

Self-Compassion and Spirituality Practices: Students Dealing with the Covid-19 Context

Autocompaixão e Práticas de Espiritualidade: Estratégias de Estudantes no Enfrentamento do Contexto do Covid-19

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ABSTRACT

The crisis generated by the Covid-19 pandemic has motivated investigation on the ways people deal with unexpected and stressful moments. This work seeks to analyze meditation-focused spirituality practices and levels of self-compassion of undergraduate students during the Covid-19 pandemic. It aims at understanding how such constructs may positively affect the way university students have faced this crisis. A survey was carried out with 650 undergraduate students, applying a questionnaire. Questions asked about sociodemographic profile and well-being and meditation practices, in addition to the Self-Compassion Scale, validated in Brazil by Souza and Hutz (2016). Results point to greater vulnerability of students during the pandemic and indicate the importance of spirituality practices, such as meditation, in facing the context of social isolation. Results also suggest that a more regularity of self-care and wellness practices is associated with higher self-compassion among respondents. This study provides theoretical and managerial contributions by examining the role of spirituality and self-compassion practices as strategies for coping with very stressful contexts, such as the Covid-19 pandemic.

Keywords: Pandemic, Spirituality, Self-compassion, Meditation, Undergraduate Students.

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RESUMO

O enfrentamento da crise desencadeada pelo COVID-19 ressaltou a importância do olhar para como as pessoas lidam com momentos inesperados e estressantes. Nesse sentido, este trabalho busca analisar os níveis de autocompaixão e práticas de espiritualidade com foco em meditação de estudantes de graduação durante a pandemia do COVID-19, a fim de entender o quanto estes construtos podem ou não afetar positivamente a forma com que a crise é encarada entre os universitários. Realizou-se uma pesquisa *survey* com 650 estudantes de

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RESUMO

graduação, utilizando um questionário composto por questões sobre o perfil sociodemográfico e as práticas de bem-estar e meditação, além da Escala de Autocompaixão, validada no Brasil por Souza e Hutz (2016). Os resultados apontam maior vulnerabilidade dos estudantes durante a pandemia e indicam a importância de práticas de espiritualidade, como a meditação, no enfrentamento do contexto de isolamento social. Os resultados ainda sugerem que a maior frequência de práticas de autocuidado e bem-estar está associada a maiores níveis de autocompaixão dos estudantes pesquisados. O estudo visa contribuir para avanços sobre o papel das práticas de espiritualidade e autocompaixão como estratégias para o enfrentamento de situações altamente estressantes, desafiadoras e desagradáveis, como a pandemia de COVID-19.

Palavras-Chave: Pandemia, Espiritualidade, Autocompaixão, Meditação, Estudantes Universitários.

Introduction

Pandemics spread relatively quickly between countries and affect their populations at micro and macro systemic levels, imposing new social habits, decrees, laws, rules and general living conditions in order to contain transmission. The new coronavirus (Covid-19) has been affecting the world, characterized as a pandemic by the World Health Organization. Several measures have been taken to contain the spread of the virus: isolating the population, screening patients suspected of having the virus, restricting travelling, surveilling and quarantining those exposed to it (OPAS, 2020). The pandemic has exposed the population to much stress, anxiety, sadness and other symptoms that affect people's mental health. Consequently, a significant part of the population cannot face isolation in a healthy way.

Psychological problems accompanying the pandemic have quickly increased public health concerns (CASTRO-DE-ARAUJO; MACHADO, 2020; GRUBIC; BADOVINAC; JOHRI, 2020; TORALES et al., 2020; WEBB, 2021). Recent research analyzing the impact of the Covid-19 pandemic on mental health warn about high levels of depression and anxiety among the general population (WANG et al., 2020). Paho (2019) estimates that a third or half of the population may have some psychopathological condition, given the magnitude of the event and degree of vulnerability. Castañeda and Hernández-Cervantes (2020)'s study with Chinese people have indicated that patients infected or suspected of infection, doctors, nurses, family

members and friends close to infected patients may have anxiety, depression and anger, in addition to fear of contagion and association with other mental problems. The authors argue that in this context it is essential to reflect on different forms of self-care that extrapolate physical care.

Among different types of self-care is spirituality. Spirituality as a form of care favors introspection and contemplation. Likewise, this type of self-care as personal practice facilitates the development of resilient strategies to deal with complex and difficult situations. Therefore, spirituality may be a possibility for managing mental health, one that provides a better understanding of moments of difficulty and suffering (CASTAÑEDA; HERNÁNDEZ-CERVANTES, 2020).

In this perspective, the concept of mindfulness – meditation techniques related to spirituality practices – is characterized as quality of awareness that allows experiencing present moment (thoughts, sensations and emotions) attentively, intentionally and with a non-judgmental attitude (KABAT-ZINN, 2005). Spirituality practices and mindfulness are also associated with self-compassion.

Self-compassion is an attitude that involves feelings of kindness, understanding and self-acceptance, as well as recognition of one's own suffering/pain and acceptance of failures and mistakes as part of human condition (NEFF, 2003a). Neff understands self-compassion as healthy and positive attitude towards the self in the face of situations of suffering and difficulties. It encompasses self-kindness in place of severe self-criticism. Mindfulness in place of over-identification – balanced awareness and acceptance of one's (painful) feelings. Common humanity rather than social isolation. According to Neff and Germer (2013), mindfulness in the context of self-compassion involves being aware of painful experiences in a balanced way that does not ignore or ruminate on unpleasant aspects of oneself or one's life. It is necessary to be aware of personal suffering in order to practice compassion to oneself.

Literature on self-compassion has identified it as strong predictor of mental health and well-being (NEFF, 2003a). The concept is positively associated with life satisfaction, happiness, emotional intelligence, wisdom, personal initiative, optimism, curiosity and exploration, agreeableness, extroversion, conscientiousness, and overall positive affectivity (NEFF; KIRKPATRICH; RUDE, 2007). In the current scenario resultant from pandemic, spirituality and development of a self-compassionate atti-

tude may be, directly or indirectly, related to mental health and ability to deal with moments of suffering, pain and isolation. However, as it is a recent phenomenon, there are few studies discussing implications of the new coronavirus on the mental health of the population (SCHMIDT et al., 2020; ZANDIFAR; BADRFAM, 2020).

This context has refocused discussions towards the issue of mental health and the several affected populations. A recent review mapped main stressors in pandemic situations, such as fear of infection, frustration, boredom, inadequate supplies, inadequate information, financial loss and stigma (BROOKS et al., 2020). Current research assessing mental health during the pandemic have been mostly focusing on health professionals, children and the general population (HOLMES et al., 2020; LAI et al., 2020; XIE et al., 2020). It was only in 2020 that international studies evidenced psychological effects of the pandemic on the mental health of university students (CAO et al., 2020; JIANG, 2020; KAPAROUNAKI et al., 2020; MEDA et al., 2021; ROY et al., 2020; SON et al., 2020; WANG; ZHAO, 2020; ZHAI; DU, 2020). Bruffaerts et al. (2018) considers university students a vulnerable population.

Kaparounaki et al. (2020) investigated consequences of the pandemic on the mental health of Greek students. They identified a significant increase of 42.5% in the level of anxiety, 74.3% in depression and 63.3% in total suicidal thoughts. They have also observed 66.3% increase in hours of sleep, while quality of sleep worsened by 43.0%. Authors warn that long-term consequences are unknown, clearly stating that vulnerable populations need specific interventions regarding mental health (KAPAROUNAKI et al., 2020).

Recent studies with university students indicate that adaptations of educational activities to the context of the pandemic represent the strongest stressors among respondents, along with uncertainty regarding academic progression (ROY et al., 2020). Another study with Chinese university students revealed that not only those directly affected by the disease have suffered in the pandemic, but the general population (JIANG, 2020). University students have experienced obsession, anxiety and fear related to the pandemic, suggesting that obsession is caused by the need to wash hands to prevent infection. Worsening of students' psychological state is related to the specific circumstances of Covid-19, such as home quarantine, fear of becoming infected by the virus, uncertainties about the development of the pandemic, challenges of remote learning, among others (JIANG, 2020).

That said, this study aims at analyzing self-compassion rates and spirituality practices of undergraduate students in the context of the Covid-19 pandemic. It intends to motivate reflection on the process of spiritual self-care, unveiling elements of the context of the pandemic faced by Brazilian students, thus allowing promotion of spirituality in moments of crisis. Spirituality can intervene in the promotion of mental health of isolated individuals, especially through self-care strategies that favor self-compassion in people facing complex situations such as this.

Spirituality Practices

Research on spirituality has intensified significantly in recent years, emerging from different segments, like the academic environment, especially from disciplines such as psychology, medicine and health, religion, anthropology, education, sociology, business and administration (KING, 2011). A literature review has determined there is no single definition of the term “spirituality” among those conducting scientific research on the issue (MARSCHKE; PREZIOSI; HARRINGTON, 2009). According to Locander and Weinberg (2014), this is because is a multifaceted concept, encompassing intimate relationship with the inner self, values, morality, needs, meaning and purpose, providing transcendental experience.

When expanding the general understanding of the meaning of spirituality, it is possible to affirm that it is related to notions of connection, integration, inseparability and mysticism in which all human beings are linked (VASCONCELOS, 2017). King (2011) suggests naming spirituality in the plural, i.e. spiritualities, given the different possibilities of conceptualizing it. The author also proposes a broad definition in which spiritualities connote ideas, practices and commitments that nourish, sustain and shape the structure of human life, whether as individuals or communities.

Spirituality has key elements: it is not formal, organized or structured; it cannot be limited to religious denominations; it is broadly inclusive, not pro-elitist; it is universal and timeless; it is an essential source and provider of life meaning and purpose; it is fear in the presence of the transcendental, the sacred in the whole; feeling interconnected with the whole; inner peace and calm; an inexhaustible source of power and will; it is the ultimate essence (MITROFF; DENTON, 1999).

King (2008) argues that spirituality can be very helpful in strengthening inner abilities to have greater understanding of unexpected situations and events. Research on Polish university students with chronic physical illnesses showed that young people with high levels of spirituality were more likely to cope better with stressful and painful situations. It is also associated with greater satisfaction with life, even in demanding situations (MAIER; SURZYKIEWICZ, 2020). Oliveira et al. (2020), in a theoretical review about cancer patients' spirituality when coping with pain, presented several studies that relate spirituality positive contributions to dealing with pain.

In view of the multiplicity regarding the concept of spirituality, this work assumes meditation as one of the main techniques that expands spirituality. Designated as a mind-body technique (HANKEYH, 2006; KABAT-ZINN, 2005), meditation is described as a mental training capable of producing greater integration between mind, body and the external world (BREFCZYNSKI-LEWIS et al., 2007).

Meditative practice can be divided into two main forms: a) concentrative – training attention to a single focus, such as breathing, counting synchronized with the breath, a mantra or some sound, among others; whenever distraction occurs, the practitioner should simply return his/her attention to focus; b) mindfulness – characterized by awareness of the experience of present moment, acting with acceptance, without elaboration or judgment. When internal or external stimuli reach the practitioner's consciousness, he/she simply observes them and the same way they come the individual lets them disappear, without any reflection or rumination (SHAPIRO et al., 2005).

The mindfulness technique is awareness of knowledge that emerges by paying deliberate attention to present moment with no evaluative judgment about one's own existence. It is a technique that allows focusing the mind in full awareness/mindfulness, self-knowledge and reduction of automatic thoughts (BREFCZYNSKI-LEWIS et al., 2007). According to the Mindfulness Academy (Academia de Mindfulness; <https://academiademindfulness.com.br>), there are differences between meditation and mindfulness. There are numerous types of meditation, the vast majority related to different spiritual traditions. Although each tradition places its peculiarities in the practices, we can affirm that the practice of concentration is the essence of meditation. Therefore, mindfulness meditation is one of many types of meditation. Although its origin dates back more than 2000 years, it was only during the 1990s that mind-

fulness meditation technique received greater attention as a therapeutic intervention tool to treat psychological problems such as stress, anxiety and depression. (KENG; SMOSKI; ROBINS, 2011).

In 1970, Kabat-Zinn developed a program called “mindfulness-based stress reduction (MBSR)”, aiming to treat chronic pain and stress. Later, it was used to reduce psychological morbidity associated with chronic illnesses and emotional treatment (KABAT-ZINN, 2005). International studies prove the benefits of the MBSR program in terms of psychological well-being, reduction of stress, anxiety, anguish and depression (SHAPIRO et al., 2008). According to Chiesa and Serretti (2009), in adults the main effect of the program is reduced stress and increased spirituality. The second effect is greater empathy and self-compassion, decreasing rumination of thoughts and anxiety.

Spirituality Practices and Self-Compassion

Self-compassion can be understood as a useful emotion regulation strategy, in which painful and distressing feelings are not avoided, but rather held in awareness, in kindness, understanding, and a sense of common humanity. In this sense, self-compassion implies assuming an attitude of acceptance in relation to aspects considered less positive, even in situations of suffering. Feelings of compassion correspond to higher brain activity in the prefrontal cortex, a region associated with contentment and optimism (LUTZ et al., 2004).

It is important to emphasize that self-compassion is different from self-pity (GOLDSTEIN; KORNFIELD, 2001) and it is not related to selfishness and egocentrism, or prioritization of individual needs above the needs of others (NEFF, 2003a). Self-compassion implies recognizing that suffering, failure or feeling inadequacy are part of human condition and that everyone – including the individual – are worthy of compassion.

In the model proposed by Neff (2003a), self-compassion comprises three interconnected components: 1) Self-kindness: being kind and understanding towards oneself, instead of blaming or criticizing oneself; 2) Common Humanity: recognizing that painful experiences are part of life, rather than feeling isolated and disconnected

from other people or the world; and 3) Mindfulness: being attentive to painful emotions and thoughts to keep them in balanced awareness, instead of avoiding them and/or identifying too much with them, which would generate an over-identification.

It is important to emphasize that the mindfulness that integrates self-compassion is distinguished from the practice of mindfulness meditation (NEFF; GERMER, 2013), because the former focuses on suffering and negative experiences. In contrast, the mindfulness technique emphasizes all experiences (including alertness to sensory stimuli and awareness of feelings and suffering), regardless of whether they are positive or negative.

While mindfulness is necessary to experience self-compassion, it is important to stress that the two constructs are not exactly the same. First, the kind of mindfulness inherent to self-compassion is narrower in scope than mindfulness in general. The self-compassion-related mindfulness refers to balanced awareness of negative thoughts and feelings involved in personal suffering. The meditation technique, in general, refers to ability of paying attention to any experience – positive, negative or neutral – with acceptance and equanimity (NEFF; GERMER, 2013). Another distinction between mindfulness and self-compassion lies in their respective targets (GERMER, 2009). The mindfulness technique tends to focus on inner experience (feelings, emotions, thoughts), rather than focusing on the self as experiencer.

Neff and Germer (2013) indicate that individuals with greater self-compassion tend to exhibit greater mindfulness and less stress, and reduced symptoms of depression and anxiety. Results suggest that mindfulness-based interventions, as a general concept, also affect the capability of mindfulness as component of self-compassion, referring to the way subjects experience and accept their suffering experiences (NEFF; GERMER, 2013).

In addition, according to Neff and Germer (2017), self-compassion is extremely relevant for coping with painful situations that are beyond the control of individuals, characteristic of the Covid-19 pandemic. Self-compassionate people are less likely to catastrophize in negative situations, to experience anxiety after a stressor, and to avoid tasks that are challenging out of fear or failure (ALLEN; LEARY, 2010). According to Leary et al. (2007), evidence shows that self-compassion cushions the effect of negative experiences; in other words, self-compassionate people perceive negative events to reduce their effect.

Methodological Procedures

This study chose the survey research as method, signing a partnership with the company Estagiar. The company kept a database of university students who had previously applied for internship or permanent vacancies.

The survey was sent to a mail list of 4,649 contacts. The first filter selected undergraduate students as research population: bachelor, teaching and associate degrees. The second considered updated registrations, from March 2019 on, in other words, curricular data for internship application. Two e-mails were sent to motivate respondents: the first on September 22, 2020, when the unique click-through rate was 1,377. The second email was sent on September 25, 2020, when the open rate was 1,161, and 267 unique clicks. The survey had a total of 795 respondents and 650 valid respondents.

Data was gathered with Survey Monkey, a tool used by Estagiar. The questionnaire consisted of 44 questions and it was divided into 4 sections. In the first section, 7 questions were sociodemographic; in the second, 4 questions referred to the situation of students in the context of Covid-19; the third section was composed of 26 questions related to the Self-Compassion Scale; and, in the fourth section, 7 were aimed at investigating well-being and meditation activities during social isolation.

In the section about meditative practices, the form was divided into students who had already practiced it and those who had never had contact with meditation. Most of the questions offered answer option “other”, asking to specify. The Self-Compassion Scale was an exception, following standards already validated in previous studies. The average response time for the questionnaire was 14 minutes.

The Self-Compassion Scale consists of 26 items organized into 6 subscales, designated as: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. It is a Likert scale format of 5 points (1 = almost never; 5 = almost always) where a 5 result represents greater self-compassion. This work applied the Self-Compassion Scale adapted from the Neff (2003b) scale by Souza and Hutz (2016). This scale aims at evidencing construct validation and reliability of the Self-Compassion Scale for Brazil, based on the original work by Neff (2003b).

Once data was gathered, Croanbach's Alpha internal consistency indicator was calculated to verify reliability of the Self-Compassion Scale constructs. Reliability indicators showed satisfactory values – indexes above 0.7 (HAIR et al. 2007).

Descriptive statistics was applied for data analysis: average per question, general average, standard deviation per question, segmentation in subscales and their respective averages and standard deviation. In addition, several crossings were carried out between the Self-Compassion Scale general average, the average of the subscales and the following questionnaire variables: a) routine of activities during the pandemic; b) days of the week and periodicity of respondent's dedication to well-being; and c) meditation practice. Data analysis was performed using the software Statistical Package for Social Sciences.

Results and Discussion

This section presents the profile of the 650 respondents: 466 female (72%) and 180 male (28%); 02 respondents marked the option transgender and 2 agender, both representing 0.31%; the prevalent age group is 20 to 24 years old, 370 responses (56.9% of total); 71 respondents 25-29 (26.31%); 47 respondents 30-34 (7.23%); and 22 respondents 15-19 (3.38%).

Regarding education, 100% are registered in some higher education institution. 545 (84%) are studying for a bachelor degree, 85 (13%) for an associate degree and 20 respondents (3%) are studying for a teaching degree.

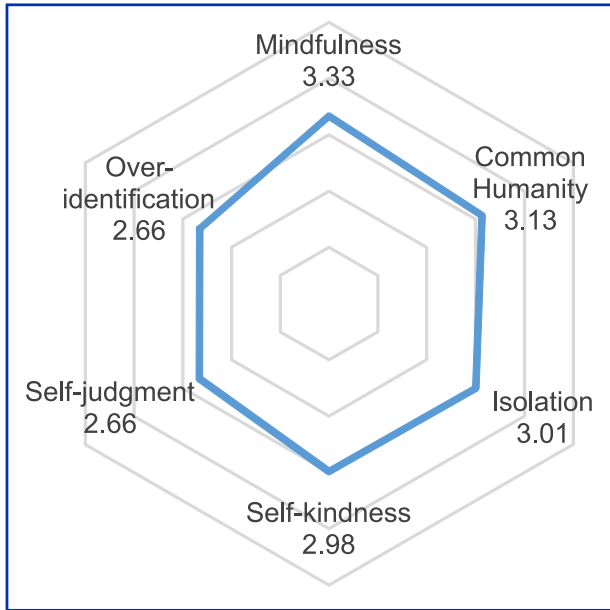
In addition, 391 (60.15%) live with their parents (or one of the parents); 145 (22.31%) with a partner and/or children; 47 (7.23%) alone and 46 (7.08%) with (an) other family member(s). Finally, 12 (3.23%) live in student housing, with friends or in another collective housing.

STUDENT SELF-COMPASSION LEVELS

Before starting statistical analysis, all negative items for subscales Self-judgment, Over-identification and Isolation were reverse-coded. Thus, it was possible to obtain credible simple average and weighted average, in accordance with Souza and Hutz1 (2016).

When considering subscales separately, the Mindfulness subscale obtained the highest average (3.33). Common Humanity corresponded to the second highest average (3.13). Isolation ranked third (3.01), Self-kindness 2.98, and subscales Self-judgment and Over-identification presented same average 2.66.

Figure 1 Integrated self-compassion subscales average



Source: Research data

When analyzing subscales in an integrated way, general average of the self-compassion construct was 2.95, which demonstrates low average of self-compassion among surveyed students. This is alerting, since self-compassion plays an important protective role for psychological functioning and development of characteristics that reflect positive dimensions of students' mental health and academic performance (PEREIRA; SILVA, 2021). Tobar, Michels and Fraco (2022) researched Brazilian medical students, showing that lower self-compassion is significantly associated with psychological disorders and psychiatric drug use. Medium and low levels of self-compassion can be even more worrying when we consider the context and characteristics of higher education students. They are

often identified in the literature as individuals who have decreased emotional health, at higher risk of developing anxiety and depression disorders than the general population (CONLEY et al., 2014; OSWALT et al., 2018; ZANCAN et al., 2021; ZHANG et al., 2021).

In order to understand these results, the following subsections analyze the relationship between self-compassion and activity routines, wellness practices and meditation practices.

RELATIONSHIP BETWEEN ROUTINE OF ACTIVITIES AND SELF-COMPASSION

Results presented in Table 1 reveal that respondents who stay home all the time have the lowest self-compassion rate (2.76). Students who occasionally go out for non-essential activities have the second lowest rate (2.93). Respondents who go out for essential activities only, like buying food and/or medication, show a 2.99 rate. Equal to this rate is the result for students who leave home every day (or almost) for work or another regular activity (2.99). The highest self-compassion rate was presented by students who go out every day or almost every day for non-essential activities (3.11).

Table 1 Routine of activities and self-compassion rate

Routine of activities	N.	%	Self-compassion rate
Stay home all the time	95	14,62%	2,7607
Occasionally go out for non-essential activities	128	19,69%	2,9342
Go out for essential activities only, like buying food and medication	309	47,54%	2,9941
Go out every day (or almost) for work or another regular activity	106	16,31%	2,9946
Got out every day (or almost) for non-essential activities	12	1,85%	3,1090
Geral	650	100%	2,9504

Source: Collected data.

Studies carried out in the last two years discuss the relationship between social isolation caused by Covid-19 and mental health. According to Brooks et al. (2020), quarantine is often an unpleasant experience. Being apart from loved ones, loss of freedom and uncertainty about the disease can sometimes generate dramatic psychological effects. The authors also argue that confinement, loss of the usual routine and reduced physical and social contact with other people often cause a feeling of isolation from the rest of the world, which is distressing for the confined people (BROOKS et al., 2020).

Individuals subjected to social isolation are more susceptible to developing mental health disorders resulting from psychic suffering, especially related to stress, anxiety and depression, generated by social deprivation and containment (MCCLOSKEY et al., 2020; PEREIRA et al., 2020; RAMÍREZ-ORTIZ et al., 2020). Based on this literature, it is possible to say that being home all the time, due to the new coronavirus, has affected the mental health of respondents, reducing levels of self-compassion, given that self-compassion is associated with psychological health (NEF; GERMER, 2013). According to Neff (2003), self-compassion can transform negative feelings – such as feeling bad about one’s own inadequacies and failures – into positive feelings, such as feeling kindness and understanding towards oneself, which results in several psychological benefits. In addition, there are relevant references that relate the influence of spirituality on the different domains of psychological functioning. They point to reduction of depression, increased hope and well-being, which is positively related to quality of life in general (ROCHA; FLECK, 2011).

RELATIONSHIP BETWEEN WELLNESS ACTIVITIES AND SELF-COMPASSION

According to Table 2, students who dedicated to their well-being 6 or 7 days a week show 3.17 and 3.11 self-compassion rates, respectively. On the other hand, those who did so 2, 1 or zero days a week have the lowest self-compassion rates, 2.78, 2.66 and 2.62, respectively.

Table 2 Frequency of wellness activities and self-compassion rate.

Number of days a week	N.	%	Self-compassion rate
6	27	4,15%	3,1766
7	130	20,00%	3,1192
4	74	11,38%	3,0837
3	119	18,31%	2,9690
5	110	16,92%	2,9605
2	121	18,62%	2,7804
1	41	6,31%	2,6689
0	28	4,31%	2,6250
Total	650	100%	2,9504

Source: Research data.

Therefore, respondents who are concerned with their well-being, by including activities in their weekly routine, show greater self-compassion compared to those who do not. According to Zanon et al. (2020), self-compassion promoted by exercising self-kindness, common humanity and mindfulness enables individuals to act with care in relation to themselves, something essential when facing periods of crisis such as the Covid-19 pandemic. Bangladeshi university students who engaged in recreational activities during quarantine, such as watching TV, reading books, playing online and offline games, expressed decreased stress and anxiety. In addition, their physical activities were significantly associated with lower levels of depression (KHAN et al., 2020).

Moreover, the more often during the day (Table 3) students engage in activities that promote well-being, the higher their self-compassion rates are: 3 times (3.15), 2 (3.04), 4 times or more (3.03). Those who do so only once a day (2.88) or none at all (2.46) show the lowest rates.

Table 3 Daily frequency of wellness practices and self-compassion rate

Frequency in a day	N.	%	Self-compassion
3 times	84	12,92%	3,1520
2 times	204	31,38%	3,0437
4 times or more	42	6,46%	3,0385
Once	273	42,00%	2,8879
None	47	7,23%	2,4697
Total	650	100%	2,9504

Source: Research data.

Results from this study reinforce other studies by demonstrating that, when frequently and continuously practiced, small interventions can positively influence well-being and self-compassion in individuals (WEISS, L., et al, 2021). The frequency of wellness activities, such as watching a movie or doing physical exercise, may represent students' self-compassion levels, given that higher self-compassion correlates to more regularity of self-care and wellness practices. Thus, self-compassion may trigger positive and caring attitude towards oneself, and consequent more regular experiences of self-care and well-being (BINDER et al., 2019; ZESSIN et al., 2019; ZESSIN et al., 2019; ZESSIN et al., 2019; ZESSIN et al. al. 2015).

RELATIONSHIP BETWEEN MEDITATION AND SELF-COMPASSION

This work has investigated students' meditation practices. Results indicate that respondents who have already practiced meditation show self-compassion rate 3.03, compared to those who have never practiced it (2.87). Interestingly, self-compassion rate of students who have already practiced meditation is higher than the general rate of the sample as a whole (2.95).

Table 4 Meditation and self-compassion rate

Has already practiced meditation	N.	%	Self-compassion rate
Yes	313	48,15%	3,0333
No	337	51,85%	2,8734
Total	650	100,00%	2,9504

Source: Research data.

Findings from this study are in agreement with previous studies that relate self-compassion and mindfulness indexes (BAER; LYKINS; PETERS, 2012; SERRÃO; ALVES, 2018), which also reaffirms Neff's (2003) argument that mindfulness is a prerequisite for self-compassion, as well as predictor of mental health (NEFF; VONK, 2009). Studies indicate that mindfulness and self-compassion dimensions are associated with decreased psychopathology, in contrast to the negative constructs of over-identification, isolation and self-judgment, which are associated with psychopathology (VAN-DAM et al., 2011). In a study carried out in Portugal that investigated self-compassion in the context of a mindfulness-based cognitive therapy program, participants presented increased levels of mindfulness and self-compassion and reduced symptoms of depression and anxiety. The study also indicates that individuals with greater self-compassion tend to exhibit higher levels of mindfulness and lower levels of stress (SERRÃO; ALVES, 2018).

Regarding practice frequency, respondents who reported meditating almost every day show the highest self-compassion rate (3.32). Those who practice it once a week have the second highest rates (3.30). Once again, highest rates relate more regularity and lower rates to less. Those who reported not having meditated during the pandemic showed the lowest rate (2.60).

Table 5 Frequency of practice and self-compassion rate.

Frequency of practice	N.	%	Self-compassion rate
Almost everyday	38	12,14%	3,3259
Once a week	39	12,46%	3,3018
Once a month	23	7,35%	3,1522
Twice or more a month	23	7,35%	3,0535
Three times a week	32	10,22%	3,0120
Only once so far	100	31,95%	2,9973
Once every two months	25	7,99%	2,8292
More than once so far, but I don't know how many times	12	3,83%	2,6026
No practice during the Pandemic	21	6,71%	2,5458
Total	313	100,00%	3,0333

Source: Research data.

Cahn and Polish (2006) argue that regular meditation practice can produce short-term states as well as changes in traits in the long term. The concept of *states* refers to conscious sensory, cognitive and self-referential perception that may arise during meditation practice, while *traits* refer to lasting changes in these dimensions, that persist in the meditator regardless of being actively involved in meditation (AUSTIN, 1998 apud CAHN; POLISH, 2006). Changes in state include deep sense of peace and tranquility, a cessation or slowing down of the mind's internal dialogue, and experiences of perceptual clarity and conscious attention (Brown, 1977). Long-term changes in traits include deeper sense of calm, increased sense of comfort, greater awareness of the sensory field, and change in the relationship of the self with thoughts, feelings, and experiences (AUSTIN, 2000).

Araujo et al. (2020) carried out a survey with Brazilian students in the health area, based on a course that applied mindfulness meditation practices, also focusing on compassion. Researchers reported that students who attended the course behaved more calmly, and more receptive to difficulties and embarrassment, more

receptive to feel their emotions more strongly. Respondents became less nervous in the face of stressful situations and that they typically meditate when facing such processes, which leads them to solve problems calmly or accept lack of solutions in a self-compassionate way. At the end of the study, students had developed socio-emotional skills of well-being and self-awareness, as well as reduced anxiety, fear, and hostility. Students affirmed they had realised that the origin of their anxiety was their difficulty in living present moment and constant anticipation of future problems. They realized the importance of accepting their own emotions through meditation focused on mindfulness and compassion (ARAUJO et al., 2019).

Finally, results from this study reinforce other studies' argument that mindfulness meditation practices are associated with greater self-compassion among students (DANILEWITZ et al., 2016; GREESON et al., 2014). Moreover, there is association with more periodicity of mindfulness meditation and greater self-compassion. The highest levels of self-compassion were identified in students who practiced meditation "almost every day".

In addition to the above mentioned, when taking into account the context of university students, it is to be expected that mindfulness meditation, focused on self-compassion, can generate substantial impacts on academic performance and learning, even reducing university dropout rates (DALKY; GHARAIBEH, 2019; SILVA, 2021).

Final considerations

The pandemic context of Covid-19 has imposed new habits and social adaptations due to distancing and social isolation, affecting the world population. Literature review and research findings identified that spirituality and its practice through meditation techniques can lead to greater well-being and higher levels of self-compassion when dealing with unexpected and stressful moments.

Results have indicated that, during the pandemic, contact with some meditation technique and more frequent practice of it led to higher self-compassion rates. Respondents who had never had contact with meditation and were less dedicated to activities that promote well-being showed lower self-compassion rates during the

pandemic. Individuals who remained in social isolation all the time also expressed lower self-compassion rates.

When investigating the association between the Covid-19 context and self-compassion, it was noted that people who experienced social isolation more intensely (staying at home all the time, avoiding going out to buy food or medicine), have the lowest self-compassion rate. On the other hand, people who had some external physical interaction, to a lesser or greater degree, showed the highest rates. Participants who reported not accessing information about the new coronavirus (numbers of deaths and cases, etc.) showed the highest self-compassion rate when compared to those who accessed it more often. Several studies referenced in this work demonstrate the effects of the Covid-19 pandemic on the mental health of students, such as stress, anxiety and boredom. Based on the existing literature, self-compassion, to a lesser or greater degree, is related to mental health and psychological well-being.

Considering well-being and self-compassion, results show that respondents who dedicate a greater number of days a week to activities that promote well-being have higher self-compassion rate than those who do not dedicate as much to it. In addition, those who reported performing wellness activities more often throughout the same day also showed higher self-compassion rate.

Regarding meditation practice and self-compassion rate, students who have already had contact with some meditation technique at some point in their lives have the highest self-compassion rate when compared to those who have never had contact with it. The same happens regarding the periodicity in which respondents meditate (the ones who meditate represent 48% of the research population). Those who reported meditating almost every day had higher rate than those who did not practice it often. Students who did not meditate during the pandemic present the lowest self-compassion rate in this section. This data speaks to Kabat-Zinn (2005) and results from the “mindfulness-based stress reduction (MBSR)” program, which promoted increase in levels of empathy and self-compassion.

When taking into account mindfulness practice and self-compassion subscale averages, the highest one is the mindfulness subscale for all respondents who reported having already had contact with some technique. The lowest is the over-identification subscale. It reinforces Neff and Germer (2013) propositions, demons-

trating that mindfulness-based interventions, as a general concept, also affect mindfulness capability as self-compassion component.

Correlated variables of meditation practice, well-being and self-compassion showed that people who had already practiced some meditation technique and engage in other wellness activities during the week have greater self-compassion if compared to the same frequency that non-practitioners (of meditation) engage in well-being activities. The same phenomenon is observed for students who meditate almost every day and those who did not meditate during the pandemic, presenting the highest and lowest self-compassion rates, respectively (if related to the same periodicity in which respondents do wellness activities). These results are in agreement with Menezes, Dell’Aglío and Bizarro (2011), demonstrating that meditation techniques can promote well-being for individuals who practice them.

The analysis of routine of activities – specially option “stay at home all the time” – considering meditation and self-compassion demonstrated that respondents who meditate daily and stay at home all the time during the pandemic have the highest self-compassion rate. Those who stayed at home all the time, had never had contact with meditation, did not practice meditation during the pandemic or practiced it more than once (unable to report how often) have shown lower self-compassion rates.

Associations between these variables evidence and corroborate results from other studies presented in the theoretical review. However, limitations of this study should also be considered. One of them refers to response rate: this survey obtained only 13.98% of the total number of emails sent, which is lower than what is plausible for scientific studies (18% to 20%). It is a point to be taken into account for future work, even though the study was considered feasible.

It contributes to the literature by casting light on the effects of the Covid-19 pandemic context on undergraduate students regarding aspects of self-compassion and meditation, which directly interfere with students’ mental health and well-being. This issue will affect, directly or indirectly, their interpersonal relationships, habits, ways of working and facing life. This paper provides further understanding and knowledge on the role played by meditation on mental health, reducing stress symptoms and promoting students’ socio-emotional skills. Additionally, it points to the importance of including meditations-based interventions into the continuing

education of teachers and undergraduate curricula. Particularly in the area of education, there is need to invest in strategies that promote mental health for students after the Covid-19 pandemic, given that effects of an event of this magnitude can be lasting and consequential to the future. Menezes, Fiorentin and Bizarro (2012, p. 308) affirm, “research demonstrates that undergraduate students can be scarred by academic, interpersonal and personal difficulties”, which may have been maximized during the pandemic. Therefore, proposing spirituality practices in the classroom, for instance, and cultivating coping strategies such as self-compassion, might be ways for teachers and students to alleviate suffering and deal with challenges.

This study contributes to the organizational field by enriching the discussion about spirituality practices as a strategy for coping with occupational stress and its role in self-compassion. It offers possibilities for developing research about the transition of employees from working from home to working in the office, for example. In addition, according to Barreto, Ferreira and Correia (2017), meditation practices have received attention in international research, but in Brazil they have been less explored.

Finally, this work’s theoretical research could not identify studies that relate the same variables of undergraduate students’ self-compassion, in the context of a pandemic, and meditation-focused spirituality practices. It is suggested replication of the present study.

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