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Self-Compassion Level Contributes to Variations in Emotional Responses in Pregnant Women

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ABSTRACT

Background: self-Compassion pada individu dapat memberikan perlakuan yang baik pada dirinya sendiri serta mengakui atas kekurangan yang ia miliki sebagai sesuatu yang wajar karena semua manusia memiliki keterbatasan. Lebih lanjut, self-compassion ini merupakan akar dari kebahagiaan seseorang.

Purpose: this study aimed to examine the effect of self-compassion therapy on the emotional response of pregnant women at the KIA Clinic of Pekkabata Health Center.

Methods: a quasi-experimental design with a one-group pretest-posttest approach was used. The study involved 28 pregnant women who received self-compassion therapy. Emotional responses were measured using the Depression Anxiety Stress Scales (DASS-42) before and after the intervention. Data were analyzed using McNemar's test to determine the significance of changes in emotional responses.

Result : before the intervention, 53.6% of respondents were categorized as having moderate depression. After receiving self-compassion therapy, this percentage decreased, with 42.9% of respondents categorized as having mild depression. Statistical analysis showed a significant difference with a p-value of 0.001 ($p < 0.05$), indicating that self-compassion therapy had a positive impact on the emotional responses of the participants.

Conclusion: self-compassion therapy was effective in reducing the level of depression among pregnant women. This intervention is recommended to support maternal mental health and emotional well-being during pregnancy.

Keywords: *Self-compassion; Emotional Response; Pregnant Women.*



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BACKGROUND

Pregnancy is often described as a period of happiness for women, as it marks the beginning of motherhood. However, during this time, pregnant women may experience emotional fluctuations such as irritability, sadness, anxiety, and mood swings. These emotional changes can be influenced by both hormonal shifts and psychosocial stressors, including lack of familial support particularly from spouses (Oktiningrum, 2019)

Self-compassion, as defined by Neff, is the ability to treat oneself with kindness, to recognize one's own suffering as part of a shared human experience, and to maintain a balanced awareness of one's emotions. It has been associated with reduced levels of depression and increased emotional resilience (Chairunnisa & Fourianalistyawati, 2019). For pregnant women, who may encounter emotional vulnerability and psychological stress, self-compassion can serve as a protective factor, helping them regulate their emotions and reduce the risk of prenatal depression.

Contemporary societal expectations and cultural perceptions often contribute to emotional burdens during pregnancy. In some cases, pregnancy is seen as a familial obligation rather than a personal choice, which may foster feelings of inadequacy or isolation among expectant mothers (Al-Mutawtah et al., 2023). Such conditions are associated with increased vulnerability to depression and anxiety during pregnancy.

A preliminary survey at Pekkabata Health Center revealed that 75% of pregnant women reported low confidence about their pregnancy, and only 25% expressed self-assurance. These findings highlight the need for psychological interventions, such as self-compassion therapy, to support pregnant women's mental well-being.

This study investigates the potential contribution of self-compassion to variations in emotional responses among pregnant women and aims to demonstrate its effectiveness in alleviating depressive symptoms during pregnancy.

OBJECTIVE

This study aims to determine the effect of self-compassion therapy on the emotional responses of pregnant women, specifically in reducing levels of depression during pregnancy.

METHODS

This study employed a quasi-experimental design with a one-group pretest-posttest approach to evaluate the effectiveness of self-compassion therapy on the emotional response of pregnant women. The research was conducted at the Maternal and Child Health (KIA) Clinic, Pekkabata Health Center, Polewali Mandar Regency, in April 2024. A total of 28 pregnant women participated in the study. The inclusion criteria were: currently in the second or third trimester of pregnancy, aged above 18 years, and willing



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to undergo the self-compassion therapy sessions. Participants completed the Depression Anxiety Stress Scales (DASS-42) before and after the intervention.

Characteristics of Respondents

Table 1 shows that the majority of respondents were in their third trimester (57.1%).

Table 1. Distribution of Gestational Age

Gestational Age	Frequency	Percentage (%)
Trimester II	12	42,9
Trimester III	16	57,1

Table 2 illustrates that most respondents were between 20 and 35 years old (78.6%), which is considered a healthy reproductive age range.

Table 2. Maternal Age Distribution

Age Group	Frequency	Percentage (%)
< 20	1	3,6
20 - 35	22	78,6
> 36	5	17,9

Regarding educational attainment, Table 3 reveals that 42.9% of respondents had a higher education background.

Table 3. Education Level of Respondents

Age Group	Frequency	Percentage (%)
Primary School (SD)	4	14,3
Junior High School (SMP)	4	14,3
Senior High School (SMA)	8	28,6
Higher Education (PT)	12	42,9



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Table 4 presents the occupational status of respondents, with the majority (46.4%) being housewives.

Table 4. Occupational Status of Respondents

Occupation	Frequency	Percentage (%)
Housewife	13	46,4
Civil Servant	5	17,9
Private Employee	5	17,9
Entrepreneur	5	17,9

Intervention Procedure

Participants underwent structured self-compassion therapy, which included guided self-reflection, mindfulness practices, and self-kindness exercises. Each session was facilitated by trained health practitioners and tailored to address the psychological and emotional needs of pregnant women.

Emotional Response Assessment

Depression levels were measured using DASS-42 before and after therapy. Table 5 displays the pre-intervention depression levels, indicating that 53.6% of participants experienced moderate depression.

Table 5. Depression Level Before Therapy

Depression Level	Frequency	Percentage (%)
Normal	4	14,3
Mild	2	7,1
Moderate	15	53,6
Severe	6	21,4
Very Severe	1	3,6

After the intervention, Table 6 shows a shift toward lower depression severity, with 42.9% classified under mild depression and none in the severe or very severe categories.



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Table 6. Depression Level After Therapy

Depression Level	Frequency	Percentage (%)
Normal	5	17,9
Mild	12	42,9
Moderate	11	39,3
Severe	0	0,0
Very Severe	0	0,0

RESULTS

Maternal Characteristics

The majority of the participants were in their third trimester of pregnancy (57.1%), as shown in Table 1. This stage is commonly associated with heightened emotional changes due to physical and hormonal transitions nearing labor. Additionally, most respondents (78.6%) were within the reproductive health age range of 20–35 years (Table 2). This age group is generally considered more mature both physically and psychologically for childbearing.

Educational attainment (Table 3) indicates that 42.9% of respondents had completed higher education. Higher education is often linked with better health literacy and emotional awareness, which can influence emotional responses during pregnancy. Table 4 shows that 46.4% of the participants were housewives. This group may face increased emotional stress due to domestic responsibilities, often in isolation, and without structured social support.

Emotional Response Before Intervention

Before receiving self-compassion therapy, emotional assessments using the DASS-42 revealed that a substantial portion of respondents (53.6%) exhibited moderate levels of depression (Table 5). Other categories included severe (21.4%), mild (7.1%), and very severe depression (3.6%). Only 14.3% were classified as having normal emotional states. This result suggests that emotional instability during pregnancy is prevalent, particularly among those with limited social support or high self-expectations. Factors such as age, education, and occupation may contribute to this vulnerability.

Emotional Response After Intervention

Following the self-compassion therapy, there was a noticeable reduction in the severity of depression symptoms (Table 6). The proportion of respondents with moderate



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depression decreased to 39.3%, while those with mild depression increased significantly to 42.9%. Additionally, the number of respondents with normal emotional states increased to 17.9%, and no participants reported severe or very severe depression after the intervention. These changes indicate that self-compassion therapy positively impacted emotional regulation and depressive symptoms among pregnant women.

Statistical Analysis

Using McNemar's test, a statistically significant difference was found in the levels of depression before and after the intervention, with a p-value of 0.001 ($p < 0.05$). This finding supports the hypothesis that self-compassion therapy contributes to improved emotional responses during pregnancy

DISCUSSION

The findings of this study indicate that self-compassion therapy effectively reduces depressive symptoms in pregnant women. Prior to the intervention, over half of the participants exhibited moderate to severe levels of depression, a condition commonly associated with hormonal fluctuations, limited psychosocial support, and physical discomfort during pregnancy. After the therapy, a significant shift toward lower depression levels was observed, with no participants remaining in the severe or very severe categories.

These results align with previous research which suggests that self-compassion enhances emotional resilience by fostering acceptance, mindfulness, and self-kindness (Chairunnisa & Fourianalisyawati, 2019). Pregnant women, who often experience self-doubt, fear of childbirth, or societal pressure, may particularly benefit from interventions that strengthen emotional self-regulation.

The therapy's effectiveness may also be explained by its ability to reduce negative rumination, which is a known predictor of perinatal depression. By encouraging pregnant women to accept their emotional fluctuations as part of a shared human experience, self-compassion therapy mitigates feelings of isolation and inadequacy.

This study's findings are supported by Hong & Buntup, (2023), who reported higher rates of prenatal depression in Asian contexts due to cultural and familial pressures. Additionally, evidence by Jelacic et al., (2022) found that maternal distress and elevated cortisol levels during pregnancy are linked to adverse birth outcomes, including low birth weight and preterm delivery. Thus, addressing maternal mental health through preventive interventions like self-compassion therapy is vital for both maternal and fetal well-being.

Moreover, demographic factors such as education level and occupation were shown to influence emotional states. Participants with higher education were more likely to



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benefit from the therapy, possibly due to better cognitive engagement with the intervention. Meanwhile, housewives reported higher initial depression levels, potentially due to reduced social interaction or domestic workload stress. Although this study provides important insights, it is limited by the absence of a control group and the small sample size. Future studies should consider randomized controlled trials and longitudinal designs to assess the long-term effects of self-compassion on maternal mental health.

CONCLUSION

This study concludes that self-compassion therapy significantly reduces depressive symptoms among pregnant women. The intervention shifted emotional responses from moderate and severe depression toward milder or normal levels, demonstrating its therapeutic potential.

Self-compassion practices enable pregnant women to manage emotional fluctuations more effectively by promoting self-acceptance, reducing psychological distress, and enhancing emotional resilience. Given these outcomes, self-compassion therapy is recommended as a supportive psychological intervention to promote mental well-being during pregnancy.

Future research should explore broader applications of self-compassion interventions using randomized controlled trials and examine their long-term effects on maternal and neonatal outcomes.

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