

Self-Compassion Training (Mirror Talk) to Reduce Homesickness in Out-of-Province Students Studying in South Sulawesi

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Abstract

Homesickness refers to the longing to go home, which is one of the problems faced by students who are away from home because they are too long tied to their families and the surrounding environment, especially for those who have just adapted. This study aims to determine the effect of providing Self Compassion Training (Mirror Talk) to Reduce Homesickness in Students from Outside South Sulawesi Province. Participants in this study were 12 students from outside South Sulawesi Province who experienced high levels of homesickness. This study used a quantitative experimental form with a quasi-design without a control group using follow-up. Data collection was carried out using a homesickness scale and then conducting self-compassion training (mirror talk) by adapting the self-compassion module (mirror talk). Data analysis was carried out using a descriptive test method. Furthermore, an assumption test was carried out which included a normality test and a homogeneity test. The hypothesis was tested using a paired sample t-test and Anova. The results of the study showed that there was an effect of self-compassion mirror talk training to reduce feelings of homesickness in students from outside South Sulawesi Province. The measurement results obtained showed that there was a decrease in the level of homesickness after the provision of mirror talk training.

Keywords: *Homesickness, Self-Compassion, Mirror Talk.*



A. INTRODUCTION

University students are individuals in the late adolescence stage transitioning into early adulthood. They are in a transitional period from high school to university, typically between the ages of 18 and 25 (Istanto & Engry, 2019). University students are also defined as individuals who are in the process of learning or undergoing education at an academic institution (Sitanggang, 2023). Those who choose to pursue their studies in a new and distant environment from their home are referred to as migrant students (Istanto & Engry, 2019). These students begin to leave their parents and familiar environments to continue their education at a higher level (Sitanggang, 2023).

Migrant students inevitably face various challenges related to their environment and academic activities. Being far from home can result in a shift from familiar habits, leading to problems in their daily lives (Nasir, 2011). Individuals often face issues that affect their well-being, including the need for adjustment. Research conducted by Mariska (2018) shows that the ability to adapt significantly influences the phenomenon of homesickness among migrant students. These students frequently experience issues such as loneliness, which aligns with research by Halim and Dariyo

(2016), indicating that loneliness negatively correlates with psychological well-being. One of the most common problems faced by migrant students is homesickness.

The term homesickness refers to a longing for home and is a common issue faced by migrant students due to prolonged separation from family and their familiar environment (Prasetio, Sirait, & Hanafitri, 2020). Individuals experiencing homesickness tend to constantly think about their previous living environment and often wish to leave their new surroundings (Terry, Leary, & Mehta, 2013). Other challenges include lack of motivation, a decreased desire to continue education, and the emergence of negative conditions such as stress (Mariska, 2018). The most severe consequences migrant students may face include dropping out of school, sleep disturbances, loss of appetite, malnutrition, and other health problems (Terry, Leary, & Mehta, 2013).

A study by Scopelliti and Tiberio (Nisa, Santi, & Ananta, 2023) found that 74% of students in Rome experienced homesickness. Meanwhile, Guinagh's study (Nisa, Santi, & Ananta, 2023) revealed that out of 304 students surveyed, around 68% of first-year and second-year students felt homesick, with 41% of them experiencing it for the first time. Another study by Fisher (Nisa, Santi, & Ananta, 2023) disclosed that 50% to 75% of the student population had experienced homesickness, with 10% to 15% of them experiencing it persistently, while others showed a reduction in symptoms.

Research by Nejad, Pak, and Zarghar (Yasmin, Zulkarnain, & Daulay, 2017) indicates that students who move far from home tend to feel the urge to return due to the long distance, which causes stress, anxiety, and loneliness. A study by Nusi, Murdiana, and Siswanti (2022) found that most migrant students who relocated to Makassar expressed a strong desire to return to their families. Similarly, research by Istanto and Engry (2019) found that students at Widya Mandala Catholic University, especially those from outside Java, frequently felt the urge to return home. This was due to a lack of social support and personality factors, such as fear of separation from caregivers, which made students more vulnerable to homesickness.

Initial data collection showed that most respondents experienced intense longing for home, loneliness, panic, anxiety, and regret for being away for too long. Nejad, Pak, and Zarghar (Yasmin, Zulkarnain, & Daulay, 2017) stated that students experiencing homesickness tend to have negative thoughts, constantly want to return home due to the distance, and suffer from stress, anxiety, and loneliness.

Additionally, interviews revealed that respondents came from outside South Sulawesi Province, such as Kendari and Jayapura. They admitted to experiencing homesickness due to the long distance from their previous environment and the fact that they were living alone without close family members. This aligns with findings from Istanto and Engry (2019), who noted that migrant students feeling lonely and isolated due to the great distance from their hometowns are more prone to homesickness. Based on the explanation above, it is evident that the respondents are experiencing homesickness. Initial data indicates that many respondents dwell in sadness and isolation when missing home, making it difficult for them to interact or perform daily activities in their new environment.

Self-compassion is a mindful and kind attitude toward oneself in the face of life's challenges and involves recognizing that negative experiences are a part of the shared human condition (Neff, 2003).

There are three components of self-compassion, including: self-kindness (being kind to oneself) vs. self-judgment (being self-critical), common humanity (recognizing one's experiences as part of the shared human condition) vs. isolation (feeling as though one's problems are unique and only experienced by oneself), and mindfulness (being aware and present) vs. over-identification (dwelling on negative experiences and shutting oneself off emotionally) (Sugianto, Suwartono, & Sutanto, 2020). Based on this explanation, it can be seen that the respondents tend to have low levels of self-compassion, as they are more likely to think negatively about their problems, become consumed by sadness, and isolate themselves when feeling homesick. Therefore, enhancing self-compassion is essential to reduce homesickness in individuals.

Research conducted by Terry, Leary, and Mehta (2013) found that students with higher levels of self-compassion are more focused, feel less homesick, and are more satisfied with their activities while living away from home. In contrast, students with low self-compassion are more likely to want to return home and feel dissatisfied with their academic activities.

From this, we can see that self-compassion can help reduce the negative impact of homesickness experienced by migrant students. By cultivating a healthy level of self-compassion, students can reduce their longing to return to their hometown while living away. Research by Safira (2024) also indicates that the higher a student's level of self-compassion, the lower their level of homesickness and vice versa. If homesickness is not addressed, it can lead to negative outcomes such as loneliness, social isolation, depression, memory disorders, weakened immune systems, and even diabetes (Prasetio, Sirait, & Hanafitri, 2020). Thus, it is important for individuals to manage homesickness to avoid long-term adverse effects. One effective way to minimize the desire to return home is by developing self-compassion, as it can help individuals cope with negative feelings during difficult times (Firdaus, 2022).

The self-compassion approach can help individuals regulate the urge to return home (Neff, 2003). Self-compassion is a mindset characterized by thoughtfulness, kindness, and care toward oneself when facing life challenges, while recognizing that negative experiences are part of the human journey (Neff, 2003). Self-compassion offers many benefits for individual well-being, such as being a key source of happiness and personal growth, helping individuals find meaning in life beyond just seeking pleasure, and is associated with life satisfaction, optimism, gratitude, positive emotions, and curiosity (Neff & Knox, 2017). Self-compassion can reduce anxiety, depression, and stress by preventing individuals from becoming trapped in excessive negative thoughts (Neff & Knox, 2017).

Self-compassion training conducted by Pradana, Lukman, and Firdaus (2023) showed that providing self-compassion training was effective in reducing stress levels among final-year students in the Faculty of Psychology at Universitas Negeri Makassar. Similarly, training conducted by Amita, Siregar, and Listyani (2024) found

that self-compassion training was effective in reducing self-criticism among students, and the study also provided greater insight into how self-compassion can be applied in daily life.

One method of self-compassion training that can help reduce homesickness is mirror talk. This technique aims to help individuals transform negative feelings into positive ones (Rasyid, Saputri, Larasati, & Tanjung, 2018). A study by Rizki, Oktaviani, Billah, and Giska (2023) on mirror talk training as a method to improve self-compassion among students showed that both mirror talk and psychoeducation were effective in increasing self-compassion. Furthermore, research by Rasyid, Saputri, Larasati, and Tanjung (2018) also found that mirror talk training successfully increased self-compassion among female students at Mulawarman University. These findings demonstrate that mirror talk can be an effective method for enhancing an individual's self-compassion.

B. METHOD

This study used a quantitative approach, employing an experimental method with a quasi-experimental design without a control group, specifically using a one-group pre-test post-test design. A quasi-experimental design is a type of research that selects subjects or participants based on specific criteria, meaning the selection is non-random (Ruhansih, 2017). This study used an experimental group without a control group, with pre-test, post-test, and follow-up measurements to examine the effects before and after the intervention. These assessments were completed by the participants.

The participants in this study were 12 migrant students from outside South Sulawesi Province who were experiencing homesickness, measured using a homesickness scale adapted from Nusi (2021). According to Nusi's (2021) categorization, participants with scores above 45 were classified as having high levels of homesickness, while those with scores below 45 were categorized as having low levels of homesickness. The researcher also adapted a self-compassion training module developed by Ramadani and Murdiana (2023), and conducted both expert validation and a readability test involving 10 migrant students.

The intervention was conducted over five sessions. The first session served as an introduction, during which the researcher built rapport with participants, explained the training agreement, and introduced the facilitator. In the second session, the facilitator explained the concept of self-compassion, its benefits, and provided an overview of mirror talk and homesickness. The third session focused on relaxation techniques to help participants feel more at ease, primarily through guided breathing exercises. The fourth session involved practicing mirror talk to enhance self-appreciation, self-acceptance, and self-love, enabling participants to manage negative thoughts and emotions. In this session, participants also completed the post-test, a manipulation check form, and a role-play reflection form via Google Form, along with instructions for an independent homework activity. The fifth and final session involved giving feedback, evaluating the overall activity, conducting a follow-up, and

officially closing the intervention. The study applied two types of hypothesis testing, namely the paired sample t-test and ANOVA, to examine whether there were significant differences between participants' responses before and after the training.

C. RESULT AND DISCUSSION

Participants involved in this study were students from outside the province of South Sulawesi who experienced high homesickness as seen based on the Nusi (2021) homesickness scale, totaling 12 people.

Table 1. Description of Participants

Initial	Age	Gender	Hometown	University
AAW	21	Female	Sentani	UNM
AIN	22	Female	Kalimantan	UNM
ANR	21	Female	Luwuk	UNM
FNH	22	Female	Kendari	UMI
ARA	21	Female	Palu	UNM
AAKD	21	Female	Kendari	UNM
AAT	21	Female	Kolaka	UNM
FHA	22	Female	Papua	UNM
ADD	21	Female	Pontianak	UNHAS
AIS	21	Female	Palu	UNM
R	19	Female	Merauke	UNM
AMA	21	Female	Kendari	UNM

Based on the data in the table above, one participant was 19 years old, six participants were 21 years old, and five participants were 22 years old, making the total number of participants in this study 12. The table also shows that 100% of the participants were female. The participants came from nine different cities outside the province of South Sulawesi, including: one participant from Jayapura, three from Kendari, one from Kolaka, one from Luwuk, one from Merauke, one from Kalimantan, two from Palu, one from Pontianak, and one from Sentani. The 12 participants were enrolled at three different universities: ten participants were from Universitas Negeri Makassar (UNM), one from Universitas Hasanuddin (UNHAS), and one from Universitas Muslim Indonesia (UMI). The level of homesickness among the participants was measured using the Homesickness Scale by Nusi (2021) through a pre-test, post-test, and follow-up. The following is a description of the participants based on their scores on the homesickness scale.

Table 2. Description of Participants' Pre-test and Post-test Scores Overall

Initial	Age	Hometown	Pre-Test	Post-Test 1	Post-Test 2
AAW	21	Sarmi	70	36	20
AIN	22	Nunukan	71	46	31
ANR	21	Luwuk	62	62	25
FNH	22	Kendari	58	46	32

ARA	21	Palu	72	59	16
AAKD	21	Kendari	63	43	28
AAT	21	Kolaka	62	42	32
FHA	22	Papua	55	52	21
ADD	21	Pontianak	61	49	32
AIS	21	Palu	64	42	20
R	19	Merauke	64	50	22
AMA	21	Kendari	90	56	39

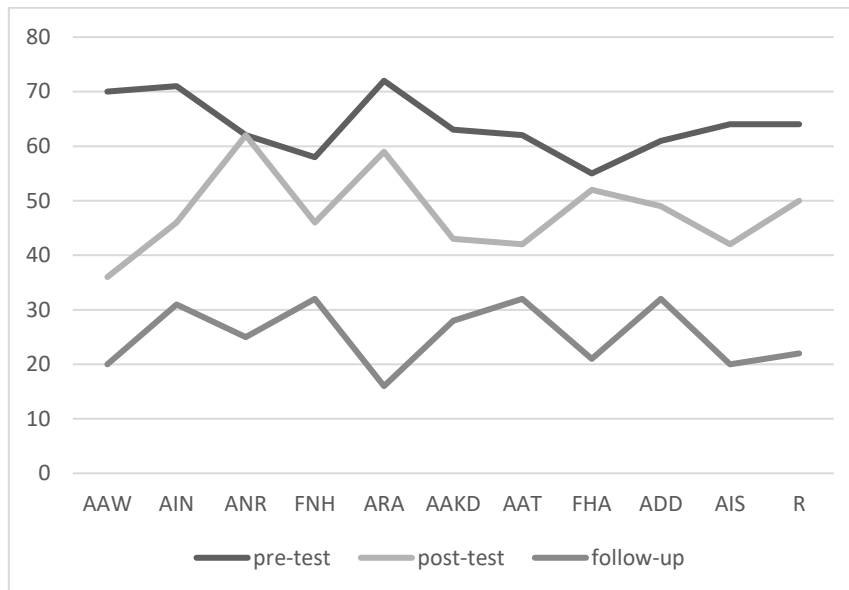


Figure 1. Graph of Overall Participants' Pre-test and Post-test Scores

Based on the data in the table above, it was found that all 12 participants had high levels of homesickness (scores > 45) before receiving the mirror talk training. After the intervention, 4 participants showed a decrease in homesickness to low levels (scores < 45), while the remaining 8 participants were still categorized as having high levels of homesickness. After completing a 7-day independent activity, the participants were reassessed using the homesickness scale, and it was found that all 12 participants had reached low levels of homesickness (scores < 45).

Table 3. Homesickness Scale Categorization

Interval	Categorization
$45 \leq X$	High
$X < 45$	Low

According to the categorization developed by Nusi (2021), there are two levels of homesickness. Participants with a score above 45 are classified as having high homesickness, while those with scores below 45 fall into the low category.

The hypothesis test in this study used the paired sample t-test to examine the significant differences before and after the intervention.

Table 4. Hypothesis Test: Pre-test and Post-test 1

	Mean	Std. Deviation	Sig. (2-tailed)
Pre-test and post-test 1	17.417	14.248	0.001

The result of the hypothesis test between pre-test and post-test 1, conducted on the first day after the training (April 12, 2025), shows that the sig. (2-tailed) value is 0.001, which is less than 0.05, indicating a significant difference.

Table 5. Hypothesis Test: Pre-test and Post-test 2

	Mean	Std. Deviation	Sig. (2-tailed)
Pre-test dan post-test 2	39.500	7.857	0.000

The hypothesis test result for pre-test and post-test 2, also conducted after the intervention on April 12, 2025, shows a sig. (2-tailed) value of 0.000, which is less than 0.05, thus confirming a significant difference.

Table 6. Comparison of Pre-test, Post-test, and Follow-up

	Label	Sig.
<i>Pre-test</i>	<i>Post-test 1</i>	0.000
	<i>Post-test 2</i>	0.000
<i>Post-test 1</i>	<i>Pre-test</i>	0.000
	<i>Post-test 2</i>	0.000
<i>Post-test 2</i>	<i>Pre-test</i>	0.000
	<i>Post-test 1</i>	0.000

Based on the table above, a one-way ANOVA was used to compare the three datasets. The overall significance value was 0.000, which is less than 0.05, indicating that there was a significant difference between the pre-test, post-test, and follow-up scores.

Based on the research results, all 12 participants had high homesickness scores on the pre-test. After receiving the mirror talk training and completing the first post-test, 4 participants showed a decrease in homesickness to the low category, while the remaining 8 participants were still classified as having high homesickness. After completing a 7-day independent activity, a second post-test was administered to evaluate the impact of the activity. The results showed that all 12 participants had moved into the low homesickness category.

From the overall pre-test and post-test 1 scores, two participants showed no change: participant ANR maintained the same score of 62 for both pre- and post-test, and participant FHA only showed a slight decrease from 55 to 52. Based on reflections collected during the independent activity over the seven days, it was found that on the first day, both participants felt uncomfortable or reluctant to express gratitude and apologies to themselves for what they had experienced, which caused them to be less focused during the training. On the second day, they still struggled to fully engage in mirror talk and found it difficult to offer themselves affirmations or forgiveness. This discomfort can be linked to a defense mechanism, specifically reaction formation,

where individuals display behavior that is the opposite of what they actually feel. It can also be associated with denial, where the individual rejects the reality of their emotions (Dachrud & Soleman, 2023). This often occurs when there is a conflict between the individual's emotional needs and the self-image they try to maintain. By the third to seventh day, the participants had begun to focus and were able to accept their emotions, and courageously express forgiveness and gratitude toward themselves for what they had gone through.

When participants were in the high homesickness category, they reported feeling deeply sad from missing home and family, ungrateful for their current situation, anxious about the future, and generally dissatisfied with themselves. After experiencing a reduction in homesickness, participants became more relaxed and realized that being compassionate to themselves helped them find peace and motivation while living away from home. They also expressed a greater sense of gratitude, self-appreciation, and thankfulness for being able to cope with the challenges they faced, especially during moments of homesickness.

The training was conducted in three sessions. The first session introduced the concept of self-compassion, including its benefits, its core components, an explanation of mirror talk, and education on homesickness. The second session involved relaxation exercises aimed at increasing comfort through proper breathing techniques, helping participants feel more at ease and ready for mirror talk. The final session was the mirror talk activity itself, which aimed to enhance self-appreciation, self-acceptance, and self-love, thereby reducing the negative thoughts and emotions triggered by intense feelings of longing for home and family. This study shows that mirror talk training can effectively increase individuals' self-compassion, thus reducing homesickness. Mahoney (1991) (as cited in Rasyid, Saputri, Larasati, & Tanjung, 2018) described mirror talk as a technique where individuals look at themselves in the mirror and spontaneously describe their experiences, with the goal of enhancing self-exploration and facilitating an internal dialogue. A study by Rizki, Oktaviani, Billah, and Giska (2023) found that both mirror talk training and psychoeducation were effective in improving self-compassion among university students. Similarly, a study by Rasyid, Saputri, Larasati, and Tanjung (2018) demonstrated that mirror talk training significantly improved self-compassion among female students at Mulawarman University. Research by Safira (2024) also supports this, indicating that the higher a student's self-compassion, the lower their level of homesickness, and vice versa. These findings, along with prior theories and studies, strengthen the conclusion that mirror talk training is effective in reducing homesickness among students from outside South Sulawesi Province. Therefore, the study concludes that the alternative hypothesis (H_a) is accepted and the null hypothesis (H_0) is rejected. It can be concluded that mirror talk self-compassion training has a significant effect in reducing homesickness among university students from outside South Sulawesi.

D. CONCLUSION

Based on the research findings, it can be concluded that mirror talk self-compassion training has a significant effect in reducing homesickness among university students from outside South Sulawesi Province. The results of the measurement indicate a decrease in the level of homesickness following the implementation of mirror talk training. During the course of the research, several obstacles were encountered. For instance, on the first day of training, the session was scheduled to begin at 10:30 AM local time. However, due to the late arrival of some participants, others had to wait up to 30 minutes before the session could begin. Another limitation of this study lies in the small number of participants, which restricted the depth of analysis regarding the factors contributing to homesickness. Additionally, the study lacked specific criteria concerning the duration of time participants had already spent living away from home. All participants in this study were female, which meant that gender-based comparisons regarding homesickness levels could not be made.

Suggestions for future research: For psychology researchers, this study can serve as a foundation for considering mirror talk training as an additional intervention to address homesickness. For students experiencing homesickness, mirror talk training can be used as a self-help strategy to cope with the emotional difficulties of being far from home. For participants in this study, it is hoped that when they experience homesickness in the future, they can reapply this training to help overcome the issue. For future researchers, it is recommended to increase the number of participants to enrich the data, and to balance the gender distribution among participants so that researchers can better analyze any differences in homesickness experiences between male and female students.

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