

Improving the psychological well-being of climacteric women through self-compassion training

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ABSTRACT

Background: During the climacteric period, changes occur in a woman due to reduced estrogen levels. One of these changes is a change in psychological well-being (PWB), which impacts women's quality of life. Self-compassion training is needed to improve the ability to be compassionate towards oneself. The design of this training module will address three key aspects: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus overidentification.

Objectives: This study aims to determine the effectiveness of self-compassion training in improving psychological well-being in women during climacteric periods.

Methods: This study employs an action research approach with a single-group pretest and posttest experimental design (One Group Pretest-Posttest Design). The sample in this study was 59 respondents taken using a purposive sampling technique, with inclusion criteria including being willing to be respondents, aged 45-60 years old, not undergoing hormone replacement therapy, and still living with their husbands. Data analysis was carried out after the Psychological Well Being pretest and posttest data were collected, with the help of Statistical Product and Service Solution (SPSS) 17.0 release for Windows. Quantitative data analysis used a Parametric Statistics Paired Sample t-test, with a significance level set at $p < 0.05$

Results: Based on the study's results, it was found that the majority of respondents were aged 45-50 years, with 25 people (42.4%). Additionally, 30 people (50.8%) had two children, 76.3% were unemployed, and 72.9% had experienced menopause. The average psychological well-being pretest was 69.5, and the posttest was 79.8. Based on the results of the bivariate analysis, a significance value of 0.000 was obtained (p -value < 0.05).

Conclusions: There is a difference in psychological well-being before and after self-compassion intervention is given to climacteric women.

KEYWORD: climacteric women; psychological well-being; self-compassion training

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INTRODUCTION

Menopause is the permanent cessation of menstruation. Menopause can be diagnosed after one year of the end of the menstrual period and is retrospective. This period leads to changes called perimenopause. The average age of women experiencing menopause is around 52 years or in the age range of 45-58 years. This period is followed by menopause, where there is a loss of ovarian activity and, thus, estrogen (1). This series of periods is called the climacteric period.

The climacteric period is a transition period from the reproductive to the non-reproductive period. The climacteric period will begin from the pre-menopause period, the menopause period, and end in the post-menopause period. During the pre-menopause period, there is a transition from the fertile period to a period where there is no fertilization, usually occurring at the age of 40 years, and peaking at the age of 50 years, when a woman will experience menopause. (2) During the climacteric period, changes will occur in a woman caused by decreased estrogen. Menopause is a natural event that every woman will experience and cannot be avoided. The presence of changes in reproductive function during menopause will periodically have an impact on health problems, both physical and psychological. During this time, a woman will experience discomfort in the symptoms that are felt that which will cause feelings of anxiety and restlessness (3). Physical symptoms that

accompany menopause, such as hot flushes that usually occur in the neck, face, and upper chest, excessive sweating, difficulty sleeping, skin irritation, vaginal dryness, fatigue, headaches, and heart palpitations. Physical changes and symptoms that occur during menopause are often accompanied by several psychological symptoms, such as women becoming more irritable, depressed, restless, nervous, lonely, impatient, impaired concentration, tense, anxious, and even depressed during menopause (1, 4). Based on research conducted by Apriliyeni & Rohmah (2024), they found that 56.9% of women experience anxiety when facing menopause (5). The changes experienced during the climacteric period will cause changes in psychological well-being, so they indirectly impact women's quality of life (6). All of these things really depend on the concept of self-acceptance of the woman. Self-acceptance is not easy; therefore, the process of self-acceptance of the current condition needs to be based on a deep knowledge of oneself. A person, before receiving something, usually tries to find out things related to something he wants to receive (7).

Psychological Well Being, or psychological well-being, is related to how capable a person is to function positively and optimally in their life. In the theory of Riff & Singer (2008) which describes Psychological Well into 6 main dimensions, namely where individuals can accept their past with all its advantages and disadvantages (self-

acceptance), show an independent attitude (autonomy), can build positive relationships with others (positive relations with others), can master their environment (environmental mastery), have a purpose in life (purpose in life), and can develop their personality (personal growth) (8).

A person's psycho-logical well-being can be seen from how a person can accept their condition and their past as they are, have the ability to build positive relationships with others, become an independent person, can master their environment well, have a sense of life satisfaction in themselves, and realize their potential. Within themselves, they try to become individuals who continue to grow and develop well and have goals and meaning in life (9). Women with poor psychological well-being are more likely to experience more severe psychological symptoms, including depression and sleep disturbances. Previous research has shown that 2% of women in their fifth trimester experience symptoms of severe depression, 39% experience moderate depression, and 19% experience difficulty sleeping (insomnia)(22).

Several factors that can influence the psychological well-being of women in the climacteric period are socio-economic status, social networks, followed by social activities, personal competence, religiosity, personality, age, and cultural factors (8).. Based on the research that I have done previously, data was obtained that 73.7% of climacteric women have psychological well-being in the sufficient range (9).

This shows that there is still an unhealthy attitude in assessing oneself because of the involvement of self-evaluation or social comparison. Menopausal women need to have the ability to control their thoughts, feelings, and behavior to accept the situation and be able to love themselves (1). Menopausal women who can love themselves, believe that everyone experiences the same events, and can assess their potential will be able to reduce feelings of dissatisfaction in themselves. This is because menopausal women assess their shortcomings, realize favorable conditions, and try to accept what is inside them. This kind of attitude is known as self-compassion (12).

Self-compassion is a series of activities that increase one's ability to be compassionate towards oneself. Self-compassion can improve women's ability to appreciate their physical condition (11). Menopausal women who can develop self-compassion will become individuals who are satisfied with their bodies and no longer worry about their appearance.

Based on research conducted in 2022, data was obtained that 73.7% of climacteric women in Gamping Kidul Hamlet had psychological well-being in the fairly good category, while 9.2% had poor psychological well-being. This study aimed to determine the effectiveness of self-compassion training in increasing psychological well-being in women during the climacteric period.

MATERIALS AND METHODS

This research is action research designed by the researchers and in collaboration with related parties, with the type of experimental design One Group Pretest-Posttest. This model is an experimental research design where a group uses pretest and posttest measures (10). The intervention provided in this study was self-compassion training. The stages of self-compassion training activities that will be carried out in this research were taken and modified by researchers from the Self-Compassion website, Dr. Kristin Neff.

The self-compassion training provided is a series of activities to improve the ability to be compassionate towards oneself. The design of this training module will refer to 3 aspects of Neff (11): self-kindness vs. self-judgment, a sense of shared humanity vs. isolation, and mindfulness vs. overidentification. The Self Compassion training provided consists of 4 main sessions, which are carried out for 195 minutes (approximately 3 hours) and are carried out once a week, for 2 weeks each group. Self-compassion training activities are described in detail in **Table 1**.

The location of the study was Dusun Gamping Kidul, Ambarketawang, Gamping, Sleman, Yogyakarta (The location with the most perimenopausal women according to the Population Service of Sleman Regency). The target population in this study was women of climacteric age who lived in Dusun Gamping Kidul, Ambarketawang, Gamping,

Sleman, and Yogyakarta. The sample in this study was 59 respondents taken from 4 RTs in Padukuhan, Gamping Kidul, Ambarketawang, Gamping, and Sleman. The sampling technique in this study used the purposive sampling technique with inclusion criteria including being willing to be respondents, aged 45-60 years old, not undergoing hormone replacement therapy, and still living with their husbands. Respondents in the self-compassion training were divided into 6 small groups, where each group received 2 meetings with a duration of 3 hours each.

The data collection method used the psychological well-being questionnaire adopted from the Ryff psychological well-being scale. In this study, the researcher did not conduct validity and reliability tests. Data analysis was carried out after the pretest and posttest. Pre-intervention psychological well-being measurements were conducted before the first training session began. Respondents were asked to complete a self-identification form, discuss any complaints related to the climacteric period, and measure their vital signs.

Post-intervention psychological well-being measurements were conducted two days after the second intervention. Psychological well-being data were collected with the help of Statistical Product and Service Solutions (SPSS) 17.0, which was released for Windows. Quantitative data analysis used a Parametric Statistics Paired Sample t-test, with a significance level set at $p < 0.05$.

Table 1. Stages of self-compassion training activities for climacteric women

Aspect	Activity	Target
<i>Self-Kindness</i> (30 Minutes)	Training participants were asked to recognize the feelings that arise in themselves when facing difficult life events. Then, participants were invited to use the butterfly hug technique to stabilize their feelings. After that, participants were asked to imagine an imaginary friend who could accept them as they were. When respondents imagined their close friends, respondents were asked to write a letter to themselves by positioning themselves as their close friends, containing support, suggestions, or input for themselves. After a while, respondents were asked to read the letter they had written to themselves.	Participants can recognize their own conditions or feelings and provide support to themselves.
<i>Sense of Humanity</i> (60 minutes)	Participants are invited to give something valuable or a lunch package to another person or participant. Then, the participants have lunch together with their friends and the facilitator.	It creates a feeling in the participants that they are not the only miserable person in this world and trains them to share.
<i>Mindfulness</i> (45 minutes)	Participants are asked to talk about life events they have experienced and the feelings they have felt to their group members, and they are accompanied by a facilitator.	Participants can understand the events they experience and their feelings well and clearly, and provide support to others.
<i>Self Evaluation</i> (60 minutes)	In the final session, participants were asked to write down the feelings they experienced in the form of a reflective journal for one week.	Participants will be able to apply self-kindness, mindfulness, and humanity skills in real life.

RESULTS AND DISCUSSION

RESULTS

Univariate Analysis

This study was conducted on 59 climacteric women aged 45-60 using a purposive sampling technique. Respondent characteristic data are shown in the table below.

Based on **Table 2**, the data shows that the majority of respondents in this study were aged 45-50 years, as many as 25 people (42.4%), 30 people (50.8%) had two children,

76.3% were unemployed, and 72.9% had experienced menopause. The description of the psychological well-being of climacteric women before and after self-compassion intervention is shown in **Table 3**.

Based on **Table 3**, the data show an increase in the minimum score, maximum score, and average score on the psychological well-being variable between before and after the self-compassion training intervention was given to climacteric women. In addition, data from Table 2 also shows that

Table 2. Characteristics of Climacteric women in Gamping Kidul Hamlet, Ambarketawang, Gamping, Sleman, Yogyakarta

Characteristics	Amount	Percentage (%)
Age		
45-50 Years Old	25	42.40%
51-55 Years Old	15	25.40%
56-60 Years Old	19	32.20%
Parity		
1	13	22%
2	30	50.80%
More than 2	12	20.30%
Occupation Status		
Working	14	23.70%
Not working	45	76.30%
Menstrual Status		
Menstruation	16	27.10%
Menopause	43	72.90%

Source: Primary data

Table 3. Description of psychological well-being of climacteric women before and after self-compassion intervention

Variable	Pretest	Posttest
Psychological Well Being		
Min-Max	57-83	62-98
Mean	69.5	79.8
Psychological Well Being		
High	23 (39%)	53 (89.9%)
Medium	36 (61%)	6 (10.2%)
Low	0	

Source: Primary data

before the self-compassion training, the majority of climacteric women had a moderate psychological well-being category (61%). After being given training, the majority of climacteric women had a high psychological well-being category (89.9%).

Bivariate Analysis

The results of the bivariate analysis of

the psychological well-being of climacteric women before and after the self-compassion intervention are shown in **Table 4**.

Based on **Table 4** bivariate analysis results, a significance value of 0.000 was obtained (p -value < 0.05), meaning there is a difference in psychological well-being before and after the self-compassion intervention was given to climacteric women.

Table 4. Bivariate analysis results before and after self-compassion intervention

Paired Differences					Sig.(2-tailed)
Mean	Std.Deviation	95% Confidence Interval of the Difference		df	
		Lower	Upper		
0.050847	0.50422	*.63987	*.37707	58	0

DISCUSSION

Based on the research results as listed in **Table 2**, the results showed that the age of the women who were respondents ranged from 45 - 60 years, where 25 people (42.4%) were aged 45-50 years. According to Saras (2024), the process of changes in the menstrual cycle leading to menopause occurs at the age of 45-55 years. During this age range, a woman will begin to experience a decrease in the production of reproductive hormones, especially estrogen and progesterone (12).

The majority of respondents in this study no longer experience menstruation, as many as 43 people (72.9%), and 16 people stated that they are currently still experiencing menstruation, but the menstrual cycle is irregular, and the duration of menstruation is shorter. Climacteric is an intermediate period between the reproductive period and the senium period. The period before menopause is called pre-menopause, and the period after menopause is called post menopause (7). When women approach menopause, the menstrual cycle becomes irregular and will eventually stop menstruating altogether. This is caused by a decrease in the production of estrogen and progesterone hormones, which cause hormonal changes in a woman's body and will cause signs and symptoms of menopause (12).

terone hormones, which cause hormonal changes in a woman's body and will cause signs and symptoms of menopause (12).

The majority of climacteric women in this study were not formally employed, namely 45 people (76.3%). However, there were 14 people (23.7%) who were currently still actively working. Climacteric women who worked felt that their sensitive feelings became a problem when they were at work, so that they easily cried and got angry with their coworkers. Climacteric women also felt that the changes that occurred in their feelings and themselves could cause internal and external conflicts that could affect their work journey. However, on the other hand, with the arrival of menopause, they felt more mature and adult and respected by their coworkers. In relation to this, the psychological well-being of women during the climacteric period will vary. Some working women feel the negative impact of menopause due to the signs and symptoms and discomfort that accompany it. However, on the other hand, climacteric women who work will get social support from their coworkers (19). Along with the menopause period, a woman will usually experience various upheavals and changes that include physical

and psychological aspects that can affect the quality of life. The psychological aspects that occur in women who experience menopause play an important role in their social life, especially their role in dealing with various problems related to the loss of their role as a woman. Women who are in the pre-menopause phase or menopause really need good support from those closest to them so that the climacteric period can be passed with confidence. In this case, psychological well-being factors are very much needed so that they are more confident and ready to adapt to their environment, which will have an impact on comfort, attention, appreciation, or can accept their condition as a woman (8).

Based on the results of psychological well-being measurements before the intervention (pretest), a minimum score of 57 and a maximum score of 83 were obtained, with an average score of 69.5. These results are not much different from the results of psychological well-being measurements conducted by Trisetiyaningsih et al (2023), where the minimum score was 56 and the maximum score was 89, with an average score of 89 (9).

Psychological Well Being or psychological well-being is a form of realization and full achievement of an individual's ability to accept their past with all its advantages and disadvantages (self-acceptance), being able to demonstrate an independent attitude (autonomy), being able to build positive relationships with others (positive relations with others), being able to master their environment (environmental mastery),

having a purpose in life (purpose in life), and being able to develop their personality (personal growth). A person's psychological well-being can also be seen from how a person accepts their condition and their past as they are, having the ability to build positive relationships with others, being an independent person, being able to master their environment well, having a sense of life satisfaction, realizing the potential within themselves to strive to become a person who continues to grow and develop well, and having a purpose and meaning in life (13).

According to Ryff (1995), Psychological well-being is a condition where an individual has a purpose in their life to make it more meaningful, realizing the potential they have within themselves, creating and managing the quality of relationships with others, the extent to which they feel responsible for their own lives, and trying to develop and explore themselves. Psychological well-being is the key to being completely healthy and using one's potential to the maximum. Efforts that can be made to create psychological well-being are to maximize strengths and virtues. These strengths and virtues are those of individuals who can control themselves and prioritize well-being. Difficulty in adapting to change can cause mental health problems, low life satisfaction, and adjustment problems. Loneliness and depression have a positive relationship, while both have a negative relationship with psychological well-being. Therefore, psychological well-being can be one of the factors that can improve

mental health. Psychological Well-being is the result of an individual's assessment of their life experiences that they can accept themselves (Self-Acceptance), can establish positive relationships with others (Positive Relationship With Others), are independent in determining and living life (Autonomy), can adapt to the environment (Environmental Mastery), have a purpose in life (Purpose In Life) and also personal growth (Personal Growth) (14).

Menopausal women need to have the ability to control their thoughts, feelings, and behavior to accept the situation and be able to love themselves. Menopausal women who can love themselves, believe that everyone experiences the same events, and can assess their potential will be able to reduce feelings of dissatisfaction in themselves. This is because menopausal women assess their shortcomings, realize favorable conditions, and try to accept what is inside them. This kind of attitude is known as self-compassion.

In a study conducted by Eriksson et al. (2018), self-compassion training was conducted six days a week for six weeks, with each session lasting 15 minutes. However, in this study, the researchers modified the implementation time to accommodate the respondents' time and busy schedules. The Self Compassion training provided consists of 4 main sessions, which are carried out for 195 minutes (approximately 3 hours) and are carried out once a week, for 2 weeks (24). Self-compassion training was provided and trained and accompanied directly by a

psychologist. The stages of activities in this self-compassion training are described in **Table 3**, where respondents are divided into 6 small groups. After a series of self-compassion training activities were completed, the respondents were measured for psychological well-being (posttest). Based on the results of the posttest measurement, it was found that the minimum score was 62 and the maximum score was 98, with an average score of 79.8. This means that there was an increase in the psychological well-being score in climacteric women after being given self-compassion training.

Based on the results in **Table 3**, a significance value of 0.000 ($p\text{-value} < 0.05$) was obtained, which means there is a difference in psychological well-being before and after self-compassion intervention was given to climacteric women. This study's results align with research conducted by Rengganis and Wideasavetri (2022), which stated that self-compassion plays a role in the psychological well-being of young teachers in Indonesia (15). Another study that is in line with the results of this study is research conducted by Ramadhan and Chusairi (2022), which stated that there is a positive relationship between self-compassion and psychological well-being in women who are victims of domestic violence (16).

Based on the results of the study in **Table 3**, data were obtained before the intervention, the average psychological well-being of climacteric women was 69.5, with a moderate category of 61%. While after the

intervention was given, there was an increase in the average value of psychological well-being to 79.8, with a high category of 89.9%.

Menopausal women need to have the ability to control their thoughts, feelings, and behaviors to be able to accept the situation and love themselves. Menopausal women who can love themselves, believe that everyone experiences the same events, and assess their potential will be able to reduce feelings of dissatisfaction within themselves. This is because menopausal women assess their shortcomings, realize favorable conditions, and try to accept what is inside them. This kind of attitude is known as self-compassion.

Compassion and self-compassion are among the many identified factors linked with psychological health and well-being. Compassion and self-compassion are crucial, promising resources for promoting healthy organizations, in terms of individual well-being as well as the promotion of prosocial behaviors towards each other (17). The construct of compassion is defined as the emotional perception and recognition of the suffering of others and the desire to alleviate it, understanding the universality of suffering, feeling moved by the person suffering and emotionally connecting with their distress, and tolerating uncomfortable feelings (e.g., fear, distress) so that we remain open to and accepting of the person suffering (18).

According to Neff (2022), there are three components of self-compassion: self-kindness, common humanity, and mindful-

ness. Self-kindness describes the extent to which a person can understand and interpret the failures they experience. The self-kindness aspect contains positive affirmations that oneself is worthy of love, affection, and happiness. The common humanity component illustrates that all humans can experience failure, make mistakes in choices, and feel regret. The common humanity aspect of self-compassion training helps a person understand that everything that happens is natural and not caused by oneself (22). The third component is mindfulness, which describes an individual's level of awareness in maintaining a balanced perspective so that nothing is neglected within themselves, not criticizing themselves, accepting the situation as it is, so that they can control negative thoughts or feelings within themselves (23).

Self-compassion training is a series of activities to increase the ability to be compassionate towards oneself. Self-compassion can improve women's ability to appreciate their physical condition. Menopausal women who develop self-compassion will become individuals who are satisfied with their bodies and no longer worry about their appearance. Neff and Costigan said that treating oneself with love and care when facing difficulties and problems can increase an individual's psychological well-being. Self-compassion can protect individuals from negative emotions, provide skills in managing emotions well, and improve psychological well-being in individuals (15). According to Homan (2016)

in Ramadhan, N & Chusairi, A. (2022), the higher the self-compassion, the higher the dimensions of psychological well-being. The self-compassion training provided in this study can improve the ability of climacteric women to have compassion, forgive themselves, accept bad experiences in the past, and have good psychological well-being (16).

CONCLUSION AND RECOMMENDATION

The results showed that self-compassion training is efficacious in improving the psychological well-being of climacteric women with $p\text{-value } 0,000 < 0,05$. Some recommendations from the results of this study include conducting further research using a comparison group (control) so that its level of effectiveness can be proven and compared, training elderly cadres to be able to carry out self-compassion interventions independently, and developing and conducting research related to other interventions that can improve the quality of life of climacteric women.

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