pISSN 2540-7511, eISSN 2540-7546

THE ROLE OF SPIRITUAL MINDFULNESS THERAPY IN INCREASING SELF-ACCEPTANCE AMONG ADOLESCENT

Muhamad Jauhar[a], Ashri Maulida Rahmawati[b], Anny Rosiana Masitoh[c], Edita Pusparatri[d,*]
[a,b,c,d]Faculty of Health Sciences, Universitas Muhammadiyah Kudus
Jl. Ganesha Raya No. 1, Purwosari, Kec. Kota Kudus, Kabupaten Kudus, Jawa Tengah, Indonesia
*Corresponding author: editapusparatri@umkudus.ac.id

Article Info

DOI :
https://doi.org/10.26751/ijp.v10i1.3063

Article history:
Received 2025-02-19
Revised 2025-02-21
Accepted 2025-04-18

Keywords:
adolescent, self-acceptance, spiritual mindfulness

Abstract

An evaluation of spiritual therapies, such as mindfulness, for adolescent mental health is essential. Adolescence is a challenging period for self-adjustment and is particularly vulnerable to low self-acceptance, which often triggers various crises in today's educational environment. Spiritual mindfulness offers a simple, low-cost, and time-efficient approach that helps adolescents recognize problems without judgment. This study aimed to analyze the effect of spiritual mindfulness on self-acceptance in adolescents. A pre-experimental design with pre-test and post-test, along with a control group, was employed. The independent variable was spiritual mindfulness therapy, and the dependent variable was adolescents' self-acceptance. The research was conducted at a public high school in Kudus from February to July 2024, involving 26 respondents each in the intervention and control groups. Purposive sampling was used with inclusion criteria: active students aged 13–18 years, not undergoing other psychological therapy, and able to read, write, and communicate in Indonesian. The intervention consisted of six 30-minute sessions of spiritual mindfulness over two days. The Self-Acceptance Questionnaire served as the measurement instrument. Data were analyzed using paired t-tests and independent t-tests, as the data were normally distributed. The findings indicated that spiritual mindfulness therapy did not have a significant effect on adolescents' self-acceptance ($p = 0.332$; $p > 0.05$). It is concluded that mindfulness-based spiritual therapy did not significantly improve self-acceptance. Modifications in therapy delivery are recommended to enhance its effectiveness. Schools are encouraged to implement psychoeducational programs to promote awareness of the importance of self-acceptance among adolescents.

I. INTRODUCTION

Adolescence is a pivotal time for identity development and the onset of emotional illnesses. In addition to the fast physical changes that occur during adolescence, other risk factors that raise the likelihood of mental health disorders include peer pressure, stress related to school, and sexual exploration (Campbell et al., 2021). The rise of social media use also increases the risk of mental health disorders in adolescents (Valkenburg et al., 2021). Previous research has found that there are potential negative impacts of smartphone and social media use with increasing concerns about adolescent mental health, particularly in depression due to poor self-acceptance, anxiety, and suicide, especially among adolescent girls (Odgers & Jensen, 2020).

WHO (2024) reports that globally about 1 in 7 adolescents aged 10-19 years experience mental disorders, which accounts for 15% of the disease burden in this age group. Depression, anxiety, and behavioral disorders

pISSN 2540-7511, eISSN 2540-7546

are among the leading causes of illness and disability in adolescents. About half of all mental disorders start before the age of 18, and most cases go undetected or untreated (WHO, 2024). Depression and anxiety have adverse consequences on adolescent development, including lower educational attainment, school dropout, disrupted social relationships, and increased risk of substance abuse, mental health problems, and suicide (Keles et al., 2020). In addition to the problems of anxiety and depression, the results of previous studies mention that adolescents' self-acceptance in the digital era tends to be low, especially among adolescent girls related to the massive use of social media (Cipolletta et al., 2020).

Adolescence is a difficult phase of adjustment and is particularly sensitive to falls in self-confidence. Adolescents face a variety of unknown situations as the scope of life expands when leaving childhood. The challenges of growing up are complex, and adolescents have to deal with feelings of uncertainty (Pigeon et al., 2020). One of the determinants of mental health disorders such as low self-acceptance in adolescents is within the family context. In early adolescence, individuals develop two conflicting tendencies: independence and attachment to parents. (Wang et al., 2020). An adolescent's life at school also influences how self-acceptance and mental health are shaped. School routines are an important coping mechanism, especially for adolescents with mental health problems. (Kılınçel et al., 2021).

Prolonged mental health disorders can affect academic performance and clinical practice of adolescent students (Dwidiyanti, Munif, et al., 2021). Self-acceptance is needed for adolescents to increase the individual's ability to fully accept themselves both physically and psychologically, which has a positive impact on various aspects of adolescent life, including the ability to deal with social pressure and make decisions without fear or doubt (Umar et al., 2023). Previous research suggests that the goals adolescents have in relation to the school context are related to the ability of the school system to support them. While adolescents' personal goals are related to having good self-acceptance (Harpazi et al., 2020).

Through efforts to increase self-acceptance in adolescents, it can increase individual satisfaction, confidence, and happiness with themselves (Cheng, 2020). Effective interventions should be made possible through a comprehensive understanding of the origins of mental health problems in adolescents, including the age-related psychosocial processes that mediate their relationship with how individuals' self-acceptance and self-esteem are affected (Zhou et al., 2020). Based on previous research, treatment options for adolescents with mental health problems are limited for many reasons. Most of the existing evidence-based treatments are time-consuming, expensive, and require highly trained professionals (Osborn et al., 2020).

Spiritual mindfulness is one of the interventions that is easy to implement and can be done independently if the patient has been given assistance by a nurse so that it is more effective, time- and cost-efficient. Spiritual mindfulness can make a person aware of their problems, without judgment, and accept them with openness. Individuals can become more patient with the conditions experienced by the individual at that time to make an objective assessment and be more focused on solving the problems they face (Rahmawati et al., 2021). Previous research states that mindfulness is proven to have a significant effect in reducing adolescent anxiety (Newland & Battencourt, 2020). Mindfulness can improve individual psychological well-being, especially in the domain of self-acceptance (Septiana & Muhid, 2022). Spiritual mindfulness can stimulate changes in brain structures, especially the anterior cingulate cortex, insula, hippocampus, temporo-parietal intersection, and fronto-limbic network, which are associated with increased self-efficacy and self-regulation needed to regulate and control selection, feelings, and behavior (Dwidiyanti, Rahmawati, et al., 2021). There is a significant effect of mindfulness acceptance commitment on

pISSN 2540-7511, eISSN 2540-7546

resilience, self-confidence, and emotion regulation (Oguntuase & Sun, 2022).

Kudus Regency is a regency in Central Java, which is an industrial area that has its own demands on the people of Kudus to become a productive society. In 2024, the population of adolescents aged 11-20 years in Kudus District reached 137,324 people, which is larger than other age groups and covers around 15.6% of the total population of Kudus District of 877,821 people (Kudus District Government, 2024). Adolescent mental health is certainly in the spotlight because it is related to the ability of adolescent productivity in the future. Efforts to increase self-acceptance in adolescents can increase individual satisfaction, confidence, and happiness with themselves (Cheng, 2020).

Nursing as a holistic science demands seeing humans from all aspects of life that affect them. Not only seeing individuals from their biological side, but also from their psycho, social, and spiritual sides (Rahmawati et al., 2021). Through the Community Mental Health Nursing (CMHN) program, nurses are required to be able to provide promotive efforts to improve mental health in adolescents as one of the groups at risk. There are currently no studies that evaluate the direct impact of spiritual mindfulness interventions on reducing self-acceptance in adolescents, especially in the learning process. Based on the above explanation, the researcher is interested in examining the effect of spiritual mindfulness therapy on adolescent self-acceptance in Kudus District.

II. METHOD

The research design included a pre-experimental framework featuring both pre-test and post-test assessments with a control group. The independent variable is spiritual mindfulness therapy, while the dependent variable is adolescent self-acceptance. The research was conducted from February to July 2024 at one of the public high schools in Kudus. The population of this study was all students at a public high school in Kudus Regency. The sample calculation procedure for the hypothesis test of two paired populations was used to estimate the sample size for this investigation. The computation yielded a final sample size of at least 26 participants for each intervention and control group (Dharma, 2011) (Dundas et al., 2016) (S. I. Sastroasmoro, 2014). The sampling technique included purposive sampling, and the inclusion criteria included being enrolled in school full-time, between the ages of 13 and 18, free from other psychological treatments, and able to read, write, and communicate in Indonesian.

Self-acceptance was assessed using the Unconditional Self-Acceptance Questionnaire (USAQ), consisting of 20 statement items with answer choices from almost always not true, usually not true, more often not true, often true and not true, more often true, usually true, and almost always true with a validity value of 0.75-0.89 and reliability of 0.85 (Falkenstein & Haaga, 2013).

Researchers conducted back translation (translated into Indonesian, then translated back into English) and content validity by experts or mental health nursing experts on the English-language questionnaire. The researcher provided research information to potential respondents before the study. After the information was given, respondents filled out the consent form. The researcher provided intervention in the form of spiritual mindfulness therapy to the intervention group for six sessions in 2 days for 30 minutes per session. The researcher compiled a spiritual mindfulness therapy guidebook as a supporting medium for the intervention. The stages of the intervention are as follows: (Dwidiyanti, Munif, et al., 2021):

1. Session 1: A moment of awareness to change with istighfar
2. Session 2: Remembering health or sins that have been committed
3. Session 3: Feeling physical and qolbiah responses (body scan)
4. Session 4: Performing repentance with istighfar and praying
5. Session 5: Performing relaxation

pISSN 2540-7511, eISSN 2540-7546

6. Session 6: Performing termination (evaluation and positive reinforcement)

The control group received standard intervention from the school and a spiritual mindfulness therapy guidebook. Researchers assessed adolescents' self-acceptance in the intervention and control groups before (pretest) and after (post-test) the provision of spiritual mindfulness therapy. Data analysis used univariate and bivariate analysis. Univariate analysis is presented in frequency and proportion on the variables of gender, child, and parental occupation. Data is presented in the form of mean and standard deviation on the variables of age and self-confidence. A normality test was conducted using the Kolmogorov-Smirnov test because the number of respondents was 52 students for both groups (> 50 respondents). The normality test results showed that the variables self-acceptance (p = 0.122) were normally distributed because the p value >0.05. The homogeneity test was conducted on the adolescent characteristics variable using the Levene test with a p-value > 0.05. The data analysis uses the mean difference test of self-acceptance in the two groups before and after the intervention, namely the paired t-test, because the data is normally distributed. Whether or not spiritual mindfulness therapy affects self-acceptance is seen from the results of the independent t-test because the data is normally distributed. The limitations of the methodology used in this study are that randomization and blinding have not been carried out in selecting samples in both the intervention group and the control group. This research has passed the research ethics review from the Health Research Ethics Committee (KEPK) of Muhammadiyah Kudus University with number 74/Z-7/KEPK/UMKU/II/202.

III. RESULTS AND DISCUSSION

A. Characteristics of students

Table 1. Characteristics of students based on age, gender, child, and parents' occupation (n=52)

Characteristic	Intervention		Control		Intervention		Control	
	f	%	f	%	Mean	SD	Mean	SD
Age					16.58	0.902	17.5	0.648
Gender								
Male	8	30.8	12	46.2	-	-	-	-
Female	18	69.2	14	53.8	-	-	-	-
Birth Order								
1	12	46.2	15	57.7	-	-	-	-
2	9	34.6	6	23.1	-	-	-	-
3	0	0	3	11.5	-	-	-	-
4	2	7.7	2	7.7	-	-	-	-
5	1	3.8	0	0	-	-	-	-
6	1	3.8	0	0	-	-	-	-
9	1	3.8	0	0	-	-	-	-
Parent's Occupation								
Not working	1	3.8	3	11.5	-	-	-	-
Private employee	4	15.4	5	19.2	-	-	-	-
Self-employed	7	26.9	9	34.6	-	-	-	-
Trader	2	7.7	2	7.7	-	-	-	-
Laborer	11	42.3	4	15.4	-	-	-	-
Teacher/lecturer	0	0	1	4.8	-	-	-	-
Other	1	3.8	2	7.7	-	-	-	-
Total	26	100	26	100	-	-	-	-

pISSN 2540-7511, eISSN 2540-7546

Table 1 states that the mean age of students in the intervention group was 16.58 years with SD 0.902 and 17.5 years with SD 0.648 in the control group. Most of the students in the intervention group were female: 18 students (69.2%) and 14 students (53.8%) in the control group. Half of the students were the first child in both intervention groups, 12 students (46.2%) and 15 students (57.7%) in the control group. Half of the students' parents' occupations in the intervention group were laborers, with 11 students (42.3%), and self-employed, with 9 students (34.6%) in the control group.

Based on the results of the analysis on the age variable, which can be seen in table 1, the average age of students in the intervention group is 16 years and 17 years in the control group. This is in accordance with the results of the study that the average age of high school students is between 15 and 17 years old (Goyal et al., 2023). This age is the adolescent age group, which is between 10 years old and before 18 years old (Kemenkes RI, 2024). Adolescence is a critical period that involves transitions in all major domains of life (Goyal et al., 2023).

Based on the results of the analysis on the gender variable, which can be seen in table 1, most of the students in the intervention group were female, namely 18 students (69.2%) and 14 students (53.8%) in the control group. This is in accordance with previous research that mindfulness intervention participants were dominated by the female gender at 62%. Women tend to be more involved in mindfulness interventions than men. This was driven in part by the fact that females had slightly greater belief in the credibility of the intervention than male adolescents; female adolescents not only agreed to participate in the program but also exerted more effort to engage with the program once they were enrolled (Bluth et al., 2017).

Another possibility is due to developmental differences, as adolescent girls mature earlier than adolescent boys. Due to the stage of development, females may be more apt to see the possible long-term benefits of mindfulness programs, while going beyond the immediate future may be more challenging for adolescent males. This is supported by previous research that states that the rate of development of adolescent girls is faster, with a percentage of 3.653%, and the rate of development of adolescent boys obtained a percentage of 3.577% (Nurhasanah & Ningsih, 2023). Mindfulness itself is effective for both adolescent boys and adolescent girls, but the mechanism for change or temporal order of change may differ by gender (Bluth et al., 2017).

Based on the results of the analysis on the variable Child to or birth order, which can be seen in table 1, the majority of students are the first child both in the intervention group, namely 12 students (46.2%), and in the control group, namely 15 students (57.7%). Every child in the family is different and has different characteristics (Subroto et al., 2017). Birth order, such as being an only child or the first child to the last child, does not affect the adolescent self (Wardhana et al., 2024).

Based on the results of the analysis of parental employment variables that can be seen in table 1, the majority of parents' jobs in the intervention group are laborers, as many as 11 students (42.3%), and self-employed in the control group, as many as 9 students (34.6%). This study is similar to previous research, which states that most of the parents' jobs are manual labor in the intervention group and control group, and the results of the study state that there is an influence of parental employment on adolescent mental status, especially anxiety and depression (Rakhshani et al., 2022). Other research also suggests that adolescents face a range of potential risk factors that can affect their psychological well-being (Goyal et al., 2023).

B. Description of students' self-acceptance

Table 2. Description of students' self-acceptance in the intervention and control groups before and after the intervention (n=52)

Self-Acceptance	Mean	SD	95%CI
Intervention			
Pretest	78.04	6.756	75.31-80.77
Posttest	87.81	10.587	83.53-92.08
Control			

pISSN 2540-7511, eISSN 2540-7546

Self-Acceptance	Mean	SD	95%CI
Pretest	86.38	12.931	81.16-91.61
Posttest	86.35	13.057	81.07-91.62

Based on the results of the analysis of self-acceptance variables that can be seen in table 2, it shows that there is a significant increase in adolescent self-acceptance in the intervention group, namely before the intervention of 78.04 and after the intervention of 87.81. While self-acceptance in the control group at the beginning of the assessment amounted to 86.38, decreasing to 86.35 after two weeks of evaluation. This proves that spiritual mindfulness therapy can increase self-acceptance in adolescents.

Self-acceptance is defined as a positive attitude towards oneself as a whole, including past life experiences. Self-acceptance does not depend on the approval of others or personal achievements (Rodrigues et al., 2015). A person who has high unconditional self-acceptance tends to be more objective about their appearance and is more able to see themselves as other people in general or will not judge the shortcomings that exist within themselves and can accept what is within themselves (Fauzia & Listiyandini, 2018).

The results of this study are in line with previous research, which states that mindfulness contributes more to self-acceptance (Ma & Siu, 2020). There is a positive correlation between mindfulness and self-acceptance (Dewi, 2021). Similar research results show that mindfulness plays a significant role in explaining adolescent self-acceptance. Self-acceptance will make them more able to accept themselves as they are, including accepting the various conditions experienced by themselves; the non-judgmental aspect of mindfulness can help individuals to have an attitude of self-acceptance towards stressful thoughts and feelings (Fauzia & Listiyandini, 2018).

C. Differences in student self-acceptance

Table 3. Differences in student self-acceptance before and after intervention in the intervention and control groups

Self-Acceptance	Mean	SD	MD	*p* value
Intervention				
Pretest	78.04	6.756	8.87	0.04
Post-test	87.81	10.587		
Control				
Pretest	86.38	12.931	0.03	0.477
Post-test	86.35	13.057		

Based on the analysis in Table 3, there was a significant difference only in the intervention group, where there was an increase in adolescent self-acceptance, with an initial average of 78.04 that then increased to 87.81 after being given spiritual mindfulness intervention. Whereas in the control group there was no increase in the mean self-acceptance. There was a statistically significant difference in self-acceptance before and after the intervention in the intervention group with a value of p=0.04 (p<0.05). However, there was no statistically significant difference in self-acceptance before and after the intervention in the control group, with a value of p=0.477 (p>0.05).

This shows that spiritual mindfulness therapy can provide an increase in adolescent self-acceptance. This is supported by previous research stating that mindfulness can increase self-acceptance where it involves a higher awareness of internal states over time and connecting them to thoughts and emotions in a more controlled way as mental events rather than as accurate reflections of self and reality (Faustino et al., 2020).

The majority of empirical research has found positive relationships between mindfulness and positive emotions, emotional self-regulation, and life satisfaction, mediated by self-acceptance (Ma & Siu, 2020). Through efforts to increase self-acceptance in adolescents, it can increase individual satisfaction, confidence and happiness with themselves (Cheng, 2020). Self-confidence is very effective in

pISSN 2540-7511, eISSN 2540-7546

motivating people and can lead to changes in human behavior (Akbari & Sahibzada, 2020).

D. The effect of spiritual mindfulness therapy on students' self-acceptance

Table 4. The effect of spiritual mindfulness therapy on students' self-acceptance

Variable	Mean	SD	*p-value*
Self-Acceptance			
Intervention	87.81	10.587	0.332
Control	86.35	13.057	
Difference	1.46		

Based on the results of the analysis in Table 4, it was found that the self-acceptance improvement score was greater in the intervention group after being given spiritual mindfulness therapy when compared to the control group, with a difference of 1.46. Although there was still an increase in the data before and after the intervention, spiritual mindfulness was considered less significant in improving self-acceptance in adolescents (p=0.332). This result is supported by previous research, which states that interventions that monitor the focus of attention, which is one of the goals of mindfulness, may not be strong enough to predict negative feelings that will affect self-acceptance, whereas acceptance strongly predicts decreased psychological symptoms and increased well-being (Simione et al., 2021).

Mindfulness training and mindfulness meditation are associated with improved psychological well-being and are documented in the literature (Gál et al., 2021). However, other research suggests that there are several factors that can prevent individuals from being fully mindful and accepting of themselves. This is supported by previous research that individual and environmental factors are potentially responsible for variations in individuals' mindfulness experiences, as these factors can either encourage or inhibit such experiences (Shahbaz & Parker, 2022).

In addition, there are several things that make it difficult for adolescents to improve self-acceptance. Adolescence is associated with higher vulnerability, which can result in high dissatisfaction (Pollina-Pocallet et al., 2021). Adolescence is a period of rapid change, including physical changes. The emergence of other risk factors such as peer pressure, educational stress, and sexual exploration increases the risk of mental health disorders (Campbell et al., 2021). The limitations of this study are that randomization and blinding have not been carried out in selecting samples in both the intervention and control groups. Further research is expected to measure the effectiveness of mindfulness with a larger sample size and randomization and explore other therapies that can increase adolescent self-acceptance.

IV. CONCLUSION

There was a significant difference in self-acceptance scores before and after the intervention in the intervention group. However, spiritual mindfulness therapy did not have a significant effect on self-acceptance. Changes need to be made in the way spiritual mindfulness therapy is administered to adolescents to see a more noticeable improvement in self-acceptance. It is hoped that schools can develop psychoeducational programs aimed at introducing the importance of self-acceptance to adolescents. It is hoped that adolescents will actively participate in psychoeducation programs and self-development activities to deepen their understanding and improve their self-acceptance.

Educational institutions can develop and integrate psychoeducational programs on self-acceptance, self-awareness, and emotional management interactively in schools through discussions, workshops, and various interesting activities that involve active student participation. Further research is expected to measure the effectiveness of mindfulness with a larger sample size and randomization and explore other therapies that can increase adolescent self-acceptance.

pISSN 2540-7511, eISSN 2540-7546

V. ACKNOWLEDGMENTS

This research was conducted in 2023 with the support of the Muhammadiyah Research Grant Batch VII from the Research and Development Council of Muhammadiyah Central Leadership Universities. The researcher would like to thank SMA Negeri 2 Kudus for facilitating student data collection.

REFERENCE

Akbari, O., & Sahibzada, J. (2020). Students' Self-Confidence and Its Impacts on Their Learning Process. *American International Journal of Social Science Research*, *5*(1), 1–15. https://doi.org/10.46281/aijssr.v5i1.462

Bluth, K., Roberson, P. N. E., & Girdler, S. S. (2017). Adolescent Sex Differences in Response to a Mindfulness Intervention: A Call for Research. *Journal of Child and Family Studies*, *26*(7), 1900–1914. https://doi.org/10.1007/s10826-017-0696-6

Campbell, O. L. K., Bann, D., & Patalay, P. (2021). The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM - Population Health*, *13*(December 2020), 100742. https://doi.org/10.1016/j.ssmph.2021.100742

Cheng, X.-M. (2020). Excellence of Trainer and Psychological Wellbeing lead to higher performance: evidence from Chinese basketball player. *Journal of Sport Psychology*, *29*(4), 1–12.

Cipolletta, S., Malighetti, C., & Cenedese, C. (2020). *How Can Adolescents Benefit from the Use of Social Networks ? The iGeneration on Instagram*. *17*.

Dewi, M. I. A. C. (2021). *Hubungan Mindfulness Sufistik Dengan Penerimaan Diri Pada*.

Dharma, K. K. (2011). *Metodologi Penelitian Keperawatan*. Trans Info Media.

Dundas, I., Thorsheim, T., Hjeltnes, A., & Binder, P. E. (2016). Mindfulness Based Stress Reduction for Academic Evaluation Anxiety: A Naturalistic Longitudinal Study. *Journal of College Student Psychotherapy*, *30*(2), 114–131. https://doi.org/10.1080/87568225.2016.1140988

Dwidiyanti, M., Munif, B., Santoso, A., Rahmawati, A. M., & Prasetya, R. L. (2021). *DAHAGA : An Islamic spiritual mindfulness-based application to reduce depression among nursing students during the COVID-19 pandemic*. *7*(3), 219–226.

Dwidiyanti, M., Rahmawati, A. M., & Sawitri, D. R. (2021). The Effect of Islamic Spiritual Mindfulness on Self-Efficacy in Anger Management among Schizophrenic Patients. *Nurse Media Journal of Nursing*, *11*(3), 404–412. https://doi.org/10.14710/nmjn.v11i3.37401

Falkenstein, M. J., & Haaga, D. A. F. (2013). Measuring and Characterizing Unconditional Self-Acceptance. *The Strength of Self-Acceptance: Theory, Practice and Research*, 1–288. https://doi.org/10.1007/978-1-4614-6806-6

Faustino, B., Vasco, A. B., Silva, A. N., & Marques, T. (2020). Relationships between emotional schemas, mindfulness, self-compassion and unconditional self-acceptance on the regulation of psychological needs. *Res Psychother*, *23*(2), 145–156. https://doi.org/10.4081/ripppo.2020.442

Fauzia, R., & Listiyandini, R. A. (2018). The Role of Trait Mindfulness on Self-Acceptance in Adolescents with Divorced Parents and its Review in Islam. *Journal of YARSI University*, *November*, 152–163. http://digilib.yarsi.ac.id/id/eprint/6332

Gál, É., Ștefan, S., & Cristea, I. A. (2021). The efficacy of mindfulness meditation apps in enhancing users' well-being and mental health related outcomes: a meta-analysis of randomized controlled trials. *Journal of Affective Disorders*, *279*,

pISSN 2540-7511, eISSN 2540-7546

131–142. https://doi.org/10.1016/j.jad.2020.09.134

Goyal, P., Chandra, M., Rushi, & Choudhary, M. (2023). The Effect of Mindfulness Practice on Adolescents: A Pilot Study. *Journal of Indian Association for Child and Adolescent Mental Health*, *19*(2), 207–214. https://doi.org/10.1177/09731342231184628

Harpazi, S., Regev, D., Snir, S., & Raubach-Kaspy, R. (2020). Perceptions of Art Therapy in Adolescent Clients Treated Within the School System. *Frontiers in Psychology*, *11*(November). https://doi.org/10.3389/fpsyg.2020.518304

Keles, B., Mccrae, N., & Grealish, A. (2020). A systematic review : the influence of social media on depression , anxiety and psychological distress in adolescents. *International Journal of Adolescence and Youth*, *25*(1), 79–93. https://doi.org/10.1080/02673843.2019.1590851

Kemenkes RI. (2024). *Kelompok Usia Remaja 10-18 Tahun*.

Kılınçel, Ş., Kılınçel, O., Muratdağı, G., Aydın, A., & Usta, M. B. (2021). Factors affecting the anxiety levels of adolescents in home-quarantine during COVID-19 pandemic in Turkey. *Asia-Pacific Psychiatry*, *13*(2), 1–6. https://doi.org/10.1111/appy.12406

Kudus District Government. (2024). *Kudus District Local Government Implementation Report 2024*. http://dx.doi.org/10.1016/j.bpj.2015.06.056%0Ahttps://academic.oup.com/bioinformatics/article-abstract/34/13/2201/4852827%0Ainternal-pdf://semisupervised-3254828305/semisupervised.ppt%0Ahttp://dx.doi.org/10.1016/j.str.2013.02.005%0Ahttp://dx.doi.org/10.10

Ma, Y., & Siu, A. F. ying. (2020). Dispositional mindfulness and mental health in Hong Kong college students: The mediating roles of decentering and self-acceptance. *Australian Journal of Psychology*, *72*(2), 156–164. https://doi.org/10.1111/ajpy.12269

Nurhasanah, & Ningsih, A. D. (2023). Perkembangan Remaja Berdasarkan Gender. *Journal of Counseling and Education*, *4*(2), 35–41.

Odgers, C. L., & Jensen, M. R. (2020). *Annual Research Review : Adolescent mental health in the digital age : facts , fears , and future directions*. https://doi.org/10.1111/jcpp.13190

Oguntuase, S. B., & Sun, Y. (2022). Asian Journal of Sport and Exercise Psychology Effects of mindfulness training on resilience , self-confidence and emotion regulation of elite football players : The mediating role of locus of control. *Asian Journal of Sport and Exercise Psychology*, *2*(3), 198–205. https://doi.org/10.1016/j.ajsep.2022.08.003

Osborn, T. L., Wasil, A. R., Venturo-Conerly, K. E., Schleider, J. L., & Weisz, J. R. (2020). Group Intervention for Adolescent Anxiety and Depression: Outcomes of a Randomized Trial with Adolescents in Kenya. *Behavior Therapy*, *51*(4), 601–615. https://doi.org/10.1016/j.beth.2019.09.005

Pigeon, C., Rony, F., & Fort-talabard, A. (2020). *Designing a creative storytelling workshop to build self-confidence and trust among adolescents*. *38*(January). https://doi.org/10.1016/j.tsc.2020.100704

Pollina-Pocallet, M., Artigues-Barberà, E., Tort-Nasarre, G., Sol, J., Azlor, L., Foguet-Boreu, Q., & Ortega-Bravo, M. (2021). Self-perception and self-acceptance are related to unhealthy weight control behaviors in Catalan adolescents: A cross-sectional study. *International Journal of Environmental Research and Public Health*, *18*(9), 1–13. https://doi.org/10.3390/ijerph18094976

pISSN 2540-7511, eISSN 2540-7546

Rahmawati, A. M., Jauhar, M., & Suwandi, E. W. (2021). Mindfulness Intervention Improves Psychological Wellbeing in the Covid-19 Pandemic Crisis: Literature Review. *Indonesia Journal of Nursing*, *6*(2), 30. https://doi.org/10.26751/ijp.v6i2.1314

Rakhshani, T., Hamid, S., Kamyab, A., Kashfi, S. M., & Khani Jeihooni, A. (2022). The effect of parenting style on anxiety and depression in adolescent girls aged 12–16 years. *Heliyon*, *8*(11). https://doi.org/10.1016/j.heliyon.2022.e11478

Rodrigues, M. A., Xu, W., Wang, X., & Liu, X. (2015). Self-Acceptance Mediates the Relationship Between Mindfulness and Perceived Stress. *Psychological Reports: Mental & Physical Health*, 513–522. https://doi.org/DOI 10.2466/07.PR0.116k19w4

S. I. Sastroasmoro. (2014). *Dasar - Dasar Metodologi Penelitian* (5th ed.). Sagung Seto.

Shahbaz, W., & Parker, J. (2022). Workplace mindfulness: An integrative review of antecedents, mediators, and moderators. *Human Resource Management Review*, *32*(3), 100849. https://doi.org/10.1016/j.hrmr.2021.100849

Simione, L., Raffone, A., & Mirolli, M. (2021). Acceptance, and Not Its Interaction with Attention Monitoring, Increases Psychological Well-Being: Testing the Monitor and Acceptance Theory of Mindfulness. *Mindfulness*, *12*(6), 1398–1411. https://doi.org/10.1007/s12671-021-01607-7

Subroto, U., P.Satiadarma, M., & Wati, L. (2017). Pengaruh Urutan Kelahiran pada Kecemasan Mahasiswa Sekolah Tinggi Ilmu Komunikasi X Jakarta. *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni*, *1*(1), 311. https://doi.org/10.24912/jmishumsen.v1i1.371

Umar, G., Taibe, P., & Gismin, S. S. (2023). Overview of Self-Acceptance in Adolescents in Makassar City. *Journal of Character Psychology*, *3*(2), 457–463. https://doi.org/10.56326/jpk.v3i2.2524

Valkenburg, P. M., Meier, A., & Beyens, I. (2021). Social Media Use and its Impact on Adolescent Mental Health: An Umbrella Review of the Evidence Patti. *Current Opinion in Psychology*. https://doi.org/10.1016/j.copsyc.2021.08.017

Wang, Y., Tian, L., Guo, L., & Huebner, E. S. (2020). Journal of Applied Developmental Psychology Family dysfunction and Adolescents ' anxiety and depression : A multiple mediation model. *Journal of Applied Developmental Psychology*, *66*(September 2018), 101090. https://doi.org/10.1016/j.appdev.2019.101090

Wardhana, N. R. S., Hudaniah, & Sakinah Nur Rokhmah. (2024). Hubungan kepercayaan diri dengan kecemasan sosial pada remaja. *Cognicia*, *12*(1), 25–30. https://doi.org/10.22219/cognicia.v12i1.30456

WHO. (2024). *Mental health of adolescents*. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Zhou, J., Li, X., Tian, L., & Huebner, E. S. (2020). Longitudinal association between low self-esteem and depression in early adolescents: The role of rejection sensitivity and loneliness. *Psychology and Psychotherapy: Theory, Research and Practice*, *93*(1), 54–71. https://doi.org/10.1111/papt.12207