JUSINDO (Jurnal Sehat Indonesia)
Vol. 8 No. 2, November 2026, pp. 1041-1054
e-ISSN: 2775-3077
https://doi.org/10.59141/-.v8i2.585

The Effectiveness of Mindfulness Based Cognitive Therapy to Increase Self-Compassion in Women with Non-Suicidal Self Injury (NSSI) Behaviors

Lita Rahma Aryati[1*], Eneng Nurlaili Wangi[2], Irfan Fahmi[3]
Universitas Islam Bandung, Indonesia[1,2]
UIN Sunan Gunung Jati, Indonesia[3]
Email : Litarahmaaryati@gmail.com[1*], eneng.nurlailiwangi@unisba.ac.id[2],
Irfan.fahmi@gmail.com[3]

Keywords:
Mindfulness-Based Cognitive Therapy (MBCT); Self-Compassion; Non-Suicidal Self-Injury; Women.

This is an open access article under the CC BY-SA license.

Copyright © 2026 by Author. Published by Publikasi Indonesia

Abstract

Self-compassion is an important psychological capacity that enables individuals to respond adaptively to emotionally distressing experiences. Women who engage in nonsuicidal self-injury (NSSI) may experience lower levels of self-compassion, characterized by self-blame, difficulties accepting negative emotions, and reduced self-kindness. These challenges highlight the importance of enhancing self-compassion as a potential therapeutic target for women engaging in NSSI. This study aimed to evaluate the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) in enhancing self-compassion among women with NSSI behaviors. A quasi-experimental study was conducted using a two-group pretest–posttest design involving eight female participants aged 18–24 years who were assigned to either an intervention group or a control group. The MBCT intervention consisted of eight sessions. Self-compassion was assessed using the Self-Compassion Scale (SCS) developed by Neff (2003). The results revealed a normalized gain (N-gain) score of 67.85%, suggesting an improvement in self-compassion following the MBCT intervention. These findings suggest that MBCT may be a promising intervention for enhancing self-compassion among women engaging in NSSI, although further research with larger samples and more rigorous experimental designs is needed to establish its effectiveness.

INTRODUCTION

As individuals enter early adulthood, they encounter various emotional, interpersonal, and developmental demands, including establishing a sense of identity, meeting academic or occupational expectations, developing intimate relationships, and adapting to increasingly complex social roles. Early adulthood is a transitional period characterized by identity exploration, emotional challenges, and increasing personal responsibility, which may heighten vulnerability to psychological distress when perceived demands exceed individuals' coping capacities (Arnett, 2013). In addition to external pressures, individuals at this developmental stage often experience high personal expectations, which may contribute to harsh self-

evaluation and feelings of failure when these expectations are not met (Santrock, 2011). The emotional pressures associated with these developmental demands highlight the importance of effective emotion regulation skills in responding adaptively to challenging emotional experiences (Association, 2013) .

Difficulties in managing negative emotions, such as shame, guilt, and frustration, have been associated with an increased risk of psychological distress (Gross, 2015). Effective emotion regulation is essential for preventing these emotional experiences from developing into persistent distress. Emotion regulation involves the processes through which individuals recognize, modify, and manage their emotional experiences and responses. In this context, how individuals treat themselves when encountering emotional difficulties may influence their ability to regulate emotions effectively. One psychological capacity that plays an important role in managing emotional distress is self-compassion.

Self-compassion refers to treating oneself with kindness and understanding when experiencing suffering, failure, or personal inadequacy, while recognizing that such experiences are part of the shared human condition and maintaining a balanced, nonjudgmental awareness of negative emotions (Neff, 2003). Individuals with low self-compassion tend to respond to difficulties with excessive self-criticism, feelings of isolation, and overidentification with negative emotions, potentially increasing their vulnerability to psychological distress. When emotional distress is intense and self-compassion is limited, some individuals may adopt maladaptive coping strategies to alleviate psychological discomfort. One such behavior is nonsuicidal self-injury (NSSI), which involves deliberate, self-inflicted injury to body tissue without suicidal intent and may serve as a means of regulating overwhelming negative emotions (Klonsky & Muehlenkamp, 2007). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), common forms of NSSI include cutting, burning, hitting, and scratching oneself. Other reported forms include biting the skin, carving words or symbols into the skin, head banging, pinching, and hair pulling (Gratz, 2001).

Globally, the prevalence of NSSI has been reported to be approximately 18% among young people, although estimates vary across age groups and study populations (Kaess M Fischer-Waldschmidt G Parzer P Brunner R Resch F, 2019) . Research involving college students has indicated that approximately 20% have engaged in self-injurious behaviors, with some reporting recurrent or persistent episodes (Whitlock, 2009). In Indonesia, survey findings have suggested that self-harm behaviors are particularly prevalent among young adults aged 18–24 years (YouGov, 2019). According to a 2019 report by the Indonesian Psychological Health Care Center, as cited by Supradewi (2024), seven of approximately 30 patients were identified as having engaged in self-harming behaviors, six of whom were female. Research conducted by Zetterqvist et al. (2013) also reported sex-related differences in NSSI, suggesting that female participants may experience distinct patterns of emotional distress associated with these behaviors. Among women, NSSI may occur in response to intense negative emotions, including shame, feelings of inadequacy, and interpersonal distress.

In this study, NSSI was conceptualized as a potentially maladaptive response to difficulties in emotion regulation and experiences of emotional distress. Previous research has suggested that self-compassion plays an important role in emotion regulation, as individuals with higher levels of self-compassion tend to respond more adaptively to negative emotional experiences. A study involving adolescents identified a significant positive association between

self-compassion and emotion regulation abilities, indicating that individuals with greater self-compassion were better able to manage negative emotions (Hasmarlin & Hirmaningsih, 2019). Similar findings among young adults suggested that self-compassion may function as a psychological resource that facilitates coping with challenging emotional experiences and reduces emotional distress (Jasmine & Wati, 2024). Furthermore, self-compassion has been associated with more adaptive emotion regulation strategies and lower stress levels, highlighting its potential contribution to emotional well-being (Gilbert, 2005; Giyati & Wibowo, 2023).

Individuals who experience emotional difficulties without adequate self-compassion may become more vulnerable to persistent psychological distress and maladaptive coping behaviors. A lack of self-compassion may contribute to excessive shame, guilt, and self-criticism, which can be associated with an increased risk of NSSI. Conversely, developing self-compassion may help individuals respond to emotional suffering with greater understanding and acceptance rather than self-punishment. According to Neff's conceptual framework, self-compassion comprises three interconnected components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification.

The first component, self-kindness versus self-judgment, concerns how individuals treat themselves when experiencing suffering, failure, or personal inadequacy. Self-kindness involves adopting a caring, gentle, and understanding attitude toward oneself, allowing individuals to provide themselves with emotional support and acceptance during difficult experiences. In contrast, self-judgment involves harsh self-criticism, blame, and negative self-evaluation, whereby individuals interpret their shortcomings as evidence of personal failure and may respond with self-punitive attitudes.

The second component, common humanity versus isolation, reflects the extent to which individuals recognize that suffering, failure, and personal difficulties are universal aspects of human experience. Common humanity involves understanding that emotional pain and personal imperfections are shared experiences rather than unique individual deficiencies. Conversely, isolation occurs when individuals perceive their suffering as uniquely personal, potentially intensifying feelings of loneliness, disconnection, and separation from others. The third component, mindfulness versus overidentification, concerns the ability to maintain balanced awareness of internal experiences. Mindfulness involves observing thoughts and emotions openly and without judgment, neither suppressing nor becoming excessively absorbed in them. In contrast, overidentification occurs when individuals become excessively immersed in negative thoughts and emotions, making it difficult to maintain psychological distance and emotional balance.

Previous research has consistently demonstrated associations between self-compassion and positive psychological functioning, including positive affect, adaptive coping, psychological adjustment, and life satisfaction. Self-compassion has also been associated with lower levels of psychological difficulties, including shame, self-criticism, avoidance, maladaptive behaviors, and depressive symptoms (Barnard & Curry, 2011; MacBeth & Gumley, 2012; Neff, Kirkpatrick, & Rude, 2007). Individuals with higher levels of self-compassion tend to report more secure attachment patterns, greater social connectedness, higher levels of mindful awareness, and fewer symptoms of depression and anxiety (Bluth & Blanton, 2014); Neff & McGehee, 2010). Conversely, lower levels of self-compassion have been associated with greater

psychological distress, emotion dysregulation, substance use, and suicidal behaviors (Tanaka et al., 2011).

Research suggests that individuals with low self-compassion may be more likely to engage in maladaptive coping behaviors, including NSSI, when attempting to manage intense emotional pain. Conversely, individuals who respond to themselves with greater compassion may be better equipped to adopt adaptive emotion regulation strategies, potentially reducing vulnerability to self-injurious behaviors (Neff, 2003). Self-compassion encourages individuals to approach personal difficulties with less self-judgment, reduced feelings of isolation, and a more balanced perspective, thereby limiting the extent to which negative emotions, guilt, or perceived failure become overwhelming (Neff et al., 2007). Because self-directed hostility, self-criticism, and social isolation may accompany NSSI, self-compassion may serve as a protective psychological resource by helping individuals respond more constructively to these negative emotional experiences.

Several studies have reported that women tend to exhibit lower average levels of self-compassion than men, particularly in relation to self-judgment, feelings of isolation, and overidentification with negative emotions (Neff, 2003; Yarnell et al., 2015). Among women in early adulthood, lower self-compassion has been associated with interpersonal pressures, social expectations, and frequent social comparisons, which may reinforce feelings of inadequacy and self-criticism (Karinda, 2020). Research involving Indonesian students has also highlighted gender-related differences in emotional experiences and coping patterns, suggesting that some women may be more inclined to internalize emotional difficulties and experience challenges in responding to personal failures with acceptance and self-kindness (Hasmarlin & Hirmaningsih, 2019). Lower self-compassion may therefore be associated with difficulties in emotion regulation, including heightened negative emotional experiences and increased emotional reactivity.

Studies involving young adult women have indicated that lower self-compassion is associated with greater emotional distress and increased reliance on maladaptive coping strategies, including emotional avoidance and self-injurious behaviors (Khairunnisa et al., 2022). These findings are consistent with research suggesting that limited self-compassion may reduce individuals' capacity to provide themselves with emotional support during stressful experiences, potentially increasing vulnerability to persistent psychological distress (Barnard & Curry, 2011). Furthermore, thoughts of self-harm may emerge in the context of perceived social disconnection, loneliness, self-directed hostility, and perceived burdensomeness, particularly when individuals believe that they impose a burden on others (Rabon et al., 2019). These experiences may overlap with diminished feelings of common humanity and self-kindness. Cultivating self-compassion may help individuals develop a more balanced understanding of personal difficulties, recognize suffering as part of the shared human experience, and reduce harsh self-evaluation when confronting mistakes or failures.

Low self-compassion is characterized by difficulties in treating oneself with kindness, recognizing suffering as part of the shared human experience, and maintaining balanced awareness of negative emotions without excessive reactivity (Neff, 2003). Individuals with low self-compassion may respond to mistakes or failures with intense self-criticism, accompanied by feelings of isolation and disconnection from others during challenging circumstances (Gilbert et al., 2011). These patterns have been associated with heightened shame, guilt, and

self-directed hostility, potentially weakening individuals' ability to provide themselves with emotional support. In the context of maladaptive emotion regulation, such difficulties may increase vulnerability to self-punitive coping behaviors. Previous studies have suggested that individuals with lower levels of self-compassion may be more vulnerable to engaging in NSSI as a means of managing or alleviating intense emotional distress (Xavier et al., 2016). Conversely, individuals with higher self-compassion may demonstrate greater emotional acceptance and more adaptive coping responses. By encouraging individuals to approach personal failures and emotional pain with understanding and acceptance, self-compassion may help reduce reliance on maladaptive coping strategies, including self-injurious behaviors.

Several studies have demonstrated that individuals with low levels of self-compassion tend to experience difficulties in emotion regulation, characterized by intense negative emotions, heightened emotional reactivity, and a greater tendency to adopt maladaptive coping strategies to alleviate psychological distress (Diedrich et al., 2014; Inwood & Ferrari, 2018). Low self-compassion may contribute to maladaptive emotion regulation patterns, increasing vulnerability to persistent emotional distress. In some individuals, nonsuicidal self-injury (NSSI) may serve as an immediate coping response to reduce emotional tension or obtain temporary psychological relief (Nock, 2010). Thus, NSSI can be understood as a maladaptive emotion regulation strategy that some individuals may adopt when they experience difficulties managing negative emotions through more adaptive coping mechanisms (Inwood & Ferrari, 2018) .

Conversely, self-compassion may facilitate adaptive emotion regulation by enabling individuals to acknowledge suffering without judgment, accept negative emotions as part of the shared human experience, and respond to personal difficulties with kindness and understanding (Neff & Germer, 2018). Individuals with higher levels of self-compassion tend to demonstrate greater emotional tolerance, reduced emotional reactivity, and a lower likelihood of experiencing urges to engage in self-injurious behaviors as a means of regulating emotions (Field, 2013; Gao et al., 2023). Accordingly, self-compassion may function as a psychological resource that supports adaptive emotion regulation and reduces vulnerability to maladaptive coping behaviors.

Given its potential protective role against NSSI, self-compassion has received increasing attention as a target of psychological interventions. Marchelina (2023) investigated an intervention based on Dialectical Behavior Therapy (DBT) to enhance self-compassion among individuals engaging in NSSI who had experienced dating violence. The findings indicated that the intervention contributed to improvements in self-compassion. Conceptually, DBT emphasizes emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness skills. Although these components may facilitate self-compassion, the explicit cultivation of a compassionate relationship with oneself is not necessarily the primary focus of standard DBT interventions.

Similarly, Yunita and Karneli (2022) examined the use of cognitive disputation techniques within Rational Emotive Behavior Therapy (REBT) to reduce NSSI behaviors among students who had experienced psychological trauma. Their findings suggested that the intervention was effective in addressing the targeted behaviors, while highlighting the need for further research on NSSI, particularly among women in early adulthood. In addition, compassion-focused interventions, such as Compassion-Focused Therapy (CFT), have

demonstrated effectiveness in enhancing self-compassion across various populations (Gilbert & Procter, 2006; Kirby et al., 2017). CFT primarily emphasizes the cultivation of compassionate motivation, emotional regulation, and a supportive relationship with oneself. However, its therapeutic emphasis differs from interventions that explicitly integrate mindfulness practices with cognitive techniques to modify individuals' relationships with automatic thoughts and emotional experiences associated with psychological distress.

Unlike the previously discussed approaches, Mindfulness-Based Cognitive Therapy (MBCT) integrates mindfulness practices with cognitive therapy principles to enhance awareness of internal experiences, facilitate emotion regulation, and modify individuals' relationships with maladaptive thought patterns (Segal et al., 2013). MBCT may be particularly relevant for enhancing self-compassion among individuals engaging in NSSI because emotional distress and self-injurious urges can involve interactions among cognitive, emotional, motivational, and behavioral processes. Through the cultivation of nonjudgmental awareness, MBCT encourages individuals to observe internal experiences without automatically reacting to them. This approach promotes metacognitive awareness, enabling individuals to recognize thoughts as mental events rather than objective facts (Segal et al., 2002). Consequently, individuals may develop a greater capacity to respond adaptively to distressing thoughts and emotions without immediately engaging in self-injurious behaviors. The proposed contribution of this study lies in examining self-compassion as a primary psychological outcome of MBCT among young adult women engaging in NSSI in Indonesia, a population that warrants further investigation. By focusing on self-compassion enhancement, this study seeks to address a gap in intervention research concerning the potential application of MBCT to psychological processes associated with vulnerability to NSSI.

MBCT incorporates structured mindfulness practices designed to help individuals develop greater awareness of negative emotions and repetitive patterns of thinking, particularly rumination and automatic cognitive responses (Kuyken et al., 2010). The intervention emphasizes nonjudgmental awareness of thoughts, feelings, and bodily sensations, allowing individuals to recognize emotional experiences without reacting impulsively. For individuals engaging in NSSI, these skills may facilitate greater awareness of emotional triggers and create opportunities to adopt more adaptive responses to psychological distress. MBCT also encourages acceptance of difficult emotional experiences rather than reliance on maladaptive avoidance strategies (Teasdale, 2013). Through these processes, individuals may become better equipped to respond consciously to negative thoughts and emotions instead of automatically engaging in habitual maladaptive coping behaviors.

A central component of MBCT involves developing metacognitive awareness, which enables individuals to recognize thoughts as transient mental events rather than unquestionable representations of reality (Segal et al., 2002). This process may help individuals develop psychological distance from distressing thoughts and recognize that negative emotional experiences do not necessarily require behavioral responses such as self-injury. By promoting mindful awareness, emotional acceptance, and cognitive decentering, MBCT may strengthen self-compassion and support more adaptive responses to emotional distress. However, its effectiveness in reducing NSSI-related vulnerability through improvements in self-compassion requires further empirical investigation.

These considerations highlight the potential relevance of MBCT as an intervention for enhancing self-compassion among women engaging in NSSI. MBCT incorporates attentional regulation, mindfulness practice, and cognitive decentering to help individuals develop a more balanced awareness of distressing internal experiences. Through these practices, individuals may learn to observe challenging thoughts, emotions, and bodily sensations with openness and acceptance rather than responding with excessive self-criticism or avoidance. Metacognitive awareness enables individuals to recognize thoughts as mental events rather than objective facts, potentially reducing automatic reactions to distressing experiences (Williams et al., 2006). Mindfulness practices may also facilitate a more compassionate understanding of personal suffering, perceived failure, and inadequacy. As self-compassion develops, individuals may become better able to manage negative emotions and adopt more adaptive coping responses.

Although previous studies have highlighted the role of self-compassion in emotion regulation and its potential protective associations with psychological distress and maladaptive behaviors, including NSSI, research specifically examining interventions that target self-compassion among young adult women engaging in NSSI remains limited. This gap is particularly relevant in the Indonesian context, where additional empirical evidence is needed regarding the applicability of mindfulness-based interventions to this population. Enhancing self-compassion may help individuals respond more adaptively to distressing thoughts and emotions, acknowledge personal limitations without excessive self-criticism, and reduce reliance on potentially harmful coping strategies.

Within this context, MBCT represents a potentially relevant intervention for strengthening self-compassion among young adult women engaging in NSSI. Improvements in self-compassion may contribute to more adaptive emotion regulation by helping individuals respond to negative emotions with greater awareness, acceptance, and self-kindness. Therefore, this study aimed to examine the effectiveness of MBCT in enhancing self-compassion among young adult women engaging in NSSI, with the expectation that improvements in self-compassion may support healthier emotional coping and potentially reduce vulnerability to self-injurious behaviors.

METHOD

This study employed a quasi-experimental approach using a two-group pretest–posttest design involving an intervention group and a control group (Creswell, 2014). Both groups completed assessments before and after the intervention. The intervention group received Mindfulness-Based Cognitive Therapy (MBCT), whereas the control group received no intervention during the study period. Changes in the measured outcomes were evaluated by comparing pretest and posttest scores within and between groups.

The independent variable was MBCT, which was administered individually over eight sessions lasting 60–90 minutes each. The intervention incorporated mindfulness practices, including body scanning, mindful breathing, mindful eating, and sitting meditation, alongside cognitive techniques focused on identifying automatic negative thoughts, recognizing maladaptive thought patterns, developing alternative perspectives, and preventing relapse (Segal et al., 2012). Participants' mindfulness levels were assessed before and after the intervention using the 39-item Five Facet Mindfulness Questionnaire (FFMQ).

The dependent variable was self-compassion, which was assessed using the Self-Compassion Scale (SCS). The instrument evaluated six dimensions of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification. Self-compassion scores were obtained before and after the intervention, with higher total scores indicating greater self-compassion, provided that negatively worded items were appropriately reverse-scored.

RESULTS AND DISCUSSION

The results and data that have been taken from the implementation of the intervention will be presented and discussed in this chapter, namely a description of the results of the research which is a measurement of the Effectiveness of Mindfulnes-Based Cognitive Therapy in increasing Self Compassion in women with Non-Suicidal Self Injury (NSSI) behavior. Quantitatively, the data will be presented in the form of graphs and tables, accompanied by descriptive explanations.

General Discussion

In this study, the administration of Mindfulness-Based Cognitive Therapy (MBCT) was carried out with the aim of increasing Self Compassion in women with NSSI behavior. The results of this study showed that MBCT was effective through the results of the analysis of the Independent Samples T-test, where there was a significant difference between the Self Compassion score in the experimental group and the control group (Sig.2-tailed = 0.000 < 0.05), so that the intervention is believed to have an effect in increasing Self Compassion compared to without intervention. In addition, the average N-Gain value of 0.6785 or 67.85% is in the medium to high category according to Hake (1999) which shows that the change is not only statistically significant but also effective for the individual. These results show that MBCT has a contribution to strengthening the ability to self-compassion in individuals, an ability that plays an important role in reducing NSSI susceptibility.

These findings are in line with previous research that showed that Self Compassion is negatively correlated with self-harm behaviors (NSSI) (Per et al., 2021; Suh & Jeong, 2021) and that mindfulness-based interventions are able to increase Self Compassion while decreasing NSSI impulses (Kresznerits et al., 2024). The female subjects in this study were based on the empirical finding that the prevalence of Non-Suicidal Self-Injury (NSSI) behavior tends to be higher in women than in men, especially in late adolescence to young adulthood, as was the case with all eight subjects in this study. A number of studies show that women are more susceptible to emotional factors related to NSSI, such as interpersonal sensitivity and a tendency to internalize stress (Bresin & Schoenleber, 2015; Cohen et al., 2022). These factors are closely related to low self-compassion.

Neff (2003) also explained that women tend to report higher levels of self-judgement than men, so that self-kindness and mindfulness are more easily impaired. In addition, a meta-analysis study found that women more often use negative emotional coping strategies such as rumination, shame, and self-rejection, which are direct predictors for NSSI (Xavier et al., 2016). Women with NSSI generally show high scores on negative dimensions such as self-judgment, feelings of isolation and a tendency to over-attach to negative thoughts thereby increasing their emotional vulnerability (Xavier et al., 2016). In everyday dynamics, when experiencing failure, interpersonal conflict, or emotional distress, individuals tend to judge themselves harshly, feel

different from others, or be immersed in emotions so that self-injuring impulses appear as a quick way to relieve tension.

In addition to being influenced by gender, self-compassion is also shaped by other factors, Neff (2003) explained that age also plays an important role in the formation of self-compassion. The subjects in this study are in the early adult phase, which is a developmental period where self-compassion tends to be unstable and is still influenced by the process of identity formation and emotional regulation (Neff & Vonk, 2009). This is in line with the theory that self-compassion in individuals is only fully developed when they are 65 years old and above where individuals are more able to accept themselves.

MBCT systematically trains individuals to observe thoughts and emotions without judgment, so that individuals can create psychological distance (decentering) and develop more adaptive emotion regulation mechanisms. First, mindfulness practices in MBCT teach individuals to observe thoughts and feelings without judgment, directly lowering overidentification and self-judgment. Second, the cognitive therapy component of MBCT helps individuals identify the rigid and self-judgement mindsets that trigger NSSI, replacing them with a more realistic and kind perspective (self kindness). Third, exercises such as body scans, mindful breathing, and choiceless awareness increase the ability to decenter, which is to see negative thoughts as mental events that come and go, rather than as facts about themselves. It is this ability that significantly lowers the impulse to self-harm because individuals have an internal pause before acting. In terms of emotional dynamics, MBCT also reinforces the dimension of common humanity, which is the ability to see that difficult experiences are part of the human condition, not evidence of personal weakness. In the case of NSSI, feelings of isolation and self-failure are strong triggers for self-harm behavior. When individuals are able to see that their suffering is not something unique or embarrassing, they are more likely to accept themselves and replace the self-harm impulse with adaptive coping strategies.

This mechanism was also found in the research of (Creswell, 2014; Dewi & Lazuardini, 2023) who explained that self-compassion plays a protective role as a protective factor that is able to reduce NSSI intention. Thus, the positive changes in self-compassion in this study are in line with previous research. In addition, in the context of students, low self-compassion was identified as a predictor of NSSI, while depression showed a positive relationship with NSSI (Idris & Mahfar, 2021). This study confirms that self-compassion is an important factor that needs to be considered in NSSI interventions. A study in Indonesia conducted by Hidayati, Mulyani & Fanani (2023) showed that self-compassion and psychological well-being play a significant role in preventing NSSI in college students. Furthermore, the results of this study are also in line with the findings of a study that combines mindfulness and compassion conducted by Kresznerits et al (2024) which found that MBCT and NSSI significantly reduced the frequency of individuals committing self-harm in participants with BPD and a history of NSSI. This is supported by research that implemented loving-kindness meditation and breathing mindfulness practices in adolescents with non-suicidal self-injury (NSSI), which showed that the integration of mindfulness and compassion practices contributes to increased self-compassion attitudes and improved emotion management skills (Liu et al., 2025).

Increased self-compassion in the experimental group showed that during the MBCT process, individuals began to be able to manage their emotional experiences in a more adaptive way. Based on the individual's responses in each session, exercises such as body scans and

focusing on breathing help them recognize the appearance of unpleasant emotions without reacting impulsively immediately. This is important because women with NSSI generally have a tendency to over-identify negative emotions and often respond to them by criticizing themselves resulting in a lack of self-compassion (Cohen et al., 2022). Recognition of the automatic mindset that emerges during mindfulness practice also allows individuals to be aware of strong self-judgement and shame tendencies , which according to Xavier et al. (2016) are one of the main triggers of NSSI. These findings suggest that the mindfulness process provides space to separate oneself from such painful mindsets, so that individuals can respond with a more compassionate perspective. In addition, an increase in the common humanity aspect is seen when individuals begin to realize that emotional difficulties are not a form of personal weakness, but rather part of the human experience in general. This dynamic contributes to the reduction of the sense of isolation that women with NSSI have often experienced.

The increase in self-compassion in the experimental group could also be understood through the dynamics that emerged during the eight MBCT sessions. Sessions 1 and 2, which focused on increasing awareness of body experiences through body scans, eating meditation and breathing exercises, appeared to help individuals recognize the tension that usually arises before the self-injuring impulse, so that they have room to respond with awareness, rather than impulses. This is relevant to the condition of women with NSSI who tend to experience emotional flooding and over-identification of negative emotions (Cohen et al., 2022). In sessions 3 and 4, the practice of observing thoughts and feelings without judgment allowed the individual to notice patterns of self-judgment, shame, and automatic thoughts that degraded themselves. The individual's response showed the beginning of the formation of the ability to separate oneself from these painful thoughts, which is an important component of self-compassion according to Neff (2003).

Sessions 5 and 6, which emphasized the ability to flexibly transfer attention and respond to difficult experiences with tenderness, further strengthened the self-kindness aspect. At this point, some individuals began to report relief from being able to acknowledge emotions without feeling like they had to punish themselves, an important change given that women with NSSI often use physical injuries as a way to relieve guilt or shame (Xavier et al., 2016). Sessions 7 and 8, which emphasized loving-kindness and the application of mindfulness in daily life, seemed to expand the individual's understanding that suffering is part of the human experience, not a sign of personal weakness. These dynamics reinforce the dimension of common humanity, making individuals feel less emotionally isolated an aspect that is strongly associated with decreased NSSI urges. Overall, these findings suggest that each component in the eight MBCT sessions works gradually to increase the individual's capacity to treat himself or herself with tenderness, thus consistent with the increase in self-compassion scores that appear in statistical analysis.

The results of this study show that after the implementation of Mindfulness Based Cognitive Therapy (MBCT), there was an increase in mindfulness skills in the study subjects which included all aspects measured using the Five Facet Mindfulness Questionnaire (FFMQ), namely observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience. These findings suggest that MBCT interventions are associated with the development of mindfulness abilities in general, although the aspects that experience the most noticeable improvement may differ in each individual.

In general, the increase seen in the aspects of nonreactivity to inner experience and nonjudging to inner experience indicates a change in the way the subject relates to internal experience. In MBCT, these two aspects are seen as important components because they relate to the individual's ability to deal with thoughts and emotions without over-engaging or evaluating the experience (Segal, Williams, & Teasdale, 2013). Thus, the improvement in these two aspects reflects the development of a more accepting and non-reactive attitude towards emerging mental experiences.

In addition, improvements are also seen in the observing and describing aspects, which are related to the individual's ability to realize and identify internal and external experiences. According to (Azwar, 2019; Baer et al., 2006), these two aspects are the initial foundation in the development of mindfulness, because individuals need to first be able to recognize and label the experiences they experience before they can develop more complex regulatory skills. The findings of this study are in line with this view, where mindfulness exercises carried out in a structured manner in MBCT support a gradual increase in awareness of internal experiences.

The acting with awareness aspect also showed an improvement, which describes a change in the quality of the subject's attention to the activity being performed. In the context of MBCT, the improvement in this aspect is related to the individual's reduced tendency to function automatically and the increase in full involvement in daily activities (Segal et al., 2013). This shows that mindfulness practice has an effect not only on internal awareness, but also on the way the individual is present in daily behavior.

Overall, this discussion shows that MBCT is related to improving mindfulness skills in various aspects. The variation in aspects that experienced the most significant improvement showed that the development of mindfulness is individual and influenced by the experiences and psychological needs of each individual. These findings are in line with previous studies that have shown that mindfulness-based interventions do not result in uniform patterns of change, but rather different developmental processes in each individual (Baer et al., 2006; Segal et al., 2013).

Discussion of Self Compassion Aspects

The results of the N-Gain analysis showed that all aspects of self-compassion changed after the implementation of the intervention. The self-kindness aspect showed the highest increase with an N-Gain value of 0.92 (high category) while self-judgement showed the lowest increase with an N-Gain value of 0.59 (medium category).

The aspect of self-kindness is the aspect that has increased the most after MBCT intervention. This shows that MBCT is effective in helping individuals develop a gentler, accepting and non-punitive attitude when facing difficult emotional experiences. Theoretically, self-kindness is a core component of self-compassion that develops when individuals are able to respond to suffering with warmth and acceptance, not with self-criticism (Neff, 2003).

The high increase in self-kindness in this study was due to the techniques in the MBCT process where in the early stages of the intervention, individuals were trained to develop a non-judgmental awareness of internal experiences through basic exercises such as body scans, mindful breathing and attention to body sensations. These exercises helped individuals recognize unpleasant experiences without having to react or blame themselves. This process directly led to the development of an attitude of acceptance and kindness towards oneself which is the main foundation of self-kindness.

In addition, MBCT emphasizes the ability to deenter , which is to view thoughts and emotions as mental events that are temporary rather than as an absolute self-image. According to Segal, Williams and Teasdale (2013), the ability to decenter allows individuals to create psychological distance from painful thoughts, so that the way individuals regulate emotions and respond to difficult experiences becomes more adaptive. In line with (Germer, 2009), mindfulness that is done consistently tends to first increase a friendly and accepting attitude towards oneself before producing a more profound change in self-evaluation patterns. This was also found in Kuyken's (2010) study, which showed that MBCT improves the positive aspects of self-compassion relatively faster. Therefore, the increase in self-kindness in this study is understood as a response to the process of giving MBCT interventions.

In contrast, the self-judgement aspect showed the lowest improvement compared to the other aspects, although it remained in the moderate category. These results show that despite a decrease in the tendency to judge and blame themselves, changes in this aspect are more slow. Psychologically, self-judgement is not only a cognitive pattern, but also relates to emotional responses such as shame and guilt, which are often rooted in relational experiences and long-term emotional learning.

This is in line with Gilbert (2010) that the way we criticize ourselves is a relatively fixed pattern because it functions as an emotional protection strategy that is formed in the long term. Therefore, changes in self-judgement require a deeper and more repetitive process. Research conducted by Barnard and Curry (2011) shows that the negative aspects of self-compassion tend to be more difficult to change than the positive aspects, even if intervention has been given.

A decrease in self-judgement is obtained through the practice of observing automatic thoughts, from which individuals learn to recognize self-criticism without having to engage reactively. However, because the pattern of self-judgement has often been embedded for a long time, changes in this aspect tend to take place gradually. Thus, the lower N-Gain value in the self-judgement aspect in this study reflects a process of change that is consistent with theories related to self-compassion.

Overall, the results of this study are in line with the findings of Kuyken (2010) who showed that MBCT interventions contribute to increasing self-compassion through the strengthening of positive aspects and gradual decrease in emotional reactivity. These findings are also strengthened by the research of (Pallant, 2020; Razza et al., 2025) which shows that mindfulness-based programs contribute significantly to the improvement of self-compassion and emotion regulation ability in individuals. However, the study also confirms that changes in reactive emotion regulation patterns require the involvement of continuous exercise so that the impact can be more optimal. Thus, the results of this study strengthen the empirical evidence that MBCT is an effective intervention in improving overall self-compassion.

Research Limitations

The researchers are aware of limitations in the study that need to be considered in interpreting the results. First, the very limited number of participants of only eight people, four each in the experimental and control groups limits the statistical power and reduces the ability to generalize the findings to the wider population. Second, the study only involved female participants, so although it is consistent with the literature showing a higher prevalence of NSSI in women, these findings cannot be generalized to men or other gender groups that have different psychological dynamics in relation to self-compassion.

Third, this study does not strictly control for background factors such as trauma history, previous psychological conditions, or family relationship patterns, even though these variables can affect how self-compassion and the effectiveness of MBCT interventions are. Thus, the results of this study must still be understood in the context of these limitations and require replication with a larger sample and a design that considers a broader range of individual variables.

Fourth, this study uses Mindfulness-Based Cognitive Therapy (MBCT) interventions for a limited duration, so that the development of mindfulness and self-compassion capacity in participants may not be optimal. MBCT in this study is focused on increasing awareness of internal experiences and emotion regulation, but has not deeply targeted strengthening self-compassion attitudes in a sustainable manner. Advanced mindfulness approaches, which are specifically oriented towards the development of compassion, can be done through the follow-up intervention of Mindfulness-Based Compassionate Living (MBCL).

CONCLUSION

Based on the study findings, Mindfulness-Based Cognitive Therapy (MBCT) was associated with improvements in self-compassion among women engaging in nonsuicidal self-injury (NSSI). These findings suggest that MBCT may be a promising psychological intervention for enhancing self-compassion in this population, although further research with larger samples and more rigorous experimental designs is needed to establish its effectiveness.

FUNDING

The author states that no financial support has been received for the implementation of this research and/or the publication of this article.

CONFLICT OF INTEREST

The author states that this research was conducted without any commercial or financial relationship that can be interpreted as a potential conflict of interest.

AUTHOR CONTRIBUTION

If relevant, statements regarding the contributions of each author may be included in this section.

GENERATIVE ARTIFICIAL INTELLIGENCE USAGE STATEMENT

The authors state that generative artificial intelligence (AI) was used in the preparation of this manuscript. The authors acknowledge the use of generative AI to help improve language clarity and improve the grammatical structure of manuscripts. The use is carried out in compliance with applicable ethical guidelines regarding the use and disclosure of generative AI in scientific research. Each author has made substantial intellectual contributions to this work. The entire content of the manuscript has been carefully reviewed to ensure its accuracy, and the author is solely responsible for the integrity and final content of the manuscript

REFERENCES

Arnett, J. J. (2013). *Adolesence and Emerging adulthood: A Cultural Approach*.

Association, A. P. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5 (Vol*.

Azwar, S. (2019). *Compilation of Psychology Scales: Reliability and Validity*.

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). *Using self-report assessment methods to explore facets of mindfulness*. https://doi.org/10.1177/1073191105283504

Barnard, L. K., & Curry, J. F. (2011). *Self-Compassion: Conceptualizations, Correlates, & Interventions*. https://doi.org/10.1037/a0025754

Bluth, K., & Blanton, P. W. (2014). *The influence of self-compassion on emotional well-being among early and older adolescent males and females*. https://doi.org/10.1080/17439760.2014.936967

Bresin, K., & Schoenleber, M. (2015). *Gender differences in the prevalence of nonsuicidal self-injury: A meta-analysis*. https://doi.org/10.1016/j.cpr.2015.02.009

Cohen, J. N., Menon, S. V, Shorey, R. C., & Temple, J. R. (2022). *The role of gender in nonsuicidal self-injury: A systematic review*. https://doi.org/10.2478/sjecr-2019-0071

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.

Dewi, P. N., & Lazuardini, A. S. (2023). *The role of self-compassion as a protective factor against non-suicidal self-injury (NSSI) intentions in students*.

Diedrich, A., Grant, M., Hofmann, S. G., Hiller, W., & Berking, M. (2014). *Self-compassion as an emotion regulation strategy in major depressive disorder*. https://doi.org/10.1016/j.brat.2014.05.006

Field, A. (2013). *Discovering statistics using IBM SPSS statistics (4th ed.)*.

Gao, Y., Liu, X., Liu, J., Wang, H., & Wang, Y. (2023). *The effects of self-criticism and self-compassion on adolescents' depressive symptoms and nonsuicidal self-injury*. https://doi.org/10.2147/PRBM.S417258

Germer, C. K. (2009). *The Mindful Path to Self-Compassion: Freeing Yourself from Destructive Thoughts and Emotions*.

Gilbert, P. (2005). *Compassion: Conceptualisations, research and use in psychotherapy*.

Giyati, A. N., & Wibowo, C. (2023). *The relationship between self-compassion and emotion regulation and stress in early adulthood*. https://doi.org/10.24167/psidim.v22i1.5018

Inwood, E. A., & Ferrari, M. (2018). *Mechanisms of change in the relationship between self-compassion, emotion regulation, and mental health: A systematic review*. https://doi.org/10.1111/aphw.12127

Jasmine, P., & Wati, H. (2024). *The relationship between emotion regulation and self-compassion in emerging adulthood*.

Kaess M Fischer-Waldschmidt G Parzer P Brunner R Resch F, E. A. (2019). *Effectiveness of a brief psychotherapeutic intervention compared with treatment as usual for adolescent nonsuicidal self-injury: a single-centre, randomised controlled trial*. https://doi.org/10.1007/s00787-019-01399-1

Pallant, J. (2020). *SPSS survival manual: A step by step guide to data analysis using IBM SPSS (7th ed.)*.

Razza, R. A., Liu, Q., Feng, R., Hao, X., Kirkman, K. A., & Merrin, G. J. (2025). *Cultivating Adolescents' Self-Compassion Through Mindfulness: The Role of Self-Regulation at Both the Individual and Classroom Level*.