

Cognitive Restructuring Techniques in Developing Student Self-Compassion

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Abstract

Self-compassion is one of the predictors that can explain how individuals are able to survive, understand and realize the meaning of a difficulty as a positive thing. Individuals who have good Self-compassion will show better psychological health than those who have a low level of Self-compassion. The purpose of this study is to develop cognitive restructuring techniques that can develop students' self-compassion. The study was conducted using the quasi-experiment method. The samples of this study were 20 students who were indicated to have low self-compassion. Data collection techniques in this study used a self-compassion scale (SCC) instrument, which was adapted into Indonesian. The data analysis technique used t-test. The results of the t-test show that the t-count \geq t-table, which is $7.312 \geq 2.101$. Thus it can be stated that cognitive restructuring techniques are effective for increasing student self-compassion. Interventions are given to produce changes in individuals through students' ways of thinking, which have implications for emotions and behavior. The target to be achieved is to restructure negative thoughts in response to events into positive thoughts.

Keywords: Cognitive Restructuring Techniques, Self-Compassion, Counseling

1. Introduction

During adolescence, there are various changes and developments in aspects that exist in individuals such as biological, cognitive, and socio-emotional (Santrock, 2003). This period is a transition period from children to adults who are in the age range of 13 to

18 years (Hurlock, 2011). Adolescence is a dynamic period of life, characterized by a lack of ability in self-control skills in psychological aspects.

Adolescent cognitive progress makes an increase in introspection, meta-cognition, self-reflection, and the ability to take a social perspective (Keating,

1990). This new ability shows that adolescents continue to evaluate themselves and compare themselves with others as they try to establish their identity and place in the social hierarchy (Harter, 1994).

In adolescence, individuals face strong life pressures such as stress on academic performance, the need to be popular and live according to the right colleague, love. This evaluation is often unfavorable (Steinberg, 1999). Moreover, adolescence can be a period of extreme self-absorption. Such egocentrism of adolescents can manifest as a picture of fantasy in which adolescents imagine that their appearance and behavior are the focus of other people's attention.

Because of adversity in the teenage period, many educators pay much attention to improving self-compassion (Palmer & Froehner, 2000), especially girls (Pipher, 1994). Armstrong (2013) defines compassion as a personality characteristic where individuals place themselves in the position of other individuals. In that position, individuals feel the experience of other individuals as if it were their own experience. This understanding carries the consequences of an individual looking at the experiences of other individuals in the context of generosity, so that they are touched by the suffering of other individuals and there is a desire to alleviate them. The ability to feel other individuals and generosity developed from self-acceptance, emotionally and cognitively upon self-experience and awareness of not avoiding unpleasant experiences (Germer, 2009).

Self-compassion is one of the predictors that can explain how individuals survive, understand and realize the meaning of a difficulty as a positive thing. Individuals who have Self-compassion will show better psychological health than those who have low levels of Self-compassion, because these individuals will be able to

strengthen themselves from pain and feelings of failure, feelings of isolation (Wood, Saltzberg, Neale, & Stone, 1990) and can identify thoughts and emotions (Nolen-Hoeksema, 1991). Good self-compassion will create a lack of self-depression, lack of excessive anxiety, lack of neurotic perfectionism, and have greater life satisfaction.

Having self-compassion will make individuals try to prevent themselves from experiencing problems. So that the self-compassion raises proactive behavior that aims to maintain the state of self. Deci and Ryan (1995) suggest that self-esteem develops when individual actions reflect authentic self. Individuals with good Self-compassion will have high self-esteem. Self-compassion is a willingness to be touched, open awareness when suffering and not avoiding suffering.

To develop this requires an effective approach for adolescents. Cognitive restructuring techniques identify self-disorders by searching for negative emotions, automatic thoughts and major beliefs (Bond & Dryden, 2004). The counselor is expected to be able to provide evidence of how belief systems and thoughts are closely related to emotions and behavior, by refusing negative thoughts subtly and offering positive thoughts as alternatives to be proven together. And obtain the counselee's commitment to make modifications as a whole, ranging from thoughts, feelings to actions.

According to Cormier and Cormier (1985) cognitive restructuring focuses on identifying and changing negative thoughts or self-statements and irrational counselee beliefs. This technique uses the assumption that behavioral and emotional responses that are not adaptive are influenced by the counselee's beliefs, attitudes, and perceptions.

This procedure helps the counselee to establish the relationship between perception or logic and emotions and

behavior, and to identify perceptions or cognitions that is wrong or self-blame, and replace these perceptions or cognitions with perceptions that are more self-enhancing (Cormier and Cormier, 1985).

Beck (1993) defines cognitive-behavioral counseling as a counseling approach designed to solve counselee problems at this time by restructuring deviant behavior. This approach is based on cognitive formulations, beliefs and behavioral strategies that interfere. The counseling process is based on the counselee's conceptualization or understanding of specific beliefs and counselee behavior patterns. The expectation of cognitive-behavioral counseling is the emergence of distorted cognitive restructuring and belief systems to bring emotional and behavioral change towards a better direction.

Cognitive-behavioral counseling is counseling that combines two types of counseling namely cognitive counseling and behavioral counseling. This counseling helps individuals to use reason to think about things that cause behavioral deviations, to build relationships between problem situations and problem-reacting habits. In addition, individuals learn to change behavior, individuals also learn to calm the mind and body so that they feel better (Beck, 1993).

Behavioral cognitive counseling from Beck (1993) seeks to identify and correct dysfunctional or distorted beliefs. This approach helps people to recognize logical flaws in individual thinking and helps them to view situations rationally. The counselee is asked to gather evidence to test adolescent beliefs, which will lead teens to change beliefs that turn out to be unfounded and reality.

2. Literature Review

Self-compassion is a concept learned by the western world, which is taken from

the eastern philosophy (Asia) about how to love ourselves like our pity when seeing others experience difficulties (Neff, 2003b). In the perspective of eastern philosophy, one cannot be compassionate for others, unless they have compassion towards oneself.

The definition of "self-compassion" is closely related to the more general definition of "compassion." Compassion occurs when someone can be touched by the suffering of others, and open self-awareness to the difficulties of others, do not avoid or break the relationship of people who suffer, so that good feelings for others arise and the desire to alleviate his suffering (Wispe, 1991). Compassion also involves understanding not to judge people who fail or make mistakes, so that their actions and behavior are seen in the context of human error in general.

Wispe (1991) explained that self-compassion was a process of understanding without criticism of suffering, failure or self-incapacity by understanding that these three things are part of the experience as a human being in general. Gilbert, Irons, Baccus, & Palmer, (2006) argues that self-compassion of well-being situations that help individuals to feel cared for, connected, and emotionally calm. Armstrong (2013) defines compassion as a personality characteristic where individuals place themselves in the position of other individuals. In that position, individuals feel the experience of other individuals as if it were their own experience. This understanding carries the consequences of an individual looking at the experiences of other individuals in the context of generosity, so that they are touched by the suffering of other individuals and there is a desire to alleviate them.

Self-compassion is the ability to be compassionate for oneself, comfort oneself and care when oneself experiences suffering, failure, and imperfection. In self-compassion, there

is an effort to involve oneself to be touched, open to self-suffering, not avoiding self-problems, and arouse the desire to relieve self-suffering with kindness.

Shapiro & Carlson (2009) believes that Self-compassion leads to compassion for others. Self-compassion provides the emotional security needed to see oneself clearly without fear of self-criticism, which allows individuals to more accurately understand and correct inappropriate thinking patterns, feelings and behavior (Brown, 1999). In addition, the intrinsic influence of Self-compassion will provide a powerful motivating force for growth and change. Self-compassion often requires to let go of dangerous behaviors with which a person is attached, and encourage oneself to take whatever action is needed (Neff, 2003b).

Self-compassion is very different from self-pity (Goldstein & Korn, 1987). When individuals feel sorry for others, they usually feel very separate from others, while in people who have compassion always feel connected with others and realize that suffering is something that all human beings experience. Self-pity tends to emphasize the feelings and egocentricity of others and exaggerates the level of personal suffering. While Self-compassion, allows one to see the experience of self and others without distortion (Neff, 2003b).

The main components needed to develop self-compassion are: (a) self-kindness (which is better to be yourself) where it is better to try to expand the goodness and understanding of oneself rather than judgment and self-criticism, (b) common humanity that is one's experience as part of human experience rather than seeing them as separating and isolating, and (c) mindfulness, that is understanding one's painful thoughts and feelings in consciousness from (Neff, 2003a).

Whereas cognitive restructuring is an alternative technique from cognitive-behavioral counseling that has been developed by several cognitive-behavioral experts, such as Michael and Donald Meichenbaum.

Cognitive restructuring is characterized by three basic assumptions: first, a person is considered an active know, who intentionally engages in understanding himself. Second, language functions as the main place in which a person reconstructs his understanding of the world. Counselors are particularly interested in language products such as stories and metaphors that can be seen as a way to structure experiences. Third, there is a developmental dimension in human capacity to construct the world in its own right (Bond & Dryen, 2004).

Cognitive restructuring strategies not only help the counselee learn to recognize and stop negative thoughts that self-destruct, but also replace those thoughts with positive thoughts (Nursalim, 2005). Based on the results of a review of 48 studies of this technique (Nursalim, 2005), it was found that the sex, age, experience of the counselor, duration of treatment and presentation of individuals or groups in the treatment did not affect the effectiveness of cognitive restructuring techniques.

There is some empirical evidence that supports the effectiveness of cognitive restructuring techniques, including this technique has been proven effective to help counselees who experience social anxiety and to increase assertive behavior (Nursalim, 2005). Cognitive-behavioral counseling is the most common approach used to intervene in self-problems in individuals throughout the life span (Guindon, 2010).

3. Methods

3.1. Research Design

The study uses a quasi-experimental method, which is a research design that

has a control group, but cannot function fully to control external variables that affect the implementation of the experiment. The reason researchers used the quasi-experimental research method, namely because the researcher did not place the research subject in a pure laboratory situation that was completely free from the influence of the social environment during the experimental treatment. This researcher uses nonequivalent pretest-posttest control group design, which is a type of design that uses classes that already exist as a group.

3.2. Data Collection

Researchers used a self-compassion scale (SCC) instrument that was adapted into Indonesian to collect data. Instrument consists of 26 items using a Likert scale. SCC has six indicators namely Self-Kindness, Self-Judgment, Common Humanity Isolation, Mindfulness, Over-identified (Neff, 2003a).

The instruments were analyzed using the Rasch Model approach through the Winsteps program. In the Rasch Model approach, analysis is done by paying attention to items, aspects of the respondent and calculating the magnitude of the correlation. According to Sumintono & Widhiarso (2014), the superiority of Rasch Model compared to classical test theory, namely the ability to predict missing data, based on individual response patterns.

3.3. Subject of Study

This study takes the population of all XI grade students of Yasmida Ambarawa High School. Withdrawal of subjects in this study using a purposive sampling technique that is a technique taken based on certain criteria. The determination of this sample is adjusted to the existence of the problem and the type of data that you want to collect. The subjects in this study were students who were identified as having low self-compassion.

The steps to determine the subject in this study, namely giving a pretest to all students of class XI, which aims to find out which students have low self-compassion. Subjects obtained in this study were 20 students. Then the subjects were divided into two groups, 10 students for the experimental group and 10 students for the control group.

3.4. Research Stages

The research was carried out through several stages. 1) pre-test in class XI to find out low self-compassion of students; 2) Determination of the subject in students; 3) Implement cognitive restructuring technique interventions to improve students' self-compassion during six session sessions; 4) Implementation of the post-test after the intervention session; 5) Presentation of reports on the implementation of cognitive restructuring techniques to improve students' self-compassion.

3.5. Analysis of Research Data

The results of the research data are tested for normality and homogeneity of the data. If it meets the criteria, then the data is tested for effectiveness using an independent t-test. The technique is intended to assess the effectiveness of a treatment in changing a behavior by comparing the situation before the situation after the treatment was given (Furqon, 2009).

4. Results

4.1. Stages of Intervention

Stages of cognitive restructuring technique intervention in overcoming students' low self-compassion problems are:

First stage: assessment and diagnosis

The first step taken is to diagnose problems experienced by students. The assessment and diagnosis in the initial stages aim to obtain data on the condition of students to be dealt with

and anticipate the possibility of mishandling in the counseling process. In the first stage, activities were carried out, disseminating instruments to gather information on the level of students' self-compassion and entering into counseling contracts with students to be able to commit to follow the counseling process from the beginning to the final stage.

The second stage: identify negative thoughts counselee.

Before the counselee is given assistance to change the thoughts that experience dysfunction, the counselor first needs to help the counselee to realize the dysfunction of thoughts that the counselee has and notifies the counselee directly. At the general level, the counselee is encouraged to introspect or reflect on the experiences that have been passed.

Third stage: monitor the thoughts of the counselee through a thought record.

In the third stage, the counselee can be asked to bring a small notebook that is useful for writing homework assignments, matters relating to the treatment in counseling, and recording negative thoughts. Format can be created by the counselee or prepared by the counselor as a format that has been printed in the paper submitted to recording the negative thoughts of the counselee.

Format can be modified according to needs, because the most important thing is not located in the format of mind recording but on the content of information. Through an agreed mind recording format, the counselee must become an active participant in deciding ways to record information, so that it can be useful and can improve the effectiveness of homework work.

The fourth stage: provide feedback to the counselee and provide motivation to follow counseling to the end.

In the fourth stage, the counselor explains to the counselee about the development of the counselee after undergoing three stages of counseling. Counselors provide feedback on the behavior of the counselee and the thing that occurs during counseling is done so that the counselee can understand the experience and be aware of cognitive conditions that are wrong in perceiving and reacting to the stimulus being faced.

Fifth stage: intervention of negative thoughts from the counselee into positive thoughts.

In the fifth stage, negative counselee thoughts that have been collected in the thought record are modified (Dobson & Dobson, 2009). Some things about negative thoughts include the following things:

- 1) Finding negative thoughts related to strong emotional reactions.
- 2) Finding thoughts related to strong behavioral response patterns.
- 3) Finding thoughts that have a high level of confidence.
- 4) Finding repetitive thoughts, because thoughts expressed repeatedly show the counselee's thinking patterns.

At the beginning of intervening in negative thoughts counselee, in general there are three general questions that can be used, namely:

- 1) What is the evidence of your negative thoughts?
- 2) What are the mind alternatives for thinking about situations that you encounter?
- 3) What are the effects of this way of thinking?

4.2. Test Reliability and Estimation Validity through Principal Component Analysis

The analysis was carried out in three stages, namely considering the reliability of each item, the reliability of each sample, and the reliability of interactions between the sample and

items on an effective school measurement instrument.

Table 1. Test Reliability Winsteps Program

Estimation	Measure
Items reliability	0,82
Person reliability	0,71
Cronbach alpha (KR-20) person raw score "test" reliability	0,77

Data were analyzed using the Rasch Model approach through the Winsteps program for SSC. Data input consists of 50 people with 26 items. Alpha Cronbach's value of 0.82 which measures reliability is the interaction between person and items as a whole that are in the good category. A person's reliability value of 0.71 shows that the

consistency of respondents' answers in the good category and item reliability of 0.77 indicates that the quality of the items in the category is good.

Unidirectionally is a measure to be able to see that an SSC can measure what should be measured. This modeling was developed based on principal component analysis.

Table 2. Standardized Residual Variance in Winsteps Program

	Empirical	Modeled
Total raw variance in observations	31.8	100.0%
Raw variance explained by measures	5.8	21.2%
Raw variance explained by persons	.6	2.0%
Raw Variance explained by items	5.1	16.2%
Raw unexplained variance (total)	26.0	81.8%

The unidimensionality of instruments is an important measure to evaluate whether the instrument is capable of measuring what it should be. Raw

variance data is 21.2%. This shows that a minimum requirement of 20% can be fulfilled.

4.3. Test for Normality and Homogeneity of Data

Table 3. Normality of Data Before Treatment

	Kolmogorov-Smirnov ^a		
	Statistic	df	Sig.
Eksperiment	.222	10	.366
Control	.245	10	.159

From the results of these data states that the value of p-value (sig.) <0.05 with a significant value of 0.366 <0.005 and

0.011 <0.159, it is concluded that the data taken from the population in the data before the treatment is normally distributed.

Table 4. Normality of Data After Treatment

	Kolmogorov-Smirnov ^a		
	Statistic	df	Sig.
Eksperiment	.162	10	.200
Control	.198	10	.200

Based on the results of the table data states that the value of p-value (sig.)

<0.05 with a significant value of 0.200 <0.005 and 0.200 <0.159, it is concluded that the data taken from the

population in the data after treatment are also normally distributed.

Table 5. Test of Homogeneity of Variance

		Levene Statistic	df1	df2	Sig.
Score	Based on Mean	4.446	1	15	.052
	Based on Median	2.366	1	15	.145
	Based on Median and with adjusted df	2.366	1	15	.156
	Based on trimmed mean	4.096	1	15	.061

Based on the above data it is known that the value of sig.leven's test for equality of variance for the experimental group is 0.052 where the value of p-value (sig.) <0.05 with a significant value of 0.052 <0.005, it is concluded that the variance in each data group is homogeneous.

Testing the effectiveness of cognitive restructuring techniques to improve self-compassion of class XI students is done by the t-test. The research hypothesis states that cognitive restructuring techniques are effective for increasing student self-compassion. The results of data processing are presented in the following Table 1:.

4.4.Results of Data Analysis

Table 6. Average experimental and control groups

Class	Results t_{count}	Results t_{table}	Sig.(2- tailed)	Note.
Experiment	7,312	2, 101	0,000	Signifikan
Control				

Table 1 shows the t-count of 7.312 with the level of sig. (2-tailed) = 0,000 with $df = 18$, so the value of $t_{table} = 2.101$ at the significance level ($\alpha = 0.05$). From the calculation, results show that $t_{count} \geq t_{table}$, which is $7.312 \geq 2.101$. Thus it can be stated that cognitive restructuring techniques are effective for increasing student self-compassion.

The conclusion that can be obtained from this effectiveness test is that cognitive restructuring techniques can improve students' self-compassion in general both aspects of Self-Kindness, In addition, a study has found that self-compassion has been linked to overcoming difficulties with negative feelings caused by unpleasant events (Leary, Tate, Adams, Allen, & Hancock, 2007). This research has shown that Self-compassion is

Self-Judgment, Common Humanity Isolation, Mindfulness, Over-identified.

5. Discussion

Adolescence is a period of life where compassion is the lowest. Adolescent egocentrism can manifest as a picture of fantasy where adolescents imagine that their appearance and behavior are the focus of other people's attention. However, the results of this study indicate that students are in the developing adolescent period so that they have been able to improve Self-compassion existing in themselves.

associated with a variety of positive outcomes, including greater life satisfaction, social connectedness, autonomy, intrinsic motivation for learning, personal growth, curiosity, happiness, optimism, individual

initiative, emotional resilience (Barnard & Curry, 2011).

Self-compassion has also been linked to reducing anxiety, depression, self-criticism, contemplation, thought suppression, perfectionism, fear of failure, fatigue, and neuroticism (Kelly, Zuroff, & Shapira, 2009). A narrative study conducted among counselors shows the practice of Self-compassion contributes to the improvement of well-being and self-care, improved therapeutic relationships, "caring culture" at work, job satisfaction and preventing burnout (Patsiopoulos & Buchanan, 2011).

Neff & Vonk (2009), states that self-compassion as one aspect of personality maturity, is related to aging, and is associated with emotional intelligence and wisdom. Understanding of oneself, will further facilitate life as individuals who in their social environment must interact with other individuals. The process of interaction with other individuals, brings the consequences of problems and in this case, self-compassion will help individuals not to tend to fight emotional discomfort (Germer, 2009). Self-compassion can help activate the self-calming system, reduce feelings of fear and loneliness (Gilbert & Irons, 2009).

Cognitive restructuring techniques are one of the effective counseling techniques for counsees at different levels of education, work and background. Behavioral cognitive counseling is not only effective in individual counseling settings, but also in group counseling settings. Counselors find various ways the counselee produces cognitive changes, changing the counselee's thinking system and beliefs in order to realize emotional resistance and behavior change (Beck, 1995).

Interventions are given to produce changes in individuals through students' ways of thinking, which have implications for emotions and behavior.

The target to be achieved is to structure negative thoughts in response to events into positive thoughts. Through cognitive restructuring techniques, the process of identifying views about oneself, the future, and the environment are referred to as a cognitive triad (Beck, 1995). By identifying cognitive triads, things that cause low self-compassion that students have will be found. In addition, the knowledge and skills of counselors greatly affect the impact (Mujiyati, et al., 2020).

The impact of cognitive-behavioral counseling in the experimental group on depressed counsees has a greater increase in self-esteem than the control group (Guindon, 2010). In addition, the results of implementing cognitive-behavioral counseling show an increase in the level of self-esteem and a decrease in the depression system in schizophrenic patients. From the findings presented above, empirical support is found that cognitive restructuring techniques are effective in increasing students' self-compassion.

6. Conclusion

Cognitive restructuring technique is one of the techniques in counseling that focuses on cognitive aspects. Interventions are given to produce changes in individuals through students' ways of thinking, which have implications for emotions and behavior. Cognitive restructuring interventions in overcoming the problem of self-compassion are carried out in several stages, namely assessment and diagnosis; identify counselee negative thoughts; monitor counselee's thoughts through thought record; provide feedback to the counselee and provide motivation to follow counseling to the end; intervention of negative thoughts counselee into positive thoughts.

From the results of the calculation of data analysis shows that $t\text{-count} \geq t\text{-table}$, which is $7.312 \geq 2.101$. Thus it can be stated that cognitive restructuring

techniques are effective for increasing student self-compassion.

7. References

- Amstrong, K. (2013). *Compassion : 12 langkah menuju hidup berbelas kasih*. Bandung: Mizan.
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review Of General Psychology*, 15, No. 4, 289–303. <https://doi.org/10.1037%2Fa0025754>
- Beck, Aaron T. (1993). Cognitive Therapy: Past, Present, and Future. *Jurnal of Consulting and Clinical Psychology*. 61, 194-198. <https://psycnet.apa.org/doi/10.1037/0022-006X.61.2.194>
- Beck, Judith S. (1995). *Cognitive Behavior Therapy*. New York: Guilford Press.
- Bond, F. W. & Dryden, W. (2004). *Handbook of Brief Cognitive Behaviour Therapy*. England: John Wiley & Sons Ltd.
- Brown, B. (1999). *Soul without shame: A guide to liberating yourself from the judge within*. Boston: Shambhala.
- Cormier, W.H. & Cormier, L.S. (1985). *Interviewing Strategies for Helpers: Fundamental Skill Cognitive Behavioral Interventions*. Monterey, California: Brooks/Cole Publishing Company.
- Deci, E. L., & Ryan, R. M. (1995). Human autonomy: The basis for true self-esteem. In M. H. Kernis (Ed.), *Efficacy, agency, and self-esteem* (pp. 31–49). New York: Plenum.
- Dobson, D., & Dobson, K. S. (2009). *Evidence-Based Practice of Cognitive-Behavioral Therapy*. New York: Guilford Press.
- Furqon. (2009). *Statistika Terapan untuk Penelitian*. Bandung: Alfabeta.
- Germer, C. K. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. New York, NY: Guilford Press.
- Gilbert, P., & Irons, C. (2009). Shame, self-criticism and self-compassion in adolescence. *Adolescent emotional development and the emergence of depressive disorders*, 195-214. https://self-compassion.org/wp-content/uploads/2016/06/Gilbert_Irons_2009.pdf
- Gilbert, P., Baldwin, M. W., Irons, C., Baccus, J. R., & Palmer, M. (2006). Self-criticism and self-warmth: An imagery study exploring their relation to depression. *Journal of Cognitive Psychotherapy. Special Issue: Positive Psychology*, 20, 183-200. <https://doi.org/10.1891/jcop.20.2.183>
- Goldstein, J., & Kornfield, J. (1987). *Seeking the heart of wisdom: The path of insight meditation*. Boston: Shambhala.
- Guindon, M. H. (2010). Assessment and diagnosis: Toward accountability in the use of the self-esteem construct. *Journal of Counseling & Development*, 80 (2), 204–214. <https://doi.org/10.1002/j.1556-6678.2002.tb00184.x>
- Harter, S. (1999). *The Construction of the Self*. New York: Guilford Press.
- Harter, S., & Marold, D., (1994). Psychosocial risk factors contributing to adolescent suicidal ideation. In G. G. Noam & S. Borst (Eds.), *Children, youth, and suicide: Developmental perspectives* (pp. 71–91). San Francisco: Jossey-Bass.

- Hurlock, E. B. (2011). *Psikologi Perkembangan Suatu Pendekatan Sepanjang Rentang Kehidupan*. Jakarta: Erlangga.
- Keating, D. (1990). Adolescent thinking. In S. Feldman & G. Elliot (Eds.), *At the threshold: The developing adolescent* (pp. 54–89). Cambridge, MA: Harvard University Press.
- Kelly, A. C., Zuroff, D. C., & Shapira, L. B. (2009). Soothing oneself and resisting self-attacks: The treatment of two intrapersonal deficits in depression vulnerability. *Cognitive Therapy and Research*, 33(3), 301. <https://psycnet.apa.org/doi/10.1007/s10608-008-9202-1>
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92, 887–904. <https://psycnet.apa.org/doi/10.1037/0022-3514.92.5.887>
- Mujiyati, M., Uman, S., Ahman, A., Nurhudaya, N., & Sofwan, A. (2020). Effect of Knowledge and Skills of Counselors on The Level of Self-Efficacy in Evaluating Guidance and Counseling Programs. *International Journal of Scientific & Technology Research*, 9(03), 3958-3961.
- Neff, K. D. & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, 77, 23-50. <https://doi.org/10.1111/j.1467-6494.2008.00537.x>
- Neff, K. D. (2003a). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250. <https://doi.org/10.1080/15298860309027>
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-101. <https://doi.org/10.1080/15298860309032>
- Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology*, 100, 569–582. <https://psycnet.apa.org/buy/1992-12870-001>
- Nursalim, M. (2005). *Strategi Konseling*. Surabaya: Unesa University Press.
- Palmer, P., & Froehner, M. A. (2000). *Teen esteem: A self-direction manual for young adults*. San Luis Obispo, CA: Impact Publishers.
- Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice*, 42, 301-307. <https://psycnet.apa.org/doi/10.1037/a0024482>
- Pipher, M. (1994). *Reviving Ophelia: Saving the selves of adolescent girls*. New York: Putnam.
- Santrock, John W. (2003). *Adolescence. Perkembangan Remaja*. Edisi Keenam. Jakarta: Erlangga.
- Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, D. C.: American Psychological Association.
- Sumintono, B., & Widhiarso, W. (2014). *Aplikasi model rasch untuk penelitian ilmu-ilmu sosial*. Jakarta: Tim Komunikata Publishing House
- Steinberg, L. (1999). *Adolescence (5th ed.)*. Boston: McGraw-Hill.

- Wispe, L. (1991). *The psychology of sympathy*. New York: Plenum.
- Wood, J. V., Saltzberg, J. A., Neale, J. M., & Stone, A. (1990). *Self-focused attention, coping responses, and distressed mood in everyday life*. *Journal of Personality & Social Psychology*, 58, 1027–1036.
<https://psycnet.apa.org/doi/10.1037/0022-3514.58.6.1027>