



Research Article

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Assessing Arab Citizens' Psychological Well-Being During Times of Crisis: A Comparison of Three Arab Countries

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Abstract

Emergencies have an impact on people's psychological well-being. The global impact of the COVID-19 pandemic and its accompanying lockdowns was significant. People from various countries reported varying levels of psychological distress. The objective of this study was to assess the impact of the COVID-19 pandemic on the psychological well-being of Arab citizens from the beginning of the pandemic to the end. The responses of 1239 citizens of Jordan, Saudi Arabia, and Oman were analyzed. The psychological well-being constructs of self-kindness, annoyance and rumination, and future anxiety were examined by gender and country, and by feelings of loneliness, presence of psychological disorders, and psychological rehabilitation before the start of the pandemic. The constructs of psychological well-being were assessed using self-report scales. The findings revealed significant differences between countries in the positive and negative components of psychological well-being, future anxiety, and rumination. Saudi and Omani citizens reported more positive feelings of self-compassion than Jordanians. Pre-existing feelings of loneliness were associated with lower levels of self-compassion, negative thought rumination, and elevated anxiety. Positive feelings, mental health, and sound thinking increase feelings of self-compassion and reduce future anxiety. Females were more concerned about the future and expressed more negative thoughts than males, mostly in Jordan and Oman. Positive self-compassion dimensions were associated with a reduction in future anxiety. Implying that the mental health resilience of countries differed in response to the crisis.

Keywords: Psychological well-being; Anxiety; Resilience; Arab countries

1. Introduction

Psychological well-being encompasses a wide range of human functioning, particularly cognitive, emotional, and behavioral aspects. To maintain psychological stability and achieve mental health, an

individual uses his or her psychological construction, which is formed from accumulated life experiences, as well as interactions with others and with themselves to deal with a variety of situations, such as crises, disturbances, and failure situations (Barrett, 2015). The psychological construction is influenced by subjective internal factors, such as personality characteristics and individual nature, as well as subjective external factors, such as environmental conditions and influences that a person encounters.

The crises and accidents that an individual experiences throughout his life may lead to psychological changes, which may be obvious, subtle, or hidden. In light of a world full of accidents, transitions, and crises, an individual's psychological life may become challenging. As a result, an individual adopts strange ideas that go against his nature and instinct, resulting in a psychological crisis due to his collision with reality or an obstacle he cannot overcome using his usual methods. Suicide can result from a severe psychological problem; in Jordan, there were 169 suicides in 2020, 186 in 2021, and thus far, 65 until mid-2022 (according to the Department of Statistics).

Arab citizens have experienced numerous humanitarian crises that have impacted their daily lives and psychological construction, particularly emergencies involving wars and conflicts, violence and social exclusion, as well as infectious illness and pandemic outbreaks. Despite reports of recovery, the COVID-19 pandemic has affected people from all areas of life since it globally spread in late 2019. There were several pressures, including social, economic, psychological, and health ones. Societies saw rising unemployment rates, deteriorating economic conditions, and worsening struggles of community members, particularly those with low incomes, in meeting their needs. In addition, due to the pandemic's impact on health systems, peoples' concerns about healthcare access have grown.

The national health systems' preventive and precautionary measures to prevent the spread of COVID-19, such as complete and partial bans, institutional quarantine, and home isolation, have also limited people's freedom of movement, such as their ability to gather, go on vacation, and participate in various social events (Abdelfattah et al., 2021).

The pandemic's global expansion and rising mortality rates in numerous nations have placed psychological pressures on individuals, including fear of contracting the virus, anxiety about dying, and concern about the future. As a result, psychologists have rushed to investigate how the spread of the virus has affected people's mental health, psychological construction, and psychological compatibility, as well as community members' capacity to cope with psychological crises and build psychological resilience (Al-Baghdadi & Al-Ashmawi, 2020).

Psychological literature has revealed that individuals require psychological flexibility to deal with anxiety, stress, and depression during crises to rebuild their psychological construction, increase positive self-confidence, think and plan realistically, as well as improve psychological performance in addition to living a satisfying life that fulfills their ambitions and aspirations (Jansen et al., 2021; Braehler & Neff, 2020; Hamid, 2017). Furthermore, several cross-cultural studies have indicated that the COVID-19 pandemic has negative impacts on mental health, such as anxiety, depression, stress, insomnia, adjustment disorders, and psychological stress, across all age groups (Aladdin et al., 2021; Jansen et al., 2021, Elmer, Mepham & Stadfeld, 2020; Tadmouri et al., 2020; Xiong et al., 2020).

1.1 *Self-Compassion*

One of the most crucial elements of psychological defense against the damaging consequences of psychological stress is self-compassion. It eases tension and anxiety while also reducing mental stress. Through Kristen Neff's (2003a) investigation, the concept of compassion emerged as one of the constructive ideas associated with mental health. As a psychological barrier that shields a person from the adverse effects of stressful life events and from the results of experiences of failure or personal incompetence in solving the problems he faces in life, Neff saw it as a fundamental aspect of the psychological construction of an individual and a crucial component of a positive personality.

The sympathetic person observes himself with understanding and compassion, replaces his

critical self-talk with a greater awareness of what he is going through, and grows more adaptable and open. He also approaches parts of unfavorable events more rationally. However, he does not overreact emotionally to the painful experience; instead, he goes through it with wisdom. According to Wong (2021), self-compassion is positively associated with the self-psychology characteristics of self-esteem, appreciation, assertion, and self-efficacy.

In adolescents and young adults, Neff and McGehee (2010) found a positive relationship between self-compassion, psychological happiness, social bonding, and family support, as well as a negative relationship between self-compassion, anxiety, and depression. Neff and Germer (2017) also indicated the role of self-compassion in improving mood, increasing optimism, happiness, life satisfaction, and self-sufficiency, as well as enhancing physical self-concept and reducing negative feelings.

Neff and Dahm (2015) defined self-compassion as a psychological component that includes kindness toward self, common humanity awareness, and mindfulness. Self-compassion entails a person's compassionate and sympathetic orientation toward his flaws, acknowledgment that the challenges others face are similar to the difficulties he is experiencing, and adoption of an objective perspective about his thoughts and current circumstances.

Saulsman et al. (2017) noted that self-compassionate individuals have better mental health and quality of life. They also have less psychological distress, such as anxiety, stress, and depression, and face fewer obstacles in their relationships with others. Self-compassion is physiologically linked to the production of the hormone oxytocin, which is responsible for promoting feelings of bonding, closeness, and compassion. It reduces the secretion of cortisol, regulates heart rate fluctuations, and increases the ability to self-soothe when stressed and tired (Neff & Germer 2017). Moreover, Eriksson et al. (2018) found that self-compassion training reduced stress levels and symptoms of burnout and self-coldness.

1.2 Mindfulness

One component of self-compassion is mindfulness, which has the greatest impact on how anxiety and depression are treated (Muris et al., 2016). Because being mindful of one's thoughts guards against the development of negative thought patterns that can harm one's mental health and broadens one's outlook when faced with sad situations, an individual comes to view mindfulness as a form of inherent protection that forces him to deal with a problem rather than resist it. Thus, people with this trait can handle complex challenges effectively and healthily. Al-Asmy (2014) revealed a positive association between self-compassion (self-kindness, common humanity, and mindfulness) and personality traits (extraversion, openness to experience, acceptability, and conscientiousness). On the other hand, a negative relationship exists between autonomy and isolation, as well as autism and neuroticism.

According to Braehler and Neff (2020), there is a link between increased self-compassion, mental alertness, empathy for others, and decreased feelings of anxiety, stress, and depression. Moreover, Al-Baghdadi and Al-Ashmawi (2020) found a negative relationship between self-compassion and anxiety about the future, where self-compassion acts as a restraining factor for anxiety toward the future. Furthermore, Al-Zoghbi and Al-Asmy's (2015) study showed a positive relationship between self-compassion and academic hope, as well as a negative relationship between self-compassion and depression, indicating the role of self-compassion in psychological re-empowerment to protect oneself from psychological disorders. Leary et al. (2007) also discovered a relationship between self-compassion and emotional and cognitive reactions to adversity in daily life, as well as the role of self-compassion in protecting people from negative self-feelings when imagining or ruminating on painful social events.

Studies have found that feelings of anxiety and annoyance are associated with high levels of negative self-criticism, feelings of isolation, and high stress levels that exceed a person's tolerance on regular days (Bluth & Blanton, 2015; Odou & Brinker, 2014). Therefore, researchers always resort to

publishing psychological prevention methods, self-immunization, and coping strategies that aid in the management of high anxiety, annoyance, and confusion, leading to self-acceptance and mental alertness.

1.3 Future Anxiety

Human future is a significant factor in causing anxiety, especially in the current situation. Members of society are scared of what may happen in the future, leading to negative thinking, the anticipation of danger, and a pessimistic viewpoint, all of which are characterized by apprehension, uncertainty, and fear of undesirable outcomes. Eysenck et al. (2006) found that future anxiety is related to anticipated future occurrences based on what occurs in the present, in contrast to depression, which is linked to past experiences and manifested as reduced anxiety about the future.

Future anxiety is more closely linked to cognitive rather than emotional aspects of what may happen in the future. It focuses on multiple factors, including (a) fear of the future, (b) limited and pessimistic perceptions of future occurrences, which cloud an individual's judgment and prevent him from thinking clearly (Taleb, 2020), (c) anxiety over health and death, which arises from a fear of disease and disorders, and (d) anxiety over life problems, which stems from economic and social pressures. All of these lead to a person's discomfort, blurred vision, inability to face and bear future burdens, and rumination over negative thoughts such as the possibility of threats to his life and future; thus, he becomes extremely anxious about the future of his work and family (McLaughlin & Hatzenbuehler, 2009). Notably, Stutts et al.'s (2018) study indicated the remarkable effect of self-compassion on reducing feelings of anxiety about the future, psychological stress, as well as stress and tension.

As mentioned, the COVID-19 pandemic has impacted people's mental health. It also clarified the role of psychological construction elements in dealing with crises and shielding oneself from disturbances through adaptability, psychological toughness, self-compassion, and psychological adjustment. Therefore, this study sought to analyze the psychological construction elements of Arab citizens. Self-compassion is one of the most crucial psychological constructs during the long-term COVID-19 pandemic. It affected mental health and the capacity to manage future-related anxiety, experience discomfort, ruminate on negative thoughts, and maintain psychological resilience in the face of the COVID-19 crisis.

1.4 Statement of the Problem

An individual's psychological construction alters due to external and internal factors. The external factors are closely linked to the nature of current conditions and emergency crises in terms of duration, severity, and gravity. In contrast, the internal factors are related to the degree of health enjoyment, psychological invulnerability, the ability to face crises, the depth of knowledge, awareness, and sound logical thinking in crises. These data interact to produce a positive change in psychological construction by encouraging the use of self-compassion, as well as considering a crisis as an opportunity to test one's ability to confront a problem, psychological resilience, and positive absorption of pressures. On the contrary, a negative change in psychological construction involves an increase in negative self-compassion, as well as the inability to confront a situation, be psychologically resilient, and control negative thoughts.

The COVID-19 pandemic has caused many painful negative experiences, such as pain, anguish, dread of developing the illness, or fear of suffering for cherished family members, relatives, and friends. Furthermore, the conditions of quarantine, sanitary isolation, and partial or total restriction of freedom of movement created conflicting emotions in people. All of these needed the availability of elements that aid people in processing such an upsetting event. Self-compassion, which has been connected to psychological well-being, is one of these elements. Compared to those who are hard on themselves, individuals who practice self-compassion are more resilient in the face of stress and

worry.

The results of studies on gender differences in self-compassion levels and areas and those on whether aspects of self-compassion are more directly linked to lowering present-day or future emotions of anxiety have differed. Therefore, to determine if there are any differences among samples from three Arab countries: Jordan, Saudi Arabia, and the Sultanate of Oman, we will examine the link between self-compassion and feelings of anxiety, annoyance, rumination of ideas that a person appreciates, and the level of his anxiety about the future.

Specifically, this study attempts to answer the following questions:

1. What are the psychological construction component levels (self-kindness, annoyance and rumination, future anxiety) of Arab citizens during the COVID-19 pandemic?
2. Do the psychological construction dimensions (self-kindness, annoyance and rumination, future anxiety) differ due to the different feelings of loneliness, psychological disorders, and psychological rehabilitation before the pandemic's onset?
3. Do the psychological construction dimensions (self-kindness, annoyance and rumination, future anxiety) differ between males and females in Arab countries?
4. Can the dimensions of self-compassion and current feelings of anxiety and annoyance caused by the COVID-19 pandemic predict future anxiety?

1.5 Importance of the Study

This study's significance lies in understanding the changes in psychological construction components during the COVID-19 crisis, as it attempts to examine the effect of the pandemic from its inception to the present. Previous similar research has focused on studying psychological dimensions associated with the origins of the pandemic in light of the significant ambiguity and lack of medical information about the nature of the virus. Moreover, other studies have centered on the extent to which the psychological construction components (positive and negative) affect future anxiety, considering the ambiguity about the COVID-19 crisis's developments, mutated attacks, and future results.

In contrast, this study is one of the few that sought to identify the psychological construction components in three Arab societies. It linked the study participants' psychological responses to questions in the study questionnaire that described their feelings, disorders, behaviors, and mental activities before the pandemic. Their psychological responses to measures of self-compassion and rumination represented their answers during the pandemic, while their responses on the Future Anxiety Scale reflected their fears about the future.

Thus, it facilitates the comparison of those societies according to the psychological variables under consideration. This study's findings may help identify strategies for addressing mental health crises at the individual level by raising citizens' awareness of health-related issues, fostering adaptation and psychological resilience, as well as encouraging self-absorption of psychological stress that may accompany concerns. The results may also aid in determining how to deal with emergencies at the institutional level by creating counseling programs to lessen feelings of worry, discomfort, and fear about the future, boost positive feelings of self-compassion, and promote psychological adjustment levels during crises and shocks.

1.6 Study Terminology

Self-compassion is defined as a person's awareness of his suffering, feelings toward himself, concern, tolerance, and sense of warmth. It is an approach that helps a person face psychological pressures and avoid self-criticism stemming from mistakes when handling past problems and crises (Braehler & Neff, 2020). Operationally, it is measured by the scores achieved by respondents on the Self-Compassion Scale used in this study.

Self-kindness is one of the positive components of self-compassion and is represented in a person's view of himself, with understanding and compassion toward his weaknesses and recognition

that he faces challenges (Neff & Germer, 2017). Operationally, it is measured by the scores obtained by respondents on the Self-Compassion Scale.

Self-criticism is the opposite of self-kindness in that a person criticizes and blames himself for his failure in facing situations and pressures (Neff & Germer, 2017). Operationally, it is measured by the degrees achieved on the Self-Compassion Scale.

Common humanity is one of the positive components of self-compassion. It involves the awareness of others' ordinary human feelings, sympathizing with them, and appreciation of their emotions (Braehler & Neff, 2020). Operationally, it is measured by the degrees attained on the Self-Compassion Scale.

Isolation is one of the concepts that is opposed to self-compassion and common humanity. It occurs when people desire to avoid others and not share their lives.

Mindfulness is one of the positive concepts of self-compassion, and it is represented by conscious awareness to prevent internal thoughts, reduce anxiety and tension, as well as increase focus on better accomplishing life tasks (Neff & Germer, 2017). Operationally, it is measured by the scores attained on the empathy scale with self.

Excessive negativity is the opposite of mindfulness. It is characterized by the inability to resist and exaggeration of negative inner thoughts, which increases stress and anxiety (Neff & Germer, 2017). Operationally, it is measured by the degrees achieved on the Self-Compassion Scale.

Rumination is a person's feeling of discomfort due to anxiety or psychological stress that exceeds human capacity, is accompanied by negative thoughts and self-criticism, as well as exaggerates the adverse effects of low self-esteem (Jansen et al., 2021). It is measured by the scores achieved on the feelings of anxiety and annoyance scale used in this study.

Future anxiety is a state of fear and tension caused by negative thoughts about upcoming unwanted changes that lead to feelings of threat and insecurity (Taleb, 2020). It is measured by the scores attained on the Future Anxiety Scale.

2. Materials and Methods

2.1 Participants

This study included 1,239 participants aged 16 to 77 from Jordan, Oman, and Saudi Arabia, with participation rates of 36.6% for men and 63.4% for women. Data and replies from the participants were collected. To obtain the most considerable number of respondents, this study used an electronic questionnaire, whose link was published on various social media platforms, and the snowball-style inspection approach between May 2020 and December 2021. Table (1) displays the distribution of respondents by gender and country.

Table 1: The distribution of respondents by gender and country

Gender	Country	Jordan	Oman	Saudi Arabia	Total
Female	N	257	225	303	785
	%	20.7%	18.2%	24.5%	63.4%
Male	N	144	210	100	454
	%	11.6%	16.9%	8.1%	36.6%
Total	N	401	435	403	1239
	%	32.4%	35.1%	32.5%	100.0%

2.2 Instruments

2.2.1 Self-Compassion Scale

This study relied on the Self-Compassion Scale developed by Neff (2003). It consists of 26 items distributed over six sub-dimensions. Three sub-dimensions address the positive components of self-compassion (self-kindness, common humanity, and mindfulness). The remainder focuses on the negative components (self-criticism, isolation, and excessive negativity). The scale statements were answered using a five-point Likert scale. The positive items were given weights (not applicable to me at all = 1 to very applicable to me = 5), taking into account the inverse coding on the negative items. The mean scores indicating the level of feelings of annoyance and rumination are as follows: 1–2.33 (low), 2.34–3.66 (moderate), and 3.67–5 (high).

The scale's original version (Neff, 2003b) has good psychometric properties. In terms of construct validity, the factorial analysis revealed the presence of six main factors, the saturation of its items ranged from 0.57–0.80, and the Comparative Fit Index indicators in pairwise components as separate and opposing factors were 0.88 (self-kindness and self-criticism), 0.99 (common humanity and isolation), and 0.96 (mindfulness and excessive negativity).

The internal consistency coefficients ranged between 0.75–0.81 for the six sub-dimensions and 0.92 for the overall score on the scale. Jansen et al. (2021) also used the scale in a cross-cultural study, with internal consistency coefficients ranging between 0.83–0.93. In this study, the internal consistency coefficient was 0.75 for the overall score and 0.73–0.80 for the sub-dimensions. The construct validity was verified by calculating the correlation coefficients between the positive and negative components of self-compassion. The correlations between the positive components ranged from 0.55 to 0.573, while the correlations between the negative components ranged from 0.636 to 0.734. The correlations between the positive components and the negative components ranged from -0.03 to -0.417.

2.2.2 Rumination and Annoyance Questionnaire

This study adopted Trapnell and Campbell's (1999) Rumination-Reflection Questionnaire (RRQ). It consists of 24 items spread across two dimensions: rumination of thoughts (12 items) and reflection of thoughts (12 items). The first part of the scale, which only includes rumination statements, was used in this study because it is independent of the second part of the scale. Factorial analysis was utilized to measure participants' willingness to repeat ideas about their past using a five-point scale (strongly disagree = 1 to strongly agree = 5). The responses' mean scores indicating the level of negative thought rumination and feelings of distress were as follows: 1–2.33 (low), 2.34–3.66 (moderate), and 3.67–5 (high).

The scale has high validity and reliability indicators in its original version (0.90–0.91). Furthermore, the construct validity was shown through the convergent validity index, which demonstrated the high correlation between the rumination scale and the neurotic factor of the major personality factors scale, as well as a close correlation between the contemplation scale and the openness to experience scale (Harrington & Loffredo, 2010). In addition to finding its validity and reliability indicators across the three countries involved in this study, the scale was translated into Arabic, the process of which was mediated by specialists. The internal consistency coefficients for the samples are as follows: 0.89 (Jordan), 0.88 (Saudi Arabia), and 0.81 (Oman). Based on their correlation with the overall score, the discriminatory index of the items are as follows: 0.49–0.80 (Jordanian sample), 0.40–0.80 (Saudi sample), and 0.27–0.74 (Omani sample).

2.2.3 Future Anxiety Questionnaire

The study participants' responses to future anxiety relevant to the COVID-19 pandemic were obtained

through three focused questions about feeling anxious due to the conditions caused by the COVID-19 pandemic's spread, the level of anxiety about the future, and the extent of the COVID-19 pandemic's impact on the future. A unipolar seven-point scale (absolutely = 1 to frequently = 7) was used, with the mean scores indicating the levels of future anxiety: 1-2.99 (low), 3-4.99 (medium), and 5-7 (high). The overall internal consistency indicator was 0.79, while for the three countries, it was 0.83, with 0.76 for the Jordanian sample, 0.77 for the Saudi sample, and 0.88 for the Omani sample. Based on their correlation, the construct validity of the scale items ranged from 0.59-0.65 for the Jordanian sample, 0.49-0.59 for the Saudi sample, and 0.44-0.59 for the Omani sample.

2.3 Procedures

The participants' information and responses were obtained through an electronic questionnaire. It covered demographic data and items under the dimensions of self-kindness, future anxiety, as well as annoyance and rumination. Between May 2020 to December 2021, the questionnaire was shared via a link posted on various social media platforms, and the snowball method was employed to recruit the largest number of participants possible.

2.4 Statistical Analysis

Descriptive statistical analyses were conducted on the dimensions of self-kindness, annoyance and rumination, and future anxiety, which were divided according to the three countries. Furthermore, a t-test was performed on independent samples of items linked to the aforementioned dimensions (e.g., Prior to the COVID-19 pandemic, do you like to be alone? Have you suffered from any mental disorders in the past? Have you attended any activity related to awareness and mental focus? Also, a t-test examined gender differences in self-kindness, annoyance and rumination, and future anxiety, while multiple regression analyses predicted future anxiety through the dimensions of self-kindness, as well as annoyance and rumination.

3. Results

3.1 Results of the first question: What are the psychological construction component levels (self-kindness, annoyance and rumination, future anxiety) of Arab citizens during the COVID-19 pandemic?

Table 2: Descriptive analysis of psychological construction by country

Country	Self-kindness	Mindfulness	Common humanity	Isolation	Self-criticism	Excessive negativity	Future anxiety	Rumination
Jordan	3.38 (0.74)	3.33 (0.91)	3.44 (0.86)	2.80 (1.00)	2.71 (0.89)	2.66 (0.95)	4.59 (1.60)	2.68 (0.55)
Saudi Arabia	3.60 (0.81)	3.45 (0.90)	3.66 (0.94)	2.70 (1.00)	2.46 (0.98)	2.44 (1.00)	4.11 (1.63)	2.58 (0.60)
Oman	3.44 (0.80)	3.46 (0.82)	3.65 (0.87)	2.71 (0.93)	2.53 (0.83)	2.53 (0.84)	4.18 (1.64)	2.59 (0.47)
Total	3.47 (0.79)	3.41 (0.88)	3.58 (0.89)	2.74 (0.98)	2.57 (0.91)	2.54 (0.94)	4.29 (1.63)	2.61 (0.54)

() standard deviation

Table (2) displays the psychological component levels of Arab citizens in Jordan, Saudi Arabia, and Oman. The means of the three countries' positive components of self-compassion (self-kindness, mindfulness, and common humanity) were above the moderate level at 3.41-3.58 and higher than the

means of the negative components of self-compassion (isolation, self-criticism, and excessive negativity), which were lower than the moderate level at 2.54–2.74. Future anxiety was at 4.29, which was higher than the moderate level of 4, while feelings of annoyance and rumination of thoughts was at 2.61, which was lower than the moderate level of 3.

For each country, the results revealed that the means of the positive components of self-compassion were close between Saudi Arabia at 3.45–3.66 and the Sultanate of Oman at 3.44–3.65, both of which were higher than that of Jordan at 3.33–3.44.

Regarding the negative components of self-compassions, ruminations of thoughts, and feelings of annoyance, the mean scores were likewise close between Saudi Arabia at 2.44–2.7 and Oman at 2.53–2.71, both of which were lower than that of Jordan’s at 2.66–2.8. On the other hand, future anxiety was higher in Jordan at 4.59 compared to Oman’s 4.18 and Saudi Arabia’s 4.11. Nonetheless, all of these averages are higher than (4).

As shown in Table (3), an analysis of variance was computed to determine if the differences in the overall means of the positive and negative self-compassion components, future anxiety, as well as rumination and annoyance are statistically significant at the level $\alpha = 0.05$.

Table 3: The results of the analysis of variance of the psychological components by country

Psychological construction	Country / Means			F
	Jordan (n = 368)	Saudi Arabia (n = 376)	Oman (n = 386)	
Positive components	3.40	3.59	3.54	7.01*
Negative components	2.73	2.51	2.58	6.69*
Future anxiety	4.58	4.09	4.17	9.72*
Rumination	2.70	2.58	2.60	5.12*

*Significant at $p < 0.05$.

There are statistically significant differences at the level $\alpha = 0.05$ in the mean scores of the positive and negative components of self-compassion, future anxiety, rumination, and annoyance, which are attributable to the country variable. Therefore, a post hoc Tukey test was conducted to determine the differences between these averages, as shown in Table (4).

Table 4: The results of the post hoc Tukey test for the psychological components by country

Psychological construction	Country	Saudi Arabia	Oman
Positive components	Jordan	-.1862*	-.1390*
	Saudi Arabia		.0472
Negative components	Jordan	.2171*	.1485*
	Saudi Arabia		-.0686
Future anxiety	Jordan	.4930*	.4091*
	Saudi Arabia		-.0839
Annoyance and rumination	Jordan	.1184*	.0991*
	Saudi Arabia		-.0193

*Significant at $p < 0.05$.

Table (4) indicates that the pairwise differences in the means of the positive self-compassion components between Jordanian and Saudi citizens, as well as Jordanian and Omani citizens, were statistically significant at $p < 0.05$, in favor of Saudis and Omanis, respectively. However, the difference in the means of the positive self-compassion components between Saudis and Omanis was not statistically significant at $p < 0.05$.

On the other hand, the pairwise differences in the averages of negative self-compassion

components between Jordanian and Saudi citizens, as well as Jordanian and Omani citizens, were statistically significant at the level $\alpha = 0.05$. Jordanian mean scores were higher than the Saudi and Omani scores, indicating that self-criticism, isolation, and excessive negativity were more prevalent among Jordanians than Saudis and Omanis. Nonetheless, the difference in the means of the negative components of self-compassion between Saudis and Omanis was not statistically significant at $p < 0.05$.

Table (4) also demonstrates that the pairwise differences in the means of future anxiety between Jordanian and Saudi citizens, as well as Jordanian and Omani citizens, were statistically significant at the level $\alpha = 0.05$, in favor of the Jordanians. This result means that Jordanians are more anxious about their future than Saudis and Omanis. However, the difference between the averages of future anxiety in Saudis and Omanis was not statistically significant at $p < 0.05$.

On the other hand, the pairwise differences between the averages of feelings of annoyance and rumination of thoughts between Jordanians and Saudis, as well as Jordanians and Omanis, were statistically significant at $p < 0.05$, in favor of the Jordanians. This denotes that Jordanians are more susceptible to negative thoughts than Saudis and Omanis. Nevertheless, the difference between the averages of feelings of annoyance and rumination among Saudis and Omanis was not statistically significant at $p < 0.05$.

3.2 *Results of the second question: Do the psychological construction dimensions (self-kindness, annoyance and rumination, future anxiety) differ due to the different feelings of loneliness, psychological disorders, and psychological rehabilitation before the pandemic's onset?*

The questionnaire included three closed-ended yes-or-no questions concerning pre-pandemic lifestyle and emotional disorders, as well as the extent of the response to daily activities that required mental focus during the pandemic. In addition, the t-test for independent samples was utilized to determine the psychological construction components of the participants' responses.

Table 5: The results of the independent samples t-test for the responses to the question: "Before COVID-19, did you like to be alone?"

Psychological components	Response	N	M	SD	t-value
Self-kindness	Yes	356	3.43	.82	-1.03
	No	847	3.48	.77	
Mindfulness	Yes	364	3.23	.86	-4.77*
	No	856	3.49	.87	
Common humanity	Yes	364	3.40	.92	-4.76*
	No	850	3.66	.86	
Isolation	Yes	364	3.07	.93	8.08*
	No	852	2.59	.95	
Self-criticism	Yes	355	2.81	.91	6.08*
	No	849	2.47	.88	
Excessive negativity	Yes	360	2.77	.93	5.52*
	No	847	2.45	.92	
Future anxiety	Yes	364	4.47	1.59	2.63*
	No	855	4.20	1.65	
Annoyance and rumination	Yes	366	2.73	.55	4.91*
	No	865	2.56	.52	

*Significant at $p < 0.05$.

The pairwise differences between the average of the psychological construction components in table (5) were statistically significant for the question, "Before COVID-19, did you like to be alone?". Except

for self-kindness, the differences were significant for the positive dimensions of mindfulness and common humanity, in favor of those who did not like to be alone before the pandemic. The differences were also significant for the negative dimensions of self-compassion (isolation, self-criticism, excessive negativity), future anxiety, as well as feelings of annoyance and rumination of thoughts, favoring those who liked to stay alone before COVID-19.

This result indicates a high level of future anxiety, rumination of negative thoughts, self-criticism, and excessive negativity resulting from the pandemic in those who naturally prefer solitude before its onset. On the other hand, positive indicators of self-compassion did not decrease among those who did not naturally want to be alone before the COVID-19 pandemic.

Table 6: The results of the independent samples t-test used to examine differences in the responses to the question, "Have you had any psychological disorders in the past?"

Psychological components	Responses	N	M	SD	t
Self-kindness	Yes	244	3.38	.85	-2.02*
	No	960	3.49	.77	
Mindfulness	Yes	252	3.06	.87	-7.40*
	No	969	3.51	.85	
Common humanity	Yes	250	3.35	.99	-4.76*
	No	965	3.65	.85	
Isolation	Yes	253	3.23	.96	9.29*
	No	964	2.61	.93	
Self-criticism	Yes	248	2.98	.96	8.40*
	No	957	2.46	.85	
Excessive negativity	Yes	248	3.00	.94	8.71*
	No	960	2.43	.90	
Future anxiety	Yes	252	4.76	1.59	5.21*
	No	967	4.16	1.62	
Annoyance and rumination	Yes	253	2.85	.53	8.16*
	No	979	2.55	.52	

*Significant at $p < 0.05$.

The pairwise differences between the average of the psychological construction components in table (6) were statistically significant for the question, "Have you had any psychological disorders in the past?", favoring those who had no previous psychological disorders with regard to the positive dimensions of self-compassion (self-kindness, mindfulness, and shared humanity).

Differences in the negative dimensions of self-compassion (isolation, self-criticism, excessive negativity), future anxiety, as well as annoyance and rumination were observed in those with psychological disorders.

This outcome suggests a high level of future anxiety, rumination of negative thoughts, self-criticism, and excessive negativity due to the COVID-19 pandemic in those who had psychological disorders before its inception. On the other hand, positive indicators of self-compassion (self-kindness, common humanity, and mindfulness) were high—did not decrease—among those who did not have psychological disorders prior to the pandemic.

Table 7: The results of the independent samples t-test for the responses to the question, "Have you attended any activity related to awareness and mental focus?"

Psychological components	Responses	N	M	SD	t
Self-kindness	Yes	443	3.57	.80	3.32*
	No	761	3.41	.77	
Mindfulness	Yes	444	3.50	.87	2.58*
	No	776	3.36	.87	
Common humanity	Yes	445	3.67	.87	2.43*
	No	769	3.54	.89	
Isolation	Yes	445	2.73	.98	-0.09
	No	771	2.74	.97	
Self-criticism	Yes	439	2.50	.90	-1.71*
	No	766	2.60	.90	
Excessive negativity	Yes	435	2.47	.90	-2.05*
	No	773	2.58	.95	
Future anxiety	Yes	445	4.35	1.58	0.93
	No	773	4.26	1.67	
Annoyance and rumination	Yes	449	2.61	.53	-0.21
	No	782	2.62	.54	

*Significant at $p < 0.05$.

The pairwise differences between the mean scores of the psychological construction components in table (7) were statistically significant based on the responses to the question, "Have you attended any activity related to awareness and mindfulness?". Differences were observed in the positive dimensions of self-compassion (self-kindness, mindfulness, and common humanity) in those who attended mindfulness-related activities, as well as in the negative dimension of excessive negativity in those who did not participate in the said undertakings.

This finding implies a higher level of positive self-compassion indicators (self-kindness, common humanity, and mindfulness) in those who participated in mindfulness-related tasks.

3.3 Results of the third question: Do the psychological construction dimensions (self-kindness, annoyance, rumination, and future anxiety) differ between males and females in Arab countries?

Table 8: The t-test results for gender differences in the dimensions of self-kindness, annoyance, rumination, and future anxiety in the three Arab countries

Psychological components	Saudi Arabia (Female: n = 301) (Male: n = 100)				Oman (Female: n = 224) (Male: n = 207)					
	Gender	M	SD	t	M	SD	t	M	SD	t
Self-kindness	female	3.40	.77	0.82	3.62	.79	1.04	3.55	.79	2.82*
	male	3.34	.69		3.52	.84		3.33	.78	
Mindfulness	female	3.22	.90	-3.40*	3.43	.89	-.81	3.37	.79	-2.33*
	male	3.54	.86		3.51	.91		3.55	.84	
Common humanity	female	3.36	.84	-2.37*	3.66	.94	.07	3.65	.85	-.049
	male	3.58	.86		3.65	.91		3.65	.88	
Isolation	female	2.86	.99	1.47	2.73	1.0	.71	2.84	.97	3.10*
	male	2.70	1.0		2.64	.95		2.56	.85	
Self-criticism	female	2.68	.92	-0.71	2.42	.98	-1.54	2.62	.89	2.30*
	male	2.75	.82		2.60	.95		2.43	.78	
Excessive negativity	female	2.68	.99	0.57	2.43	1.0	-.37	2.61	.86	2.03*
	male	2.62	.87		2.47	1.0		2.44	.81	
Future anxiety	female	4.73	1.5	2.35*	4.20	1.6	1.87	4.37	1.6	2.53*
	male	4.34	1.6		3.85	1.5		3.97	1.5	
Rumination	female	2.72	.53	2.22*	2.60	.60	1.43	2.64	.46	2.70*
	male	2.60	.54		2.50	.57		2.52	.45	

*Significant at $p < 0.05$.

The findings in Table (8) reveal gender differences in several psychological components. In Jordan, males showed a high level of mindfulness, while females displayed a high level of future anxiety, as well as annoyance and rumination. In the Omani sample, the overall mean of self-kindness, isolation, self-criticism, excessive negativity, future anxiety, as well as feelings of annoyance and rumination were higher in females, while mindfulness was higher in males. However, there were no statistically significant differences in psychological components between males and females in the Saudi Arabia sample.

3.4 Results of the fourth question: Can the dimensions of self-compassion and current feelings of anxiety and annoyance due to the COVID-19 pandemic in the three participating countries predict future anxiety?

Table 9: Pearson's correlation coefficients between the following variables: future anxiety, dimensions of self-compassion, as well as feelings of annoyance and rumination of thoughts

Country	Variables	Self-kindness	Mindfulness	Common humanity	Isolation	Self-criticism	Excessive negativity	Rumination
Jordan	future anxiety	-.017	*-.242	-.071	*.409	*.316	*.310	*.431
Saudi Arabia	future anxiety	-.030	*-.196	*-.105	*.369	*.336	*.326	*.297
Oman	future anxiety	.074	-.082	-.027	*.281	*.234	*.241	*.299

*Significant at $p < 0.05$.

For all countries, the correlations between future anxiety and the negative components of self-compassion (isolation, self-criticism, and excessive negativity), feelings of annoyance, as well as rumination were positively and statistically significant. However, the associations of future anxiety with the positive components of self-compassion such as self-kindness, mindfulness, and common humanity were inversely and statistically significant only in Jordan and Saudi Arabia. In Oman, although future anxiety's connection with the dimensions of mindfulness and common humanity was also inversely and statistically significant, its correlation to the dimension of self-kindness was positive, weak, and not statistically significant. This result suggests that self-compassion, as well as annoyance and rumination, play a role in explaining future anxiety. Table (10) shows the results of the Multiple Regression Analysis (MRA) used concerning the prediction of future anxiety.

Table 10: The results of the MRA regarding future anxiety prediction using the dimensions of self-compassion, feelings of discomfort, and rumination

Country	Psychological components)Predictors(R	R ²	f	β	t
Jordan	Self-kindness, mindfulness, common humanity, isolation, self-criticism, excessive negativity, rumination	.49	.22	23.0*	-.13	2.08*
					-	-0.61
					-	-0.47
					.20	2.99*
					.10	1.44
					-.28	4.80*
Saudi Arabia	Self-kindness, mindfulness, common humanity, isolation, self-criticism, excessive negativity, rumination	.43	.17	10.2*	-.18	2.91*
					-	-1.11
					-	-1.44
					.19	2.83*
					.17	2.11*
					.03	0.35
	.10	1.61				

Oman	Self-kindness, mindfulness, common humanity, isolation, self-criticism, excessive negativity, rumination	.35	.11	12.9*	.06	0.86
					.01	0.19
					-	-0.97
					.15	2.09*
					-.01	-0.08
					.05	0.63
					.20	3.60*

*Significant at $p < 0.05$.

The MRA findings revealed that in the three countries, the cumulative explained variance ratio in future anxiety stemmed from the combination of psychological construction components (i.e., self-kindness, mindfulness, common humanity, isolation, self-criticism, and excessive negativity), as well as annoyance and rumination. It reached 22.5% in Jordan, 16.8% in Saudi Arabia, and 10.6% in Oman. These values were statistically significant at $p < 0.05$.

Table (10) illustrates the contribution of each psychological construction component in explaining future anxiety in the three countries separately using standardized beta. For example, in Jordan, self-kindness, isolation, as well as annoyance and rumination all played a role in explaining future anxiety. Future anxiety decreased (-0.129) by one standard unit when self-kindness was increased by one standard unit. Future anxiety increased (.201) by one standard unit when isolation was increased by one standard unit. Similarly, future anxiety increased (.279) when annoyance and rumination was increased by one standard unit after other components in the model.

In Saudi Arabia, the components of self-kindness, isolation, and self-criticism impacted future anxiety. For instance, future anxiety decreased (-.185) when self-kindness was increased by one standard unit. Conversely, future anxiety increased (.189) when isolation was increased by one standard unit. Future anxiety likewise increased (.173) when self-criticism was increased by one standard unit after other components in the model.

As for Oman, the components of isolation, as well as annoyance and rumination contributed to explaining future anxiety. When isolation was increased by one standard unit, future anxiety increased (.148). Similarly, when annoyance and rumination was increased by one standard unit, future anxiety increased (.201) after other components in the model.

Self-kindness significantly contributed to reducing future anxiety since it was the key positive component of self-compassion in terms of impacting and limiting future anxiety. On the other hand, the negative components of self-compassion fueled future anxiety, of which isolation, as well as annoyance and rumination, were the most influential.

4. Discussion

This study's purpose was to identify the psychological construction components of an Arab citizen included in samples from three different countries. These elements included both positive and negative aspects of self-compassion, future anxiety, as well as annoyance and rumination. We also investigated how these elements varied depending on the country and gender variables, as well as how participants responded to questions about their habits and pre-pandemic and its connection to psychological construction components. Moreover, we explored whether the aspects of self-compassion, as well as annoyance and rumination, can predict future anxiety.

The findings of the first question revealed significant differences in the averages of the positive and negative components, future anxiety, and rumination, which were attributed to the country. It was found that the intensity of positive feelings and self-compassion practices (self-kindness, mindfulness, and common humanity) were higher in Saudi and Omani citizens than in Jordanians. On the other hand, the intensity of negative feelings of self-compassion (self-criticism, isolation, and

excessive negativity) was higher among Jordanian citizens compared to Saudis and Omanis. Moreover, the intensity of negative feelings of self-compassion was comparable among Saudis and Omanis. The findings established that Jordanian citizens were more anxious about the future than those from Saudi Arabia and Oman, while the level of future anxiety between Saudis and Omani citizens was close. Moreover, Jordanians felt annoyance and ruminated to a higher degree compared to the Saudis and Omanis, both of whom had comparable levels of annoyance and rumination of negative thoughts.

These results can be linked to the differences in the effects of the COVID-19 crisis on the lives of the citizens in the three countries. The economic impact of the pandemic, specifically in Jordan, was highly significant when compared to Saudi Arabia and Oman; since they have thriving economies, the effect of the crisis was similar in both countries. In contrast, Jordan is regarded as a developing economy; hence, the pandemic has had a more substantial impact on the feelings of its citizens. The suffering of Jordanians increased as a result of the closures and their adverse effects, which fueled feelings of anxiety about their future due to the living and economic conditions.

Although the spread of the coronavirus was classified as a global pandemic, government responses differed, resulting in the emergence of psychological constructions according to the circumstances experienced by each country. This outcome is consistent with those of several studies (Abdelfattah et al., 2021; Aladdin et al., 2021; Elmer et al., 2020; Tadmouri et al., 2020; Taleb, 2020; Xiong, et al., 2020), which generally underscored the COVID-19 impacts on psychological construction in terms of feelings of fear, future anxiety, tension, depression, and psychological stress.

The positive components of self-compassion (self-kindness, mindfulness, and common humanity) had generally high averages in the three countries, while the negative components of self-compassion (isolation, self-evaluation, and excessive negativity) had low averages. These results may be attributed to peoples' awareness of the crisis's severe consequences and their efforts to interact positively with them. Furthermore, it is possible that their significant responses to preventive and health instructions, as well as their increased interest in daily statistical reports issued by health authorities, contribute to their improved psychological resilience and stability. Most people use positive psychological methods in response to emergency changes to enhance their positive use of self-compassion, as it acts as a psychological shield that protects them from the adverse effects of stressful life events. These findings are consistent with the outcomes of a couple of studies (Wong, 2021; Neff & McGehee, 2010), which unveiled that self-compassion positively influences self-esteem and self-efficacy, while also increasing happiness and social and family bonding.

The answers to the second question revealed distinct levels of psychological construction concerning varied degrees of loneliness, psychological disorders, and psychological recovery before the pandemic's onset. This study found that citizens of the participating nations who did not want to be alone prior to the COVID-19 crisis had greater average levels of positive self-compassion (self-kindness, mindfulness, and common humanity) than those who preferred solitude. On the other hand, the average levels of future anxiety, feelings of annoyance and rumination, as well as isolation, self-criticism, and excessive negativity were high among people who had previously wished to remain alone pre-pandemic.

This demonstrates the significance of a person's psychological, emotional, social, and behavioral traits, which are crucial when engaging with and adjusting to the crisis's impacts. Persons who previously craved solitude were less self-compassionate, as well as more isolated, worried, and self-critical; such individuals treated themselves severely. On the other hand, those who did not want to be alone or isolated from others before the pandemic were more self-compassionate, vigilant, and conscious; they had the psychological flexibility to adapt, withstand, and survive emergencies without losing their psychological stability. This interpretation is consistent with the findings of Saulsman et al. (2017), who indicated that self-compassionate individuals have better mental health, a higher quality of life, and fewer mental disorders.

In addition, the averages of the psychological construction components differ according to how citizens have previously experienced psychological disorders. For example, positive self-compassion

(self-kindness, mindfulness, and common humanity) was more prevalent among participants who had never experienced psychological disorders than among those who had.

Generally, people who had previously experienced psychological disorders pre-pandemic had higher levels of future anxiety, as well as feelings of annoyance and rumination. These components of negative self-compassion include isolation, self-criticism, and excessive negativity. Logically, a person who has experienced a psychological deficiency in the past, prior to the crisis, is more vulnerable to psychological pressures, has a weaker capacity to face emergencies and deal with them in a way that maintains his psychological stability, and is consequently less able to handle them.

This result concurs with the outcomes of several past studies (Saulsman et al., 2017; Muris et al., 2016; Al-Asmy, 2014), which found a link between the dimensions of self-compassion and the characteristics of extraversion and openness to experience, as well as the role of health and psychological resilience in improving the level of self-compassion.

Moreover, the averages of the psychological construction components differed because citizens in the participating countries who practiced activities that required mental focus pre-pandemic had higher levels of positive self-compassion (self-kindness, mindfulness, and common humanity) than those who did not. On the other hand, citizens who did not engage in tasks that necessitated mental focus had higher averages of excessive negativity. This outcome suggests the significance of engaging in endeavors that require mental focus and awareness of the value of coexistence, work, and behavior; these undertakings enhance mental alertness and the ability to handle circumstances rationally and realistically. These may also aid in the transformation of a negative view of self and negative thinking, both of which stemmed from the failure to deal with past crises, stressful events, or painful experiences, into positive ones, seeing the self with more compassion and understanding and not exaggerating adverse thoughts. This interpretation is in line with the works of Neff and Dahm (2015) and Neff (2003).

The findings of the third question showed gender differences in the psychological construction components. Males in Jordan and Oman had higher levels of mindfulness than females, which concurs with the results of Neff's (2003a) study. On the other hand, females in both countries were more anxious about the future, lonely, and annoyed, as well as inclined to ruminate about negative thoughts than males. These results are consistent with those revealed in several past studies (Abdelfattah et al., 2021; Al-Asmy, 2014).

The positive and negative psychological component levels were similar for both males and females in Saudi Arabia. This outcome is consistent with Aladdin et al.'s (2021) and Al-Obaidi's (2017) findings. These variations show the considerable diversity in the character and caliber of psychological reactions to situations comparable to the crisis in terms of its spread and threat to all nations. Additionally, women are less tolerant of psychological stress and more emotionally receptive and sensitive in times of crisis.

The fourth question's findings revealed a positive correlation between future anxiety and isolation, self-criticism, excessive negativity, as well as annoyance and rumination. Furthermore, there is an inverse correlation between future anxiety, self-kindness, mindfulness, and common humanity.

Future anxiety was explained by several self-compassion components (i.e., self-kindness, common humanity, isolation, and self-criticism), as well as annoyance and rumination. Future anxiety decreased when self-kindness and common humanity were increased. Moreover, future anxiety rose due to increased isolation, self-criticism, and rumination.

This illustrates the role that the positive components of self-compassion have in lowering and managing future anxiety, as well as handling it sensibly. On the other hand, the negative dimensions of self-compassion incite and exacerbate such feelings.

These results are consistent with previous research outcomes (Aladdin et al., 2021; Al-Baghdadi & Al-Ashmawi, 2020; Stutts et al., 2018; Al-Zoghbi & Al-Asmy, 2015; Bluth & Blanton, 2015; Leary et al., 2007), which pointed to the importance of self-compassion in curbing future anxiety and in psychological re-empowerment to protect oneself from psychological disorders.

5. Conclusions and Recommendations

1. Negative behaviors are associated with negative psychological components, while positive behaviors are related to positive psychological components.
2. A healthy psychological composition increases a person's positive psychological indicators in an emergency, whereas a turbulent psychological construction boosts negative psychological indicators.
3. When engaged in activities, awareness and mental focus enhance the positive components of self-compassion.
4. Future anxiety experiences are associated with negative components of self-compassion.
5. Individuals' psychological construction is impacted by crises and stressful experiences.
6. Females are more sensitive and emotionally responsive in times of crises and emergencies.
7. The positive and negative components of self-compassion predict future anxiety.

Considering this study's findings, it is recommended to develop programs that offer psychological and family counseling services during future crises and emergencies. This will assist people in maintaining a healthy level of anxiety, managing negative thoughts and self-criticism, and monitoring changes in their psychological construction and level of psychological immunity as the pandemic ultimately ends. This also suggests examining the connections between the psychological construction's constituent parts and levels of personal and social efficacy, as well as investigating the psychological construction's internal and external influences and determining the elements that contribute to its development in the context of everyday life.

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