



Self-compassion, Resilience, Fear of COVID-19, Psychological Distress, and Psychological Well-being among Turkish Adults

Osman Hatun¹ · Tuğba Türk Kurtça²

Accepted: 27 January 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

Abstract

During the COVID-19 pandemic, it is important to examine the variables that may affect the psychological distress and psychological well-being of individuals. This study aims to investigate the mediating effects of psychological resilience, fear of COVID-19, and psychological distress on the relationship between self-compassion and psychological well-being among Turkish adults. The participants of this study were chosen through the convenience sampling method. Participants consist of 617 Turkish adults, 461 (74.7%) females and 156 (25.3%) males. The participants' ages vary between 18 and 24 ($M_{age} = 30.44$, $SD = 11.45$). The relations between variables were examined by bootstrapping procedure. The results showed that self-compassion, resilience, fear of COVID-19, psychological distress, and psychological well-being are significantly inter-correlated. Self-compassion significantly predicts psychological well-being through the mediating factors of resilience, fear of COVID-19, and psychological distress. It was also found that psychological distress is a mediating factor for the relationship between fear of COVID-19, resilience, and psychological well-being. The indirect effects of self-compassion on psychological well-being through mediating variables were found to be significant. Based on the findings, it can be said that self-compassion decreases individuals' psychological distress and increases their well-being by increasing their resilience. Consequently, psychoeducational programs designed to increase self-compassion and resilience can be vital to support individuals' mental health. In light of the literature, the results, implications, and limitations were discussed.

Keywords Self-compassion · Resilience · Fear of COVID-19 · Psychological distress · Psychological well-being

Introduction

Infectious diseases have been with humans since the dawn of time, and they have had a significant impact on humanity's history and evolution. In this century, infectious diseases, like COVID-19, continue to pose a serious threat to human life (Froes, 2020). Coronavirus, which first emerged in Wuhan, China towards the end of 2019, rapidly spread throughout the world. The World Health Organization (WHO) declared a Public Health Emergency of International Concern (PHEIC) on October 30, 2020 (WHO, 2020).

Governments advised citizens to stay at home, wear a mask and obey the rules of social distancing and hygiene to prevent the virus from spreading. For all that, the disease continued to spread for reasons like people's carelessness and disobedience to the rules.

Because high infection rates and relatively high mortality rates naturally make people feel concerned about COVID-19, people fear getting into contact with those who were infected with COVID-19 (Lin, 2020). Studies show that the fear of COVID-19 might increase people's liability to the effects of the disease (Guan et al., 2020; Huang et al., 2020). The emergence of COVID-19 and the nature of the pandemic also increase fears that emerge in some other situations (Lin, 2020). Therefore, COVID-19 is a risk factor for the psychological well-being of individuals.

Psychological Well-being

WHO (2004) defines subjective well-being as the recognition of one's skills, coping with general life stress, working

✉ Osman Hatun
osmanhatun@sinop.edu.tr

Tuğba Türk Kurtça
tugbatürk@trakya.edu.tr

¹ Department of Psychological Counseling and Guidance, Sinop University, Sinop, Turkey

² Department of Psychological Counseling and Guidance, Trakya University, Edirne, Turkey

effectively and productively, contributing to society, and forming satisfactory relationships with others. While well-being is described as a combination of feeling well and functioning effectively, it also includes dealing with negative emotions, which are a part of life. Diener (1984) states that subjective well-being consists of life satisfaction, and positive and negative affect (Diener, 2006). However, psychological well-being should be evaluated not with objective criteria, but with an individual's subjective judgments (Diener, 1984). At this point, individuals' past emotional experiences, emotional memories, goals, values, and standards for comparison come to prominence (Biswas-Diener et al., 2004). Kafka and Kozma (2002) point to the cognitive factors and state that individuals' satisfaction will increase when they make progress in an environment they choose. According to Ryff (1989), psychological well-being includes autonomy, mastery over the environment, forming positive relationships, having a purpose in life, personal growth, and self-acceptance. Keyes (1998) argues that the social dimension should be added to this list. Seligman (2011) mentions a multidimensional structure and states that psychological well-being includes positive emotions, attachment, positive relations, meaning, and accomplishment. Beyond multidimensional structure, psychological well-being encompasses more than not having pathology. In brief, psychological well-being can be characterized as "an umbrella term for the different valuations people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live" (Diener, 2006: 400). In the literature, self-compassion is seen as one of the predictors of psychological well-being (Neff, 2003b; Neff et al., 2007).

Self-compassion

Self-compassion includes self-kindness, common humanity, and mindfulness. Self-kindness indicates being kind to oneself; common humanity means that a person sees his/her distress as common to all humans; mindfulness indicates being attentively aware of the distress (Neff, 2003a, b). Individuals feel positive about themselves thanks to self-compassion, even when life becomes stressful (Leary et al., 2007). Especially during the COVID-19 pandemic, it might be helpful to know that s/he is not the only person suffering and the distress is common to all.

Self-compassion ensures learning from failure, provides motivation and self-mastery. Thus, in the face of adversity, people gain skills like increased autonomy, increased self-care, being compassionate towards others, relatedness, and action in the world (Reyes, 2012). Accepting personal

failures motivates people to improve themselves (Breines & Chen, 2012).

Resilience, Fear of COVID-19, and Psychological Distress

Fear of COVID-19 increases the level of stress, anxiety, and depression (Ames-Guerrero et al., 2020; Satici et al., 2021). It is found that positive psychological dynamics like self-compassion and resilience act as important preventive factors for negative consequences of traumatic experiences (Neff & McGehee, 2010; Neff et al., 2007; Raes, 2010). Resilience decreases the fear of COVID-19 (Satici et al., 2020a, b). Moreover, Nguyen and Le (2021) observed that self-compassion decreases the stress of COVID-19. Also, it is found that there is a relationship between self-compassion and life satisfaction during the COVID-19 pandemic (Li et al., 2021). Besides, perceived fear of COVID-19 and well-being after the infection is less common among individuals who have a high level of self-compassion, which indicates lower scores of intolerance to uncertainty (Deniz, 2021). Kavakli et al. (2020) observed that self-compassion is a partially mediating variable for the relationship between the threat of COVID-19 and death anxiety. It is observed that resilience and hope influenced psychological well-being during the early period of COVID-19 (Yildirim & Arslan, 2020). In a longitudinal study across waves of COVID-19, it is reported that psychological well-being influenced distress during later waves of COVID-19 (Wang et al., 2021). During COVID-19, low self-compassion increased negative emotions, hence caused depression (Beato et al., 2021). Also, depression, anxiety, and stress were strongly related to low self-compassion for COVID-19 (Gutiérrez-Hernández et al., 2021), so much so that self-compassion acted as a protector against psychological distress (Lau et al., 2020).

Present Study

When the literature was examined, no studies were found that handle together psychological distress and well-being within the context of self-compassion, fear of COVID-19 and resilience. A holistic view is required for a comprehensive understanding of what provides psychological well-being. This study evaluates the relationships between self-compassion, resilience, fear of COVID-19, psychological distress, and psychological well-being. Therefore, this study aimed to examine the well-being of individuals during the COVID-19 pandemic process with a more holistic and comprehensive approach.

Fear of COVID-19 explained life satisfaction and well-being (Ozmen et al., 2021). At this point, fear of COVID-19 is examined as an independent variable. But, When the self-compassion or resilience variable was included in the model,

generally fear of COVID-19 was considered as a mediator variable (Deniz, 2021; Gundogan, 2021; Satıcı et al., 2020a, b). Therefore, based on previous studies, fear of COVID-19 was included in the hypothesis model as a mediator variable and self-compassion as a predictor variable in the current study.

The importance of self-compassion in the well-being of individuals is clearly seen (Zessin et al., 2015). People who have a high level of self-compassion have better mental health (Kroshus et al., 2021). Low self-compassion has a negative impact on mental health (Gutiérrez-Hernández et al., 2021). Self-compassion, which is a protective factor for mental health, is positively associated with psychological well-being indicators such as happiness, hope, resilience, and life satisfaction (Neff, 2003b; Neff et al., 2007; Neff & McGehee, 2010; Sun et al., 2016), and negatively associated with depression, anxiety, and fear of COVID-19 (Lau et al., 2020; MacBeth & Gumley, 2012; Neff, 2003b). Therefore, *self-compassion is hypothesized to have a direct effect on resilience, fear of COVID-19, psychological distress, and well-being (H1)*. Also, people's happiness and life satisfaction decreased during the COVID-19 epidemic (Gawrych et al., 2021). In addition, fear of COVID-19 has been linked to a variety of mental health problems (depression, anxiety, stress, etc.) in the general population (Simsir et al., 2021). Unlike other calamities, the COVID-19 pandemic does not allow people to interact with each other face to face to receive support (Polizzi et al., 2020). Because of that, individuals have to gravitate towards their resources to protect their psychological well-being and to cope with psychological problems more effectively. Among these resources, self-compassion and resilience increase psychological well-being as an important protector against psychological distress. Resilience (Yildirim et al., 2020; Yildirim & Arslan, 2020) and fear of COVID-19 (Deniz, 2021; Nguyen & Le, 2021) were considered as mediating variables in predicting the psychological well-being of individuals during the COVID-19 pandemic. In the present study, psychological distress was also examined as a mediator variable. Therefore, *resilience and fear of COVID-19 are hypothesized to have direct effects on psychological distress and psychological well-being (H2)*. Anxiety and depression have a negative relationship with well-being (Liu et al., 2009; Smalbrugge et al., 2006; Yuksel & Bahadır-Yılmaz, 2019). A negative relationship between self-compassion and psychological distress as measured by anxiety, depression, and stress was discovered to have a large effect size in the meta-analysis study (Marsh et al., 2018). Therefore, *psychological distress is hypothesized to have a direct effect on psychological well-being (H3)*, and *psychological distress is hypothesized to mediate the relationship between self-compassion and psychological well-being (H4)*.

The findings of the meta-analysis research revealed that fear of COVID-19 was associated with anxiety, traumatic

stress, and depression (Simsir et al., 2021). Also, the increase in people's perceptions of fear of COVID-19 reduces their well-being and life satisfaction. While fear of COVID-19 reduces life satisfaction, it raises psychological distress (Ozmen et al., 2021). On the other hand, the results of the studies show that resilience mitigated the negative psychological effects of coronavirus (Peker & Cengiz, 2021; Yildirim et al., 2020, 2021). Therefore, *psychological distress is hypothesized to mediate the relationship between resilience and fear of COVID-19, and psychological well-being (H5)*. Fear of COVID-19 and resilience were discovered to play an important role in life satisfaction (Gundogan, 2021). Resilience was found to have a positive effect on psychological well-being during the COVID-19 pandemic (Yildirim & Arslan, 2020). Furthermore, COVID-19 anxiety and fear reduced life satisfaction through psychological distress (Duong, 2021). Therefore, *resilience and fear of COVID-19 are hypothesized to mediate the relationship between self-compassion and psychological distress, and psychological well-being (H6)*.

Method

Participants

Within the scope of the COVID-19 measures taken by the Turkish Ministry of Interior (2020a, b) on December 1st and May 29th, 2020, the population between the ages of 18–65 was less restricted in terms of going out, and using public transport vehicles compared to other age groups. For this reason, a sample between the ages of 18–65 years with a higher risk of COVID-19 infection was included in this study. The participants were contacted electronically through the Internet since the data for this study was obtained during the COVID-19 epidemic. Therefore, a convenient sampling method was used to recruit the participants.

The participants of the study were composed of 617 Turkish adults, consisting of 461 (74.7%) females and 156 (25.3%) males. The participants' age ranged from 18 to 65 ($M_{age} = 30.44$, $SD = 11.45$). The education levels of the participants are as follows: 13 (2%) primary school, 19 (3.1%) secondary school, 284 (46%) high school, 227 (36.8%) undergraduate, and 74 (12%) postgraduate. 262 (42.5%) of the participants are university students, 259 (42%) are employees in the private sector or state institutions, 96 (15.9%) are unemployed. 110 (17.8%) participants were diagnosed with COVID-19, while 457 (74.1%) of the participants reported that at least one of their relatives was diagnosed with COVID-19. In addition, 158 participants reported that they lost at least one of their relatives because of COVID-19.

Before starting the process of data gathering, permission for the study was taken from the Ethical Commission of Human Research and the Ministry of Health. Data were collected via Google Forms from individuals who volunteered for the study. Participants in the online survey were first briefed about the research before giving their informed consent. The web-based survey was designed in such a way that participants could leave the study at any time they wanted.

Measures

Psychological Well-being Scale (PWS)

PWS was used to evaluate participants' psychological well-being. It was developed by Diener et al. (2010) and adapted to Turkish by Telef (2013). PWS consists of eight items in a Likert-type scale with one dimension (1 = strongly disagree, 7 = strongly agree). The total score from the scale varies between 8 and 56. Higher scores mean higher levels of psychological well-being. The scale has a good reliability coefficient ($\alpha = .80$) and structural validity (NFI = .94, RFI = .92, CFI = .95, IFI = .95, GFI = .96, RMSEA = .08, SRMR = .04; Telef, 2013). The present study indicated that the scale had strong reliability coefficients ($\alpha = .86$ and $\omega = .86$).

Self-compassion Scale – Short Form (SCS-SF)

SCS-SF, which was developed by Raes et al. (2011), was used to evaluate self-compassion. The scale was translated to Turkish by Yildirim and Sari (2018). The scale consists of 11 items with only one dimension in a 5-point Likert scale (1 = almost never, 5 = almost always). The total score one can get from the scale ranges from 11 to 55. Higher scores indicate greater self-compassion. Scale's Cronbach α internal consistency reliability value is calculated as .75. As for the structural validity, the scale has good values (NFI = .91, NNFI = .94, CFI = .95, GFI = .96, RMSEA = .06, RMSR = .09). In the current study, the SCS-SF had good reliability coefficients ($\alpha = .87$ and $\omega = .87$).

Fear of COVID-19 Scale (FCS)

The FCS was developed by Ahorsu et al. (2020) and translated to Turkish by Satici et al. (2021). The scale consists of seven items with one dimension in a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The total score from the scale ranges from 7 to 35. Higher scores mean an increase in Coronavirus fear. The total score obtained from the scale varies between 7 and 35. Higher scores mean greater fear of Coronavirus. The scale has a good internal consistency reliability coefficient ($\alpha = .85$) and structural validity (NFI = .91, CFI = .92, IFI = .92, GFI = .94,

SRMR = .06; Satici et al., 2021). In the current study, FCS had strong reliability coefficients ($\alpha = .89$ and $\omega = .90$).

Brief Resilience Scale (BRS)

Participants' level of resilience was measured by the BRS developed by Smith et al. (2008). The scale consists of 6 items with only one dimension in a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The total score one can get from the scale ranges from 6 to 30. Higher scores mean greater levels of resilience. The scale was adapted to Turkish by Dogan (2015). The scale has a good internal consistency reliability coefficient ($\alpha = .83$) and structural validity (NFI = .99, NNFI = .99, CFI = .99, IFI = .99, RFI = .97, GFI = .99, AGFI = .96, RMSEA = .05, SRMR = .03). In the current study, BRS had good reliability coefficients ($\alpha = .85$ and $\omega = .85$).

Patience Health Questionnaire (PHQ-4)

Patience Health Questionnaire (PHQ-4), developed by Kroenka et al. (2009) and adapted to Turkish by Demirci and Ekşi (2018), was used to measure psychological distress. The PHQ-4 aims to quickly measure the level of depression and anxiety. It consists of 4 items on a 4-point Likert scale (0 = not at all, 3 = nearly every day). The total score one can get from the questionnaire ranges from 0 to 12. Higher scores mean higher psychological distress. PHQ-4 has a good reliability coefficient ($\alpha = .83$), and also good structure validity (CFI = 1.00, TLI = 1.00, SRMR = .008, RMSEA = .000; Demirci & Ekşi, 2018). In the present study, PGQ-4 is found to have high internal consistency reliability coefficients ($\alpha = .87$ and $\omega = .87$).

Data Analysis

Firstly, descriptive statistics, normality assumptions, and reliability coefficients were calculated for the data analysis. After that, Pearson correlation analysis was conducted to investigate the correlations among self-compassion, resilience, the fear of COVID-19, psychological distress, and psychological well-being. Skewness and kurtosis values were calculated to test normality assumptions (Kline, 2015; Tabachnick & Fidell, 2013).

Thereafter, PROCESS (Model 80) for SPSS version 3.4 (Hayes, 2018) was used to analyze the mediating effects of resilience, the fear of COVID-19, and psychological distress for the association between self-compassion and psychological well-being. The results of the mediational model were interpreted via standardized path estimate (β) values. Bootstrap analysis with a 10,000 sampling rate and 95% confidence interval was conducted to test whether the direct and indirect effects were significant for the mediational

model. The effect is assumed to be significant if the confidence intervals in the bootstrap analysis did not include zero (Hayes, 2018; Preacher & Hayes, 2008).

Result

Preliminary Analyses

The results of the preliminary analysis are presented in Table 1. The results indicated that skewness values were between $-.99$ and $.24$, and kurtosis values were between $-.83$ and $.95$. Skewness and kurtosis values between -1.5 and 1.5 indicate that the distribution is normally distributed (Tabachnick & Fidell, 2013). Also, it is observed that the value of variance inflation factor is between 1.73 and 2.86 ; tolerance value is between $.44$ and $.79$; Durbin Watson value is 1.78 . These results show that there are no multicollinearity and residual problems. Internal reliability coefficients (Cronbach's α and McDonald's ω) for all the variables vary between $.85$ and $.90$. Therefore, variables' internal reliability coefficients are considered to be high (Tabachnick & Fidell, 2013).

According to correlational analysis, self-compassion was positively correlated with resilience ($r = .67, p < .001$) and

well-being ($r = .54, p < .001$); and negatively correlated with the fear of COVID-19 ($r = -.42, p < .001$) and psychological distress ($r = -.63, p < .001$). Resilience was negatively correlated with the fear of COVID-19 ($r = -.42, p < .001$) and psychological distress ($r = -.53, p < .001$); and positively correlated with well-being ($r = .47, p < .001$). The fear of COVID-19 was positively correlated with psychological distress ($r = .35, p < .001$) and negatively correlated with well-being ($r = -.36, p < .001$). A negative association ($r = -.54, p < .001$) was found between psychological distress and psychological well-being.

Parallel and Serial Moderator Analysis

After the initial analyses, the mediational model was conducted to investigate the direct and indirect effects. As we can see from Fig. 1 and Table 2, the results of the mediational model show that self-compassion significantly predicts resilience ($\beta = .67, p < .001$) and the fear of COVID-19 ($\beta = -.42, p < .001$). Also, self-compassion explains 45% and 17% of the variance for resilience and the fear of COVID-19, respectively. Self-compassion significantly predicts psychological distress, both directly ($\beta = -.48, p < .001$) and indirectly. For the indirect effect, self-compassion significantly predicts psychological

Table 1 Descriptive statistics, reliabilities, and correlations among study variables (N=617)

Variables	Mean	SD	Skewness	Kurtosis	α	ω	1	2	3	4
(1) SC	34.18	8.32	-.10	-.47	.87	.87	1			
(2) Resilience	18.94	5.21	-.12	-.28	.85	.85	.67**	1		
(3) FC-19	16.13	6.66	.56	-.38	.89	.90	-.42**	-.42**	1	
(4) PD	5.95	3.32	.25	-.84	.86	.86	-.63**	-.53**	.35**	1
(5) PWB	42.05	8.89	-.99	.95	.89	.89	.54**	.47**	-.36**	-.54**

** $p < .001$, SC = self-compassion, FC-19 = fear of COVID-19, PD = psychological distress, PWB = psychological well-being

Fig. 1 The result of standardized coefficients for parallel and serial mediator model (* $p < .05$, ** $p < .001$)

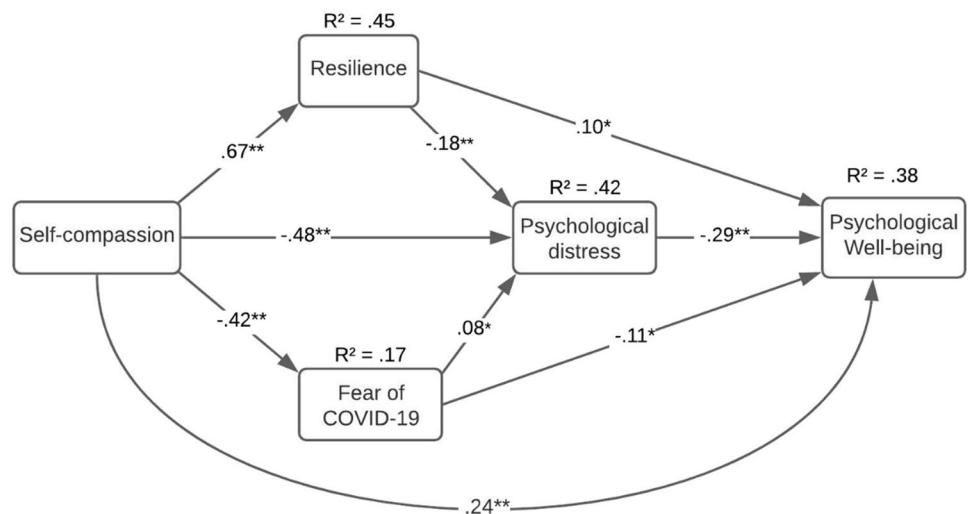


Table 2 Unstandardized coefficients for the mediation model

	Consequent															
	M ₁ (Resilience)				M ₂ (FC-19)				M ₃ (PD)				Y (PWB)			
Antecedent	Coeff.	SE	t	p	Coeff.	SE	t	p	Coeff.	SE	t	p	Coeff.	SE	t	p
X (SC)	.42	.02	22.46	< .001	-.33	.03	-11.32	< .001	-.19	.02	-11.26	< .001	.26	.05	5.03	< .001
M ₁ (R)	-	-	-	-	-	-	-	-	-.12	.03	-4.29	< .001	.17	.08	2.18	< .05
M ₂ (FC-19)	-	-	-	-	-	-	-	-	.04	.02	2.22	< .05	-.15	.04	-3.16	< .05
M ₃ (PD)	-	-	-	-	-	-	-	-	-	-	-	-	-.78	.11	-6.97	< .001
Constant	4.57	.65	6.94	< .001	27.50	1.03	26.60	< .001	14.00	.67	20.93	< .001	37.13	2.44	15.18	< .001
	R ² = .45				R ² = .17				R ² = .42				R ² = .38			
	F = 504.31; p < .001				F = 128.06; p < .001				F = 149.82; p < .001				F = 91.88; p < .001			

Coeff Unstandardized coefficient, SE Standard error, X Independent variable, M Mediator variables, Y Dependent variable, SC Self-compassion, R Resilience, FC-19 Fear of COVID-19, PD Psychological distress, PWB Psychological well-being

distress via resilience ($\beta = -.18, p < .001$) and the fear of COVID-19 ($\beta = .08, p < .05$). Self-compassion, together with resilience and the fear of COVID-19, explains 42% of the variance for psychological distress. These findings show that the relationship between self-compassion and psychological distress is mediated by resilience and fear of COVID-19. The results demonstrate that self-compassion significantly and positively predicts psychological well-being ($\beta = .24, p < .001$). Also, psychological well-being is significantly predicted by resilience ($\beta = .10, p < .05$), the fear of COVID-19 ($\beta = -.11, p < .05$), and psychological distress ($\beta = -.29, p < .001$). All variables account for 38% of the variance in psychological well-being.

These results provide evidence that self-compassion significantly predicts psychological well-being via the mediator effects of the fear of COVID-19, resilience, and psychological distress. Furthermore, it has been discovered that psychological distress mediates the association between psychological well-being and fear of COVID-19, as well as resilience (Fig. 1 and Table 2). The indirect effects of self-compassion via mediator variables on psychological well-being are found to be significant. On Table 3 are presented

95% bias-corrected confidence interval coefficients that predict psychological well-being scores.

Discussion

This study aimed to examine the mediating effects of COVID-19 fear, resilience, and psychological distress on the relationship between self-compassion and psychological well-being among Turkish young adults during the Coronavirus pandemic. The results show that there are positive relationships among self-compassion, resilience, and psychological well-being; and these variables have a negative correlation with the fear of COVID-19 and psychological distress.

Self-compassion is hypothesized to have a direct effect on resilience, fear of COVID-19, psychological distress, and well-being. Also, resilience and fear of COVID-19 are hypothesized to mediate the relationship between self-compassion and psychological distress, and psychological well-being. The findings demonstrate that self-compassion was positively correlated with resilience and negatively

Table 3 Unstandardized total, direct and indirect effects of self-compassion on psychological well-being, and 95% Bootstrap Confidence Intervals

	Effect	CI %95	
		LL	UL
Total effect	.578	.506	.649
Direct effect	.260	.158	.361
Total indirect effect	.318	.238	.403
Self-compassion → Resilience → PWB	.070	.006	.134
Self-compassion → FC-19 → PWB	.051	.016	.089
Self-compassion → PD → PWB	.149	.100	.205
Self-compassion → Resilience → PD → PWB	.038	.019	.061
Self-compassion → FC-19 → PD → PWB	.010	.001	.020

CI Confidence interval, LL Lower limit, UL Upper limit, FC-19 Fear of COVID-19, PWB Psychological well-being, PD Psychological distress

correlated with fear of COVID-19. Especially compared to the fear of COVID-19, self-compassion better predicts resilience. Also, self-compassion is a strong and significant predictor of psychological distress and psychological well-being. Self-compassion is considered to be a healthy way to deal with hardships of life like failure, inadequacy, and pain. Rather than ignoring emotions, thoughts, and experiences, self-compassion contains being aware of this type of experiences (mindfulness), accepting them to be shared by all humans (common humanity), and being kind to oneself (self-kindness) (Neff, 2003a; Neff & Dahm, 2015). Self-compassion helps people deal with psychological challenges while also helping them improve their psychological well-being by increasing their resilience. The present findings are consistent with the other studies exposing the relationship of self-compassion, and resilience, which are protective factors in terms of mental health (Hayter & Dorstyn, 2014; Neff & McGehee, 2010), with the fear of COVID-19 (Deniz, 2021; Nguyen & Le, 2021), psychological distress (Jiménez et al., 2020; MacBeth & Gumley, 2012; Neff et al., 2007; Neff & McGehee, 2010), and also with life satisfaction, optimism, hope, and happiness (Deniz, 2021; Neff, 2003b; Neff et al., 2007; Neff & McGehee, 2010; Nguyen & Le, 2021). In the literature, it is observed that there is a positive relationship between self-compassion and well-being regardless of age (Fong & Loi, 2016; Neff & McGehee, 2010). Therefore, these findings show that people with high levels of self-compassion experience lower levels of fear of COVID-19 and have higher levels of resilience and psychological well-being.

Resilience and fear of COVID-19 are hypothesized to have direct effects on psychological distress and psychological well-being. The research findings revealed that fear of COVID-19 significantly predicted psychological distress and mediated the relationship between self-compassion and psychological well-being. In addition, compared to the fear of COVID-19, resilience is a stronger mediator for the relationship between self-compassion and psychological distress. These results point to the important roles of the fear of COVID-19 and resilience for adults to deal with indicators of psychological distress like depression and anxiety. In the study conducted by Deniz (2021) it again was found that the fear of COVID-19 mediates the relationship between self-compassion and well-being. Supporting the findings of the present study, Yildirim and Solmaz (2020) emphasized the role of resilience as a mediator between COVID-19 stress and COVID-19 burnout. This study is also consistent with the previous studies showing that resilience is an important factor during the COVID-19 pandemic to deal with psychological distress indicators like depression and anxiety (Yildirim et al., 2020; Yildirim & Arslan, 2020). Anxiety and fear in COVID-19 reduced life satisfaction by causing psychological distress (Duong, 2021). The reason is that

resilience, which is a crucial psychological strength in terms of supporting an individual's well-being, enables them to adapt to changes in the face of different stressful situations (Haglund et al., 2007).

Psychological distress is hypothesized to mediate the relationship between resilience and fear of COVID-19, and psychological well-being. This hypothesis is confirmed by the findings. Similar to the present findings, positive correlations were found between the fear of COVID-19, and depression and anxiety. Also, the present study exposed the role of psychological distress both as a strong mediator for the relationship between the fear of COVID-19 and psychological well-being, and resilience; and as a factor that negatively affects adults' psychological well-being. Studies are showing that psychological health is negatively affected during the COVID-19 pandemic because of concerns like infection, death, loss of a relative, and labeling (Lin, 2020; Yildirim et al., 2020). Thus, during the COVID-19 epidemic happiness and life satisfaction of people decreased (Gawrych et al., 2021). In addition, even fear of COVID-19 has been shown to reduce life satisfaction (Duong, 2021; Dymecka et al., 2021; Ozmen et al., 2021). Arslan and Yildirim (2021) conducted a study with university students, which shows that COVID-19 stress is a predictor of depressive symptoms in a positive direction. In addition, Duong (2021) found that the fear and anxiety of COVID-19 were strongly correlated with psychological distress positively. Their findings are consistent with the present findings.

Psychological distress is hypothesized to have a direct effect on psychological well-being, and psychological distress is hypothesized to mediate the relationship between self-compassion and psychological well-being. Moreover, the present study demonstrates that psychological distress is a mediator for the effect of self-compassion, resilience, and the fear of COVID-19 on psychological well-being. Consistent with these findings, previous studies pointed to the mediating effect of psychological distress on psychological well-being in the context of different negative experiences. The fear of COVID-19 is linked to negative consequences for mental health (Fitzpatrick et al., 2020). At this point, protective factors like self-compassion are important. As an example, in a study, a negative correlation was found between self-compassion, the fear of COVID-19, and well-being (Nguyen & Le, 2021). Self-compassion has a partially mediating effect between the threat of COVID-19 and death anxiety (Kavakli et al., 2020). If self-compassion is characterized as strategies of emotion regulation (Fong & Loi, 2016), then self-compassion may function as a protective factor against psychological distress, which may emerge as depression and anxiety. Also, being compassionate towards oneself increases the tendency to deal with problems in a positive style (Allen & Leary, 2010). Self-compassion has a mitigating effect on the association between the perceived

threat of COVID-19 and psychological distress (Lau et al., 2020). Together with all these, people with high self-compassion perform preventive behaviors like washing hands more often during COVID-19 (Mohammadpour et al., 2020). COVID-19 fear has been identified as a mediator in the relationship between psychological resilience and life satisfaction (Gundogan, 2021). On the other hand, there are also studies showing the mediating effect of psychological resilience. For example, Yildirim et al. (2021) found that resilience and affective balance also mediated the effect of meaningful living on young adults' psychological health during the COVID-19 pandemic. Also, psychological resilience appears to play a mediating role in the association between fear of COVID-19 and perceived stress according to the findings of the mediation model (Peker & Cengiz, 2021). The effects of coronavirus fear on depression, anxiety, and stress were reduced by resilience (Yildirim et al., 2020). Therefore, psychological resilience may be a key role in sustaining mental health during the COVID-19 pandemic.

Self-compassion can be said to decrease psychological distress and increase well-being by boosting individuals' resilience. In the literature, self-compassion is conceptualized as a component of resilience that may prevent stress after traumatic experiences (Shebuski et al., 2020). As self-compassion is both a personality trait and a state that can be improved in life (Vigna et al., 2018), it has a critical role in elevating individuals' resilience thanks to its malleability (Lefebvre et al., 2020). Thus, programs aimed at developing self-compassion augment individuals' resilience and psychological well-being (Smith, 2015). Also, while self-compassion protects against psychological distress (Hayter & Dorstyn, 2014; Neff & McGehee, 2010), resilience functions as a preventive factor (Nakazawa et al., 2018; Ran et al., 2020).

Strengths, Limitations, and Future Research

In this study, the phenomenon of wellbeing has been examined with a more holistic and comprehensive approach. In the current study, variables that may affect both well-being and psychological distress levels of individuals were tested with Parallel and Serial Moderator Analysis. When previous studies were examined, no studies were found in which these five variables were considered together.

This study investigated the roles of self-compassion and resilience in terms of decreasing symptoms of depression and anxiety and increasing well-being within the context of a general fear of COVID-19 in the larger population. In the subsequent studies, it is planned to address the protective effects of self-compassion and resilience against the fear of COVID-19 within a clinical sample of individuals who have panic attacks and obsessive-compulsive disorder. Also, it is planned to include those individuals who cannot properly maintain social distance and who are obliged to be in contact

with people to some extent because of their occupations like cashiers, couriers, and people in the service sector who have to go to the houses for different reasons. Even though in this study the focus was on self-compassion and resilience, studies that focus on growth after trauma may be conducted. Apart from all this, it is necessary to work with people who got heavily infected by COVID-19 and recovered from it and with people who lost a loved one because of the virus.

Conclusion

This study revealed the protective roles of resilience and self-compassion against psychological distress, and facilitating psychological well-being. While self-compassion and resilience decrease psychological outcomes like depression and anxiety, they also increase psychological well-being. Because of that, individuals' psychological distress during the COVID-19 pandemic will decrease and their well-being will increase by designing programs that aim to elevate their self-compassion and resilience. Therefore, it would be beneficial to bring about projects within the body of institutions like schools and hospitals that can make contact with a lot of people. Mental health professionals can design programs that are effective. Self-compassion components and factors that increase psychological resilience can be developed in schools through the use of a hidden curriculum. During the COVID-19 period, individuals in the general population who are experiencing psychological distress can be identified and referred to mental health professionals. Home visits by experts can be beneficial at this point. Mental health professionals can reach a large audience via information about increasing psychological resilience and coping with the fear of COVID-19 through the media.

Acknowledgments We thank the participants of this study and those who developed the measure tools we used in the study.

Data Availability The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics Approval The study protocol has been approved by the Human Research Ethics Committee of Sinop University (No: 2020–138; date: 12.18.2020). The study was performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its following updates.

Informed Consent Informed consent was obtained from all participants for being included in the study.

Conflict of Interest The authors declare that they have no conflict of interest.

References

- Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The Fear of COVID-19 Scale: Development and initial validation. *International Journal of Mental Health and Addiction*, 27, 1–9. <https://doi.org/10.1007/s11469-020-00270-8>
- Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass*, 4(2), 107–118. <https://doi.org/10.1111/j.1751-9004.2009.00246.x>
- Ames-Guerrero, R. J., Parra, A. B., Cahua, J. C. H., & Holl, J. B. (2020). Psychological problems associated with coping strategies: A web-based study in Peruvian population during the COVID-19 pandemic. *PsyArXiv*. <https://doi.org/10.31234/osf.io/uarwz>.
- Arslan, G., & Yildirim, M. (2021). Coronavirus stress, meaningful living, optimism, and depressive symptoms: A study of moderated mediation model. *Australian Journal of Psychology*, 73(2), 113–124. <https://doi.org/10.1080/00049530.2021.1882273>
- Beato, A. F., da Costa, L. P., & Nogueira, R. (2021). Everything is gonna be alright with me: The role of self-compassion, affect, and coping in negative emotional symptoms during Coronavirus quarantine. *International Journal of Environmental Research and Public Health*, 18(4), 2017. <https://doi.org/10.3390/ijerph18042017>
- Biswas-Diener, R., Diener, E., & Tamir, M. (2004). The psychology of subjective well-being. *Daedalus*, 133(2), 18–25.
- Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin*, 38(9), 1133–1143. <https://doi.org/10.1177/0146167212445599>
- Demirci, İ., & Ekşi, H. (2018). Don't bother your pretty little head otherwise you can't enjoy life. *ERPA International Congresses on Education*, 28 June –1 July 2018, Istanbul. pp. 287–292.
- Deniz, M. E. (2021). Self-compassion, intolerance of uncertainty, fear of COVID-19, and well-being: A serial mediation investigation. *Personality and Individual Differences*, 110824. <https://doi.org/10.1016/j.paid.2021.110824>
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542–575.
- Diener, E. (2006). Guidelines for national indicators of subjective well-being and ill-being. *Journal of Happiness Studies*, 7(4), 397–404. <https://doi.org/10.1007/s10902-006-9000-y>
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, 97, 143–156. <https://doi.org/10.1007/s11205-009-9493-y>
- Dogan, T. (2015). Adaptation of the Brief Resilience Scale into Turkish: A validity and reliability study. *The Journal of Happiness & Well-Being*, 3(1), 93–102.
- Duong, C. D. (2021). The impact of fear and anxiety of Covid-19 on life satisfaction: Psychological distress and sleep disturbance as mediators. *Personality and Individual Differences*, 178, 110869. <https://doi.org/10.1016/j.paid.2021.110869>
- Dymecka, J., Gerymski, R., & Machnik-Czerwik, A. (2021). Fear of COVID-19 as a buffer in the relationship between perceived stress and life satisfaction in the Polish population at the beginning of the global pandemic. *Health Psychology Report*, 9(2), 149–159. Pobrano z <https://czasopisma.bg.ug.edu.pl/index.php/HPR/article/view/5755>. Accessed 18 September 2021.
- Fitzpatrick, K. M., Harris, C., & Drawve, G. (2020). Fear of COVID-19 and the mental health consequences in America. *Psychological Trauma Theory Research Practice and Policy*, 12(S1), S17–S21. <https://doi.org/10.1037/tra0000924>
- Fong, M., & Loi, N. M. (2016). The mediating role of self-compassion in student psychological health. *Australian Psychologist*, 51(6), 431–441. <https://doi.org/10.1111/ap.12185>
- Froes, F. (2020). And now for something completely different: From 2019-nCoV and COVID-19 to 2020-nMan. *Pulmonology*, 26(2), 114–115. <https://doi.org/10.1016/j.pulmoe.2020.02.010>
- Gawrych, M., Cichoń, E., & Kiejna, A. (2021). COVID-19 pandemic fear, life satisfaction and mental health at the initial stage of the pandemic in the largest cities in Poland. *Psychology, Health & Medicine*, 26(1), 107–113. <https://doi.org/10.1080/13548506.2020.1861314>
- Guan, W., Ni, Z., Hu, Y., Liang, W., Ou, C., He, J., Liu, L., Shan, H., Lei, C., Hui, D. S. C., Du, B., Li, L., Zeng, G., Yuen, K., Chen, R., Tang, C., Wang, T., Chen, P., Xiang, J., et al. (2020). Clinical characteristics of coronavirus disease 2019 in China. *New England Journal of Medicine*, 382, 1708–1720. <https://doi.org/10.1056/NEJMoa2002032>
- Gundogan, S. (2021). The mediator role of the fear of COVID-19 in the relationship between psychological resilience and life satisfaction. *Current Psychology*, 1–9. <https://doi.org/10.1007/s12144-021-01525-w>
- Gutiérrez-Hernández, M. E., Fanjul, L. F., Díaz-Megolla, A., Reyes-Hurtado, P., Herrera-Rodríguez, J. F., Enjuto-Castellanos, M. P., & Peñate, W. (2021). COVID-19 Lockdown and mental health in a sample population in Spain: The role of self-compassion. *International Journal of Environmental Research and Public Health*, 18(4), 2103. <https://doi.org/10.3390/ijerph18042103>
- Haglund, M. E. M., Nestadt, P. S., Cooper, N. S., Southwick, S. M., & Charney, D. S. (2007). Psychobiological mechanisms of resilience: Relevance to prevention and treatment of stress-related psychopathology. *Development and Psychopathology*, 19(03), 889–920. <https://doi.org/10.1017/s0954579407000430>
- Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Press.
- Hayter, M., & Dorstyn, D. (2014). Resilience, self-esteem and self-compassion in adults with spina bifida. *Spinal Cord*, 52, 167–171. <https://doi.org/10.1038/sc.2013.152>
- Huang, J. Z., Han, M. F., Luo, T. D., Ren, A. K., & Zhou, X. P. (2020). Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19. *Chinese Journal of Industrial Hygiene and Occupational Diseases*, 38, E001–E001. <https://doi.org/10.3760/cma.j.cn121094-20200219-00063>
- Jiménez, Ó., Sánchez-Sánchez, L. C., & García-Montes, J. M. (2020). Psychological impact of COVID-19 confinement and its relationship with meditation. *International Journal of Environmental Research and Public Health*, 17(18), 6642. <https://doi.org/10.3390/ijerph17186642>
- Kafka, G., & Kozma, A. (2002). The construct validity of Ryff's Scales of Psychological Well-Being (SPWB) and their relationship to measures of subjective well-being. *Social Indicators Research: An International and Interdisciplinary Journal for Quality-of-Life Measurement*, 57(2), 171–190. <https://doi.org/10.1023/A:1014451725204>
- Kavakli, M., Ak, M., Uguz, F., & Turkmen, O. O. (2020). The mediating role of self-compassion in the relationship between perceived COVID-19 threat and death anxiety. *Turkish Journal of Clinical Psychiatry*, 23(Suppl 1), 15–23. <https://doi.org/10.5505/kpd.2020.59862>
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121–140. <https://doi.org/10.2307/2787065>
- Kline, P. (2015). *A handbook of test construction (psychology revivals): Introduction to psychometric design*. Routledge.
- Kroenka, K., Spitzer, R. L., Williams, J. B., & Löwe, B. (2009). An ultra-brief screening scale for anxiety and depression: the PHQ-4.

- Psychosomatics*, 50(6), 613–621. <https://doi.org/10.1176/appi.psy.50.6.613>
- Kroshus, E., Hawrilenko, M., & Browning, A. (2021). Stress, self-compassion, and well-being during the transition to college. *Social Science & Medicine*, 269, 113514. <https://doi.org/10.1016/j.socscimed.2020.113514>
- Lau, B. H. P., Chan, C. L. W., & Ng, S. M. (2020). Self-compassion buffers the adverse mental health impacts of COVID-19-related threats: Results from a cross-sectional survey at the first peak of Hong Kong's outbreak. *Frontiers in Psychiatry*, 11, 1203. <https://doi.org/10.3389/fpsy.2020.585270>
- Leary, M. R., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92, 887–904. <https://doi.org/10.1037/0022-3514.92.5.887>
- Lefebvre, J. I., Montani, F., & Courcy, F. (2020). Self-compassion and resilience at work: A practice-oriented review. *Advances in Developing Human Resources*, 22(4), 437–452. <https://doi.org/10.1177/1523422320949145>
- Li, A., Wang, S., Cai, M., Sun, R., & Liu, X. (2021). Self-compassion and life-satisfaction among Chinese self-quarantined residents during COVID-19 pandemic: A moderated mediation model of positive coping and gender. *Personality and Individual Differences*, 170, 110457. <https://doi.org/10.1016/j.paid.2020.110457>
- Lin, C. Y. (2020). Social reaction toward the 2019 novel coronavirus (COVID-19). *Social Health and Behavior*, 3(1), 1–2. https://doi.org/10.4103/SHB.SHB_11_20
- Liu, Q., Shono, M., & Kitamura, T. (2009). Psychological well-being, depression, and anxiety in Japanese university students. *Depression and Anxiety*, 26(8), E99–E105. <https://doi.org/10.1002/da.20455>
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. <https://doi.org/10.1016/j.cpr.2012.06.003>
- Marsh, I. C., Chan, S. W. Y., & MacBeth, A. (2018). Self-compassion and psychological distress in adolescents—a meta-analysis. *Mindfulness (N Y)*, 9(4), 1011–1027. <https://doi.org/10.1007/s12671-017-0850-7>
- Mohammadpour, M., Ghorbani, V., Khoramnia, S., Ahmadi, S. M., Ghvami, M., & Maleki, M. (2020). Anxiety, self-compassion, gender differences and COVID-19: Predicting self-care behaviors and fear of COVID-19 based on anxiety and self-compassion with an emphasis on gender differences. *Iranian Journal of Psychiatry*, 15(3), 213–219. <https://doi.org/10.18502/ijps.v15i3.3813>
- Nakazawa, K., Noda, T., Ichikura, K., Okamoto, T., Takahashi, Y., Yamamura, T., & Nakagome, K. (2018). Resilience and depression/anxiety symptoms in multiple sclerosis and neuromyelitis optica spectrum disorder. *Multiple Sclerosis and Related Disorders*, 25, 309–315. <https://doi.org/10.1016/j.msard.2018.08.023>
- Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–102. <https://doi.org/10.1080/15298860309032>
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. <https://doi.org/10.1080/15298860309027>
- Neff, K. D., & Dahm, K. A. (2015). Self-Compassion: What It Is, What It Does, and How It Relates to Mindfulness. In B. Ostafin, M. Robinson, & B. Meier (Eds.), *Handbook of Mindfulness and Self-Regulation* (pp. 121–137). New York: Springer. https://doi.org/10.1007/978-1-4939-2263-5_10
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9(3), 225–240. <https://doi.org/10.1080/15298860902979307>
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154. <https://doi.org/10.1016/j.jrp.2006.03.004>
- Nguyen, T. M., & Le, G. N. H. (2021). The influence of COVID-19 stress on psychological well-being among Vietnamese adults: The role of self-compassion and gratitude. *Traumatology*, 27(1), 86–97. <https://doi.org/10.1037/trm0000295>
- Ozmen, S., Ozkan, O., Ozer, O., & Zubaroglu Yanardag, M. (2021). Investigation of COVID-19 fear, well-Being and life satisfaction in Turkish society. *Social Work in Public Health*, 36(2), 164–177. <https://doi.org/10.1080/19371918.2021.1877589>
- Peker, A., & Cengiz, S. (2021). Covid-19 fear, happiness and stress in adults: the mediating role of psychological resilience and coping with stress. *International Journal of Psychiatry in Clinical Practice*. <https://doi.org/10.1080/13651501.2021.1937656>
- Polizzi, C., Lynn, S. J., & Perry, A. (2020). Stress and coping in the time of COVID-19: Pathways to resilience and recovery. *Clinical Neuropsychiatry*, 17(2), 59–62. <https://doi.org/10.36131/CN20200204>
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40(3), 879–889. <https://doi.org/10.3758/BRM.40.3.879>
- Raes, F. (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences*, 48(6), 757–761. <https://doi.org/10.1016/j.paid.2010.01.023>
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical Psychology & Psychotherapy*, 18(3), 250–255. <https://doi.org/10.1002/cpp.702>
- Ran, L., Wang, W., Ai, M., Kong, Y., Chen, J., & Kuang, L. (2020). Psychological resilience, depression, anxiety, and somatization symptoms in response to COVID-19: A study of the general population in China at the peak of its epidemic. *Social Science & Medicine*, 262, 113261. <https://doi.org/10.1016/j.socscimed.2020.113261>
- Reyes, D. (2012). Self-compassion: A concept analysis. *Journal of Holistic Nursing*, 30(2), 81–89. <https://doi.org/10.1177/089801011423421>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Satici, B., Gocet-Tekin, E., Deniz, M. E., & Satici, S. A. (2021). Adaptation of the Fear of COVID-19 Scale: Its Association with Psychological Distress and Life Satisfaction in Turkey. *International Journal of Mental Health and Addiction*, 19(6), 1980–1988. <https://doi.org/10.1007/s11469-020-00294-0>
- Satici, S. A., Kayis, A. R., Satici, B., Griffiths, M. D., & Can, G. (2020a). Resilience, hope, and subjective happiness among the Turkish population: Fear of COVID-19 as a mediator. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-020-00443-5>
- Satici, B., Saricali, M., Satici, S. A., & Griffiths, M. D. (2020b). Intolerance of uncertainty and mental wellbeing: serial mediation by rumination and fear of COVID-19. *International Journal of Mental Health and Addiction*, 15, 1–12. <https://doi.org/10.1007/s11469-020-00305-0>
- Seligman, M. E. (2011). Flourish: a visionary new understanding of happiness and well-being. *Policy*, 27(3), 60–61.
- Shebuski, K., Bowie, J. A., & Ashby, J. S. (2020). Self-compassion, trait resilience, and trauma exposure in undergraduate students.

- Journal of College Counseling*, 23(1), 2–14. <https://doi.org/10.1002/jocc.12145>
- Simsir, Z., Koc, H., Seki, T., & Griffiths, M. D. (2021). The relationship between fear of COVID-19 and mental health problems: A meta-analysis. *Death Studies*. <https://doi.org/10.1080/07481187.2021.1889097>
- Smalbrugge, M., Pot, A. M., Jongenelis, L., Gundy, C. M., Beekman, A. T., & Eefsting, J. A. (2006). The impact of depression and anxiety on well being, disability and use of health care services in nursing home patients. *International Journal of Geriatric Psychiatry*, 21(4), 325–332. <https://doi.org/10.1002/gps.1466>
- Smith, J. L. (2015). Self-compassion and resilience in senior living residents. *Seniors Housing and Care Journal*, 23(1), 17–31. https://www.nic.org/wp-content/uploads/2015/10/2015SHCJ_Self-Compassion-and-Resilience.pdf. Accessed 16 May 2021.
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioural Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
- Sun, X., Chan, D. W., & Chan, L. K. (2016). Self-compassion and psychological well-being among adolescents in Hong Kong: Exploring gender differences. *Personality and Individual Differences*, 101, 288–292. <https://doi.org/10.1016/j.paid.2016.06.011>
- Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics* (6th ed.). Pearson.
- Telef, B. B. (2013). Psikolojik İyi Oluş Ölçeği (PİOO): Türkçeye uyarlama, geçerlik ve güvenilirlik çalışması. [The adaptation of Psychological Well-Being into Turkish: A validity and reliability study]. *Hacettepe University Journal of Education*, 28(3), 374–384.
- Turkish Ministry of Interior. (2020a). *Koronavirüs ile mücadele kapsamında - yeni kısıtlama ve tedbirler genelgesi*. <https://www.icisleri.gov.tr/koronavirus-ile-mucadele-kapsaminda-sokaga-cikma-kisitalamaları%2D%2D-yeni-kisiltama-ve-tedbirler-genelgesi>. Accessed 21 February 2021.
- Turkish Ministry of Interior. (2020b). *81 il valiliğine 18 yaş altı ile 65 yaş ve üzeri kişilerin sokağa çıkma kısıtlaması genelgesi*. <https://www.icisleri.gov.tr/81-il-valiligine-18-yas-alti-ile-65-yas-ve-uzeri-kisilerin-sokaga-cikma-kisitalaması-genelgesi#>. Accessed 21 February 2021.
- Vigna, A. J., Poehlmann-Tynan, J., & Koenig, B. W. (2018). Does self-compassion facilitate resilience to stigma? A school-based study of sexual and gender minority youth. *Mindfulness*, 9(3), 914–924. <https://doi.org/10.1007/s12671-017-0831-x>.
- Wang, Z., Luo, S., Xu, J., Wang, Y., Yun, H., Zhao, Z., Zhan, H., & Wang, Y. (2021). Well-Being reduces COVID-19 anxiety: A three-wave longitudinal study in China. *Journal of Happiness Studies*. <https://doi.org/10.1007/s10902-021-00385-2>
- World Health Organisation. (2004). *Promoting Mental Health; Concepts emerging evidence and practice*. Summary report Geneva, World Health Organisation.
- World Health Organization. (2020). *Coronavirus disease 2019*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
- Yildirim, M., & Arslan, G. (2020). Exploring the associations between resilience, dispositional hope, preventive behaviours, subjective well-being, and psychological health among adults during early stage of COVID-19. *Current Psychology*, 1-11. <https://doi.org/10.1007/s12144-020-01177-2>
- Yildirim, M., & Sari, T. (2018). Öz-şefkat Ölçeği Kısa Formu'nun Türkçe uyarlaması: Geçerlik ve güvenilirlik çalışması. [Adaptation of the Short Form of Self-Compassion Scale into Turkish: a validity and reliability study]. *Abant İzzet Baysal University Journal of Education Faculty*, 18(4), 2502–2517. <https://doi.org/10.17240/aibuefd.2018.18.41844-452171>.
- Yildirim, M., & Solmaz, F. (2020). COVID-19 burnout, COVID-19 stress and resilience: Initial psychometric properties of COVID-19 Burnout Scale. *Death Studies*, 1-9. <https://doi.org/10.1080/07481187.2020.1818885>
- Yildirim, M., Arslan, G., & Ozaslan, A. (2020). Perceived risk and mental health problems among healthcare professionals during COVID-19 pandemic: Exploring the mediating effects of resilience and coronavirus fear. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-020-00424-8>
- Yildirim, M., Arslan, G., & Wong, P. T. P. (2021). Meaningful living, resilience, affective balance, and psychological health problems during COVID-19. *Current Psychology*. <https://doi.org/10.1007/s12144-020-01244-8>
- Yuksel, A., & Bahadır-Yılmaz, E. (2019). Relationship between depression, anxiety, cognitive distortions, and psychological well-being among nursing students. *Perspectives in Psychiatric Care*, 55(4), 690–696. <https://doi.org/10.1111/ppc.12404>.
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology. Health and Well-Being*, 7(3), 340–364. <https://doi.org/10.1111/aphw.12051>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.