

Subject Area
Psychology

Year: 2022
Vol: 8 Issue: 103
PP: 3245-3252

Arrival
05 July 2022

Published
26 October 2022

Article ID Number
64890

Article Serial Number
01

Doi Number
<http://dx.doi.org/10.29228/8/sssj.64890>

How to Cite This Article

Arslan, S. (2022). "The Role of Psychological Flexibility and Self-Compassion for Life Satisfaction During the Covid-19 Outbreak"

International Social Sciences Studies Journal, (e-ISSN:2587-1587)

Vol:8, Issue:103;
pp:3245-3252



Social Sciences Studies Journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

The Role of Psychological Flexibility and Self-Compassion for Life Satisfaction During the Covid-19 Outbreak

Covid-19 Salgını Sırasında Psikolojik Esneklik ve Öz-Şefkatin Yaşam Doyumu Üzerinde Rolü

Sibel Arslan¹ 

¹ Expert Psychologist., Ankara Yıldırım Beyazıt University, Clinical psychology, Ankara, Turkey

ABSTRACT

Covid-19 pandemic results in social, economical and psychological problems that affect the life satisfaction of individuals. The goal of the study is to investigate the relationships between psychological flexibility, self-compassion, and life satisfaction during the pandemic to contribute to the literature on understanding the significance of psychological flexibility and self-compassion as internal resources and possible contributors to life satisfaction. Convenience sampling was applied in the current study and reached the sample of 266 adults (188 females and 78 males, aged 18–55 years). Participants completed measures of The Satisfaction with Life Scale, Self-Compassion Scale Short Form and Psychological Flexibility Scale. Results revealed that self-compassion has a significant correlation with psychological flexibility including the subscales of committed action and values, mindfulness, defusion and self as context. Multiple regression analysis indicated that psychological flexibility and self-compassion predict 14.7% of the variance of life satisfaction. The results support the relationship between psychological flexibility, self-compassion and life satisfaction during the pandemic. In order to increase life satisfaction and psychological well-being during the pandemic, individuals should not ignore increasing flexibility and self-compassion.

Keywords: Life Satisfaction, Psychological Flexibility, Self-Compassion, Pandemic

ÖZET

Covid-19 salgını bireylerin yaşam doyumlarını etkileyen sosyal, ekonomik ve psikolojik sorunlara yol açmaktadır. Bu çalışmanın amacı, pandemi sırasında psikolojik esneklik, öz-şefkat ve yaşam doyumunu arasındaki ilişkileri araştırmak ve psikolojik esneklik ve öz-şefkatin yaşam doyumuna etkisini ortaya koymaktır. Mevcut çalışmada kolayda örnekleme yöntemi uygulanmış ve 18-55 yaş arası 266 yetişkin (188 kadın ve 78 erkek) örnekleme ulaşılmıştır. Katılımcılar, Yaşam Doyumu Ölçeği, Öz-Şefkat Ölçeği Kısa Formu ve Psikolojik Esneklik Ölçeğini doldürmüştür. Sonuçlar, öz-şefkatin, değer ve değerler doğrultusunda davranış, farkındalık, ayırma ve bağlam olarak kendilik alt ölçekleri dahil olmak üzere psikolojik esneklik ile anlamlı bir ilişkisi olduğunu ortaya koymuştur. Çoklu regresyon analizi, psikolojik esnekliğin ve öz-şefkatin yaşam doyumunu varyansının %14,7'sini yordadığını göstermiştir. Sonuçlar, salgın sırasında psikolojik esneklik, öz-şefkat ve yaşam doyumunu arasındaki ilişkiyi desteklemektedir. Salgın sürecinde yaşam doyumunun ve psikolojik iyi oluşun artması için bireylerin esnekliklerini artırmayı ve öz-şefkatlerini göz ardı etmemesi gerekmektedir.

Anahtar Kelimeler: Yaşam Doyumu, Psikolojik Esneklik, Özşefkat, Salgın

1. INRODUCTION

The coronavirus (Covid-19) pandemic adversely affects a substantial number of people all over the world and has led countries to take prohibitions to control the spread of the virus. The pandemic cannot be seen as a public health problem but has also brought many psychological, social and economic problems. The fact that too many people are infected and many die around the world has increased the anxiety of contracting the infection and the health of their loved ones (Osofsky et al., 2020). Many other measures such as social distancing and "Stay at home" orders caused people to feel isolated and weakened their social support mechanisms (Cuartas, 2020). Irregular sleep hours, online work and internet addiction can be listed as the causes of the psychological effects of the pandemic (Osofsky et al., 2020). Economic problems such as low income or unemployment, which especially affect or are likely to affect the middle and lower income groups, have also led to an increase in psychological distress (Sun et al., 2020). The study conducted by Bransdletter (2020) indicates that the main concerns during the pandemic are correspondingly economic problems (70%), the health of relatives and loved ones (37%) and personal health (10%). Psychological problems increased during the pandemic process (Galea et al., 2020). A considerable number of people suffer from anxiety, depression, panic, post-traumatic stress disorder, sleep difficulties and substance abuse during the pandemic (Sun et al., 2020).

1.1. Psychological Flexibility

Psychological flexibility is the orientation of a person's behavior in line with the values he has previously determined by focusing on the present rather than the past or the future (Luoma et al., 2010). Psychological

flexibility requires that one be able to experience internal experiences such as emotions, thoughts and bodily sensations as they are without any interpretation, control and attempt to change. People can only form their values and shape their behaviors in line with these values if they can sustain being in touch with these experiences (Fledderus et al., 2013). At this time, the satisfaction and quality of life that the person receives from life increases (Harris, 2016).

Psychological flexibility has 6 dimensions: "acceptance, defusion, contact with the present moment, contextual self, values and committed actions" (Luoma et al., 2010). The first four dimensions (acceptance, defusion, contact with the present moment and contextual self) are related to the processes of acceptance and being present, and the last two dimensions (values and behaviors in line with values) are related to behavior shown in line with values.

The opposite of psychological flexibility refers to psychological rigidity (Harris, 2009). Psychological rigidity, on the other hand, arises as a result of the focus on inner experiences such as emotions, thoughts, and desires rather than personal values and the present (Hayes et al., 2012). Individuals who focus too much on their inner life cannot display behaviors consistent with their goals or values (Yavuz, 2015). Studies conducted in the literature shows that there is a negative relationship between psychological flexibility and stress (Wersebe et al., 2018) and a positive relationship between psychological flexibility and life satisfaction (Harris, 2016) as well as self-compassion (Marshall & Brockman, 2016).

1.2. Self-Compassion

Self-compassion can be defined as showing compassion toward the self (Marshall & Brockmani, 2016). Self-compassion includes the individual's being sensitive and open to his/her feelings about negative experiences, the desire to reduce the pain that arises as a result of these experiences, and a loving attitude towards himself (Neff, 2003). According to the conceptualization of Neff (2003), self-compassion has three basic components: mindfulness, self-kindness and a sense of common humanity. In the face of the person's experiences that cause physical, emotional or cognitive pain, these components interact with each other and create a self-compassionate mindset.

Self-compassion has a positive and important effect on mental health and psychological functionality (MacBeth & Gumley, 2012). Studies reveal that self-compassion has a positive relationship with happiness, life satisfaction (Neely, et al., 2009), positive affect (Leary et al., 2007), cognitive flexibility (Martin et al., 2011), psychological flexibility, and emotional wellbeing (Marshall & Brockmani, 2016). On the other hand, it is suggested that self-compassion is negatively related to depression, anxiety (Raes, 2010), stress (Marshall & Brockmani, 2016), negative affect (Leary et al., 2007), emotional suppression and avoidance (Neff et al., 2005).

1.3. Life Satisfaction

Life satisfaction is the reflection of the difference between the current state of the person and his expectations as a result of evaluating his needs, goals and desires (Neugarten et al. 1961). During this evaluation process, the individual's satisfaction is determined by the difference between what is present and what is desired, according to the criteria determined by the individual (Diener et al. 1985). As the difference increases, satisfaction with life decreases (Pavot & Diener, 1993). This assessment leading to life satisfaction does not include a single area in the lives of individuals but indicates a general attitude towards the whole of one's life (Rice et al.1992).

Appleton and Song (2008) indicated six factors affecting life satisfaction. These factors are economic security, business and social status, opportunities and conditions, welfare level, living in a safe society and having good relationships with the family and environment. Schmitter (2003), on the other hand, claimed that happiness from daily life, finding life meaningful, striving towards goals, a positive approach to events and situations, physiological and psychological "well-being", interpersonal relationships, social support network, autonomy, open-mindedness and being active are determinants of life satisfaction.

Life satisfaction is associated with resilience, which is the ability of individuals to establish biological, psychological and cognitive balance when faced with a challenging or dangerous situation (Conner & Davidson, 2003). Many studies have shown that life satisfaction is positively correlated with psychological flexibility (Meyer et al., 2018) and resilience (Shetty, 2015; Yang et al., 2018; Morris et al. 2019). In studies conducted in Turkey during the Covid-19 pandemic, life satisfaction was found to be positively associated with resilience (Karataş & Tagay, 2021).

1.4. Purpose of the Present Study

Psychological flexibility and self-compassion are seen as internal recourses affecting regulation and determining life satisfaction (Kashdan & Rottenberg, 2010; Pyszkowska, 2020). They increase enhance effective coping and

increase well-being and quality of life (Bonnano, 2004). Although these concepts have gained a lot of space in the literature recently, there is no current study illustrating the effect of psychological flexibility and self-compassion on life satisfaction during the pandemic period. This study aims to (a) contribute to the limited literature about the relationship between psychological flexibility and self-compassion, (b) illustrate the interaction of psychological flexibility and self-compassion in the prediction of life satisfaction and (c) elaborate on the relationship between psychological flexibility and self-compassion as internal resources affecting life satisfaction during the the pandemic period. In this respect, the study aims to contribute to the development of psychological support programs for adults during and after a pandemic by revealing the effect of internal resources on satisfaction with life.

In this respect, three research questions that will be examined in the study are (1) What is the relationship between psychological flexibility and self-compassion? (2) What are the relationships between psychological flexibility and self-compassion and life satisfaction? and (3) To what degree does psychological flexibility predict variances in indices of life satisfaction beyond self-compassion?

2. METHOD

2.1. Participants

The sample consists of adults aged 18 years and over living in Turkey. Convenience sampling was applied in the study. A total of 266 individuals participated in the study with 188 women (70.7%) and 78 men (29.3%). Age range was 18–55 with $M_{age} = 30.29$ ($SD = 8.23$). In terms of education level, 1.6 % of respondents completed elementary education, 23.3% had high school, 58.3% undergraduate and 18.9% had graduate education. 56% of the participants are single, 43% married and 1% divorced. 70% have children and 89% have a chronic illness. Of the participants, 31% have low income, 40% have middle income and 29% have a high income.

2.2. Measures

Participants reported information about age, gender, educational level, marital status, number of children and their ages, income as well as negative effects of Covid-19 (for economic status, daily routine, family relations, psychological well-being and social relations) in demographic form.

2.2.1. Psychological Flexibility Scale

The scale was developed by Francis, Dawson, and Golijani-Moghaddam (2016) and adapted to Turkish by Karakuş and Akbay (2020). The scale consists of 28 items and is a 7-point Likert type (1 = strongly disagree; 7 = totally agree). The scale has five sub-dimensions: connect with the present moment or mindfulness (7 items), acceptance (5 items), self as context (3 items), defusion (3 items), committed action and values (10 items). Items 2, 3, 5, 6, 8, 18, 20, 22, 23, 24 and 25 are scored in reverse. High scores obtained from each subscale reflect high psychological flexibility. In this study, the Cronbach alpha coefficient is according to the sub-dimensions. .70 for self as context, .87 for committed action and values, .56 for mindfulness and .77 for the scale (Karakuş & Akbay, 2020). Cronbach's α value of the scale was .76 for the current study.

2.2.2. Self-Compassion Scale Short Form

The scale developed by Neff (2003) was adapted to Turkish by Kantaş (2013). The Self-Compassion Scale Short Form consists of 12 items. The scale has a 5-point Likert type rating in which "1= Almost never", "2=Rarely", "3=Occasionally", "4=Most of the time" and "5=Almost always." The reliability for the Turkish version of the scale is .94. Items 3, 5, 6, 7, 8, and 9 are reversely coded. The scale is uni-dimensional and further research is needed for the subscales factor structure (Kantaş, 2013). High points indicate a highly compassionate self. Cronbach's α value of the scale was .89 for this study.

2.2.3. The Satisfaction with Life Scale

The Satisfaction with Life Scale is developed by Diener et al. (1985) and adopted to Turkish by Dağlı and Baysal (2016). The scale consists of 5 items. The scale has a 5-point Likert type self-rating in which "1= agree on a little" and "5= Strongly agree". The scale is uni-dimensional. The scale provides points between 5-25. A high score indicates a high level of life satisfaction. Cronbach's alpha value of Turkish version of the scale is .73. The scale has a .88 internal consistency coefficient value. Cronbach's α value of the scale was .90 for this study.

2.3. Statistical Analysis

Obtained data were analyzed with the SPSS program. Mediation analysis and regression analysis were conducted. Independent variables are self-compassion and psychological flexibility. The dependent variable is life satisfaction.

First of all, descriptive statistics were conducted for demographic variables. To examine Research Questions 1 and 2, Pearson's r correlations were calculated. To examine Research Question 3, regression analyses are conducted to illustrate whether psychological flexibility has a significant variance in life satisfaction above and beyond self-compassion.

2.4. Procedure

After getting Ethics Committee approval from Ankara Yıldırım Beyazıt University. The measurements were prepared online via Google Forms. Social Demographic Form, The Satisfaction with Life Scale, Self-Compassion Scale Short Form and Psychological Flexibility Scale were applied to the participants. Link of the survey shared with email and Whatsapp groups. The informed consent form was also provided which explained the purpose of the study, that they can leave the survey without providing any excuse and also all personal information will be protected under privacy. No compensation is provided which means participation is voluntary.

3. RESULTS

The dataset is checked for missing data before analysis. No outlier exists according to residual plots. Skewness and Kurtosis values are between -1.5 and +1.5 except for "having chronic illness" meaning that the data are normally distributed (Tabachnick & Fidell, 2013). Reliability analysis shows that all scales show adequate reliability with Cronbach's alphas ranging from .76 and .90. Descriptive statistics for the scales were also conducted (Table 1).

Table 1. Means, Standard Deviations and Minimum-Maximum Scores of Scale

Scale and Sub-scales	<i>M</i>	<i>SD</i>	<i>Median</i>	<i>Min.- Max.</i>
SLS	13.39	4.66	14	5-25
SCS-SF	37.03	9.31	37	12-56
PFS	127.62	17.32	128	86-170
<i>Subscales of PFS</i>				
Acceptance	17.57	6.06	17	5-34
Committed Action and Values	54.34	9.23	55	24-70
Mindfulness	31.41	6.98	32	13-48
Defusion	12.12	4.06	12	3-21
Self as Context	12.18	4.12	12	3-21

Note. SLS = The Satisfaction with Life Scale, SCS-SF = Self-Compassion Scale-Short Form, PFS = Psychological Flexibility Scale.

When the effect of demographic data on the variables was examined, an independent sample t-test was conducted to investigate the effect of gender, and no significant effect was found on life satisfaction, self-compassion, psychological flexibility and the effect of the pandemic.

Another independent-sample t-test was conducted to compare life satisfaction, self-compassion, psychological flexibility and the negative effect of the pandemic in terms of having children or not. For life satisfaction, there was a significant difference for having children ($M = 14.63$, $SD = 4.28$) and not having children ($M = 12.85$, $SD = 4.73$); $t(264) = 2.90$, $p = .004$. In terms of self-compassion, there was a significant difference for having children ($M = 38.83$, $SD = 8.91$) and not having children ($M = 36.24$, $SD = 9.39$); $t(264) = 2.09$, $p = .037$. In terms of psychological flexibility there was a significant difference for having children ($M = 132.22$, $SD = 17.01$) and not having children ($M = 125.60$, $SD = 17.11$); $t(264) = 2.90$, $p = .004$. For the negative effect of the pandemic, there is not any significant difference between having or not having children.

An independent-samples t-test was conducted to compare life satisfaction, self-compassion, psychological flexibility and the negative effect of the pandemic in terms of being single or married. For life satisfaction, there was a significant difference for being single ($M = 12.58$, $SD = 4.68$) and being married ($M = 14.49$, $SD = 4.43$); $t(261) = 3.35$, $p = .001$. In terms of self-compassion, there was not a significant difference. In terms of psychological flexibility there was a significant difference for being single ($M = 124.21$, $SD = 17.14$) and being married ($M = 131.55$, $SD = 16.50$); $t(261) = 3.50$, $p = .001$. For the negative effect of pandemic, there was a significant difference for being single ($M = 19.46$, $SD = 3.36$) and being married ($M = 18.68$, $SD = 2.74$); $t(261) = 2.03$, $p = .044$.

The difference between the groups according to education level and having a chronic illness was not analyzed because there was too much difference between groups. To see the effect of income One Way ANOVA was conducted. Results shows that There was a significant effect of income on life satisfaction at $p < .001$ for three conditions $F(2,263) = 27.73$, $p = .000$. Post hoc comparisons using the Tukey HSD test showed that the mean score for low income condition ($M = 10.47$, $SD = 4.27$) was significantly different than the middle income condition ($M = 14.48$, $SD = 4.20$) and high income condition ($M = 14.94$, $SD = 4.31$). However, the middle-income condition did not significantly differ from the high-income condition. The high-income group has the highest life satisfaction score and subsequently middle and low-income groups.

There was also a significant effect of income on psychological flexibility at $p < .01$ for three conditions $F(2, 263) = 5.19, p = .006$. Post hoc comparisons using the Tukey HSD test showed that the mean score for low income condition ($M = 122.54, SD = 17.27$) was significantly different than the middle income condition ($M = 129.60, SD = 16.73$) and high income condition ($M = 130.18, SD = 17.32$). However, the middle-income condition did not significantly differ from the high-income condition. The high-income group has the highest psychological flexibility score and subsequently middle and low-income groups.

There was also a significant effect of income on self-compassion at $p < .05$ for three conditions $F(2, 263) = 3.77, p = .024$. Post hoc comparisons using the Tukey HSD test showed that the mean score for low income condition ($M = 34.69, SD = 9.26$) was significantly different than the middle income condition ($M = 38.14, SD = 9.45$) but not differ than high income condition ($M = 37.95, SD = 8.85$). The middle-income group also did not significantly differ from the high-income group. The middle-income group has the highest self-compassion score and subsequently high and low-income groups.

To examine Research Questions 1 and 2, Pearson's correlations were conducted for all variables (see Table 2).

Table 2. Correlations Matrix Key Variables

Variable	1	2	3	4	5	6	7	8	9
1. Life Satisfaction	-	.33**	.35**	.055	.28**	.16**	.22**	.26**	-.47**
2. Self-Compassion			.57**	.07	.42**	.28**	.44**	.43**	-.37**
3. Psychological Flexibility				.39**	.76**	.56**	.51**	.47**	-.33**
4. Acceptance					-.09	.31**	-.09	-.06	-.08
5. Committed Action and Values						.19**	.40**	.38**	-.26**
6. Mindfulness							-.05	-.17**	-.13*
7. Defusion								.50**	-.24**
8. Self as Context									-.24**
9. Negative Effect of Pandemic									-

* $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

When the correlation of the variables examined, life satisfaction is positively significantly correlated with self-compassion ($r = .33, p < .01$) and psychological flexibility ($r = .35, p < .01$) and negatively correlated with negative effect of pandemic ($r = -.47, p < .01$). Self-compassion is also significantly negatively correlated with positively correlated with psychological flexibility ($r = -.57, p < .01$) and negatively correlated with the negative effect of pandemic ($r = -.37, p < .01$). Psychological flexibility is also negatively correlated with negative effect of pandemic ($r = -.33, p < .01$).

Self-compassion is positively correlated with the same dimensions of the psychological flexibility in which Committed Action and Values ($r = .42, p < .01$), Mindfulness ($r = .28, p < .01$), Defusion ($r = .44, p < .01$), and Self as Context ($r = .43, p < .01$). Life satisfaction has also significant correlation with most of the dimensions of psychological flexibility: Committed Action and Values ($r = .28, p < .01$), Mindfulness ($r = .16, p < .01$), Defusion ($r = .22, p < .01$), and Self as Context ($r = .26, p < .01$).

A multiple regression analysis was carried out to examine whether psychological flexibility and self-compassion could significantly predict life satisfaction scores. Before that assumptions are checked for homoscedasticity and normal distribution. Variables were continuous and have a linear relationship. There was no outlier. Multiple regression analysis results showed that the model explained 14.7% of the variance and the model was a significant predictor of life satisfaction, $F(2, 263) = 22.74, p = .001$. Level of life satisfaction was significantly predicted by both the psychological flexibility ($\beta = .36, t = 3.41, p < .01$) and self-compassion ($\beta = .24, t = 2.85, p < .01$). As psychological flexibility increases by one point, life satisfaction increase by 0.36 points and as self-compassion increases by one point, life satisfaction increase by 0.24 points (see Table 2). The regression equation is as "Life Satisfaction = $0.325 + (.356 * \text{Psychological Flexibility}) + (.237 * \text{Self-Compassion})$ " (see Table 3).

Table 3. Predicting Life Satisfaction from Psychological Flexibility and Self-Compassion

Predictor	B	CI _{95%} for b		β	t	p
		Lower	Upper			
Psychological Flexibility	.36	.15	.56	.24	3.41	.005*
Self-Compassion	.24	.074	.401	.20	2.85	.001*

Note. * $p < .01$.

4. DISCUSSION

In this study, it is aimed to examine the relationship between life satisfaction, self-comparison and indices of psychological flexibility during the pandemic period. In this respect, for Research Questions 1 and 2, Pearson's r

correlations show that self-compassion has a significant correlation with psychological flexibility and its dimensions including committed action and values, mindfulness, defusion, and self as context. There was no significant correlation between the acceptance dimension of psychological flexibility and any other variable. It's also indicated that there is a significant positive relationship between psychological flexibility, self-compassion and life satisfaction. There is also a significant negative correlation between the negative effect of the pandemic and life satisfaction, self-compassion and psychological flexibility including dimensions of committed action and values, mindfulness, defusion, and self as context. To examine Research Question 3 Multiple Regression Analysis indicates that psychological flexibility and self-compassion is a significant predictors of life satisfaction.

The result of the study is compatible with the literature where there is a positive relationship between self-compassion and psychological flexibility (Marshall & Brockman, 2016) and dimensions of psychological flexibility (Van Dam et al., 2011). The results are also consistent with the fact that psychological flexibility and self-compassion is the predictor of life satisfaction (Kashdan & Rottenberg, 2010; Pyszkowska, 2020). They are both seen as internal resources affecting resilience (Marshall & Brockman, 2016). Psychological flexibility with its cognitive nature and self-compassion with its affective nature influence resilience (Shattell & Johnson, 2018). An increase in resilience may increase life satisfaction.

Psychological flexibility gives people a different perspective and the ability to adapt to new situations (Kashdan & Rottenberg, 2010; Pyszkowska, 2020). As people gain skills that will increase psychological flexibility, their life satisfaction also increases (Meyer et al., 2018). On the other hand, high self-compassion leads to a decrease in maladaptive psychological functioning (Neff et al., 2007). Taking these facts into consideration, it's undoubtedly the fact that maintaining psychological flexibility in this worldwide pandemic, with its process and uncertain end, is vital.

According to the results of the research, having a high income and having children is also advantageous in terms of life satisfaction, self-compassion and psychological flexibility. Moreover, being married has emerged as a factor that increases both life satisfaction and psychological flexibility but does not increase self-compassion. Gender has no significant effect on any of the variables. While the negative effect of the pandemic is more in single people, having children does not significantly affect this negativity.

The study has the implication that in order to increase life satisfaction during and after the pandemic, compassion and flexibility-based treatments and support programs can be developed and examined for their effect. In this study, it was not taken into account whether people have psychopathology or not and its effect on variables was not examined. Therefore, caution should be taken when making inferences about the clinical population. Since the study includes many correlations, it is important not to consider the results of studies containing correlations within the framework of causality. Sampling limitation exists in the study in terms of a convenience sample and a predominance of female participants which may influence the results.

The study may be replicated with broader populations and with the comparison of clinical and nonclinical participants. Moreover, considering the fact that people's internal resources change over time (Pyszkowska, 2020), the effect of internal resources on life satisfaction can be repeated with a long-term study. The effect of the pandemic over time on groups of different ages and cultures can be examined.

REFERENCES

1. Appleton, S., & Song, L. (2008). "Life satisfaction in urban China: Components and determinants", *World Development*, 36(11): 2325-2340.
2. Bonnano, G. (2004). "Loss, trauma, and human resilience", *American Psychologist*, 59(1): 20-28.
3. Branstetter, S., Poulain, T., Vogel, M., Meigen, C., Melter, M., Seelbach-Goebel, B., Apfelbacher, C., Kiess, W., Kabesch, M., & Koerner, A. (2020). "The impact of the COVID-19 pandemic on families in Germany", *MedRxiv*.
4. Conner, K. M., & Davidson, J. R. T. (2003). "Development of a new resilience scale: The Conner-Davidson resilience scale (CD-RISC)", *Depression and Anxiety*, 18: 76-82.
5. Cuartas, J. (2020). "The heightened risk of child maltreatment amid the COVID-19 pandemic can exacerbate mental health problems for the next generation", *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(1): 195-196.
6. Dağlı, A., & Baysal, N. (2016). "Yaşam doyumu ölçeğinin Türkçe'ye uyarlanması: Geçerlik ve güvenilirlik çalışması", *Electronic Journal of Social Sciences*, 15(59): 1250-1262.

7. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). "The satisfaction with life scale", *Journal of Personality Assessment*, 49(1): 71-75.
8. Diener, E., Suh, E., Lucas, R., & Smith, H. (1999). "Subjective well-being: Three decades of progress", *Psychological Bulletin*, 125(2): 276-302.
9. Fledderus, M., Bohlmeijer, E. T., Smit, F., & Westerhof, G. J. (2010). "Mental health promotion as a new goal in public mental health care: A randomized controlled trial of an intervention enhancing psychological flexibility", *American Journal of Public Health*, 100(12): 2372-2372.
10. Francis, A. W., Dawson, D. L., & Golijani-Moghaddam, N. (2016). "The development and validation of the Comprehensive Assessment of Acceptance and Commitment Therapy processes (CompACT)", *Journal of Contextual Behavioral Science*, 5: 134-145.
11. Galea, S., Merchant, R. M., & Lurie, N. (2020). "The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention", *Journal of the American Medical Association Intern Medicine*, 180(6): 817-818.
12. Harris, R. (2009). *ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy*. New Harbinger Publication, 26-30.
13. Harris, R. (2016). *ACT'i Kolay Öğrenmek: İlkeler ve Ötesi için Hızlı bir Başlangıç*. İstanbul: Litera Yayıncılık.
14. Hayes, S. C., Strosahl K. D., & Wilson, K. G. (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. New York: Guilford Press.
15. Kantaş, Ö. (2013). *Impact of Relational and Individuation Self-Orientations on the Well-Being of Academicians: The Roles of Ego-or Eco-System Motivations, Self-Transcendence, Self-Compassion and Burnout*. Unpublished Master Thesis. Middle East Technical University. Ankara.
16. Kashdan, T. B., & Rottenberg, J. (2010). "Psychological flexibility as a fundamental aspect of health", *Clinical Psychology Review*, 30(7): 865-878.
17. Karakuş, S., & Akbay, S. (2020). "Psikolojik esneklik ölçeği: Uyarılma, geçerlik ve güvenilirlik Çalışması", *Mersin Üniversitesi Eğitim Fakültesi Dergisi*, 16(1): 32-43.
18. Karataş, Z., & Tagay, Ö. (2021). "The relationships between resilience of the adults affected by the Covid pandemic in Turkey and Covid-19 fear, meaning in life, life satisfaction, intolerance of uncertainty and hope", *Personality and Individual Difference*, 172.
19. Leary, M. R., Tate, E. B., 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.
20. Luoma, J. B., Hayes, S. C., & Walser, R. D. (2010). *Learning ACT: An Acceptance & Commitment Therapy Skills-Training Manual for Therapists*. New Harbinger Publications. 549-552.
21. 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.
22. Marshall, E. J., & Brockman, R. N. (2016). "The relationships between psychological flexibility, self-compassion, and emotional well-being", *Journal of Cognitive Psychotherapy*, 30(1): 60-72.
23. Martin, M. M., Staggers, S. M., & Anderson, C. M. (2011). "The relationships between cognitive flexibility with dogmatism, intellectual flexibility, preference for consistency and self-compassion", *Communication Research Reports*, 28(3): 275-280.
24. Meyer, E. C., Frankfurt, S. B., Kimbrel, N. A., DeBeer, B. B., Gulliver, S. B., & Morrisette, S. B. (2018). "The influence of mindfulness, self-compassion, psychological flexibility, and posttraumatic stress disorder on disability and quality of life over time in war veterans", *Journal of Clinical Psychology*, 74(7): 1272-1280.
25. Morriss, J., Saldarini, F., & Van Reekum, C. M. (2019). "The role of threat level and intolerance of uncertainty in extinction", *International Journal of Psychophysiology*, 142: 1-9.
26. Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y. J. (2009). "Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being", *Motivation and Emotion*, 33: 88-97.

27. Neff, K. D. (2003). "Self-compassion: An alternative conceptualization of a healthy attitude toward oneself", *Self and Identity*, 2: 85-102.
28. Neff, K. D., Hsieh, Y., & Dejitterat, K. (2005). "Self-compassion, achievement goals, and coping with academic failure", *Self and Identity*, 4: 263-287.
29. Neff, K. D., Kirkpatrick, K., & Rude, S. (2007). "Self-compassion and adaptive psychological functioning", *Journal of Research in Personality*, 41: 139-154.
30. Neugarten, L. B., Havinghust, J. R., & Tobin, S. S. (1961). "The measurement of life satisfaction", *Journal of Gerontology*, 16(2): 134-143.
31. Osofsky, J. D., Osofsky, H. J., & Mamon, L. Y. (2020). "Psychological and social impact of COVID-19", *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5): 468-469.
32. Pavot, W., & Diener, E. (1993). "Review of the satisfaction with life scale", *Psychological Assessment*, 5(2): 164.
33. Pyszkowska, A. (2020). "Personality predictors of self-compassion, ego-resiliency and psychological flexibility in the context of quality of life", *Personality and Individual Differences*, 161: 109932.
34. Raes, F. (2010). "Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety", *Personality and Individual Differences*, 48: 757-761.
35. Schmitter, C. P. (2003). "Making Sense of the EU: Democracy in Europe and Europe's democratization", *Journal of Democracy*, 14(4): 71-85.
36. Shattell, M., & Johnson, A. (2018). "Mindful self-compassion: How it can enhance resilience", *Journal of Psychosocial Nursing and Mental Health Services*, 56(1): 15-17.
37. Shetty, V. (2015). "Resilliency, hope and life satisfaction in midlife", *Journal of Humanities and Social Science*, 20(6): 29-32.
38. Sun, S., Lin, D., & Operario, D. (2020). "Need for a population health approach to understand and address psychosocial consequences of COVID-19", *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(1): 25-27.
39. Tabachnick, B.G. & Fidell, L.S. (2013). "Using Multivariate Statistics (sixth ed.). Pearson, Boston.
40. Wersebe, H., Lieb, R., Meyer, A. H., Hofer, P., & Gloster, A. T. (2018). "The link between stress, well-being, and psychological flexibility during an acceptance and commitment therapy self-help intervention", *International Journal of Clinical and Health Psychology*, 18(1): 60-68.
41. Yang, C., Xia, M., Han, M., & Liang, Y. (2018). "Social support and resilience as mediators between stress and life satisfaction among people with substance use disorder in China", *Frontiers in Psychiatry*, 9: 436.
42. Yavuz, F. K. (2015). "Kabul ve kararlılık terapisi: Genel bir bakış", *Türkiye Klinikleri Psikiyatri*, 8(2): 21-28.