

## The Role of Trait Mindfulness, Self-Compassion, and Caring for Bliss in Life Satisfaction: Controlling for Perceived Stress during the COVID-19 Pandemic

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Having gathered data from 341 participants (210 females and 131 males) over the age of 18, we investigated the predictive role of mindfulness, self-compassion, and caring for bliss in life satisfaction, controlled by perceived stress during the COVID-19 pandemic. The results of a confirmatory factor analysis acknowledged the single-factor structure of the Caring for Bliss Scale adapted within the scope of this study. The mean life satisfaction scores indicated that the sample was “displeased with the life” in the midst of the pandemic. In addition, the results of a hierarchical regression showed that, after controlling for perceived stress, mindfulness, caring for bliss, and self-compassion respectively explain a significant variance of life satisfaction scores during the COVID-19 pandemic. The hierarchical model proposed was found to account for 35% of variance in the life satisfaction levels of the participants across the relevant period. The results indicate that the Caring for Bliss Scale is a valid and reliable instrument to be used in Turkish culture. In addition, mindfulness, self-compassion, and caring for bliss could be accepted as possible protective factors to be cultivated in order to enhance life satisfaction during the pandemic.

*Key words:* life satisfaction, mindfulness, self-compassion, caring for bliss, perceived stress, COVID-19

### Introduction

In December 2019, China announced the discovery of new respiratory virus later labeled COVID-19, which had begun to spread among the inhabitants of the city of Wuhan. By this

time, the World Health Organization (2020a) had already declared that there were various coronaviruses spreading that caused respiratory infections, such as the common cold and other diseases like the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), yet COVID-19

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represented a highly infectious variant of this category of such viruses. After the emergence of the first COVID-19 cases in Wuhan, lock-downs and intercity travel restrictions were imposed over quarantined districts. However, despite such precautions taken in Wuhan, the virus spread to the other continents in the beginning of 2020. As of August 18, 2020, the WHO (2020b) has confirmed 21,938,207 cases around the world with 775,582 deaths reported from all nations combined.

Turkey announced its first COVID-19 case on March 11, 2020, and as of August 18, 2020, the Turkish Health Ministry announced a total of 251,815 cases, along with 6,016 infected individuals having succumbed to the disease. Just as in other countries, various city-bound or country-wide decisions were made in order to prevent the spread of the infection in Turkey between March and July 2020. Following the announcement of the first case, schools at all levels, as well as the universities, were closed and their courses moved online, while weekend lockdowns were initiated at certain intervals and curfews announced for individuals below the ages of 18 and above 65 – with fines leveled against those who violated the restrictions and refused to wear masks. In the meantime, all cafes and restaurants were restricted to deliver in-shop services and social events, weddings, sports activities and all international flights were either restricted or delayed.

The resultant social, psychological, and economic transformations and challenges that this period marked sparked anxieties, fears, and ambiguities for people of all ages and nationalities. While principally, this fear was caused by the worry they or their loved ones may fall prey to the illness, such anxieties were amplified by the fear of losing jobs, not being able to pay loans, as well as further economic issues that the pandemic measures represented (Trzebiński, Cabański, & Czarnecka, 2020). In addition, these were accompa-

nied by psychological issues brought about by the feeling of loneliness and isolation due to the lock-downs, social distancing, and quarantines (Van Bavel et al., 2020). Similarly, concerns over health issues and work-related ambiguities – not to mention family conflicts – led to inevitable distress across the world (Blustein et al., 2020).

### **Life Satisfaction during the COVID-19 Pandemic**

Given the current situation across the world, with new daily adjustments and changes being brought about by pandemic measures, a significant decline in life satisfaction is not unexpected. Life satisfaction is defined as a subcomponent of the concept of “happiness” in the field of positive psychology and is the result of comparing what an individual seeks (expectations) and what he or she has (Diener, 2000). The pandemic holds detrimental and generally uncontrolled incidents that are characterized through unpredictable results in the short and long run. This situation leads to making assumptions for our social and personal life through a more permanent perspective rather than through knowledge and experience. Moreover, the distress of the pandemic has had an unfavorable effect on interpreting the emerging reality as much as it distorts one’s reflection over expectations for the future (Trzebiński, Cabański, & Czarnecka, 2020). Thus, it is not surprising that the worldwide pandemic, mainly perceived through illnesses, restrictions, anxieties, and isolation, widens the gap between one’s perspectives and wishes, desires and intentions.

To date, there have been few studies worldwide in scope dedicated to this issue, however, one piece of research from Soest, Bakken, Pedersen and Sletten (2020) found that a significant decline in life satisfaction and well-being scores had occurred in adolescents before

and during the era of COVID-19. Furthermore, Zacher and Rudolph's (2020) investigation into life satisfaction, as well as positive and negative affection, among German individuals found that there was no significant variation in life satisfaction, nor in positive and negative affect scores between December 2019 and March 2020, but a significant decrease in life satisfaction, and in positive and negative affect scores between March 2020 and May 2020. Another study of life satisfaction conducted by Çelik (2020) in Turkey found that life satisfaction and social competencies among nursing students had been hit negatively during the COVID-19 pandemic.

#### **Relationship between Mindfulness, Self-Compassion, and Caring for Bliss with Life Satisfaction**

This study aims to investigate the predictive role of psychological factors in life satisfaction during the COVID-19 pandemic. One of the factors thought to predict life satisfaction is "mindfulness."

Mindfulness can be considered the preservation of a unique and conscious vitality with a widely available reality (Hanh, 1991). Mindful awareness pertains to certain characteristics, such as intention, non-judgment, and acceptance (Kabat-Zinn, 1994) and derives from the Buddhist tradition, which presents it as a deliberate effort to direct attention toward present internal events (e.g., emotions, cognitions, body, breathing) or approach external stimuli with an attitude of neutrality, acceptance, non-reactivity, and kindness (Mace, 2008). Studies suggest that this idiosyncratic form of awareness leads to well-being (Brown & Ryan 2003), resilience (Pidgeon & Keye, 2014; Sünbül-Aydın & Güneri, 2019), and life satisfaction (Kong, Wang, & Zhao, 2014; Bajaj & Pande, 2016; Wang & Kong, 2020) in various populations.

An examination of the psychological processes at work during the COVID-19 pandemic showed high levels of anxiety, hopelessness, and boredom – very much the expected consequences of the ambiguities created by the pandemic (Behan, 2020). Mindfulness may diminish the fear-dominated and downbeat view over future through changing the focus of the individuals to the richness, vitality, and authenticity of the present moment. Supportively, this peculiar form of attention and awareness may diminish anxiety, depression (Bouvet, Grignon, Zachariou, & Lascar, 2015), distress caused by external factors (Rodriguez, Wei, Xiaoming, & Xinghua, 2015), social anxiety (Parsons, 2015), and similarly unfavorable psychological states in various groups. In order to counter such fallout, we assumed that mindfulness would positively and significantly contribute to life satisfaction of adults during the pandemic.

Another psychological construct that we proposed as a predictor of life satisfaction at this time was "self-compassion." Self-compassion refers to an open and accepting attitude toward the pain that exists in life and pertains to a tenderhearted and concerned attitude toward the self when faced with challenges and setbacks (Neff & Dahm, 2015). Compassion includes sensitivity to suffering accompanied by a profound ambition to alleviate this suffering (Goetz, Keltner, & Simon-Thomas, 2010). Thus, self-compassion can be highlighted as an active effort to soothe and comfort the self during testing times and a reminder to ourselves that these experiences are a normal part of being human (Bishop et al., 2004).

Through the lens of positive psychology, self-compassion is regarded as a positive personal resource and asset that would predict life satisfaction and well-being (Seligman, 2002; Thoits, 1994). Studies indicate that self-compassion proves to be a predictor of life satisfaction in adults (Yang, Zhang, & Kou,

2016), college students (Anggraeni & Kurniawan, 2012; Çağlayan-Mülazım & Eldeleklioğlu, 2016), and unemployed youth (Sabaitytė & Diržytė, 2016). In addition, Li et al. (2021) found that self-compassion had positive links to life satisfaction in a Chinese community sample living in self-quarantine during the pandemic, while also finding that positive coping formed a mediator between self-compassion and life satisfaction.

When times are hard, we may experience challenges showing compassion for ourselves to the same degree that we feel compelled to show compassion to others (Neff, 2012). If we can empower and cultivate such compassion for ourselves during such trying periods and connect to our inner self with kindness and compassion, we can accept the suffering and challenges that we are facing. In a similar vein, Kavaklı et al. (2020) found that self-compassion partially mediates the perception of COVID-19 and death anxiety. The researchers indicated that this psychological factor would be crucial in dealing with stress and death anxiety during the pandemic. Similarly, Li et al. (2021) also showed individuals with higher levels of self-compassion to be gifted with more positive psychological resources, which, in turn, increased their satisfaction with life. Based on these premises, we also assumed that self-compassion would form a positive predictor for life satisfaction in the face of the pandemic.

The last factor that we examined as a contributor to life satisfaction during the COVID-19 pandemic was “caring for bliss.” In Buddhist tradition, bliss is considered a continuous and authentic happiness (Dambrun & Ricard 2011). This real happiness can be defined as a form that transcends the momentary ups and downs of our emotional states (Ekman, Davidson, Ricard, & Wallace, 2005). According to Seligman (2012), this state refers to a high level of subjective well-being

and consists of positive emotions or a pleasant life, commitment, relationships, meaning, and success. Bliss is an unlimited and endless inner joy, or true happiness, undisturbed by external happiness. It is a joy based on a state of peace and a compassionate heart (Rudaz et al., 2020). According to Hanh (2008), there is no unrealized condition that has to be attained before we can be happy. In addition, he suggests appreciating the beauty of the life that is always accessible and to appreciate what we have in the here and now.

According to Rudaz et al. (2020) caring for bliss portrays active practices or behaviors to cultivate inner joy or genuine happiness. These practices or behaviors cover searching for the permanent happiness inside, being grateful for what one has, etc. In Buddhist tradition, caring for bliss involves the cultivation of happiness unbounded through the regulation of attention and maintenance of self-compassion. Caring for bliss involves active practices or behaviors and therefore expresses the process of developing inner joy. Moreover, the attention and care required to capture this authentic state is inherently related to personal well-being (Rudaz, Ledermann, & Fincham, 2022) and life satisfaction (Rudaz et al., 2020). Thus, we lastly assumed that the active practice to cultivate inner joy or genuine happiness, in itself, would positively predict life satisfaction of participants measured over the course of the COVID-19 pandemic.

All in all, this study aims at discovering the predictive role of mindfulness, self-compassion, and caring for bliss for life satisfaction during the COVID-19 pandemic, controlling for the current perceived stress of the sample in light of the distress levels suffered over the course of the pandemic (Blustein et al., 2020; Van Bavel et al., 2020). We thus controlled for the perceived stress in order to better clarify the unique roles of mindfulness, self-compassion,

sion, and caring for bliss in the life satisfaction levels of the participants in the relevant periods. Thus, the following specific research question was posed: How can mindfulness, self-compassion, and caring for bliss predict life satisfaction scores during the COVID-19 pandemic, controlling for the current stress levels of participants?

### Method

#### Sample

The participants of this study include 341 individuals 18 years of age and older. The sample was made up of 210 females (61.58%) and 131 males (38.42%), with an average age of 23.99 ( $SD = 6.84$ ). The current educational status of the participants included two literates (.6%), two elementary school graduates (.6%), one secondary school graduate (.3%), 14 high school graduates (4.1%) and 322 university students (94.4%). In addition, 211 of the participants were single (61.9), 59 were in a romantic relationship (17.3%), four were engaged (1.2%), 58 were married (17%), while nine were widowed (2.7%). The sample of the study was selected through a snowball sampling method, in which we requested the conveniently selected participants to deliver online forms to their friends and acquaintances over the age of 18.

#### Data Collection Tools

*Life Satisfaction Scale* (Diener et al., 1985) is a measurement tool consisting of five items (e.g., "In most ways my life is close to my ideal," "So far I have gotten the important things I want in life.") and a single dimension of one's satisfaction with life. Higher scores in the scale mean higher levels of life satisfaction. This self-report scale is a 7-point Likert type tool (1: Strongly Disagree – 7: Strongly Agree).

The Turkish form of the scale was prepared as a 5-point Likert type. The Cronbach alpha internal consistency coefficient of the Turkish form of the scale was .88 and test-retest reliability was .97. The findings of a CFA showed that this scale has a single factor structure and consists of five items in the Turkish sample (RMSEA = .03, GFI = .99, AGFI = .97) (Dağlı & Baysal, 2016). We used the original 7-point Likert type version of the scale in this study. The Cronbach alpha coefficient of the Life Satisfaction Scale was .88 in our study.

*The Caring for Bliss Scale (CBS)* (Rudaz, Ledermann, May, & Fincham, 2020) is a one-factor scale measuring the active practices to cultivate inner joy or genuine happiness. There are four items (e.g., "I can generate a feeling of happiness in the here and now," "I take time to acknowledge the things for which I am grateful.") in the scale. The items are scored through a 5-point scale ranging from 0 (never) to 4 (regularly) and higher scores indicate higher levels of the active practices to cultivate inner joy or genuine happiness. The single-factor structure of the scale was confirmed ( $\chi^2(2) = 2.434, p = 0.296$ ; CFI = 0.997; RMSEA = 0.033 (90% CI = [0.000, 0.146]); and SRMR = 0.021), while the internal consistency coefficients were .73 and .88. in two different studies. Datu, Fincham, and Buenconsejo (2022) also examined the validity and measurement invariance of CBS in the Philippines and the United States during the COVID-19 pandemic. The results of a multi-group confirmatory factor analysis supported the single factor structure of this measurement tool in both of these cultures. In this cross-cultural study, CBS was found to have a satisfactory internal consistency level and it also showed negative correlations with stress, anxiety, and depression and positive correlations with well-being measures.

Validity and reliability studies of the Turkish version of the scale (see Appendix A) were

Table 1 Unstandardized/standardized factor loadings of Caring For Bliss Scale

Construct	Item	Unstandardized Factor Loadings	Standardized Factor Loadings	SE	<i>t</i>	<i>R</i> <sup>2</sup>
Caring For Bliss	Item1	.55	.63	.06	9.18	.40
	Item2	.72	.72	.07	9.95	.52
	Item3	.39	.43	.06	6.62	.19
	Item4	.41	.40	.07	6.10	.16

conducted within the scope of this research. We conducted a confirmatory factor analysis testing the originally offered single factor structure of the scale. After covariation of the errors between Item 3 and Item 4, the CFA confirmed the single factor structure of the Caring for Bliss Scale in our sample ( $\chi^2(1) = 2.35, p = 0.125; CFI = 0.99; TLI = .95; RMSEA = 0.06, GFI = 0.997$ ). The standardized and unstandardized values of the items along with the other parameters are presented in Table 1.

Given Table 1, the standardized coefficients for the items were; Item 1 = .63;  $t = 9.18, p < .001$ ; Item 2 = .72,  $t = 9.95, p < .001$ ; Item 3 = .43,  $t = 6.62, p < .001$  and Item 4 = .49,  $t = 6.10, p < .001$ . The variance explained by the items had the values between .16 and .52, which all came out to be statistically significant ( $p < .001$ ). In addition, the Cronbach alpha value of the scale was .70 in our sample. Overall, these results indicate statistical evidence for the validity and reliability of the Caring for Bliss Scale (CBS) in our study.

*The Mindful Attention Awareness Scale (MAAS)* (Brown & Ryan, 2003) is a measure of mindful attention and awareness in adults. There are 15 negatively stated items (e.g., "I find it difficult to stay focused on what's happening in the present," "I forget a person's name almost as soon as I've been told it for the first time," "I do jobs or tasks automatically, without being aware of what I'm doing.") in the scale that measure mindfulness as a single factor construct. The scale is a 6-point

Likert type (1: Almost Always – 6: Almost Never), with increasing scores pointing to higher mindfulness degrees. The results of the confirmatory factor analysis in the original study supported the single factor structure of the scale ( $GFI = .92, CFI = .91, RMSEA = .06$ ). The Cronbach alpha value of the scale was found to be .82 while the test-retest valued .81 (Brown & Ryan, 2003). In the Turkish version of the MAAS, the Cronbach alpha value was found to be .80, while the test-retest value came to .86 (Özyeşil, Arslan, Bıçak, & Deniz, 2011). The internal consistency indicator, Cronbach alpha of MAAS came to .88 for this study.

*Short Form of Self-Compassion Questionnaire* (Raes, Pommier, Neff, & Van Gucht, 2011) is a 12-item scale (e.g., "When something painful happens I try to take a balanced view of the situation," "When I fail at something that's important to me, I tend to feel alone in my failure.") created to measure self-compassion. The positively formed subscales of this measurement tool are self-kindness, awareness of common humanity, and mindfulness; negatively formed sub-dimensions are self-judgment, isolation, and over-identification. The scale has a 5-point Likert type format (1: Almost never – 5: Almost always). In the Turkish adaptation study, the scale exhibited a single factor structure and this structure consists of two subcomponents. In addition, one item (item 10) was excluded from the scale due to a low factor loading. The internal consistency coefficient of the whole scale was

found to be .75 with a test-retest value of .84 in the adaptation study (Yıldırım & Sarı, 2018). The Cronbach alpha value of the Short Form of Self Compassion Questionnaire was .90 for the whole scale in this study.

*Perceived Stress Scale-10* (Cohen, Kamarck, & Mermelste, 1983) is a two-factor scale measuring the perceived stress of individuals over the previous month. The scale has two different factors, labeled “inadequacy perception” and “stress/discomfort perception.” There are ten items (e.g., “In the last month, how often have you been upset because of something that happened unexpectedly?”, “In the last month, how often have you been able to control irritations in your life?”) scored from 0 (Never) to 4 (Very often). The positively formed items, with the fourth, fifth, seventh, and eighth items scored inversely and higher scores indicating higher perceived stress. The internal consistency coefficients of the scale were found as .84 and .85 in the original studies. The internal consistency coefficient of the Turkish adaptation of the scale came to .82, while the test-retest value measured .88 for the adapted form (Eskin, Harlak, Demirkiran, & Dereboy, 2013). The Cronbach alpha coefficient of the scale was explored, providing a measure of .88 within the scope of this study.

### Procedure

Data was collected from an adult community sample taken via online Google forms delivered from March, 2020 to June, 2020. After obtaining the relevant authorization of the Ethics Committee, the researchers forwarded links to the electronic forms to the university students and adults who volunteered and asked that these individuals share the links with their acquaintances between the ages of 18-65. Before the application of the scales, the purpose of the research was explained in an electronic form by the researchers, and

those who checked to participate were provided with the “Scales” section by reading and approving this statement. In addition, in consideration of privacy, participants were asked not to share their identification information in any way. Afterwards, the scale package consisting of personal information form, Life Satisfaction Scale, Mindful Attention and Awareness Scale, Short Form of Self Compassion Questionnaire, Caring for Bliss Scale, and Perceived Stress Scale were filled out in order. The estimated time required for answering the scales was 20 minutes.

### Data Analysis

Thereafter, we completed the data collection phase of the research, scanning and arranging the data in terms of missing values, outliers, and normality (Tabachnick & Fidell, 2006). The scanning and sorting steps of the data were executed with the help of the SPSS 23 package program (IBM, 2011). The confirmatory factor analysis of the Caring for Bliss Scale was conducted thorough the AMOS 18 program (Byrne, 2001). In addition, the SPSS 23 package program was used to examine the predictive role of mindfulness, self-compassion, and caring for bliss in life satisfaction during the COVID-19 pandemic, controlling for perceived stress through a hierarchical regression analysis. As part of the hierarchical regression analysis, the researchers decide the order of independent variables assumed to predict a dependent variable. In our analysis, two models were created and compared in terms of the significance of the independent variables selected (Tabachnick & Fidell, 2006). Regarding the higher stress levels that emerged during the pandemic (Blustein et al., 2020), we controlled the perceived stress in the first model and then examined the significance of each variable (mindfulness,

self-compassion, and caring for bliss) added to our second life satisfaction model.

## Results

### Life Satisfaction Levels during the COVID 19 Pandemic and Gender Differences

The mean and standard deviation values of the life satisfaction scores during the COVID-19 pandemic ( $M = 13.78$ ,  $SD = 4.13$ ) were explored. According to Pavot and Diener (2013), life satisfaction scores can be classed as “dissatisfied” if they come between 10-14 in the relevant sample. Thus, the average life satisfaction scores of the sample indicate a displeasure with their life during this pandemic.

We also checked for any difference in life satisfaction scores according to gender, but the result of an independent samples *t*-test indicated a non-significant difference between the life satisfaction scores of females and males. Therefore, we did not control for gender in our hierarchical regression model of life satisfaction.

### How Does Mindfulness, Self-Compassion, and Caring for Bliss Predict Life Satisfaction during COVID-19, Controlling for Perceived Stress?

We then ran a hierarchical regression for investigating the role of mindfulness, self-compassion, and caring for bliss in life satisfaction

controlling for the perceived stress during COVID-19. Primarily, we checked the correlation values between the variables, the results of which are given in Table 2.

The correlations summarized in Table 2 show that perceived stress had a significantly negative relation to life satisfaction scores during COVID-19 ( $r = -.38$ ,  $p < .001$ ). Moreover, the life satisfaction levels of the sample were found to exhibit significantly positive relations with the predictor variables of mindfulness ( $r = .51$ ,  $p < .001$ ), self-compassion ( $r = .41$ ,  $p < .001$ ), and caring for bliss ( $r = .39$ ,  $p < .001$ ). At this point, we examined the hierarchical model to find that mindfulness, self-compassion, and caring for bliss were predictors for life satisfaction scores during the relevant period and controlled for perceived stress. The findings of the hierarchical model are found in Table 3.

Table 3 shows that perceived stress has a significantly negative predictive contribution to the life satisfaction, as summarized in Model 1 ( $\beta = -.25$ ,  $t = -7.79$ ,  $p < .001$ ). The first model specified significantly that this has accounted for a 16% variance in the life satisfaction during the COVID-19 pandemic ( $F(1,338) = 60.63$ ,  $p < .001$ ). In the second model, we proposed mindfulness, self-compassion, and caring for bliss as predictors of life satisfaction controlled for the perceived stress. This model led to a 20% change in  $R^2$  with regards to the first hierarchical model and explained a 35% variance in the life satisfaction scores during the pandemic. The second model also

Table 2 *Intercorrelations between variables*

Variable	1	2	3	4	5
1. Perceived stress	-				
2. Mindfulness	-.38	-			
3. Self-compassion	-.43	.47	-		
4. Caring for bliss	-.22	.35	.38	-	
5. Life satisfaction	-.40	.51	.41	.39	-

Note.  $N = 341$ ; All correlations were significant (two-tailed) at  $***p < .001$  level.

Table 3 The findings of a hierarchical regression analysis for the predictors of life satisfaction during the COVID-19 pandemic controlling for the perceived stress

Variable	B	SEB	$\beta$	t	A-R <sup>2</sup>	$\Delta R^2$	$\Delta F$	Cohen's $f^2$
<b>Model 1</b>								
1. Perceived stress	-.25	.03	-.40	-7.79***	.16	.16	60.63***	
<b>Model 2</b>					.35	.20	32.17***	.29
1. Perceived stress	-.12	.03	-.19	-3.77**				
2. Mindfulness	.09	.02	.31	5.79***				
3. Self-compassion	.05	.03	.11	1.94*				
4. Caring for bliss	.34	.08	.20	4.04***				

Note.  $N = 341$ ; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

came out as statistically significant ( $F(3,335) = 43.74, p < .001$ ). Given the specific contribution of each predictor in Model 2, mindfulness holds the biggest contribution to the life satisfaction during COVID-19 pandemic ( $\beta = .31, t = 5.79, p < .001$ ), followed by caring for bliss ( $\beta = .20, t = 4.04, p < .001$ ), perceived stress ( $\beta = -.19, t = -3.77, p < .01$ ), and self-compassion ( $\beta = .11, t = 1.94, p < .05$ ). Lastly, we calculated the Cohen's  $f^2$  in order to check for the effect size of our hierarchical regression model. Cohen (1988) formulated that,  $f^2 \geq 0.02$ ,  $f^2 \geq 0.15$ , and  $f^2 \geq 0.35$  represent small, medium, and large effect sizes, respectively. Thus, the Cohen's  $f^2$  value of .29 showed that mindfulness, self-compassion, and caring for bliss had a medium effect size on life satisfaction after controlling for perceived stress.

### Discussion

The initial purpose of this study was to explore how mindfulness, self-compassion, and caring for bliss have contributed to the life satisfaction scores during the COVID-19 pandemic, controlling for current stress levels. Given the preliminary descriptive results, the sample showed a "dissatisfied" view of life experienced by the respondents during the course of the period. According to the life satisfaction

scoring, as introduced by Pavot and Diener (2013), the "dissatisfied" category means that the respondents are significantly displeased with their lives and experience a number of problems in various domains or worse problems in at least one or two spheres of their lived experience. Regarding the unfavorable consequences of the COVID-19 pandemic in the personal, social, familial, economical, and occupational realm (Blustein et al., 2020; Trzebiński, Cabański, & Czarnecka, 2020; Van Bavel et al., 2020), it is not surprising that the participants' report of their life satisfaction during the pandemic indicated that they were experiencing problems in various forms. In addition, this level of life satisfaction may also be explained as a result of poor functioning due to the distractive role of unhappiness that emerged (Pavot & Diener, 2013). Thus, it can be said that the restrictions, quarantines and similar challenges brought onto our lives has disturbed our psychological functioning and happiness levels – hence diminishing the satisfaction with our lived experience.

Furthermore, when we looked to control for perceived stress, mindfulness, caring for bliss, and self-compassion respectively, these were found to predict a significant variance in life satisfaction. As expected, mindfulness was found to significantly predict life satisfac-

tion scores vis-a-vis the COVID-19 pandemic. Essentially, this trait was found to be the best predictor of life satisfaction in the time of the pandemic.

Mindfulness is a distinct way of cultivating a here and now focused attention and awareness towards cognition, emotions, actions, and external events intentionally, acceptably and non-judgmentally (Bishop et al., 2004; Germer, 2005). As explained earlier, life satisfaction involves a cognitive appraisal of one's satisfaction with life in terms of desired and current status, which was upended to a certain degree by the onset of the pandemic measures. However, it can be advocated that those mindful individuals, who can easily bring equanimity, balance, and presence to their cognitions and other inner/external experiences also successfully countered discontent in terms of their thoughts and emotions, having evaluated the satisfaction that they got from life during the pandemic. We can also claim that such therapeutic awareness also assisted individuals in grasping the genuineness and liveliness of the present moment and accepting their current life conditions, rather than getting stuck in the stressful and unambiguous experiences brought about by the pandemic.

Following mindfulness, caring for bliss was also found to significantly explain life satisfaction scores during the COVID-19 pandemic. Caring for bliss refers to an active stance taken in order to bring about inner happiness, or bliss. Individuals who strive to nurture bliss in life do not allow their pleasure or happiness to lessen in the face of external events and exhibit high levels of well-being (Rudaz, Ledermann, May, & Fincham, 2020). Thus, it seems that individuals possessing this trait did not let the unfavorable consequences of the pandemic diminish their tendency to seek joy, bliss, and satisfaction in their lives. In addition, Hanh (2008) underlines that bliss re-

fers to being happy with what is present and appreciating what one has. Thus, we can also claim that those who actively open pathways to cultivate bliss and praise for what they own in the moment, rather than ruminatively focusing on the psychological, economic, and social burdens of the pandemic, exhibited higher levels of satisfaction with their lives despite the ongoing conditions.

The last significant contributor of life satisfaction during the COVID-19 pandemic was self-compassion. The finding that self-compassion positively predicted life satisfaction is parallel to the findings of previous studies that have examined this connection (Anggrae-ni & Kurniawan, 2012; Çağlayan-Mülazım & Eldeleklioğlu, 2016; Sabaitytė & Diržytė, 2016; Yang, Zhang, & Kou, 2016). Self-compassion is described as a kind attitude toward suffering and pain, as well as a feeling of connection that is at peace in the face of adversity (Neff, 2012). Self-compassion is also an active effort to alleviate suffering by soothing and relieving the self in difficult times (Bishop et al., 2004). According to Neff and Dahm (2015), this active and powerful way of treating the self with compassion and care enhances well-being through enabling individuals to cope with life challenges more easily.

Gilbert (2005) also mentions that this gentle and soothing attitude toward the self and the course of existence is inevitably related to well-being (Gilbert, 2005) as well as one's cognitive appraisal of their life status and anticipations, which are the main indicators of life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985). In addition, Leary et al. (2007) highlight that self-compassion diminishes the emotional and cognitive responses to negative life events. Thus, we may firmly conclude that self-compassionate individuals, who presumably welcome and embrace the distress and uncertainties the pandemic has brought about, are more satisfied with their current

life status and expectations – notwithstanding consequences of measures.

This study accommodates some inferences for researchers, experts and any parties interested in promoting life satisfaction of human beings during the pandemic. First of all, we discovered that the participants were dissatisfied and thus, practitioners and policymakers intending to facilitate psychological well-being in citizens suffering from the COVID-19 pandemic should take this status into account when highlighting the impact of this outbreak. We further discovered that individuals who were mindful, engaged in active practices or behaviors to cultivate inner joy or genuine happiness and who are compassionate toward themselves reported better rates of satisfaction with their lives during the pandemic. Mindfulness, caring for bliss, and self-compassion are traits that can be cultivated through effort and practice (Rudaz, Ledermann, May, & Fincham, 2020). In a meta-analysis study, Khoury et al. (2015) indicated that mindfulness-based stress reduction (MBSR) programs have a substantial effect on stress, medium effect on distress, anxiety, depression, and life quality while having a small effect on burnout. Neff and Germer (2013) tested the effectiveness of the Mindful Self-Compassion (MSC) program in two studies. In both of these studies, participants reported higher levels of mindfulness, self-compassion, and well-being compared to the control groups. Rudaz et al. (2019) also showed that a brief mindfulness training enhanced mindfulness, self-compassion, the generation of feelings of happiness while it decreased self-criticism from pretest to posttest in students. Taken all together, online individual or group interventions promoting well-being and life satisfaction or self-help programs or web-sites designed for the public welfare are also recommended to encourage the cultivation of mindfulness, caring for bliss,

and self-compassion skills – which are needed during the pandemic as much as ever.

Of course, the study has some shortcomings that should be taken into account. First of all, a lack of randomization during the sample selection process imposed some restrictions over the representativeness of the sample. Although we tried to form a representative adult sample in terms of the demographic characteristics, the majority of our sample consisted of the university students between the ages of 18 to 25. Thus, the generalizability of the conclusions that emerged in this study will mainly be operative for individuals within these age ranges.

In addition, the data of this study was collected from March, 2020 to June, 2020 which coincide with the very beginning of the pandemic in Turkey. Thus, these results may not totally reflect the current condition of the same or similar samples in terms of the psychological factors included under the scope of this study. In other words, individuals who have overcome the initial shock of the pandemic may now report different levels of life satisfaction or the predictive roles of perceived stress, mindfulness, self-compassion, and caring for bliss and could have been reflected differently if the same study had been conducted at a later time. Lastly, though mindfulness, caring for bliss, self-compassion, and perceived stress accounted for a significant variance in the life satisfaction scores during the pandemic, we cannot claim a causal relationship between these psychological factors and life satisfaction regarding the correlative design of the study. In addition, regarding the remaining unexplained variance in life satisfaction, we are similarly unable to conclude that all variance in life satisfaction levels comes from the predictors proposed in the study – and thus there are still undiscussed factors that must also predict life satisfaction individuals experience in the midst of the pandemic.

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**Appendix A****Mutluluk İlgisi Ölçeđi (Turkish Version of the Caring for Bliss Scale)**

Lütfen ařađıdaki ifadelerin her birinin sizin için ne sıklıkta geçerli olduđunu belirtin.

	Asla (0)	Nadiren (1)	Bazen (2)	Sık sık (3)	Sürekli (4)
1. Burada ve řimdi mutluluk hissi yaratabilirim.	0	1	2	3	4
2. Kalıcı mutlulukları dıřarıda deđil, kendi içimde ararım.	0	1	2	3	4
3. Minnettar olduđum řeyler için teşekkür etmeye zaman ayırırım.	0	1	2	3	4
4. Kalbimi derinden dinlerim.	0	1	2	3	4