

Self-Compassion and Mindfulness Among Young Mothers: A Phenomenological Study in Padang, Indonesia

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	ABSTRACT
<p>ARTICLE INFO: Received April 30, 2026</p> <p>Revised May 08, 2026</p> <p>Accepted June 15, 2026</p> <p>KEYWORDS: Self-Compassion, Mindfulness, Mental Health, Young Mothers.</p>	<p>Young mothers aged 18–25 are vulnerable to psychological stress due to role transitions and a lack of emotional readiness. Self-compassion and mindfulness are two psychological approaches that mutually support individual well-being; however, research on how these are actually experienced by young mothers in Indonesia remains very limited. This study aims to describe the nature of self-compassion, describe the nature of mindfulness, and analyze the relationship between the two in the experiences of young mothers in Padang City. This study employs a qualitative approach using the phenomenological method. The primary informants consist of 5 young mothers, 2 husbands, and 2 parents of the young mothers as supporting informants, selected through snowball sampling. Data were collected through observation, in-depth interviews, and document analysis. Data analysis involved data reduction, data presentation, and drawing conclusions with the assistance of NVivo 15 software. Data validity was tested through source triangulation. The results of this study indicate that self-compassion is most strongly manifested in the forms of physical self-care (self-kindness), a sense of shared humanity, and the management of emotions and mindfulness. These aspects develop through four dimensions: observing, describing, acting with awareness, and accepting without judgment, with variations influenced by personality and social support. These findings suggest that the development of self-compassion and mindfulness in young mothers should be approached simultaneously and involve strong social support.</p>

INTRODUCTION

Psychological well-being and mental health have been a primary focus of research over the past decade, particularly among populations vulnerable to stress and pressure, such as young mothers. The transition from adolescence to the demanding role of motherhood often triggers psychological distress such as stress, depression, and anxiety (Falah-Hassani dan Dennis, 2016). If these conditions are not properly addressed, the consequences can be severe for the mental health of young mothers and the quality of their parenting.

Wiens et al. (2024) specifically define young mothers as women aged 25 and under who face a higher risk of experiencing mental health disorders compared to older mothers. Empirical data show that the prevalence of common mental disorders among women aged 16–24 is 45.1%, significantly higher than the 15.5% rate among women aged 25 and older (Estrin et al., 2019). Additionally, postpartum hormonal changes are a primary biological factor increasing the risk of anxiety and depression (Zulaekah & Kusumawati, 2021), and this phenomenon is influenced by various factors, including limited life experience in the role of motherhood, postpartum hormonal changes, and a lack of social support, which exacerbate their psychological condition (Agnafors et al., 2019).

In Indonesia, particularly in West Sumatra, this trend is on the rise. Data from the Central Statistics Agency (2022) indicates that the birth rate among women aged 15–24 reached 592, with 3.49% of women aged 20–24 having married before the age of 18 and 21.31% of the population aged 15–24 not currently in school, employed, or enrolled in training. This situation indicates that educational and economic instability can heighten the risk of psychological distress. Although

How to cite	Daniati, N. H., Afdal, A., Ardi, Zadrian, & Fikri, M. (2026). Self-Compassion and Mindfulness Among Young Mothers: A Phenomenological Study in Padang, Indonesia. <i>Grief and Trauma</i> , 4(1), 52–64. https://doi.org/10.59388/gt.v4i1.851
Homepage	https://journal.scidacplus.com/index.php/gt/
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healthcare services are relatively adequate, with 98.69% of births in West Sumatra attended by healthcare professionals and 95.45% occurring in healthcare facilities, the maternal mortality rate remains at 178 per 100,000 live births (BPS 2023). This indicates that medical and physical support is adequate, yet psychological challenges such as a lack of mental preparedness and minimal social support remain significant barriers for young mothers.

Preliminary exploration through interviews on May 17, 2025, with several young mothers in Padang City. The results revealed complex emotional experiences, such as a tendency to blame oneself for lacking patience when dealing with a fussy child or a tantrum, as well as difficulties in managing emotions adaptively. One young mother stated, "I often feel like a failure because I can't be gentle with my child when he has a tantrum, and that makes me feel guilty." Additionally, other mothers use social media as an emotional outlet or take time for themselves through activities like daydreaming, though some feel emotionally unsupported by their environment. This preliminary data indicates that young mothers' experiences are highly diverse and require a deep understanding.

Self-compassion and mindfulness approaches are considered relevant for addressing these challenges. Self-compassion, as defined by Neff (2003), is an individual's ability to treat themselves with kindness and accept their limitations without harsh judgment. Numerous studies have demonstrated its effectiveness for mental health, reducing stress, anxiety, and depression across various age groups, thereby enhancing an individual's psychological well-being (Ferrari et al., 2019). Meanwhile, mindfulness helps a person remain consciously present and calm in the moment, thereby making them better able to cope with stress wisely (Kabat-Zinn, 2023). These two concepts are closely intertwined because mindfulness serves as the primary foundation for building self-compassion, which can reduce parenting stress (Neff & Germer, 2013; Jefferson & Mcaloon, 2020). Thus, the relationship between self-compassion and mindfulness is reciprocal, not one-sided.

Although the effectiveness of these two approaches has been proven in Western contexts, it remains very limited in the Indonesian context (Hidayati & Chusairi, 2024). This gap is a key reason why phenomenological research is necessary, as it can vividly and comprehensively describe these two constructs in the lives of young mothers.

Research Objectives

Based on the above discussion, this study aims to examine the dynamics of self-compassion and mindfulness among young mothers. The specific objectives of this study are as follows: (1) describe the nature of self-compassion among young mothers, (2) describe the nature of mindfulness among young mothers, and (3) analyze the relationship between self-compassion and mindfulness in the experiences of young mothers in Indarung Village, Lubuk Kilangan Subdistrict, Padang City, Indonesia.

METHODS

Design

This study employs a qualitative approach using the phenomenological method. According to Creswell (2017), qualitative research takes place in a natural setting where human behavior and events occur naturally. The phenomenological research method aims to uncover the nature or essence of a person's experience, particularly the conscious life experiences perceived and lived by humans (Semiawan, 2010). This approach was chosen to explore the deeper meaning of young mothers' subjective experiences, thereby providing richer insights into the phenomena of self-compassion and mindfulness. This study was conducted in Indarung Village, Lubuk Kilangan Subdistrict, Padang City.

Participant and Procedure

The research subjects consisted of 5 young mothers aged 18–25 years as primary informants, as well as 2 husbands and 2 parents of the young mothers as supporting informants, selected using snowball sampling. The data collection techniques used were observation, in-depth interviews, and documentary analysis (Yusuf, 2016). Each interview session was recorded with the informants' consent and subsequently transcribed verbatim.

Table 1. Research Informant Profiles

Participant Code	Gender	Age (Years)	Participant Category
YM1	Female	24	Young Mother
YM2	Female	24	Young Mother
YM3	Female	24	Young Mother
YM4	Female	21	Young Mother
YM5	Female	22	Young Mother
H1	Male	23	Husband of YM4
H2	Male	26	Husband of YM5
P1	Female	47	Parent of YM2
P2	Female	65	Parent of YM3

Research Instruments

The primary instrument was a semi-structured interview with a set of questions developed from the components of self-compassion (Neff, 2003) and the dimensions of mindfulness (Baer et al., 2004). The questions were designed to explore the informants' experiences of self-compassion and mindfulness in the context of daily child-rearing. Observation and documentation were used as supplementary instruments to enrich and validate the interview data.

Data Analysis

Data analysis involved three stages: data reduction, data presentation, and drawing conclusions, with the assistance of NVivo 15 software. NVivo was used as a data analysis tool to ensure a more structured, transparent, and systematic approach to managing, coding, and visualizing data (Rahman, 2025). Data validity was tested using source triangulation, which involved comparing and confirming data from the young mothers, their husbands, and the young mothers' parents.

RESULT AND DISCUSSION

Results

Data analysis was conducted using the NVivo 15 software. This software assisted the researcher in processing and analyzing the large volume of unstructured qualitative interview data. The analysis process is described in the following steps.

Figure 1 shows the word cloud generated by the NVivo software, highlighting the terms that appeared most frequently in the interview data: "myself", "parenting", "feelings", "sometimes", "experience", and "feel". The frequency of these words directly reflects two major themes in the young mothers' experiences: (1) emotional stress in parenting and (2) continuous self-regulation efforts. The word "self," which appears most frequently, indicates a sense of isolation in the parenting process, directly linked to the need for self-compassion and mindfulness as ways to address internal challenges.

"...I wait for my husband to come home from work before I can treat myself. For example, getting a massage when I'm exhausted, going to a spa or salon, or just going out for a walk and grabbing a bite to eat..." (NF)

NF's statement reveals an interesting pattern: she consciously creates external conditions (her husband's presence) as a prerequisite for self-care. This suggests that self-kindness among young mothers is not merely an individual matter but is strongly tied to the support of their social environment. SR, EPS, and NOP demonstrate simpler yet consistent expressions of self-kindness by integrating physical self-care into their child-rearing activities. The pattern emerging from these three informants' physical self-care carried out within the child-rearing process can be interpreted as a form of adaptive self-kindness within limitations.

However, the ability to accept failure without self-judgment is still in the developmental stage. Almost all informants still struggle with guilt over failing to meet ideal parenting standards. This aligns with Amalia et al.'s (2023) research, which found that new mothers tend to practice self-kindness more readily through actions rather than through emotional acceptance of negative feelings. This can be explained by the fact that physical actions do provide immediate and measurable feedback, while emotional acceptance requires a deeper process of self-reflection and takes longer. Nevertheless, NOP's statement:

"...Maybe I should apologize to my child because I'm a new mother, still learning not by saying it directly, but just apologizing from the heart because I'm still learning to be a mother, and I'm not perfect yet..." (NOP)

This statement by NOP is particularly interesting because it demonstrates a form of self-kindness focused on the future. She does not blame herself for her imperfections but acknowledges that they are part of the learning process. This indicates a positive development of self-compassion toward herself.

Common Humanity

The concept of "common humanity" relates to the awareness that difficulties and failures are a universal part of the human experience (Neff, 2003). Findings indicate that this awareness has a significant psychological impact on young mothers. NF, SR, and ID stated:

"...As far as I know, my neighbor next door also has a child, and her child is pretty fussy, just like mine..." (NF)

"...I've compared this with other young mothers, and it turns out it's exactly the same as what I'm going through..." (SR)

"...Yeah, there are similarities. It's a relief, knowing we're not the only ones feeling this way others feel it too..." (ID)

Analytically, the concept of "common humanity" here serves as a solution to the loneliness often felt by young mothers. When young mothers realize that their experiences are universally challenging, the psychological burden they feel becomes more cognitively distributed. This mechanism aligns with the concept of social comparison, applied flexibly, where comparing oneself to others can help enhance an individual's mental resilience. The EPS case offers a different yet equally meaningful perspective:

"...It's happened. For example, if her child is like this, and mine is like that. Oh, you can't really compare them. Child development isn't a competition; that's all there is to it..." (EPS)

EPS's attitude actually demonstrates a higher level of maturity in terms of common humanity. He understands the shared human experience without needing to validate it through social comparison. This reflects a common humanity that has become an integral part of a person, not merely a limited response to a situation. Neff (2003) explains that this component helps reduce feelings of loneliness by helping individuals understand that suffering is part of the general human experience and is, of course, functionally distinct from mere sympathy.

Mindfulness In Self-Compassion

The mindfulness component of self-compassion refers to the ability to calmly acknowledge one's feelings without overreacting. The findings reveal significant differences among the informants. NF was the most open in verbally expressing her feelings:

"...Yeah, I just tell my dad what I don't like right away. Because I'm the type who doesn't like to bottle things up, I just let him know..." (NF)

Meanwhile, SR exhibited the opposite pattern, remaining mostly silent when facing pressure:

"...No, I usually just stay quiet..." (SR)

ID provided the most complex description of emotional management through a spiritual approach:

"...There are times when I get tired, because it's the same thing every day, like when the child is fussy all day, and the next day it happens again. So, I just have to be patient with myself and draw closer to God. Sometimes there are other young mothers who just commit suicide or get stressed out. So, just get closer to God..." (ID)

ID's statement reveals something of great clinical significance: she compared her situation to that of other mothers experiencing more severe crises, and from that comparison, she found the motivation to choose healthy coping strategies rooted in spirituality rather than unhealthy ones. This is a form of mindfulness stemming from an awareness of the consequences that arise, not merely an awareness of current emotions. This finding aligns with the research by Di Giuseppe et al. (2022), which reinforces this by demonstrating that individuals with higher levels of mindfulness significantly employ more adaptive emotional regulation when facing stressful situations.

Generally, the diversity in these emotional management approaches indicates that the mindfulness component within self-compassion is significantly influenced by individual personality factors, the presence of a safe space for emotional expression, and learning experiences from the social environment. This aligns with the findings of Suharsono & Wismanto (2023) that a supportive social environment greatly influences the development of self-compassion. This statement is further reinforced from the perspective of the husband, who is part of the immediate social environment. The statements by RA and TS confirm their roles as external regulators of their wives' emotions, by taking turns caring for the children, helping with household chores, and taking their wives out to lift their spirits. Thus, the husband's role is not merely to assist at home, but also as a crucial source of external emotional regulation in fostering self-compassion in young mothers, particularly through increased mindfulness awareness when facing stress.

A Portrait Of Mindfulness Among Young Mothers

Mindfulness in young mothers is examined through the four dimensions developed by Baer et al. (2004): observing, describing, acting with awareness, and accepting without judgment. Of course, these four dimensions are interrelated and influence the emotional state, spousal support, and self-developed strategies of each informant.

Observing

The observing dimension refers to the ability to pay attention to and be sensitive to an individual's internal experiences, such as thoughts, feelings, and bodily sensations. The findings reveal two contrasting patterns. SR and ID demonstrate developing observing abilities by recognizing their physical fatigue and emotional states, particularly at night. Conversely, the EPS case revealed a clinically significant condition: by the time her child was 3 months old, her body had already exceeded its capacity limits, yet her mind was unable to detect and process these signals as signs of exhaustion. EPS only became aware of her condition after being examined at the hospital. This phenomenon illustrates a dissociation between bodily signals and cognitive awareness, which has serious implications for the mother's physical and mental health. This condition highlights the need for early mindfulness-based interventions for young mothers, even before signs of problems emerge. NF offers a different perspective, showing how focusing on the child can serve as a means of self-observation:

"...For instance, the body it's obvious, like feeling tired, especially when taking care of him. But if it's mental fatigue, maybe not so much, because I'm just focused on caring for him..." (NF)

NF statement reveals a cognitive paradox in child-rearing: the more one is preoccupied with physically monitoring a child, the more one loses awareness of the child's mental state. This suggests that observing skills in young mothers do not develop directly but are influenced by the direction and nature of the attention available. Baer et al (2004) emphasize that the dimension of observation helps enhance the ability to be more attuned to internal experiences, making interventions that teach mothers to continually "pause and self-reflect" critically important.

Description

The description dimension refers to the ability to label or verbally explain internal experiences without becoming overly emotionally involved. The findings indicate that NF, EPS, and NOP possess this ability quite well; specifically, they are open about communicating their emotional states to their husbands. For example, NOP clearly states, "I'm angry right now," and gives herself time before resuming interaction, demonstrating a mature approach to expressing emotions. Conversely, barriers to the description dimension are evident in SR, who tends to remain silent, and in ID, who faces obstacles such as generational differences with her parents, as illustrated by the statement, "Back then, Mom could take care of 10 children without complaint; why can't you?" This situation indicates that the development of the description dimension heavily depends on the availability of a safe communication space free from judgmental influence. Kabat-Zinn (2023) states that mindfulness teaches a person to be fully present and to recognize the feelings that arise; of course, this requires a supportive environment to express such feelings. Therefore, the barriers experienced by ID highlight the importance of creating a supportive relational environment, both within the family and in daily life, as a foundation for better mindfulness development.

Act With Awareness

The "act with awareness" dimension relates to an individual's ability to take action with full awareness of what they are doing. Findings indicate that ID, EPS, and NOP have developed clear strategies for this dimension. These three informants exhibit the same pattern: they establish routines based on anticipating the child's needs, rather than reacting to situations. This is an example of proactive mindfulness, where awareness is directed toward the future to create favorable conditions. This ability indicates a strong connection between mindfulness and the capacity for organized thinking. However, NF and SR exhibit a different pattern:

"...For example, if I'm anxious, uncomfortable, or facing a problem, honestly, I don't want to do any activities. I just focus on him (the child). Once he's

asleep, I'll just play on my phone; I don't want to tidy up if something's wrong..." (NF).

"...I remain focused on tidying up and taking care of my child even when I'm feeling uncomfortable..." (SR)

NF statement reveals that disrupted emotional regulation directly hinders "acting with awareness." When negative emotions dominate, the ability to think and act consciously and purposefully naturally diminishes. Baer et al. (2004) state that "acting with awareness" helps reduce behavioral errors; this study's findings add that emotional regulation is a crucial prerequisite for the development of mindfulness aspects in young mothers. This is supported by the research of Linardon & Messer (2023), who found that mindful behavioral regulation and self-emotional regulation are bidirectionally related, as each facilitates the development of the other over time.

Accept Without Judgment

The dimension of "acceptance without judgment" refers to the ability to accept one's thoughts, feelings, and experiences as they are, without making excessive negative judgments. Findings indicate a wide variety of strategies across these four dimensions. ID demonstrates this ability most reflectively by allowing feelings to arise, then evaluating whether they are rational or not, and finally letting go of those feelings an example of good metacognitive awareness. ID actively observes its own thoughts rather than merely reacting to emerging emotions. This is the essence of mature mindfulness practice. NF exhibits a different yet equally effective style:

"...Yeah, I'm the type of person who doesn't dwell on it, so I'm only angry in the moment..." (NF)

EPS, SR, and NOP chose behavioral strategies to redirect the situation, such as holding back emotions, letting the anger subside on its own, or taking the child to play at a neighbor's house. Analytically, the strategy of "taking the child to play at a neighbor's house" used by NOP is not merely a distraction but a change in the situation that effectively breaks the cycle of negative emotions. This is a form of "acceptance without judgment" that focuses on action not on rejecting emotions, but on creating an atmosphere where emotions can subside naturally. Savitri & Listiyandini (2017) state that mindfulness focuses on accepting current experiences without evaluating them, and the results of this study indicate that young mothers found approaches that align with the realities of their respective parenting situations.

Discussion

The results of the mind mapping analysis using NVivo 15 visually demonstrate that self-compassion and mindfulness are integral components of the psychological experience of young mothers and are inseparable. Neff (2003) states that self-compassion inherently includes elements of mindfulness, as without the ability to be aware of and fully present in the experience at hand, an individual would be unable to practice self-compassion toward themselves. The nodes emerging from the analysis indicate that topics such as emotion regulation, self-acceptance, and social support serve as connecting points that integrate these two concepts into daily life. This aligns with the findings of Schutte & Malouff (2025), which demonstrate that the relationship between self-compassion and mindfulness indeed reinforces each other, thereby enhancing positive outcomes in life.

The relationship between the two is most clearly evident in NF experience: her ability to express her feelings to her husband (a strong "description" dimension) is linked to her ability to care for herself (an active "self-kindness" component). These two abilities work together, enabling NF to cope with the pressures of parenting without feeling guilty over the long term. This demonstrates that high mindfulness fosters healthy self-kindness. Conversely, SR case shows a different pattern: she tends

to be reserved in expressing her feelings (limited self-description), which is linked to difficulty accepting failure without blaming herself (a self-kindness component still in development). These findings support Finlay-Jones (2023) assertion that mindfulness is a crucial foundation for the development of self-compassion, as without the ability to recognize one's current experiences, a person will struggle to understand their own emotional needs.

ID case demonstrates how spirituality can serve as a bridge connecting mindfulness and self-compassion, specifically, ID felt exhausted but chose to be patient and draw closer to God rather than succumb to those feelings. Additionally, ID compares her situation to that of other mothers experiencing severe stress. Thus, ID statement reveals three processes at play: 1) observing or recognizing that one feels exhausted, 2) realizing that others also bear heavy burdens, and 3) choosing to address the issue through spirituality. These three processes occur simultaneously, indicating that self-compassion and mindfulness do not develop linearly but rather support one another (Neff & Germer, 2018). This finding aligns with the research by Dwidiyanti et al (2022), which shows that mindfulness based on Islamic spirituality can enhance an individual's psychological resilience. This is further supported by the study by Mutmainnah & Afiyanti (2019), which states that spirituality provides strength, inner peace and positive coping mechanisms for Indonesian Muslim women in facing the challenges of motherhood.

The case of EPS provides insight into the development of these two constructs over time. Initially, EPS was unaware of the signs of physical fatigue (a deficit in observing), but gradually developed mindfulness through direct experience and support from parents. As their observing skills developed, EPS also began to realize that their emotional stability directly influenced their child's condition, which ultimately motivated an increase in self-compassion. This process supports Baraccia's assertion (in Neuenschwander & von Gunten, 2024) that mindfulness functions as a bottom-up strategy in fostering self-compassion. Additionally, Baer et al (2004) explain that the ability to observe is one of the five aspects of mindfulness that can develop gradually through daily experiences, even without formal meditation practice. This is reinforced by research by Paucsik et al (2021), which shows that mothers' mindfulness significantly predicts reduced parental burnout, with self-compassion serving as the primary mediator in that relationship.

The most significant external factor identified in this study is the role of the husband. RA and TS demonstrate that simple questions such as "Is it safe today?" asked daily are examples of mindful inquiry that create space for the wife to engage in description the dimension of mindfulness that is most difficult to develop independently. In other words, the husband indirectly helps foster mindfulness habits in his wife. This finding expands our understanding of self-compassion and mindfulness from concepts related solely to the self to concepts that develop within mutually supportive human relationships (Syafei, 2021). This social support is reinforced by the research of Fikri et al (2023), which states that family support plays a crucial role in moderating a mother's emotional experiences after childbirth. This is further supported by Duncan & Bardacke (2010), who found that a partner's involvement in mindfulness practices during pregnancy and postpartum significantly improves maternal health and the quality of caregiving. Thus, mindfulness does not always have to begin with formal practices like meditation; rather, it can develop naturally through simple, loving interactions in daily life, making the process of self-compassion easier to integrate into family life.

From a parental perspective, R highlights the weight of a mother's role; although expressed indirectly, this serves as a form of social validation that reinforces the concept of common humanity. When parents acknowledge that raising children is indeed exhausting and requires cooperation, young mothers feel reassured that the difficulties they face are real and normal and do not mean they have failed as parents. Dwitya & Priyambodo (2020) explain that self-compassion grows within a supportive relational environment, not merely through one's own inner capacity. Recognition from parents is invaluable as it can reduce the feelings of shame and isolation often experienced by young

mothers. By feeling they are not alone in their struggles, mothers will find it easier to practice self-kindness and common humanity. These two elements are the main pillars of self-compassion. This finding is supported by Nguyen et al. (2023), who found that psychological support from close others significantly helps reduce burnout through the self-compassion pathway.

Overall, the findings of this study indicate that self-compassion and mindfulness in young mothers are not merely two related concepts but two complementary and mutually reinforcing psychological components within a single system involving the individual, the partner, and the family. Ratu & Tondok (2022) support these findings by stating that Mindful Self-Compassion programs successfully reduce psychological distress such as stress, anxiety, and emotional exhaustion. This underscores the importance of developing interventions that combine these two concepts for young mothers. The best approach is to involve partners and families in mindfulness and self-compassion programs, rather than focusing solely on the mothers themselves in isolation. This is because self-compassion and mindfulness in young mothers develop optimally when they receive continuous support from those closest to them.

Implication

These findings have significant implications for mental health counselors, family therapists, and maternal health practitioners in Indonesia. First, programs focused on the psychological well-being of young mothers should be designed to foster self-compassion and mindfulness simultaneously, rather than in stages. Second, these programs must actively involve husbands and extended family members as external supporters, particularly in encouraging the development of the descriptive aspect of mindfulness the aspect that is most difficult to cultivate on one's own. Third, cultural factors, including intergenerational expectations regarding mothers' resilience, must be explicitly addressed in interventions to create a safe environment for emotional expression. Fourth, the phenomenological method using NVivo 15 employed in this study provides a reusable model with a high degree of rigor for future qualitative research on mothers' psychological experiences in the Indonesian context.

Limitation

There are several limitations to this study that future researchers should consider. First, this study was conducted in a single subdistrict of Padang City; therefore, the generalizability of the findings to rural areas or different cultural contexts in West Sumatra requires further investigation. Second, the small sample size (5 key informants), while appropriate for phenomenological research, does not allow for broad generalizations. Third, the cross-sectional nature of data collection limits the ability to examine the development of self-compassion and mindfulness over time. Future research is advised to use a multi-site design, longitudinal follow-up, and include a more diverse demographic group to enrich the understanding of this phenomenon.

CONCLUSION

According to research, young mothers in Padang exhibit the strongest self-compassion in the aspect of self-kindness through flexible physical care, while emotional acceptance of failure is still developing. A sense of common humanity reduces feelings of loneliness by recognizing that difficult experiences are universal. Mindfulness varies among individuals depending on personality and a supportive environment. The mindfulness profile shows uneven development: observing tends to be weak, thus impacting physical health; describing is better with a supportive partner; acting with awareness is formed through routines; and accepting without judgment is achieved through contextual strategies. Overall, self-compassion and mindfulness dynamically reinforce each other, with support from husbands and families serving as key factors. Therefore, interventions must be designed comprehensively, involve the social system, and be tailored to the realities of child-rearing.

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