sup>

Department of Guidance and Counseling Universitas Muhammadiyah Tasikmalaya<sup>123</sup>

### Article Info

#### Article history:

Received August 12<sup>th</sup>, 2024  
Revised September 12<sup>th</sup>, 2024  
Accepted October 20<sup>th</sup>, 2024

#### Keyword:

Quality of Life, Adolescent,  
Mindful Self-Compassion  
Program

### ABSTRACT

*Objective:* The aims of this study were a to examine the effects of classical guidance based on mindful self-compassion program to improve quality of life in adolescent. *Method:* Experimental design with the one-group pretest-posttest design. The training encompassed 45 – 60 minutes intervention session for 6 weeks. The participants completed the Adolescent Quality of Life Inventory (AQoLI) pre and post intervention. *Results:* Twenty-one participants (N=21) took part in the pre and post intervention assessments. Results demonstrated a large effect size was found for the improvement for quality of life ( $d = 0.62$ ) and dimension of self-functioning ( $d = 0.49$ ), social functioning ( $d = 0.47$ ) and personal growth ( $d = 0.67$ ). Finally, this confirmed the first hypothesis, that there would be a improvement in the level of quality of life score from pre- to post-intervention. *Conclusions:* The current study suggests that mindful self-compassion program might be an effective treatment for quality of life. However, our sample size was small and this was an uncontrolled study. Therefore, it is necessary to test this intervention in a randomized controlled trial with follow-up assessments.



© 2024 The Authors. Published by EDUPOTENSIA.

This is an open access article under the CC BY-NC-SA license  
(<https://creativecommons.org/licenses/by-nc-sa/4.0>)

### Corresponding Author:

Gian Sugiana Sugara,  
Universitas Muhammadiyah Tasikmalaya  
Email: [gian.sugiana@umtas.ac.id](mailto:gian.sugiana@umtas.ac.id)

## Introduction

Every individual strives to lead their life toward happiness and well-being (Frish, 2013). To achieve a state of happiness, individuals need to attain satisfaction with the life they are living (Diener, 2003). This happiness is not temporary but represents a balance between expectations and desires, which allows individuals to achieve a good quality of life (Rahmawati, 2013). Quality of life is defined as an individual's perception of their position in life within the context of the culture and value systems in which they live, in relation to life goals, living standards, life expectancy, and life focus (World Health Organization, 2009). Quality of life is associated with an individual's evaluation of their functioning in life (Sugara, 2018). Therefore, it can be said that quality of life represents self-assessment of one's existence in life according to their cultural context and values (Frisch et al., 2005).

Individuals experiencing stress and anxiety disorders tend to have low quality of life and are less happy (Sugara, 2018). This is particularly relevant for adolescents, as they face greater pressures on their mental health. Such pressures include academic, emotional, and social demands, which significantly affect their quality of life (Rogi et al., 2021). All aspects related to adolescent well-being originate from their quality of life (Damasio et al., 2013). Quality of life has a negative correlation with burnout and a positive correlation with life satisfaction

---

(Sugara et al., 2020a; Sugara et al., 2020b). This suggests that adolescents with high quality of life are capable of maintaining a positive perception of themselves and everything they possess (Putri et al., 2016).

Quality of life encompasses 16 domains, including health, self-esteem, purpose and values in life, standard of living, work, recreation, learning, creativity, community involvement, romantic relationships, friendships, relationships with children, relationships with relatives, home, environment, and community (Frisch, 1998). These domains can help determine an individual's satisfaction and quality of life (Frisch et al., 1992). According to a study by Sugara et al. (2020a), quality of life can be divided into three domains: (1) personal growth, which includes learning, creativity, play, and spirituality; (2) social functioning, which includes relationships with family, relatives, friends, the environment, and community; and (3) self-functioning, which includes self-esteem, health, romantic relationships (love), finances, home, and work.

Guidance and counseling services in schools play a role in improving students' quality of life through strategies that help students develop their talents, interests, and potential in individual, group, and classical service formats (Sugara, 2022). Developing appropriate services to enhance quality of life involves equipping students with skills to address and navigate challenges during adolescence, enabling them to lead healthy lives (Rismawati, 2015). One potential intervention for improving quality of life is the mindful self-compassion program, which integrates the concepts of mindfulness and self-compassion (Bluth et al., 2015).

Mindful self-compassion is believed to improve quality of life by applying self-compassion in daily activities. This aligns with previous research conducted by Kawitri et al. (2020), which found that self-compassion significantly influences quality of life, contributing 5.5% in orphaned adolescents. This is reflected in their acceptance of personal experiences and their ability to be gentle with themselves, enhancing their quality of life. Durkin et al. (2016) also discovered that higher self-compassion levels are associated with better quality of life, greater resilience to occupational stress, and improved well-being. Similarly, Duarte et al. (2016) found that nurses with mindful self-compassion experience higher job satisfaction in caring for patients. Gouveia et al. (2013) reported a significant positive correlation between self-compassion and quality of life, indicating that individuals with self-compassion can manage difficulties and stress by treating themselves with kindness, viewing challenges as common human experiences, and avoiding being overwhelmed by negative emotions. According to Neff (2003), self-compassion is strongly associated with psychological strengths such as well-being, happiness, life satisfaction, self-confidence, optimism, and gratitude. Priatni and Listiyandini (2017) highlighted that self-compassion enhances the quality of life for medical students. Bluth and Blanton (2015) revealed a positive relationship between compassion and quality of life among adolescents, with compassion acting as a facilitator for achieving goals by reducing the negative emotional impact of failure and fostering optimism (Zessin et al., 2015).

Characteristics of high self-compassion individuals include acceptance of strengths and weaknesses, as well as the ability to forgive failures as a natural part of life. In contrast, individuals with low self-compassion tend to self-criticize, blame themselves, fear failure, and worry about their future (Neff, 2015). Mindfulness, as defined by Kabat-Zinn (1994), involves non-judgmental awareness and acceptance of the present moment. It consists of two main elements: attention to present experiences and openness, curiosity, and acceptance of those experiences (Bishop et al., 2004; Neff & Germer, 2018). Self-compassion, as described by Neff (2003b), is an adaptive self-relationship encompassing mindfulness of personal difficulties, self-kindness during suffering, and recognition of challenges as part of the human experience. It involves three components: mindfulness (openness to personal suffering), self-kindness (responding with soothing care during suffering), and common humanity (acknowledging that suffering is part of human experience). Neff and Costigan (2014) emphasized that treating oneself with care and compassion during life's challenges can enhance well-being, positively impacting one's quality of life. Neff and Germer (2013) found that the common humanity component of self-compassion improves individuals' ability to balance kindness toward themselves and others, influencing social functioning dimensions of quality of life.

Mindful self-compassion does not avoid pain but embraces it with self-kindness, promoting well-being and quality of life, particularly in personal growth and functional dimensions (Neff & Costigan, 2014). Renggani and Widiasavitri (2018) also noted that healthy personalities emphasize unconditional self-acceptance. Neff (2011) suggested that self-kindness teaches acceptance without judgment during difficulties, influencing personal growth dimensions of quality of life. Research shows that individuals with self-compassion tend to have better psychological health than those without it (Neff & Germer, 2013). Self-compassion involves recognizing personal suffering, fostering the desire to alleviate it, and treating oneself with care (Neff, 2003; Wispe, 1991). Bluth et al. (2015) found that self-compassion in adolescents is associated with lower levels of depression, stress, and anxiety, along with higher well-being and self-esteem. Mindfulness interventions for adolescents have been linked to reduced stress and improved life satisfaction, happiness, and overall well-being (Biegel et al., 2009; Broderick & Metz, 2009). However, these interventions often focus on attention and awareness with little

emphasis on alleviating personal suffering. Neff and Germer integrated mindfulness and adolescent self-compassion concepts into the Mindful Self-Compassion program, emphasizing the development of self-quality (Bluth et al., 2015).

The Mindful Self-Compassion Program (MSC) is a training program specifically designed to enhance an individual's mindfulness and self-compassion abilities (Neff & Germer, 2018). Mindful Self-Compassion was created as an explicit method for teaching the skills required to practice compassion in daily life. It is structured as a group training course for 8 to 25 participants, conducted over 2 ¾ hours weekly, with an additional half-day meditation session (Neff & Germer, 2018). The MSC model combines psychoeducation, meditation exercises, and both individual and interpersonal reflective practices (Neff & Germer, 2013). The training model used in this study adopts the Mindful Self-Compassion Program for adolescents developed by Bluth et al. (2015), adapted from the adult version of the program (Neff & Germer, 2013). This adolescent program teaches components of mindfulness, self-kindness, and awareness of common humanity in an age-appropriate manner (Bluth et al., 2015). The program is conducted weekly, with each session focusing on a specific theme (Bluth et al., 2015). The Mindful Self-Compassion Program also includes homework assignments such as practicing formal and informal mindfulness exercises or self-compassion activities (Bluth et al., 2015). It emphasizes cultivating compassion through the use of loving-kindness and compassion alongside mindfulness (Finlay et al., 2018). Research has shown that the program effectively reduces anxiety, depression, and stress while improving life satisfaction, social connectedness, compassion for others, and happiness (Neff & Germer, 2013). Therefore, to enhance the quality of students' lives at school, assistance is needed to help students achieve self-realization. This assistance can be provided through a classical guidance service strategy based on the Mindful Self-Compassion Program, which is expected to facilitate positive changes in students and help them achieve a higher quality of life.

## Method

### Ethical Approval

Ethical approval was granted by Universitas Muhammadiyah Tasikmalaya with Protocol Number 448/UMTAS/-FKIP/B.4/IX/2022. Written explanations and consent from prospective participants were obtained after explaining the research objectives to them, adhering to ethical standards for conducting research with participants as outlined by the American Psychological Association (2013).

### Participants

The population of this study consisted of 427 tenth-grade students from SMA Negeri 1 Ciawi Tasikmalaya in the academic year 2022/2023, distributed across 12 classes. The research utilized a purposive sampling technique with specific criteria to select participants. These criteria included: (1) tenth-grade students aged 15–16 years, corresponding to the developmental stage of mid-adolescence; (2) students with a low quality of life from a class identified as having a lower average quality of life compared to other classes; and (3) students who voluntarily consented to participate in the intervention activities. From the total population, 21 students met the criteria and agreed to participate in the study after signing the informed consent form.

### Procedure

Initially, researchers conducted a baseline measurement involving all 427 students (N = 427) to obtain an overview of the general quality of life before any intervention. Based on the baseline measurement, 21 students (N = 21) with low-quality-of-life scores who were willing to participate underwent a pre-test assessment. The selected participants then received classical guidance service interventions based on the Mindful Self-Compassion Program. The intervention consisted of six sessions conducted three times a week, with each session lasting 45–60 minutes. The intervention protocol was developed in accordance with the Mindful Self-Compassion Program for adolescents. Each session included an evaluation phase to review activities from the previous session and assess the application of the intervention in daily life. The program was based on the framework by Bluth et al. (2015), which recommends weekly 60-minute sessions focusing on cultivating self-compassion and mindfulness. The intervention combined the concepts of mindfulness and self-compassion. Mindfulness includes two primary elements: 1). Awareness of present-moment experiences. 2). Connecting these experiences with curiosity, openness, and acceptance. Self-compassion consists of three components: 1). Mindfulness: Being open to and present with one's suffering. 2). Self-kindness: Responding to suffering with soothing and caring attention. 3). Common humanity: Recognizing that suffering is a shared human experience.

The post-test phase was conducted after completing the classical guidance service intervention. The measurement was carried out five days after the final intervention session to assess the participants' condition after undergoing the classical guidance service intervention based on the mindful self-compassion program. The measurement results post-intervention were compared with the pre-treatment measurements to evaluate changes and the effectiveness of the classical guidance service intervention based on the mindful self-compassion program in enhancing quality of life.

**Classical Guidance Service Intervention Based on the Mindful Self-Compassion Program**  
The procedure for implementing the classical guidance service based on the mindful self-compassion program is grounded in the concept of quality of life, which encompasses three dimensions: personal growth, social functioning, and self-functioning (Sugara et al., 2020). The intervention focuses on self-compassion and mindfulness training to enhance quality of life (Neff & Germer, 2013; 2018; Bluth et al., 2015). The intervention consists of six sessions designed to align with the study's objectives.

**Session 1: "Orientation to the Mindful Self-Compassion Program"** This session introduces the classical guidance service based on the mindful self-compassion program. It aims to provide an overview, encouraging students to learn and discover mindfulness and self-compassion to improve their quality of life. It also seeks to build self-kindness and understanding when facing failures or suffering without harsh self-criticism.

**Session 2: "Becoming a Mindful Individual"** This session imparts basic knowledge of mindfulness and teaches meditation practices. The goal is for students to creatively accept the present reality, acknowledge mistakes, failures, and shortcomings, and approach them with awareness.

**Session 3: "Kindness Towards Oneself"** This session focuses on how to respond to perceived threats and build a defense system against self-criticism. Students are encouraged to understand and accept themselves, fostering positive relationships with peers. Additionally, it promotes self-kindness during failures and suffering without excessive self-criticism.

**Session 4: "Nurturing Self-Compassion"** This session provides insights into self-compassion and its effectiveness in fostering harmony within oneself and relationships with family. It also emphasizes that challenges, failures, and difficulties are part of universal human experiences, not just personal issues.

**Session 5: "Making Peace with Oneself"** This session helps students connect with their inner selves through self-compassion. It encourages awareness of thoughts, feelings, and sensations in the present moment, expressed through writing or art, aiding personal development.

**Session 6: "Achieving Personal Happiness"** This final session highlights the importance of gratitude, healthy living, and aligning with core values. It reinforces the overall understanding of the mindful self-compassion program and promotes open acceptance of current experiences.

The schedule and sequence of the six sessions are detailed in Table 1 below.

Session	Theme	Objective	Activity
1	Mindful Self-compassion Program Orientation	Students can have an understanding of the general description of classical guidance services based on mindful self-compassion programs so that students are able to learn and encourage self-discovery about mindfulness and self-compassion in an effort to improve the quality of students' lives.	<ul style="list-style-type: none"> <li>▪ Explanation of the material on the Mindful Self-compassion Program Orientation</li> <li>▪ Conducting Affectionate Breathing Meditation training</li> <li>▪ Providing student worksheets on the Mindful Self-compassion Program Orientation</li> </ul>
2	Becoming a Mindful Person	Students can understand basic knowledge about mindfulness and apply the practice of Loving Kindness for Ourselves Meditation so that students are able to creatively accept the current reality and realize mistakes, failures and shortcomings in themselves.	<ul style="list-style-type: none"> <li>▪ Explanation of the material on Becoming a Mindful Person</li> <li>▪ Conducting Loving Kindness for Ourselves Meditation training</li> <li>▪ Providing student worksheets on Becoming</li> </ul>

			<ul style="list-style-type: none"> <li>▪ a Mindful Person</li> <li>▪ Providing homework in the form of a self-compassion journal</li> </ul>
3	Kindness Towards Self	Students are expected to be able to have an understanding of how to respond to perceived dangers and provide a defense system from threats to avoid self-criticism and be able to better understand and accept themselves so that students can freely build good relationships with peers.	<ul style="list-style-type: none"> <li>▪ Explanation of material on Self-Kindness</li> <li>▪ Conducting Compassionate Friend Meditation training</li> <li>▪ Providing student worksheets on Self-Kindness</li> </ul>
4	Cultivating Self-Compassion	Students are expected to be able to have an understanding of self-compassion and articulate why self-compassion is effective in relating to oneself so that students are able to create harmony within themselves and good relationships with their families.	<ul style="list-style-type: none"> <li>▪ Explanation of material on Cultivating Compassion for Oneself</li> <li>▪ Conducting Loving Kindness for a Loved One Meditation training</li> <li>▪ Providing student worksheets on Cultivating Compassion for Oneself</li> <li>▪ Providing homework (PR) in the form of a self-compassion journal</li> </ul>
5	Making Peace with Yourself	Students are expected to be able to consciously find their inner selves by being compassionate towards the body and paying attention to changes in thoughts, feelings, and sensations that occur at this time.	<ul style="list-style-type: none"> <li>▪ Explanation of the material on Making Peace with Oneself</li> <li>▪ Conducting Compassionate Body Scan Meditation training</li> <li>▪ Providing student worksheets on Making Peace with Oneself</li> </ul>
6	Achieving Self-Happiness	Students are expected to be able to understand the importance of gratitude, a healthy lifestyle, living according to the core values of youth who are open and able to accept current experiences.	<ul style="list-style-type: none"> <li>▪ Explanation of the material on achieving personal happiness</li> <li>▪ Conducting training on Giving and Receiving Compassion Meditation</li> <li>▪ Providing student worksheets on achieving personal happiness</li> <li>▪ Providing homework in the form of a self-compassion journal</li> </ul>

### Measurement

The measurement of quality of life levels in this study used the Adolescent Quality of Life Inventory (AQoLI) developed by Sugara et al. (2022). This scale consists of 26 statement items designed to assess students' quality of life levels, revealing three dimensions and domains of quality of life. The personal growth dimension includes learning, creativity, play, and spirituality. The social functioning dimension includes relationships with family, relatives, friends, the environment, and the community. The self-functioning dimension includes self-esteem, health, romantic relationships, finances, home, and work. The Adolescent Quality of Life Scale uses a 7-point Likert-like scale, where all statements are positively worded. The response options are: Strongly Disagree (STS) = 1, Somewhat Disagree (ATS) = 2, Disagree (TS) = 3, Neutral (N) = 4, Agree (S) = 5, Somewhat Agree (AS) = 6, Strongly Agree (SS) = 7. Examples of items on the scale include: *"I believe I am a creative person"* and *"I have free time for leisure activities."* The scale has demonstrated good internal consistency, with Cronbach's alpha  $r=0.878$ , and test-retest reliability  $r=0.909$  over two weeks. This indicates that

the adolescent quality of life scale is highly reliable, producing consistent scores and suitable for research purposes.

### Statistical Analysis

This study is a pilot study without a control group. In this study, IBM SPSS Statistics 24 was used to analyze the data. The normality of the dependent variable was determined using the Kolmogorov-Smirnov test; the pre-test normality test had a significance value of 0.606 while the post-test normality test had a significance value of 0.433. From these data, because both have a significance > 0.05, it can be concluded that the experimental group data on the pre-test and post-test scores are normally distributed. Homogeneity of variance was determined using the Levene test, obtaining a pre-test result of 0.498 and a post-test result of 0.877. Based on the results of the data above, the significance value is > 0.05, it can be concluded that the pre-test and post-test scores of the experimental class are homogeneous, this means that the pre-test and post-test data results come from the same population/characteristics, in other words, the diversity is not much different. The Paired-Sample T Test was used to examine changes in participants' quality of life scores before and after the intervention. By determining if the significance value is > 0.05, then classical guidance based on mindful self-compassion is not effective in improving the quality of life of students, and if the significance value is < 0.05 then classical guidance based on mindful self-compassion is effective in improving the quality of life of students.

The effect size of the intervention was calculated using Cohen's *d*, where values of 0.2, 0.5, and 0.8 were considered small, medium, and large, respectively. To determine the magnitude of each participant's change, the Reliable Change Index (RCI; Jacobson & Truax, 1991) calculation can also be used. RCI is the difference between pretest and posttest scores (Gain) divided by the Standard Error of the Difference (pretest standard deviation plus posttest standard deviation divided by two). If the RCI value is greater than 1.96, then the change experienced is significant (Cunningham & Turner, 2016).

### Results

The results of the paired-sample t-test demonstrate data from participants following classical guidance service sessions. A substantial improvement in the quality of life scores was observed ( $d = 0.62$ ,  $t = 10.95$ ) with a medium effect size. The mean quality of life score before the intervention was ( $M = 123.24$ ;  $SD = 22.16$ ), which increased after the classical guidance service sessions ( $M = 137.05$ ;  $SD = 18.90$ ). This finding suggests a noticeable enhancement in quality-of-life scores from before to after the intervention.

A significant improvement was also observed in the dimension of personal growth. The mean score increased significantly from ( $M = 47.95$ ;  $SD = 8.71$ ) prior to the intervention to ( $M = 53.76$ ;  $SD = 7.10$ ) after the intervention ( $t = 6.66$ ,  $d = 0.67$ ). This emphasizes that the personal growth dimension scores improved from the pre-test to the post-test after the intervention. Similarly, improvements were observed in the domains of creativity, recreation, learning, and helping within the personal growth dimension. Additionally, a significant increase was detected in the social functioning dimension. The mean score rose from ( $M = 39.75$ ;  $SD = 7.57$ ) before the intervention to ( $M = 43.33$ ;  $SD = 5.62$ ) after the intervention ( $t = 3.571$ ,  $d = 0.47$ ). This confirms an enhancement in the social functioning dimension scores from the pre-test to the post-test following the intervention. The same trend was observed in the domains of social functioning, including friendship and family relationships.

Table 2. Comparison of Pre-Test and Post-Test Results for MSC Intervention

Scale	Pretest		Posttest		t	Post Difference			d
	M	SD	M	SD		Mean	95% CI	SD	
Total Quality of Life	123,24	22,16	137,05	18,90	10,9	13,81	16,67 to 10,95	6,28	0,62
Personal Growth	47,95	8,71	53,76	7,10	6,66	5,81	7,62 to 3,99	3,995	0,67
Creativity	10,38	2,50	11,29	1,98	3,97	0,91	1,38 to 0,43	1,044	0,36
Recreation	8,00	2,30	9,62	1,72	4,95	1,62	2,30 to 0,94	1,499	0,70
Learning	9,71	2,37	11,19	1,69	5,10	1,48	2,08 to 0,87	1,327	0,62
Spiritual	10,76	2,05	11,19	1,60	1,57	0,43	0,99 to 0,14	1,248	0,21
Helping	9,10	2,14	10,48	2,21	4,05	1,38	2,093 to 0,67	1,564	0,64

Social Functioning	39,75	7,57	43,33	5,62	4,35	3,57	5,28 to 1,86	3,763	0,47
Friendship	9,71	2,74	10,95	1,60	3,67	1,24	1,94 to 0,53	1,546	0,45
Family	9,33	2,83	10,71	2,08	4,32	1,38	2,05 to 0,71	1,465	0,49
Community Environment	10,81	2,27	11,24	1,89	1,40	0,43	1,06 to 0,21	1,399	0,19
School	9,90	2,90	10,43	2,62	1,31	0,52	1,36 to 0,31	1,834	0,18
Self-Functioning	35,52	9,13	39,95	8,26	6,13	4,43	5,93 to 2,92	3,310	0,49
Self	8,57	2,68	9,52	2,77	2,73	0,95	1,68 to 0,23	1,596	0,36
Health	9,10	2,77	10,14	2,20	3,28	1,05	1,71 to 0,38	1,465	0,38
Finance	6,90	3,03	8,90	2,68	5,12	2,00	2,81 to 1,19	1,789	0,66
Home	10,95	2,71	11,38	2,16	1,53	0,43	1,02 to 0,16	1,287	0,16

Description: The mean (M) and standard deviation (SD) for the pre- and post-intervention assessment points; results of the t-test analysis (t, p-value) and the effect size (Cohen's d). SGI = Quality of Life Inventory.

A significant improvement was observed in the self-functioning dimension ( $M = 35.52$ ,  $SD = 9.13$ ) in the quality of life scores before the intervention, and ( $M = 39.95$ ,  $SD = 8.26$ ), ( $t = 6.13$ ), ( $d = 0.49$ ) after the intervention. This finding emphasizes the improvement in the self-functioning dimension scores from the pre-test to the post-test after the intervention. Similar findings were observed in the social functioning domain, where improvements were seen in the personal, health, and financial aspects. Based on these data, it can be considered as a promising reference for future applications, as the mindfulness-based self-compassion program in classical guidance services served as an intervention target to improve the dimensions of personal growth, social functioning, and self-functioning, which are associated with improvements in quality of life.

Table 3: Changes in Participants Before and After MSC Intervention

Name	Pretest	Posttest	gain	t	Sig. (2-tailed)	d effect size	CS
AH	158	172	14	3,035	0,006	0,63	Y
DAM	125	149	24	4,045	0,000	1,08	Y
FNF	117	136	19	3,143	0,004	0,86	Y
FF	125	142	17	3,563	0,002	0,77	Y
HD	101	110	9	1,397	0,175	0,41	N
KRH	121	139	18	2,807	0,010	0,81	Y
KRD	78	99	21	3,176	0,004	0,95	Y
LLM	128	135	7	1,428	0,166	0,32	N
MK	154	162	8	1,690	0,103	0,36	N
MSA	119	135	16	3,068	0,005	0,72	Y
NY	146	157	11	2,391	0,025	0,50	Y
RT	143	152	9	1,563	0,131	0,41	N
RSS	139	146	7	1,570	0,129	0,32	N
RAR	117	132	15	2,807	0,010	0,68	Y
SSP	117	123	6	2,087	0,047	0,27	Y
SP	135	147	12	2,900	0,008	0,54	Y
SNA	125	133	8	1,617	0,118	0,36	N
VM	87	109	22	4,461	0,000	0,99	Y
WL	155	159	4	0,811	0,425	0,18	N
ZD	108	127	19	3,875	0,001	0,86	Y
ZSU	90	114	24	3,149	0,004	1,08	Y

Pre and Post assessment points; t-test analysis results (t.pvalue) and Cohen's d effect size SGI = Quality of Life Inventory; CS, Clinical Significance; Y, Yes; N, No.

## Discussion

Based on the results of the intervention, it was found that classical guidance services based on the mindful self-compassion program significantly improved the intensity of life quality. The process of this intervention teaches participants to practice self-compassion and mindfulness through the services provided. This helps participants to enhance personal growth, social functioning, and self-functioning to improve life quality. Thus, participants not only learn how to take steps to improve their low quality of life but also apply these practices in

---

daily life, enabling them to focus on long-term goals despite facing numerous obstacles. There are four aspects influencing the quality of life in adolescents: physical, psychological, social, and environmental factors (World Health Organization, 2009). Frisch (2013) explains that quality of life can be conceptualized as an individual's overall evaluation of their life satisfaction. A study identified two factors in assessing quality of life in a student population, which include: self-orientation consisting of health, self-esteem, work, purpose and values, learning, creativity, play, helping, and other factors including friends, environment, community, home, children, love, money, and relatives (Frisch et al., 1992). Phenomena hindering adolescent development in improving life quality, such as those found in daily life, are also present in school environments (Sulistiani et al., 2021).

Frisch (2007) asserts that as adolescents grow older, their quality of life tends to decrease. This happens because as adolescents age, their evaluations of life quality become more negative. Younger adolescents are less critical and more positive, partly due to their limited exposure to life pressures. In contrast, older adolescents are more exposed to various life pressures, including academic, social, and emotional stress, all of which significantly impact their life quality (Khodijah et al., 2013). A decrease in life quality can influence productivity and overall well-being (Alfiyanti, 2010). Other studies show that quality of life is negatively correlated with anxiety, severe depression, and stress in psychiatric inpatients (Frisch, 1994). Norouzi (2012) also mentions that quality of life is positively associated with achievement motivation, indicating that well-being is a predictor of an individual's overall life quality. Adolescents with spiritual intelligence possess flexible abilities to face and use their strengths, high levels of awareness, resilience in overcoming pain, and live life guided by values and a vision for the future (Zulkifli, 2015). According to Aridhona (2017), spiritual intelligence in adolescents is the ability to find meaning in life. Mujib & Mudzakir (2001) note that spiritual intelligence does not necessarily correlate with religion. Some individuals may express their spirituality through formal religion, but religiosity does not guarantee high spiritual intelligence (Aridhona, 2017). Many humanists and atheists exhibit high spiritual intelligence, while many religiously active adolescents may still have lower levels of spiritual intelligence (Khavari, 2000).

One of the challenges in adapting to life in society in the age of advanced technology is the need to adjust to various situations, which can lead to conflicts in families, friendships, workgroups, or schools (Scott, R., & Scott, W., 1998). In reality, society's focus is more on improving physical health and less on non-physical factors such as intellectual, emotional, and psychosocial well-being (Indarjo, 2009). The prevalence of mental health issues in children and adolescents tends to increase with the growing complexity of societal problems, which impacts their overall quality of life (Walker, 2002). Ladhuis (2018) states that environmental factors do not emerge as significant determinants of a person's happiness. However, psychological domains appear as the strongest predictors of happiness and subjective well-being, inversely related to environmental and social relationship factors. Social relationships explain the least variance in global well-being constructs, suggesting they may play an important but not dominant role in individual well-being.

In a study by Haryono & Kurniasari (2018), the school domain revealed that a higher percentage of respondents had poor life quality (54.1%). This may be influenced by changes in the curriculum, which added to students' workload, making them feel increasingly burdened by school demands. Many adolescents who live in densely populated areas or environments with poor sanitation also experience a significant impact on their quality of life (Streimikiene, 2015). Living conditions such as housing quality, comfort, and access to clean water also play a role in determining overall life quality (Haryono & Kurniasari, 2018).

According to the study by Adeyeye et al. (2014), quality of life can be influenced by various aspects of life, such as the dimension of social relations, which concerns the relationship between individuals and others, including personal relationships and support from those around them (family, relatives, friends). The environmental dimension, on the other hand, relates to a person's living situation, which includes the conditions, availability of housing for activities, and facilities that can support life. An individual's interaction with their microsystem (the immediate environment) is crucial for their development (Bronfenbrenner, 1979). Therefore, the family, as the closest microsystem, plays a significant role in influencing adolescents' quality of life (Ramadhanty & Kinanthi, 2021). How the family handles difficult situations will affect its members' ability to adapt (Walsh, 2012).

Research by Fan (2012) suggests that adolescents' inability to understand academic subjects can also impact their academic performance. A lack of understanding can negatively affect students' self-perception, leading them to believe that they are not intelligent or capable of being smart (Khodijah et al., 2013). Consequently, quality of life can improve or decline depending on students' perceptions of their life and how satisfied they are with themselves (Frisch, 2013). Bluth et al. (2015) state that increasing self-compassion can predict a reduction in stress and anxiety, as well as an improvement in quality of life. Both self-compassion and mindfulness uniquely predict reduced anxiety. The effectiveness of mindfulness-based self-compassion group counseling services can be seen in the significant increase in scores across each dimension and domain of quality of life



(Neff & Germer, 2013). This is supported by Bluth et al. (2015), who found a relationship between mindful self-compassion and quality of life. Mindfulness and self-compassion can effectively reduce stress and anxiety while enhancing overall emotional health in adolescents, impacting their quality of life (Neff, 2011). Mindful self-compassion programs for adolescents can promote increased mindfulness and self-compassion, which can play a role in improving quality of life (Bluth et al., 2015). Individuals can consistently cultivate self-compassion and mindfulness, leading them to perceive that self-love enhances their quality of life (Neff & Germer, 2018).

## Conclusions

Based on the findings mentioned above, the researcher concludes that the mindfulness-based self-compassion group counseling program has been proven to improve the quality of life among students at Senior High School 1 Ciawi, Tasikmalaya. The positive effects on quality of life indicate that the mindful self-compassion program can enhance the students' quality of life. Future randomized controlled trials should be conducted to confirm the effectiveness of MSC and its long-term effects on students' quality of life.

## References

- Adeyeye, O., Ogunleye, O., & Coker, A. (2014). *Factors influencing quality of life and predictors of low quality of life scores in patient on treatment for pulmonary tuberculosis: A cross sectional study*. *Journal of Public Health in Africa*, 5(2), 88-92. <https://doi.org/10.4081/jphia.2014.366>
- Alfiyanti, Y. (2010). *Analisis Konsep Kualitas Hidup*. *Jurnal Keperawatan*. Volume 13 Nomor 2: 81-86
- Aridhona, J. (2017). Hubungan antara kecerdasan spiritual dan kematangan emosi dengan penyesuaian diri remaja. *Intuisi: Jurnal Psikologi Ilmiah*, 9 (3), 224-233.
- Bluth, Karen. Gaylord, S. A., Campro, R. A., Mullarkey, M. C., & Hobbs, L. (2015). *Making Friends with Yourself: A Mixed Methods Pilot Study of a Mindful Self-Compassion Program for Adolescents*. *Mindfulness*, 2016, 7.2: 479-492.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research Methods in Education*. New York: Routledge
- Damasio, B. F., Melo, R. L. P., & Siva, J. P. (2013). *Meaning in Life Psychological Well-Being and Quality of Life in Teachers*. *Paideia*. 23(54), 73-82.
- Ependi, S. A. (2022). *PENGEMBANGAN ALAT UKUR KUALITAS HIDUP REMAJA-(SKP. BK 0118)* (Doctoral dissertation, Universitas Muhammadiyah Tasikmalaya).
- Fan, W., & Wolters, C.A. (2012). School motivation and high school dropout: The mediating role of educational expectation. *British Journal of Educational Psychology*, 84, 22 – 39.
- Frisch, M. B., Clark, M. P., Rouse, S. V., Rudd, M. D., Paweleck, J. K., Greenstone, A., & Kopplin, D. A. (2005). Predictive and Treatment Validity of Life Satisfaction and the Quality of Life Inventory. *Assessment*, 12(1), 66-78. <https://doi.org/10.1177%2F1073191104268006>
- Frisch, M.B. (1998). *Quality of Live Therapy and Assesment in Health Care*. *Clinical Psychology-Science and Practice*, Baylor University 5(1), 19-40. <https://doi.org/10.1111/j.1468-2850.1998.tb00132.x>
- Frisch, M.B. (2013). Evidence-based well-being/positive psychology assessment and intervention with quality of life therapy and coaching and the Quality of Life Inventory (QOLI). *Social Indicators Research*, 114(2), 193-227. <https://doi.org/10.1007/s11205-012-0140-7>
- Frisch, M.B., Cornell, J., Villanueva, M., & Retzlaff, P. J. (1992). *Clinical validation of the Quality Of Life Inventory. A measure of life satisfaction for use in treatment planning and outcome assessment*. *Psychological Assessment*. 4(1), 92-101. <https://doi.org/10.1037/1040-3590.4.1.92>
- Frisen, A. (2007) Measuring health-related quality of life in adolescence. *ActaPaediatrica*, 96, pp. 963-68.

- Haryono, R. H. S., & Kurniasari, K. (2018). *Stres akademis berhubungan dengan kualitas hidup pada remaja*. *Jurnal Biomedika dan Kesehatan*, 1(1), 75- 84.
- Kabat Zinn, J. (1994). *Wherever you go, there you are: mindfulness in everyday life*. New York: Hyperion.
- Khavari, K.A. 2000. *Spiritual Intelligence (A Practictical Guide to Personal Happiness)*. Canada: White Mountain Publications.
- Khodijah, D., Lukman, E., & Munigar, M. (2013). *Obesitas dengan kualitas hidup remaja*. *Jurnal Health Quality*, 3(2), 69-140.
- Landhuis, E. (2018). Single-cell approaches to immune profiling. *Nature*, 557(7706), 595-597.
- Mujib, A., & Mudzakir, Y. (2001). *Nuansa-Nuansa Psikologi Islami*. Jakarta: Raja Grafindo Persada.
- Neff, K. D. (2003b). *Self-compassion: An alternative conceptualization of a healthy attitude toward oneself*. *Self and Identity*, 2, 85–102.
- Neff, K. D., Toth-Kiraly, I., & Colosimo, K. (2018). Self-compassion is a global construct and is overlapping with but distinct from neuroticism: A response to Pfattheicher, Geiger, Hartung, Weiss, and Schindler (2017). *European Journal of Personality*, 32, 371-392. doi: 10.1002/per.2148
- Neff, Kristin D. (2011). *Self-compassion : Stop Beating Yourself Up and Leave Insecurity Behind*. Diakses dari Penelitian Mahasiswa. Universitas <http://www.4shared.com>.
- Nurouzi, S. R., Kozehchian, H., & Tondnevis, F. (2012). Relationship between coaching coaching styles and motivation for the progress of the elite Judaists. *Research Sport Management*, 14(6), 174-95.
- Peraturan Menteri Pendidikan Dan Kebudayaan Nomor 111 Tahun 2014 Tentang Bimbingan Dan Konseling Pada Pendidikan Dasar Dan Pendidikan Menengah.
- Putri, D. A., Sukarti, S., & Rachmawati, M. A. (2016). *Pelatih Kebersyukuran untuk Meningkatkan Kualitas Hidup Guru Sekolah Inklusi*. *JIP (Jurnal Intervensi Psikologi)*, 8(1), 21-40.
- Rahmawati, A. (2013). *Makna Kebahagiaan Pada Jamaah Maiyah, Komunitas Bangbangwetan Surabaya* (Doctoral dissertation, Universitas Brawijaya).
- Ramadhanty, F. N., & Kinanthi, M. R. (2021). Kualitas Hidup Remaja Berstatus Sosial Ekonomi Rendah: Bagaimana Kontribusi Resiliensi Keluarga?. *Psymphatic: Jurnal Ilmiah Psikologi*, 8(1), 31-46.
- Rismawati, R. (2015). *Pelaksanaan Layanan Klasikal Bimbingan Dan Konseling Di SMP Negeri 3 Kandangan*. *Jurnal Mahasiswa BK An-Nur: Berbeda, Bermakna, Mulia*, 1(2), 64-73.
- Rogi, J. K., Rombot, D. V., & Siagian, I. E. (2021). *Gambaran kualitas hidup dan prestasi akademik pada siswa SMA Negeri 9 Manado di masa pandemi COVID-19*. *Jurnal Kedokteran Komunitas Dan Tropik*, 8(02).
- Scott, R., & Scott, W. A. (1998). *Adjustment of Adolescents, Cross-cultural similarities and differences*. London and New York: Routledge.
- Štreimikienė, D. (2015). Environmental indicators for the assessment of quality of life. *Intelektinė ekonomika*, 9(1), 67-79.
- Sugara, G. S., Rakhmat, C., & Nurihsan, J (2020a). Factorial structure and psychometric properties of the quality of life inventory in an Indonesian college sample. *Meditertanean Journal of Clinical Psychology*, 8(3)
- Sugara, G. S., Rakhmat, C., Nurihsan, J., & Ilfiandra. (2020b). Quality of Life and Burnout among University Students. *Universal Journal of Educational Research*. 8. 3742-3750. <http://dx.doi.org/10.13189/ujer.2020.080855>
- Sulistiana, D., Aryanto, W., & Arumsari, C., (2021). Hubungan Antara Harga Diri Dengan Perilaku Asertif Pada Remaja. *QUANTA*, 5(3), 95-105.
- Walker, Z. 2002. Health Promotion for Adolescent in Primary Care: Randomised Controlled Trial. *BMJ*, 325
- Walsh, F. (2012). Facilitating family resilience: Relational resources for positive youth development in condition of adversity. Dalam M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (hal. 173-186). Springer

- 
- World Health Organization. (2009). *The world health organization's WHOQOL-BREF quality of life assesment: Psychometric properties and results of the international field trial a report from the WHOQOL group*. *Khluwer Academic Journal*, 3, 299-310.
- Zulkifli, M. (2015). Pengaruh Kecerdasan Emosional dan Kecerdasan Spiritual Terhadap Prestasi Belajar Aqidk Akhlak Siswa Kelas XI Madrasah Aliyah Kecamatan Suragala Kabupaten Lombok Timur. *E-Journal Bimbingan dan Konseling*, 10, 9, 27, 35.