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Self-Compassion and Social Connectedness as Predictors of “Peace and Meaning” during Spain’s Initial COVID-19 Lockdown

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Abstract: The COVID-19 lockdown has had a massive psychological impact on mental health in the general population, with increases in anxiety, depression, and post-traumatic stress disorder. Spiritual well-being, specifically peace and meaning, has already been identified as one of the main protective factors for these disorders in the COVID-19 context. The aim of the present study is to identify facilitating elements for peace and meaning during the COVID-19 lockdown in Spain. Online surveys were used to obtain data from a sample of 3480 Spanish people. Self-compassion and social support were positively related with peace and meaning, while loneliness and perceived discrimination were negatively related. The model for peace and meaning was statistically significant, explaining 47% of the variance. The significant variables were self-kindness, family support, mindfulness, and sense of belonging having a positive association and loneliness a negative one.

Keywords: COVID-19; spiritual well-being; peace and meaning; self-compassion; spirituality; social support

1. Introduction

In December 2019, the outbreak of what was going to be known as the COVID-19 pandemic started in the Chinese city of Wuhan. In a few days, many people became infected, and several deaths were reported. In two months, more than 34 countries reported instances of the same virus. In order to control the disease, a state of alarm was declared in different countries, leading the population to an indefinite lockdown. Although necessary to prevent the disease from spreading, the effects of lockdown can have a major impact at a psychological level and be very long lasting (Brooks et al. 2020).

Recent publications have observed the psychological impact of the COVID-19 lockdown on the general population, highlighting greater psychological distress, symptoms of post-traumatic stress disorder (PTSD), depressive symptoms, greater anxiety levels, insomnia, and irritability, among others (Rossi et al. 2020; Wang et al. 2020; Song et al. 2020). These results have also been replicated in Spain (González-Sanguino et al. 2020; Ozamiz-Etxebarria et al. 2020). In addition, some other authors have indicated that this pandemic will end up producing stigmatization and discrimination towards the people infected and their environment (Brooks et al. 2020; Röhr et al. 2020).

Some underlying mechanisms of the impact on mental health have already been observed in relation to COVID-19 confinement. Li et al. (2020) observed that individuals

showing low self-control were more vulnerable and more prone to needing psychological aid to maintain their mental health during lockdown. [González-Sanguino et al. \(2020\)](#) pointed to spiritual well-being, specifically peace and meaning, as the main predictor for depression, anxiety, and PTSD during the COVID-19 lockdown, playing a protective role as an emotional underlying mechanism.

1.1. Well-Being and Social Connectedness

[Keyes et al. \(2002\)](#) defined subjective well-being (SWB) as “the evaluation of life in terms of satisfaction and balance between positive and negative affect” (p. 1007), and psychological well-being (PWB) as “the perception of engagement with existential challenges of life” (p. 1007). Although SWB, PWB, and spiritual well-being are closely related ([Ellison 2018](#)), spiritual well-being is more specific and has been described “as a dynamic and affective dimension of religion and spirituality that impacts the way that people experience, understand and live their lives” ([Munoz et al. 2015](#), p. 1839). For these authors, spiritual well-being comprehends three dimensions: meaning, peace, and faith. In this research we will focus on the first two of them (meaning and peace), as they are more related to psychological well-being and independent of any particular faith ([Nelson et al. 2002](#)). [Sibley et al. \(2020\)](#) compared matched samples of 1003 New Zealanders, assessed before and during the first 18 days of COVID-19 lockdown, and did not find changes in SWB, associating this maintained well-being with higher levels of a sense of community and lower levels of psychological distress. Spiritual well-being has also showed in other situations to be a good predictor of health and PWB ([Saiz et al. 2020b](#); [Krupski et al. 2006](#); [McClain et al. 2003](#); [Trevino et al. 2010](#)).

PWB has been associated with several social connectedness variables. For instance, the relationship between social support and well-being has been widely documented, in children and adolescents ([Chu et al. 2010](#)), or across age groups ([Siedlecki et al. 2014](#)). As Cohen defined, “social support refers to a social network’s provision of psychological and material resources intended to benefit an individual’s ability to cope with stress” ([Cohen 2004](#), p. 676). During lockdown periods, in which physical distance is mandatory, social support and communication have grown as important recommendations to maintain well-being ([Brooks et al. 2020](#)) or even to prevent suicide ([Courtet et al. 2020](#)).

The need to belong and loneliness are two other perceived social factors closely related to well-being ([Mellor et al. 2008](#); [Ausín et al. 2017](#)). As the Belongingness hypothesis defines ([Baumeister and Leary 1995](#)), “human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships”. The experience of loneliness has been conceptualized as the cognitions and attributions that arise when an individual perceives a discrepancy between their needed and existing social relationships ([Perlman 2004](#)). In the actual confinement situation, some studies have already demonstrated the association between loneliness and anxiety, depression, and PTSD ([González-Sanguino et al. 2020](#); [Santini et al. 2020](#)).

1.2. Influence of Religion and Spirituality on Health and Well-Being

Despite the complexity and multi-dimensional concept of religiosity and spirituality ([Berry 2005](#)), there is a relative consensus in understanding the terms, as defined by [Hill and Pargament \(2003\)](#). Religiosity can be understood as a personal or group search for the sacred that develops within a traditional or nontraditional context; spirituality, therefore, can be understood as a personal or group search for the sacred. In more detail, spirituality could also be considered as a “personal search for meaning and purpose in life, connection with a transcendent dimension of existence, and the experiences and feelings associated with that search and that connection” ([Zinnbauer et al. 1999](#)).

The empirical study of religion and spirituality has grown substantially in recent decades ([Paloutzian and Park 2005](#); [Weaver et al. 2006](#)), with an increasing number of reviews and meta-analyses that describe the impact of these variables on health ([Hodapp and Zwingmann 2019](#); [Koenig 2009](#); [Yamada et al. 2020](#)). Recently, numerous studies have

investigated the effectiveness of religious or spiritual capital to cope with the COVID-19 pandemic (Seryczyńska et al. 2021), confirming that spirituality and religious practices are a protective factor not only with psychological and mental health but also with physical health (Coppola et al. 2021). Indeed, the importance of religious coping for promoting well-being during the COVID-19 pandemic has been probed in different scenarios (Counted et al. 2020; Thomas and Barbato 2020).

One specific variable related to religion and spirituality that has consistently showed itself to be an important explanatory variable in understanding mental health is self-compassion (MacBeth and Gumley 2012). Self-compassion “involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one’s pain, inadequacies and failures, so that one’s experience is seen as part of the larger human experience” (Neff 2003a, p. 87). The same author also states that self-compassion is an attitude that should protect against the negative consequences of different situations, including isolation and depression. However, self-compassion is not an attitude reserved exclusively for meditators, as Baer et al. (2012) reported: self-compassion predicted PWB in long-term meditators and matched non-meditators. In addition to psychological and spiritual well-being, self-compassion has been shown to also predict anxiety, depression, stress, and physical well-being (Hall et al. 2013; Van Dam et al. 2011), even during the current COVID-19 pandemic (Gutiérrez-Hernández et al. 2021). Finally, compassion-based interventions have also generated good outcomes for depression, anxiety, psychological distress, and well-being (Kirby et al. 2017). In accordance with this, Poli and Conversano (2020) have recommended promoting self-compassion programs to reduce the psychological impact of COVID-19 lockdown.

1.3. Present Study

The current crisis triggered by COVID-19 represents a real challenge, not only in the medical field, but also in maintaining a state of well-being in the population. Different strategies are currently being proposed to reduce the psychological impact of COVID -19 lockdown (e.g., online platform to better manage psychological problems (Zhang et al. 2020); or structured letter therapy (Xiao 2020); however, few studies (Sibley et al. 2020) identify relevant factors (i.e., sense of community) to maintain the subjective well-being of people in lockdown, and more specific factors should be identified in order to design effective interventions.

On 14 March 2020, a state of emergency was declared in Spain and strict and severe lockdown measures were applied to all Spanish citizens. Under these circumstances, it was only possible to leave home for those activities that were crucial (shopping or going to work), remote work was recommended as far as possible, while business that were not considered essential, and all educational centers, remained closed. This study was completed from 21 March to 28 March 2020, when Spanish citizens had been confined to their homes for about 2 weeks. According to official sources (Ministry of Health 2020), Spain, with a population about 47.3 million, had at that time a total of 72,248 individuals testing positive for COVID-19 and 5690 deaths. Previous studies (González-Sanguino et al. 2020; Ausín et al. 2020) highlighted the mediating role of spiritual well-being, specifically peace and meaning, on psychological impact during lockdown. The aim of the present study is to further this research and to identify facilitating elements for peace and meaning in the context of the COVID-19 lockdown period in a sample of Spanish people.

2. Method

2.1. Sample

Participants were recruited by sending requests for participation to people belonging to databases of professors at the Complutense University of Madrid who collaborated with the study, public institutions such as the Chair for Stigma and the Official College of Psychologists, and private institutions such as the company Grupo 5. These databases are

complete enough to make a reasonable sample of the population. In addition, to increase the size of the sample as much as possible, we also used “snowball sampling”, and participants were told that if they knew someone interested in participating, they should send them our link. The percentage of people recruited in this way was small, estimated at less than 5%. The final sample was 3480 people from Spain. Inclusion criteria were: (1) to be over 18 years old; and (2) to be living in Spain during the health alarm situation derived from COVID-19. Incomplete answers were considered as exclusion criteria. Participants were engaged by sending the survey through several social network channels (Email, Twitter, WhatsApp lists, and Facebook) and on the website <https://www.contraelestigma.com/> (accessed on 20 August 2020).

2.2. Variables and Instruments

2.2.1. Sociodemographic Variables

Sociodemographic variables are shown in Tables 1 and 2. The following variables were collected through questions asked ad hoc: age (subsequently grouped into clusters: 18–30, 31–59, 60–80); gender identity; relationship (single, with a couple not sharing a house, with a couple sharing a house); marital status (single, married, divorced, separated, widower); children (no, yes, number); educational level (elementary studies, high school, vocational training, university, postgraduate); profession (social-health, education, administration, commercial, other); employment situation (working, unemployed, student, retired, others); work condition (no work, work for others, self-employed); economic situation (subjective perception from very bad to very good); importance of religious beliefs (1 very important to 4 not important; the scores were reversed); and presence of previous medical diagnoses (psychiatry and mental health, cardiovascular, neurological, respiratory, or other diseases). Relationship and marital status were considered together to gain broader information on the person’s social ties, reflecting practical life (first) and legal history (second).

2.2.2. Variables Related to COVID-19

Information related to proximity or distance regarding COVID-19 was gathered: suffering symptoms (yes, no); positive or negative diagnosis; existence or not of family members or close relatives infected; perception of the information received on the alarm situation (considering possession of sufficient information, or being over-informed); and mode of employment (face-to-face employment or work from home) were also considered as possible relevant information.

2.2.3. Variables Related to Spirituality and Well-Being

Peace and meaning was evaluated through the Spanish version (Galiana et al. 2016) of the Functional Assessment of Chronic Illness Therapy Spiritual Well-Being (FACIT-Sp12) (Munoz et al. 2015). This scale was created to explore chronic illness patients, but we decided to use it considering the possibility of stress and other negative states present in lockdown circumstances as previously described in the literature. This scale was designed to assess to what extent patients have experienced spiritual well-being during the last seven days. It includes two subscales: meaning/peace and faith. Considering the lockdown circumstances, and in order to make it faster to respond, we randomly selected four items from the meaning/peace subscale. Meaning is based on a cognitive component, while peace is an affective one. In this subscale, questions are related to harmony, peace, and sense of strength (e.g., “I feel a sense of harmony within myself”). We eliminated the allusion to chronic illness in the instructions, and changed it as follows: “Below you will find a list of statements that other people have said are important . . . ”. The answers were Likert type from 1 (nothing) to 5 (a lot), and the total score was calculated adding the 4 items (range 4–20). Higher scores indicate greater peace and meaning. In the original version, for this subscale, Cronbach’s α was 0.88, in the Spanish version Cronbach’s α was 0.85, and for our reduced version, Cronbach’s α was 0.84.

In addition, the Spanish version of the short Self-Compassion Scale (SCS) (Neff 2003b) was used to evaluate self-compassion (Garcia-Campayo et al. 2014). The scale evaluates how the subject usually acts towards himself in difficult moments in three different dimensions: (a) self-kindness, being kind and understanding towards oneself in instances of pain or failure rather than being harshly self-critical; (b) common humanity, perceiving one's experiences as part of the larger human experience rather than seeing them as separating and isolating; and (c) mindfulness, holding painful thoughts and feelings in balanced awareness rather than over-identifying with them. In order to make it easier and faster to respond, instead of the original 6 subscales (12 items), here we used 3 subscales (self-kindness, common humanity, and mindfulness; 6 items, 2 items for each dimension). The items are Likert type (from 1 to 5), indicating higher scores for self-compassion (e.g., "When I don't like something, I try to keep my emotions in balance"). For the Spanish adaptation, Cronbach's α was 0.85.

2.2.4. Social Connectedness Factors

Social support was evaluated by the Multidimensional Scale of Perceived Social Support (EMAS) (Zimet et al. 1988), adapted to Spanish (Landeta and Calvete 2002). The scale is made up of 12 Likert-type items with 7 response alternatives (from 1 totally disagree, to 7 totally agree), the higher being the more social support perceived (e.g., "My family really tries to help me"). The EMAS explores three possible sources of perceived social support: family (4 items), friends (4 items), and relevant people (4 items), and also offers a full measure of social support. The Spanish version shows Cronbach's α to be 0.89.

Loneliness was measured by the Spanish 3-item version (Velarde-Mayol et al. 2016) of the UCLA Loneliness Scale (UCLA-3) (Russell 1996). It included the following items: "Since March 15th, how often do you feel that you are short of company?", "Since March 15th, how often do you feel excluded?", "Since March 15th, how often do you feel isolated from others?". The 3 items, presented in Likert-type format with 3 response options (1 rarely, 2 sometimes, 3 often), address 3 dimensions of loneliness: relational connectedness, social connectedness, and self-perceived isolation. The Spanish version shows Cronbach's α to be 0.95.

The sense of belonging was evaluated by four Likert-type items (from 1, belong a lot, to 4, do not belong). These questions included membership of friends' groups, family, work, school, neighborhood, and community groups. The scores were reversed, so the higher the score, the more sense of belonging. This measure was previously used in other studies (Madrid City Council 2018).

In addition, we also evaluated the perceived discrimination with the Spanish version of the Intersectional Day-to-Day Discrimination Index (InDI-D) (Schein and Bauer 2019), which was translated by the authors of this study. This scale provides a measure of the intersectional discrimination that can be produced by different conditions: gender, ethnicity, mental health diagnosis, and so on. We used the main scale formed by 9 Likert-type items with three response options (from 1 never, to 3 many times) (e.g., "... you have been looked at or pointed out in public"). The higher the score, the more discrimination suffered. The adjusted ICC for test-retest reliability of the original version of the InDI-D was 0.70.

2.3. Design

This is an exploratory study and, since face-to-face interviews were not possible due to confinement, an online survey was used for data collection. Conducting online surveys can be considered low-cost and a wide-reaching tool in comparison to traditional recruitment methods (Van Selm and Jankowski 2006). We used Google Forms platform with the objective of reaching the maximum population possible. The survey contained 80 questions and the average time for completion was about 7 min. It was launched on 21 March, with data collection taking place until 28 March 2020. The survey also included a section with information regarding the research, as well as the consent form to participate in the study and acceptance of the data protection laws regarding the regulation (EU)

2016/679 of the European Parliament and of the Council, of 27 April 2016, on the protection of personal data.

The study was approved by the Deontological Commission of the Complutense University of Madrid (pr_2019_20_029).

2.4. Data Analysis

Descriptive statistics were calculated for socio-demographics and psychological variables. Frequencies and percentages are reported for categorical variables and mean (with 95% CI) and standard deviation for numerical variables. The relationships between each variable in the study and peace and meaning measure were reported as a univariate R^2 value, coefficients B (with a 95% CI), and standardized coefficients (B_{STD}). For categorical variables, the reference level is indicated in the results tables. The significance of both R^2 and coefficients is indicated with the traditional asterisk (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$).

In addition, a linear regression model was calculated for the peace and meaning measure to test the predictive value of socio-demographics and psychosocial variables. Models were estimated by least squares and built with a theory-driven forward strategy (testing the R^2 growth). Reports include coefficients B , standardized coefficients (B_{STD}), adjusted R^2 , and the significance F test. The statistical analysis was performed using R (3.6.3).

3. Results

3.1. Peace and Meaning

The score on peace and meaning averaged 15.61 ($SD = 3.29$) (range 4–20). The results indicate that after 14 days of confinement most of the responders showed a medium-high level of peace and meaning.

3.2. Sociodemographic Data and Peace and Meaning

As described in Table 1, the sample ($N = 3480$) had a majority of women (75%), and an age average of 37.92 years ($SD = 13.3$). Moreover, 55.1% of the participants declared that they were single, but 52.6% had a partner and shared their home with him/her, and 59% did not have children. In total, 67% had a university degree; 62.9% were working at the time they responded to the survey, 63.6% worked for others, and 29.8% worked in socio-sanitary services. Of the sample, 58.7% considered their economic situation as good or very good. Half of our sample didn't consider religion as important (51.6%). Finally, 84.2% of the people in the sample had not been diagnosed with a previous illness, with 6.1% having some previous mental health diagnosis. Table 2 shows the work characteristics of the sample.

Being older was significantly related to peace and meaning ($B_{STD} = 0.688$). Furthermore, being married ($B_{STD} = 0.496$), having a partner and sharing a house ($B_{STD} = 0.427$), and having children ($B_{STD} = 0.444$) was associated with better peace and meaning. Being retired ($B_{STD} = 0.694$), self-employed ($B_{STD} = 0.325$), or working in education ($B_{STD} = 0.271$) scored better in peace and meaning. Rating personal financial status as good or very good was also positively related to peace and meaning ($B_{STD} = 0.650$). Despite the fact that the majority of the sample obtained very low scores in religion, when they valued it some ($B_{STD} = 0.336$) or a lot ($B_{STD} = 0.414$), religion positively related to peace and meaning.

Table 1. Association between sociodemographic variables and peace and meaning.

Variables	n (%)	B	B (95% CI ¹)	B _{STD}	R ²
Gender					
Male	870 (25)	—	—	—	0.007 ***
Female	2610 (75)	−0.628 ***	(−0.88; −0.38)	−0.191	
Age	37.92 (13.3) ²	0.057 ***	(0.05; 0.06)	0.230	0.052 ***
18–30	1230 (35.3)	—	—	—	
31–59	2054 (58.9)	1.120 ***	(0.89; 1.35)	0.341	0.037 ***
60–80	203 (5.8)	2.263 ***	(1.78; 2.74)	0.688	
Marital status					
Single	1921 (55.1)	—	—	—	
Married	1241 (35.6)	1.633 ***	(1.40; 1.86)	0.496	
Divorced	216 (6.2)	1.290 ***	(0.84; 1.74)	0.392	0.055 ***
Separated	69 (2)	0.493	(−0.27; 1.26)	0.150	
Widower	40 (1.1)	1.223 *	(0.22; 2.22)	0.372	
Relationship					
Single	935 (26.8)	—	—	—	
Couple no sharing housing	719 (20.6)	0.146	(−0.17; 0.46)	0.045	0.041 ***
Couple sharing housing	1833 (52.6)	1.404 ***	(1.15; 1.66)	0.427	
Children	0.732 (1) ¹	0.710 ***	(0.60; 0.82)	0.215	0.046 ***
No	2056 (59)	—	—	—	
Yes	1431 (41)	1.460 ***	(1.24; 1.68)	0.444	0.047 ***
Education					
Elementary	99 (2.8)	—	—	—	
High school	607 (17.4)	−0.632	(−1.33; 0.06)	−0.192	
Vocational training	446 (12.8)	−0.243	(−0.96; 0.47)	−0.074	0.011 ***
University	1304 (37.4)	0.204	(−0.46; 0.87)	0.062	
Postgraduate	1031 (29.6)	0.375	(−0.30; 1.05)	0.114	
Religious importance					
Nothing	1801 (51.6)	—	—	—	
Not very important	946 (27.1)	0.412 **	(0.16; 0.67)	0.125	0.019 ***
Quite important	477 (13.7)	1.104 ***	(0.77; 1.43)	0.336	
A lot	263 (7.5)	1.362 ***	(0.94; 1.78)	0.414	
Previous illness					
Nothing	2937 (84.2)	—	—	—	
Cardiovascular	109 (3.1)	0.078	(−0.53; 0.69)	0.024	
Neurological	57 (1.6)	−0.980 *	(−1.82; −0.14)	−0.298	0.054 ***
Respiratory	171 (4.9)	−0.799 **	(−1.29; −0.31)	−0.243	
Mental health	213 (6.1)	−3.153 ***	(−3.60; −2.71)	−0.959	

¹ CI = confidence interval. ² Mean (SD). * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Females reported lower levels of peace and meaning than males ($B_{STD} = -0.191$). Having a previous mental health diagnosis was the variable with the highest negative score related to peace and meaning ($B_{STD} = -0.959$).

Table 2. Association between work variables and peace and meaning.

Variables	n (%)	B	B (95% CI ¹)	B _{STD}	R ²
Work situation					
Unemployed	289 (8.3)	—	—	—	
Student	663 (19)	−0.234	(−0.68; 0.21)	−0.071	0.045 ***
Retired	125 (3.6)	2.283 ***	(1.61; 2.96)	0.694	
Other	213 (6.1)	0.596 *	(0.03; 1.17)	0.181	
Working	2191 (62.9)	1.320 ***	(0.93; 1.71)	0.401	
Work condition					
No work	869 (24.9)	—	—	—	0.015 ***
Work for others	2217 (63.6)	0.934 ***	(0.68; 1.19)	0.284	
Self-employment	401 (11.5)	1.070 ***	(0.68; 1.46)	0.325	
Professional area					
Other	1360 (39.0)	—	—	—	0.010 ***
Administration	332 (9.5)	0.483 *	(0.09; 0.88)	0.147	
Commercial	211 (6.0)	−0.076	(−0.55; 0.40)	−0.023	
Education	543 (15.5)	0.892 ***	(0.57; 1.22)	0.271	
Social health	1041 (29.8)	0.603 ***	(0.34; 0.87)	0.183	
Perceived economic situation					
Very bad–bad	356 (10.5)	—	—	—	0.050 ***
Good–very good	1994 (58.7)	2.138 ***	(1.78; 2.50)	0.650	
Regular	1049 (30.9)	1.013 ***	(0.63; 1.40)	0.308	

¹ CI = confidence interval. * $p < 0.05$, *** $p < 0.001$.

3.3. COVID-19 Related Data and Peace and Meaning

In relation to COVID-19, as Table 3 shows, 0.7% of the sample had tested positive for COVID-19, 13.9% declared that they had suffered symptoms compatible with the disease, and 28.3% had a family member or close relative who had been diagnosed. With regard to the information received about COVID-19, 57.5% stated that they had received sufficient information. Regarding employment, 43% of the sample worked from home.

Table 3. Association between COVID-19 variables and peace and meaning.

Variables	n (%)	B	B (95% CI ¹)	B _{STD}	R ²
COVID-19 symptoms					
No	3001 (86.1)	—	—	—	0.005 ***
Yes	486 (13.9)	−0.678 ***	(−0.99; −0.36)	−0.206	
COVID-19 relative diagnosis					
No	2500 (71.7)	—	—	—	0.001 *
Yes	987 (28.3)	−0.273 *	(−0.5; −0.03)	−0.083	
Information received about COVID-19					
Not Enough	617 (17.7)	—	—	—	0.022 ***
Good	2006 (57.5)	1.025 ***	(0.73; 1.32)	0.312	
Overinformed	864 (24.8)	0.031	(−0.31; 0.37)	0.009	
Mode of employment during COVID-19					
Non applicable	1416 (40.6)	—	—	—	0.014 ***
Face-to-face employment	571 (16.4)	0.834 ***	(0.52; 1.15)	0.253	
Work from home	1500 (43)	0.792 ***	(0.55; 1.03)	0.241	

¹ CI = confidence interval. * $p < 0.05$, *** $p < 0.001$.

Having symptoms (BSTD = −0.206) or having a relative diagnosed with COVID-19 (BSTD = −0.083) were negatively associated with peace and meaning, but having enough information about COVID-19 increased peace and meaning (BSTD = 0.312). Face-to-face employment (BSTD = 0.253) or work from home (BSTD = 0.241) were both positively associated with peace and meaning.

3.4. Self-Compassion and Social Connectedness Factors as Predictors of Peace and Meaning

As described in Table 4, self-compassion was the variable with the strongest association with peace and meaning ($B_{STD} = 0.584$). The 3 subscales showed a positive association, the most relevant being self-kindness ($B_{STD} = 0.566$), then mindfulness ($B_{STD} = 0.513$), and finally common humanity ($B_{STD} = 0.482$).

Table 4. Association between psychosocial variables and peace and meaning.

Variable	Mean (SD)	B	B (95% CI ¹)	B_{STD}	R^2
Social Support	51.705 (8.6)	0.174 ***	(0.16; 0.19)	0.454	0.206 ***
SS-Friends	17.256 (3.4)	0.293 ***	(0.26; 0.32)	0.302	0.091 ***
SS-Family	17.328 (3.35)	0.426 ***	(0.40; 0.46)	0.434	0.188 ***
SS-Relevant people	17.51 (3.43)	0.351 ***	(0.32; 0.38)	0.366	0.134 ***
Loneliness	4.553 (1.63)	−0.909 ***	(−0.97; −0.85)	−0.451	0.203 ***
Discrimination	0.48 (1.3)	−0.459 ***	(−0.54; −0.38)	−0.182	0.033 ***
Sense of belonging	7.765 (1.97)	0.418 ***	(0.36; 0.47)	0.250	0.062 ***
Self-Compassion	21.617 (5.08)	0.378 ***	(0.36; 0.40)	0.584	0.341 ***
SC-Self-kindness	7.091 (1.88)	0.991 ***	(0.94; 1.04)	0.566	0.320 ***
SC-Common humanity	7.108 (1.92)	0.827 ***	(0.78; 0.88)	0.482	0.232 ***
SC-Mindfulness	7.418 (1.92)	0.880 ***	(0.83; 0.93)	0.513	0.262 ***

¹ CI = confidence interval. *** $p < 0.001$.

Social support was also related with peace and meaning ($B_{STD} = 0.454$), the family being the most important source of social support ($B_{STD} = 0.434$), relevant others ($B_{STD} = 0.366$), and finally friends ($B_{STD} = 0.302$). In accordance with this, the sense of belonging was also positively associated ($B_{STD} = 0.250$).

Loneliness ($B_{STD} = -0.451$) and perceived discrimination ($B_{STD} = -0.182$) were negatively related to peace and meaning.

3.5. Regressions on Peace and Meaning

The model for peace and meaning was statistically significant, explaining 47.07% of the variance [$F(5, 3380) = 603.1, p < 0.001$]. The significant variables were self-kindness ($B_{STD} = 0.291$), family support ($B_{STD} = 0.211$), loneliness (in a negative direction) ($B_{STD} = -0.207$), mindfulness ($B_{STD} = 0.169$), and sense of belonging ($B_{STD} = 0.116$). The model is presented in Table 5.

Table 5. Linear regression models for peace and meaning.

Variable	B	SE	B_{STD}
SC-Self-kindness ¹	0.509 ***	0.031	0.291
SS-Family ²	0.206 ***	0.013	0.211
Loneliness	−0.913 ***	0.062	−0.207
SC-Mindfulness ¹	0.291 ***	0.030	0.169
Sense of belonging	0.206 ***	0.023	0.116

R^2 adj: 0.470 ***

$F(5, 3380) = 603.1; p < 0.001$

¹ Self-Compassion. ² Social Support. *** $p < 0.001$.

4. Discussion

Spiritual well-being has been studied before, showing multiple interesting results. For example, in cancer patients (Baqutayan 2019); in those recovering from persistent mental disorders (Saiz et al. 2020a) or substance abuse, where perceived social support and spiritual well-being showed positive effects to determine a meaningful life (Sultan et al. 2018); and as an important factor to maintain good health in elder populations (Dos Santos et al. 2018; Salman and Lee 2019).

COVID-19 lockdown is having an important psychological impact on the general population all around the world (Rossi et al. 2020; Wang et al. 2020). It is urgent to find out the underlying mechanisms which explain this impact. As a step forward with regard to previous research which pointed to peace and meaning as a protective factor of mental health (González-Sanguino et al. 2020), in this study we have identified a series of variables that might help to improve peace and meaning in the situation of confinement caused by COVID-19. In this unforeseen and long-lasting external event, with high potential to affect the mental health of a population physically isolated, the analysis of factors that might help in the care of the subjective well-being of the population is essential.

First, considering sociodemographic variables, being a man, older, retired, living with someone (married, partner, or children), and having a good or very good financial status were associated with peace and meaning. This coincides with previous research (González-Sanguino et al. 2020), which found that being in the older age group and having economic stability were negatively related to depression, anxiety, and PTSD. The fact that women were associated with worse peace and meaning, as Wenham et al. (2020) suggested, might be explained from a cultural perspective, because women are usually the ones who provide most of the informal care within families, with the consequence of limiting their work and economic opportunities. In addition, it might also be true that traditional social norms push women to take care of others rather than to care for themselves (self-kindness) (Alon et al. 2020). Additionally, we found that having a previous mental disorder diagnosed was also associated with worse peace and meaning (Saiz et al. 2021). This might recall the concept of intersectional stigma (Turan et al. 2019), which underlines the necessity of caring for other already stigmatized groups, in which the impact of another risk situation (e.g., increased stress in the lockdown) can worsen their well-being. Finally, it is striking that although most of the sample didn't consider religion as important, the more value was given to religion, the better the peace and meaning. This coincides with other authors (Green and Elliott 2010; Lun and Bond 2013), who reported better outcomes on well-being in religious samples.

As protective factors, we have found significant relationships between peace and meaning and self-compassion, as well as with other social connectedness factors, such as perceived social support and sense of belonging, whereas loneliness and discrimination were identified as risk factors. This agrees with Liu et al. (2020a) who found that self-compassion and social connectedness worked together to buffer the impact of racial discrimination on mental health among college students. As Cook (2004) previously stated, this association leads us to consider that peace and meaning cannot be restricted to the individual sphere, but rather that it implies a connective and interrelated dimension.

While other authors (Baer et al. 2012) found mindfulness slightly more related to psychological well-being, we found that the component of self-compassion that best explains peace and meaning is self-kindness; that is, the ability to be understanding with oneself in the process of coping with a difficult situation, such as the COVID-19 lockdown. Even though other authors (Sibley et al. 2020) failed to identify it in their study, here the protective effect of self-kindness is accompanied by the social support provided by the family. Even with the severe lockdown measures and social distance imposed, family social support seems to constitute a fundamental source for the provision of affection and material resources that reinforce the person's ability to successfully face this difficult situation. Third, we found that loneliness is a factor that puts at risk the possibility of maintaining an optimal state of peace and meaning. As has been pointed out in previous works (González-Sanguino et al. 2021), the feeling of loneliness perceived by the person in a confined situation increases the negative psychological impact, and here we add that it also reduces peace and meaning. Another of the elements of self-compassion that came out to be significant in the model was mindfulness which, in a COVID-19 lockdown context, may imply the person's ability to cope with the suffering derived from the situation in a state of awareness. Finally, related to "sense of community with others in their neighborhood" (Sibley et al. 2020), or "collective-affirmation" (Tiwari et al. 2020), in this study we found

that the feeling of belonging is also prominent in the model, suggesting that membership of friends' groups, work, school, neighborhood, or community groups, are important elements in the process of strengthening peace and meaning. We might recall here all solidarity actions that are happening across the world based on shared collective values, cooperation, and compassion.

As limitations, the study has an exploratory nature and is not representative of the Spanish population; it contains an unequal distribution in some age groups and gender, which limits the scope of its conclusions. The via online sampling strategy does not cover people who are not used to online social media, email, or even responding to online surveys, and precisely these people could be more isolated and less exposed to messages of compassion. Future studies would require reaching this population. In addition, in order to have a fast and easy online survey, we had to apply a reduced version of some scales, risking their reliability. Specifically, we did not include the four faith items (faith sub-scale) of the FACIT-Sp12, which made it impossible to obtain complete conclusions on spiritual well-being. There are other elements, such as gratitude (Mills et al. 2015) or hope (Counted et al. 2020), that have shown an important impact on well-being and might be considered along with self-compassion in order to improve peace and meaning in future research. In addition, also for future research, it would be necessary to test these results in other cultures, with different religious beliefs and practices, and considering their potential spiritual needs. It also would be worth it to expand the scope to the role of other elements related to social and environmental connectedness that might also improve peace and meaning (e.g., caring for pets, having plants in the house, and so on). Another limitation in the study is the failure to carry out analyses to see how these variables work with prevalent negative symptoms during COVID-19 lockdown, such as levels of stress, depression, or anxiety. Future studies will reveal how peace, meaning, and self-compassion work together with negative symptomatology. Finally, a period of two weeks in lockdown is relatively short compared to the significantly longer periods that people have been facing. So, we must understand this data in the context of Spain's initial COVID-19 lockdown. Nevertheless, Lee et al. (2021) already found that compassion toward others and self-compassion were associated with better mental well-being across the adult lifespan, so it could be hypothesized that self-compassion might play an important role to buffer the adverse mental health impacts of COVID-19 in the future and in prolonged periods of lockdown (Lau et al. 2020).

Considering all this, it is still necessary to propose intervention strategies that can combine the effects of self-regulation factors (self-kindness and mindfulness), for instance the practice of meditation (Lv et al. 2020), and factors that facilitate social connectedness (family social support, perception of not being alone and discriminated, and the feeling of belonging), perhaps using online technologies (Liu et al. 2020b; Armitage and Nellums 2020), to maintain optimal subjective well-being in people affected by the COVID-19 lockdown. In agreement with other authors (Bansal et al. 2020; Koenig 2020), the following are some recommendations to help individuals maintain spiritual, mental, and physical well-being during the COVID-19 pandemic:

- Take care of yourself: exercise, sleep enough, watch your diet and practice meditation, mindfulness, yoga, or other spiritual activities.
- Keep in contact with your family and relevant people.
- Engage or follow social groups with similar interests to your own.
- If you practice any faith, maintain religious involvement.
- Use social media to promote kindness to others and connect with those who are physically distanced.

COVID-19 is a great challenge for authorities and all human beings, but there might be a resilience landscape, which could be sustained in basic human resources (self-regulation along with social connectedness).

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