

Comparison of Spirituality, Resilience and Self-Compassion in Students with and without COVID-19 Anxiety

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Abstract

Coronavirus 2019 (COVID-19) as the biggest threat to public health in 2020, is a two-year period that has caused many problems to people around the world. The aim of this study was to compare spirituality, resilience and self-compassion in students with high and low levels of COVID-19 anxiety. The method of the present study is descriptive causal-comparative. The statistical population of the study consisted of male and female students of the Faculty of Literature and Humanities of the University of Guilan in the academic year 2020-2021. Participants were selected by available methods from each group of 135 students with high levels of COVID-19 anxiety and 135 students with low levels of COVID-19 anxiety. Students were assessed using COVID-19 Anxiety Scale Wheaton et al. (2012), spirituality Parsian & Dunning (2009), resilience Connor & Davidson (2003), and Self-Compassion Questionnaire Neff (2003). Data analysis was performed using multivariate analysis of variance by SPSS software version 24. Findings from multivariate analysis of variance showed that there was a significant difference between students with and without COVID-19 anxiety in terms of spirituality, resilience and self-compassion; So that the average scores of spirituality, resilience and self-compassion in students with COVID-19 anxiety are lower compared to students without COVID-19 anxiety ($P < 0.001$). According to the findings of the present study, students with high

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levels of COVID-19 anxiety have less spirituality and resilience, which in turn aggravates the symptoms in individuals. On the other hand, it was found that self-judgment, feelings of isolation and over-assimilation are high in people with COVID-19 anxiety; For this reason, psychologists and counselors need to pay more attention to these areas in order to reduce the unreasonable severity of anxiety in students.

Keywords: Coronavirus, Spirituality, Resilience, Self-Compassion, COVID-19 Anxiety.

مقایسه معنویت، تاب‌آوری و خودشفقت‌ورزی در دانشجویان با و بدون اضطراب کووید-۱۹

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چکیده

کرونا ویروس ۲۰۱۹ (کووید-۱۹) به‌عنوان بزرگ‌ترین تهدید سلامت عمومی افراد در سال ۲۰۲۰، دوسالی است که مردم جهان را دچار مشکلات فراوانی کرده است. پژوهش حاضر با هدف مقایسه معنویت، تاب‌آوری و خودشفقت‌ورزی در دانشجویان با سطوح بالا و پایین اضطراب کووید-۱۹ انجام شد. روش پژوهش حاضر توصیفی از نوع علی-مقایسه‌ای است. جامعه آماری پژوهش را دانشجویان دختر و پسر دانشکده ادبیات و علوم انسانی دانشگاه گیلان در سال تحصیلی ۱۴۰۰-۱۳۹۹ تشکیل دادند. شرکت‌کنندگان به روش در دسترس از هر گروه ۱۳۵ دانشجویی با سطوح بالای اضطراب کووید-۱۹ و ۱۳۵ دانشجویی با سطوح پایین اضطراب کووید-۱۹ انتخاب شدند. دانشجویان با استفاده از پرسشنامه اضطراب کووید-۱۹ ویتن و همکاران (۲۰۱۲)، معنویت پاریسیان و دونینگ (۲۰۰۹)، تاب‌آوری کانر و داویدسون (۲۰۰۳) و خودشفقت‌ورزی نف (۲۰۰۳) موردسنجش قرار گرفتند. تحلیل داده‌ها نیز با بهره‌گیری از روش تحلیل واریانس چند متغیره توسط نرم‌افزار SPSS نسخه ۲۴، انجام شد. یافته‌های حاصل از اجرای تحلیل واریانس چند متغیره نشان داد که بین دانشجویان با و بدون اضطراب کووید-۱۹ از نظر معنویت، تاب‌آوری و خودشفقت‌ورزی تفاوت معناداری وجود دارد؛ به‌طوری‌که میانگین نمرات معنویت، تاب‌آوری و خودشفقت‌ورزی در دانشجویان با اضطراب کووید-۱۹ در مقایسه با دانشجویان بدون اضطراب کووید-۱۹ به شکل معناداری کمتر است ($P < 0/001$). بر اساس یافته‌های پژوهش حاضر، دانشجویان دارای سطوح بالای اضطراب کووید-۱۹ کمتر از معنویت و تاب‌آوری برخوردار هستند که این

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خود موجب تشدید علائم در افراد می‌شود. از طرفی دیگر، مشخص‌گردید قضاوت در مورد خود، احساس انزوا و بیش‌همانندسازی در افراد دارای اضطراب کووید-۱۹ بالا است؛ به همین دلیل لازم است روان‌شناسان و مشاوران در این زمینه‌ها توجه بیشتری داشته باشند تا از شدت غیرعادی اضطراب-۱۹ در دانشجویان کاسته شود.

کلیدواژه‌ها: کرونا و ویروس، معنویت، تاب‌آوری، خودشفقت‌ورزی، اضطراب کووید-۱۹.

Introduction

The Coronavirus 2019 (COVID-19) originated in Wuhan, Hubei Province, China, and soon spread throughout China and many other countries (Nodoushan, Alimoradi & Nazari, 2020). The spread of the disease worldwide was so rapid that it became the biggest public health threat in 2020 (World Health Organization, 2020). The COVID-19 pandemic has caused fear, insecurity, and general anxiety in many parts of the world (Ran et al., 2020). COVID-19 has a wide variety of symptoms such as high fever, dry cough, body aches, shortness of breath, a wide range of epidemiology, rumors and misinformation about the origin of the disease, failure of various treatments and high transmissibility (Barzilay et al., 2020). The COVID-19 pandemic has also caused widespread psychological disorders, including anxiety, depression, stress, and sleep problems around the world (Bagheri Sheykhangafshe & Esmaeilinasab, 2021). In this regard, various studies have examined the prevalence of psychological disorders during the COVID-19 in different countries. For example, Rossi et al. (2020) in Italy reported the prevalence of post-traumatic stress 49.38%, depression 24.73%, anxiety 21.90% and perceived stress 19.80%. Wang et al. (2020) examined psychological problems in China; The results showed that the prevalence of symptoms of depression, anxiety and stress were 16.5%, 28.8% and 8.1%, respectively.

One of the variables that can help in difficult and stressful situations is spirituality and religious beliefs (Roberto, Sellon, Cherry, Hunter-Jones & Winslow, 2020). Spirituality is defined as an internal belief system that brings vitality, purpose and meaning to people's lives (Krause, 2019). Research has shown that religious and spiritual individuals are in a better position in terms of physical and mental health. These people use spirituality as a coping mechanism to face stress (Rias et al., 2020). Positive spiritual coping is associated with a reduction in depression and anxiety and leads to increased psychological well-being in individuals. In other words, people use religious practices to give meaning to suffering and make them more tolerable (Mahamid & Bdier, 2021). In this regard, Koenig (2020) in a study had suggestions on increasing spirituality during the COVID-19 pandemic. In this study, suggestions were made that the main theme of all of them was that if people try to increase their spiritual levels during the Coronavirus 2019 and achieve far better; They can better

cope with various psychological problems such as post-traumatic stress, anxiety, depression, etc. and use spirituality as a valuable resource to increase their resilience.

Many mosques and religious sites were closed due to house quarantine and the need for social distance. In this regard, regular remote religious activities as a facilitator can reduce some of the psychological stress of the coronavirus 2019 (Prazeres et al., 2021). Positive emotions that people in different religions have strengthened their immune system and reduced their anxiety. In the religion of Islam, there is also the belief that people who do righteous deeds in this world and help others have a place in the Hereafter of Paradise. This in itself creates an inner peace in people to get closer to God through religious practices (Fardin, 2020). For this reason, it can be said that during the Coronavirus 2019 pandemic, people who have strong spiritual and religious beliefs; wait inwardly for divine mercy (Mahamid & Bdier, 2021). Similarly, Chow et al. (2021) in a study examined the performance of religious activities against depression and anxiety during the COVID-19 pandemic. The results showed that people who use positive religious coping styles have less depression and anxiety. In contrast, people with negative religious styles and who are more prone to superstitions experience high levels of anxiety and depression. In another study, Lucchetti et al. (2020) examined the spirituality, religiosity, and psychological consequences of home quarantine during the COVID-19 pandemic. The results showed the important role of spiritual and religious activities in reducing depression, anxiety and stress caused by the coronavirus 2019. People with low levels of anxiety were spiritually high. Spirituality and religiosity seem to have a great impact on reducing pain and minimizing the psychological consequences of home quarantine. Fardin (2020) in a study reviewed the importance of spirituality in times of various crises and the COVID-19 pandemic. The results of all reviewed studies indicate the role of the facilitator of spiritual activities in reducing stress. In fact, by performing religious acts, people achieve inner peace. To this end, it can be said that spirituality and religiosity can be very helpful during the COVID-19. In another study, Roberto et al. (2020) examined the effect of spirituality on resilience and crisis management during the COVID-19 pandemic. The results of quantitative studies showed that women who continued their religious activities during the COVID-19 were more resilient and

this led them to use effective coping styles. On the other hand, the results of a qualitative study indicated the 5 main themes of resilience, optimism, hope, peace and tranquility about spirituality.

Among other variables that lead to reduced anxiety is resilience (Awano et al., 2020). Resilience is defined as the process of adapting to stressful, anxious and threatening situations (Ran et al., 2020). Resilience is considered to be an effective resource that can promote positive performance and prevent negative thoughts and behaviors (Petzold et al., 2020). In other words, resilience is known as the process of optimal adjustment in the face of difficulties, traumatic events, calamities, threats, or any anxious situation that may occur in life (Paredes et al., 2021). Studies show that resilient people return to a normal level of performance after facing difficult living conditions. A person with high resilience easily accepts the realities of life and believes that life is still valuable. In other words, these individuals have significant abilities to adapt quickly to major life changes, and their common beliefs are supported by their values (Arslan, Karabekiroglu, Terzi & Dundar, 2021). Research on resilience shows that resilience is negatively associated with depression, anxiety, stress and fear (Roberts et al., 2021); In contrast, it has shown a positive correlation with mental health indicators such as psychological well-being, life satisfaction, happiness and self-compassion. Resilience helps people cope effectively with stressful situations and reduce the psychological consequences of these stressful events (Havnen et al., 2020). Connor & Davidson (2003) consider resilience as their perception of traits that enable people to cope with life events and adversities. The results of recent research indicate the important role of resilience in effectively coping with the psychological consequences of the coronavirus 2019 pandemic (Ebrahimi et al., 2020 & McCleskey & Gruda, 2021). In this regard, Ferreira, Buttell & Cannon (2020) examined factors that could predict resilience during the COVID-19. The results showed significant relationships between demographic characteristics and resilience. Older people and those with lower education had lower levels of resilience. Also, those who had a COVID-19 in their family and relatives; had less resilience. The long time that people were in-home quarantine reduced their resilience. In another study, Barzilay et al. (2020) examined the association of resilience with stress, depression, and anxiety caused by the coronavirus 2019 pandemic. The results showed that high

resilience was directly correlated with the reduction of psychological distress. People with good resilience had a 65% reduction in anxiety and a 59% reduction in depression. Zhang et al. (2020) also examined the association between resilience, anxiety, and depression in patients with COVID-19. The results showed that resilience had a negative correlation with patients' depression and anxiety and as a protective factor helped patients' recovery process. For this purpose, in addition to drug therapies, special attention should be paid to the psychological consequences of the COVID-19 pandemic.

Home quarantine and social isolation during the Coronavirus 2019 pandemic left many people alone. This led to significant isolation and anxiety (Li, Wang, Cai, Sun & Liu, 2020). Accordingly, the need for self-compassion and maintaining social telecommunications became much more colorful (Awamleh, 2020). Self-compassion is defined as understanding and being kind to oneself to reduce suffering in difficult times. It is the opposite of over-identification (Neff, 2003). Self-compassion improves people's mental health by promoting resilience and reducing self-criticism. Compassion itself, instead of being associated with systems of mental agitation and distress, has a system of emotion monitoring that leads to increased mental health by creating peace, safety and satisfaction (Kotera, Cockerill, Chircop & Forman, 2021). This may explain why self-compassion-based interventions often use mindfulness and slow-breathing exercises to gain access to the soothing system (Neff, 2003). Self-compassion should not be confused with compassion; In kindness to oneself, one realizes that, like any other human being, one has strengths and weaknesses. In other words, when one has a realistic view of one's abilities, one is better able to cope with difficult situations; This leads to an increase in self-confidence in individuals (Kavaklı, Uğuz & Türkmen, 2020). People with high self-compassion try to deal with the difficulties and difficulties ahead with problem-oriented rather than avoidant coping styles (Li et al., 2020). Compassion itself is also important during the Coronavirus 2019 pandemic (Kotera et al., 2021). Negative self-compassion is one of the strongest predictors of psychological disorders (Li et al., 2020 & Meng et al., 2020). In this regard, Preuss, Capito, van Eickels, Zemp & Kolar (2021) in a study examined cognitive evaluation and self-compassion as emotion regulation strategies during the COVID-19 pandemic. The results of this study showed that parents who use

positive self-compassion are better at regulating their emotions. Lau, Chan & Ng (2020) in their study examined compassion and mental health during the coronavirus 2019. The findings showed that the negative components of compassion (self-judgment, feelings of isolation and over-assimilation) have negative effects on mental health. People with positive compassion also see home quarantine as a challenge and try to maintain good performance during this time. In another study, Mohammadpour et al. (2020) examined anxiety, self-compassion, and gender differences during the Coronavirus 2019 pandemic. The findings showed that there is a significant difference between the two sexes in terms of social distance. Also, more compassionate people were aware of the warnings and experienced lower anxiety.

Overall, Coronavirus 2019 Anxiety, as a type of anxiety and specifically health anxiety, can lead to cognitive problems, threat-related distortion, immunosuppressive behaviors, and destructive behaviors in many students. In this regard, the present study aimed to compare spirituality, resilience and self-compassion in students with and without COVID-19 anxiety.

Method

The method of the present study is descriptive causal-comparative. The statistical population of the present study was all students of the Faculty of Literature and Humanities of Guilan University in the academic year 2020-2021 (N=8700). Among them, they answered the research questionnaires using the available sampling method. The sample size using version 3, 1, 9, 2 of G * Power software was 135 people for two groups (Faul, Erdfelder, Lang & Buchner, 2007). Thus, 135 people with a high score (cut score 28 and above) were identified as students with COVID-19 anxiety. In contrast, 135 low-scoring students (one standard deviation lower than the cut-off point of 28) were selected as the non-anxious students of COVID-19 and the comparison group. Inclusion criteria included personal satisfaction, student of the Faculty of Literature and Humanities, University of Guilan and Internet connection. Receiving psychological therapies, graduation and part-time leave of the questionnaires were considered as exclusion criteria. To observe the principles of ethics in research, it was emphasized that there is no need to mention names and details.

Participants were also assured that their information would be kept confidential by researchers.

To observe the principles of ethics in research, it was emphasized that there is no need to mention names and details. Participants were also assured that their information would be kept confidential by researchers. To collect data, study questionnaires were first uploaded to the Google Docs site. The link was then provided to the students and they were asked to answer the questions of this research at a time when they are unemployed and have full access to the Internet, and if they have friends who belong to the study community, the question link Send the letter to them as well. Finally, after the number of samples reached the appropriate level, data collection was stopped.

Assessment Tools

1) The COVID-19 Anxiety Questionnaire: 10 adapted items of the Swine Flu Inventory were used to measure COVID-19 anxiety (Wheaton, Abramowitz, Berman, Fabricant & Olatunji, 2012). Items include concerns about the prevalence of the disease (e.g., to what extent do you believe the coronavirus could become a pandemic in Iran?), The likelihood of contracting the disease (e.g., how likely are you to get the virus). Do you have coronary heart disease?), Perceived severity of the disease (e.g., if you have the coronavirus, how worried are you that you will become severely ill?), Exposure to information about the disease (e.g., to what extent Are you exposed to information related to the Coronavirus?) And safety behaviors (such as, to what extent has the threat of the Coronavirus affected your behaviors such as wearing a mask and using hand sanitizer?) Are related to Coronavirus 2019. Answering and scoring the COVID-19 Anxiety Questionnaire based on the Likert scale is 5 options from very low (1) to very high (5) that the total score is between 10 and 50. Domestically, Bagheri Sheykhangafshe, Tajbakhsh & Abolghasemi (2020) reported Cronbach's alpha coefficient of this scale as 0.85. In the present study, the content validity index and the content validity ratio index were 0.82 and 0.91, respectively.

2) Spirituality Assessment Questionnaire: This questionnaire was designed by Parsian & Dunning in 2009. This scale has 29 items and four subscales of self-awareness (10 items), the importance of spiritual beliefs in life (4 items), spiritual activities (6 items) and spiritual needs

(9 items), which I like from strongly disagree (1) to strongly agree (4) is answered and scored. The range of scores obtained is between 29 and 116, and high scores mean more spirituality in the individual. Parsian & Dunning (2009) express Cronbach's alpha for the whole scale of 0.94. Heredia, Sánchez & De Vargas (2012) found Cronbach's alpha for the whole scale of 0.88 and the subscales of self-awareness, the importance of spiritual beliefs in life, spiritual activities and spiritual needs, respectively 0.83, 0.91, 0.75 and report 0.78. Bagheri Sheykhangafshe & Shabahang (2020) set the Cronbach's alpha coefficient for the whole scale and subscales of self-awareness, the importance of spiritual beliefs in life, spiritual activities and spiritual needs, respectively 0.88, 0.85, 0.87, 0.81 and report 0.83. In the present study, Cronbach's alpha for the whole scale of 0.89 and subscales of self-awareness, the importance of spiritual beliefs in life, spiritual activities and spiritual needs together 0.84, 0.79, 0.85 and 81, respectively.

3) Resilience Scale: Connor & Davidson (2003) designed the Resilience Questionnaire to measure resilience to stress. The Resilience Scale consists of 25 items that are answered and scored based on a Likert scale of 5 options (0 to 4). The range of scores on this scale is between 0 and 100, with higher scores on this scale indicating higher levels of resilience. In Connor and Davidson (2003) study, the mean and standard deviation of the scale for the normal group were 80.4 and 12.8. Connor and Davidson (2003) report appropriate statistical characteristics of the scale. The results of pairwise comparisons showed a significant difference between the scores of the normal group compared to the scores of other groups (generalized anxiety disorder group, medical care group). The internal consistency of the questionnaire was obtained using Cronbach's alpha (0.89) and the desired item-total correlations (between 0.30 and 0.70). The reliability results of the retest in the group of generalized anxiety disorder and post-traumatic stress disorder showed the appropriate intra-class correlation coefficient of the resilience questionnaire (0.87). Also, the positive correlation of the Resilience Scale with the Kobasa Hardiness Scale and the negative correlation of the Resilience Scale with the Sheehan Stress Vulnerability Scale confirmed the convergence validity of the Kuder-Richardson Resilience Scale. Laghaei, Mehrbizadeh honarmand & Arshadi (2020) report reliability

($\alpha = 0.71$) and appropriate validity of the resilience scale. In the present study, Cronbach's alpha coefficient of 0.84 was obtained for this scale.

4) Self-Compassion Scale: In 2003, Neff developed his 12-item self-compassion Questionnaire. This questionnaire includes 6 two-dimensional factors of self-kindness versus self-judgment, human common sense versus isolation, and mindfulness versus duplication. Respondents should respond to phrases rarely (1) to almost (5) in a 5-point Likert scale. The reliability coefficient of the self-compassion scale was reported by Neff 0.93. Cronbach's alpha coefficient was also reported in the US as 0.95 and in Thailand as 0.86 (34). The self-compassion scale has a significant negative correlation with perfectionism (-0.33), negative emotion (-0.38) and external shame (-0.21). Kiamarsi & Taherifard (2020) reported Cronbach's alpha coefficient of 0.83 for this scale. In the present study, Cronbach's alpha was obtained for the factors of self-kindness versus self-judgment, sense of common humanity versus isolation, and mindfulness versus over-identification, respectively, 0.72, 0.80, and 0.83.

In the present study, Kolmogorov-Smirnov Test was used for normality of data distribution, Levine's Test for homogeneity of variances and M. Box test for homogeneity of the covariance matrix of dependent variables in groups; To enable the use of parametric tests. In this study, descriptive statistics were used to calculate frequencies and draw tables, and in inferential statistics, multivariate analysis of variance was used. Data analysis was performed using SPSS software version 24. Also, a significance level of 0.05 was considered for all hypotheses.

Results

The mean and standard age deviation of students with and without COVID-19 anxiety were 24.36 ± 0.74 and 24.82 ± 0.63 , respectively. 58% were women and 42% were men. In terms of education, 59% had a bachelor's degree, 37% a master's degree and 4% a PhD. In terms of field of study, 45% were in psychology and counseling, 28% in law, 19% in sociology and 8% in English. 72% single, 28% married students participated in this study. In Table 1, descriptive indicators of research variables including mean and standard deviation are reported

by groups. This table also includes the results of the Kolmogorov-Smirnov test to check the normality of the research variables.

Table 1. Descriptive statistics and the results of examining the normality of the distribution of research variables

Variables	High levels of COVID-19 anxiety		Low level of COVID-19 anxiety			
	M	SD	M	SD	K-S Z	P
Self-awareness	29.40	6.54	24.75	5.37	0.076	0.092
Importance of spiritual beliefs in life	16.35	3.49	11.66	5.36	0.087	0.066
Spiritual activities	18.79	3.31	13.19	6.73	0.074	0.051
Spiritual needs	28.61	5.88	23.24	4.29	0.091	0.082
Resilience	48.32	7.69	41.34	4.27	0.086	0.134
Self-kindness	7.11	0.97	6.31	1.23	0.082	0.102
Sense of common humanity	6.43	0.84	5.85	0.89	0.085	0.065
Mindfulness	6.85	0.92	6.10	0.66	0.090	0.074
Self-judgment	6.88	1.21	7.71	1.10	0.089	0.092
Sense of isolation	5.91	1.68	6.98	1.04	0.097	0.072
Over-identification	6.77	1.55	7.81	1.24	0.089	0.162

According to Table 1, the Z statistic of the Kolmogorov-Smirnov test is not significant for all research variables in both groups. Therefore, it can be concluded that the distribution of variables is normal and the use of parametric tests is possible. Multivariate analysis of variance was used to compare spirituality, resilience and self-compassion at different levels of COVID-19 anxiety. Before presenting the results of this test, its assumptions were tested. Levin test was used to evaluate the homogeneity of variance of research variables. The results showed that the F-statistic of Levin test to evaluate the homogeneity of variance of variables in the research groups was not significant for the variables of spirituality, tolerance and self-compassion ($P < 0.05$). M. Box test was used to evaluate the homogeneity of the covariance matrix of the dependent variables in the groups. The results showed that the F-statistic of M. Box test (286.47) was not significant ($P = 0.058$, $F = 1.93$). Therefore, it can be concluded that the covariance matrix of dependent variables is equal in the two groups. Chi-square test was used to test the sphericity hypothesis or the significance of the relationship between the variables. The results showed that Chi-square

(482.08) squared statistic was significant at the level of 0.01. Therefore, there is a semantic relationship between research variables. Table 2 reports the results of multivariate analysis of variance.

Table 2. Results of multivariate analysis of variance test related to spirituality, resilience and self-compassion in research groups

	Effects	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
	Pillai's Trace	0.676	42.24	11	223	0.001	0.676
group	Wilks' Lambda	0.324	42.24	11	223	0.001	0.676
	Hotelling's Trace	2.084	42.24	11	223	0.001	0.676
	Roy's Largest Root	2.084	42.24	11	223	0.001	0.676

According to Table 2, F-statistic of multivariate analysis of variance is significant for examining the differences between groups in psychological distress and coping styles at the level of 0.01 (Wilks Lambda=0.324, F = 42.24, p=0.001). These results show that there is a significant difference between the two groups in at least one of the dependent variables. The square of Eta (which is actually the square of the correlation coefficient between the dependent variables and group membership) shows that the difference between the two groups in the studied variables is significant and the difference is 0.67. In fact, 67% of the variance related to the difference between the two groups is due to the interaction of variables. To examine which groups of variables are different from each other, the results of one-way analysis of variance are reported in Table 3.

Table 3. Results of one-way analysis of variance of group differences in spirituality, resilience and self-compassion

Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power
Self-awareness	1246.10	1	1246.10	33.74	0.001	0.127	1.000
Importance of spiritual	1266.60	1	1266.60	65.79	0.001	0.220	1.000

Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power
beliefs in life							
Spiritual activities	1803.20	1	1803.20	70.47	0.001	0.232	1.000
Spiritual needs	1659.56	1	1659.56	45.12	0.001	0.162	1.000
Resilience	2803.58	1	2803.58	55.32	0.001	0.192	1.000
Self-kindness	38.48	1	38.48	32.36	0.001	0.122	1.000
Sense of common humanity	19.79	1	19.79	26.51	0.001	0.102	1.000
Mindfulness	32.47	1	32.47	48.49	0.001	0.172	1.000
Self-judgment	65.95	1	65.95	28.38	0.001	0.109	1.000
Sense of isolation	65.96	1	65.96	31.42	0.001	0.119	1.000
Over-identification	60.03	1	60.03	29.30	0.001	0.112	1.000

According to Table 3, Statistics F for self-awareness (33.74), importance of spiritual beliefs in life (65.79), spiritual activities (70.47), spiritual needs (45.12), resilience (55.32), self-kindness (32.36), sense of common humanity (26.51), mindfulness (48.49), self-judgment (28.38), sense of isolation (31.42) and over-identification (29.30) is significant at the level of 0.01. These findings indicate that there is a significant difference between the two groups in these variables ($P < 0.01$). This means that students with different levels of COVID-19 anxiety differ in their use of spirituality, resilience, and self-compassion. Students with high levels of COVID-19 anxiety had less spirituality, resilience, and self-compassion than students with low COVID-19 anxiety.

Discussion and Conclusion

The present study aimed to compare spirituality, resilience and self-compassion in students with high and low COVID-19 anxiety. The results of the present study showed that students who experience high levels of anxiety associated with coronavirus 2019 are spiritually low. These findings are in line with the research Nodoushan et al. (2020); Roberto et al. (2020); Akanni, Olashore & Oderinde (2021); Watson et al. (2020); Rias et al. (2020). In explaining the results, it can be

acknowledged that every human being needs a source of comfort in difficult situations (Rias et al., 2020). During the coronavirus 2019 pandemic, people also suffered from several psychological problems that were directly related to the exacerbation of the disease in (Wang et al., 2020). To this end, religious activities during the COVID-19 increase the meaning and purpose of life. Given the role that spiritual actions play in strengthening the immune system, they can be expected to affect people's moods as well. In this regard, Krause (2019) and Watson et al (2020) in some studies examined the effects of religious activities on strengthening the immune system. The results of these studies showed that performing religious activities among healthy people and people with infectious diseases such as HIV and hepatitis, leads to improving the immune system and reducing their infections.

In other words, individuals can use spirituality as a coping mechanism to deal with the psychological pressures of home quarantine, social distancing, and the rumors surrounding the COVID-19 pandemic. People who use spiritual confrontation in the COVID-19 pandemic are at a very good level physically and psychologically. Those who believe in God and the Hereafter consider all the sufferings and misfortunes of the world as a divine test and overcome all the problems created by relying on God (Koenig, 2020). During the COVID-19, due to social distancing and the closure of religious centers, many people are forced to perform their religious practices online using virtual networks and television. In the past, many people were busy with their daily activities and did not have time to be alone with their god and worship, but during home quarantine and telecommuting, people have more time to practice their religion (Prazeres et al., 2021). Recent research has examined various factors related to the mental health of individuals during the coronavirus 2019 pandemic. In this regard, Rias et al. (2020) examined the effects of spirituality, attitude and knowledge on COVID-19 anxiety in Indonesian citizens. People who engage in spiritual and religious activities experience less COVID-19 anxiety than those who are spiritually inferior. It was also found that proper knowledge and knowledge about COVID-19 disease reduces COVID-19 anxiety. In another study, Prazeres et al. (2021) examined the role of spirituality and religious activities in predicting COVID-19 fear and anxiety. 222 medical staff of Portugal participated in this study. Findings from this

study showed that people with high levels of spirituality reported less stress, fear, and anxiety during the COVID-19 pandemic. Akanni et al. (2021) in a study examined the relationship between spirituality and anxiety during the COVID-19 pandemic in the medical staff of hospitals. The results showed that people with higher levels of education and spirituality had less anxiety.

On the other hand, the findings of this study showed that students with high levels of COVID-19 anxiety scored lower on resilience. These results are in line with the findings of studies Ran et al. (2020); Arslan et al. (2021); Awano et al. (2020); Paredes et al. (2021); Havnen et al. (2020). Explaining these findings, it can be said that people who had high levels of resilience during the COVID-19 outbreak had greater psychological flexibility and were better able to adapt to the conditions (Petzold et al., 2020). Having resilience helps us make the best decisions in times of stress and anxiety. Resilience allows people to rely on the problems and crises they have gained in the past in the face of the problems and crises that lie ahead. Seek solutions and problem solving (Arslan et al., 2021). The resilience of resilient individuals leads them to return to their former circumstances after experiencing severe events and crises, with an emphasis on value and meaning in life. During the COVID-19 pandemic, resilience as an effective coping style caused people to experience less stress and anxiety (Chow et al., 2021). Coronavirus 2019 as an unknown virus caused a lot of ambiguity in society. Lack of definitive treatment, high transmission power and many rumors about this deadly virus caused a lot of anxiety in the community (Paredes et al., 2021). In contrast, having high resilience helps people to endure a high level of ambiguity in stressful situations and make the best decision in their place (McCleskey & Gruda, 2021). In this regard, Awano et al. (2020) in a study examined the relationship between depression, anxiety and resilience during the outbreak of coronavirus 2019. Findings showed that about 10% of people with moderate to severe anxiety and 9.27% had depressive symptoms. It was also found that people who are older and less resilient experience more psychological problems. Ebrahimi et al. (2020) studied the relationship between resilience and anxiety of the COVID-19. The findings showed that there was a significant relationship between resilience, demographic characteristics and anxiety of COVID-19.

In another study, Havnen et al. (2020) investigated the moderating role of resilience about depression and the negative consequences of the COVID-19 pandemic. The results showed that resilience could significantly moderate the relationship between stress and anxiety. Paredes et al. (2021) in a study examined the effect of coronavirus 2019 on psychological well-being, anxiety and resilience of 711 people. The results of this study indicate the moderating role of resilience on anxiety. Resilience helps people maintain a high level of mental well-being and are more resilient to upcoming events. Arslan et al. (2021) examined the consequences of the coronavirus 2019 pandemic on the psychological resilience of 671 physicians. Findings of this study showed that women, the elderly and those with chronic diseases had higher levels of depression and anxiety. Also, people with good resilience levels experienced less psychological distress. In McCleskey & Gruda (2021) studies, resilience and anxiety levels were assessed during the COVID-19 pandemic. Findings of this study showed that people who had good resilience were less likely to suffer from anxiety. There were also significant differences in terms of age and gender. To the extent that older women and individuals reported more stress and psychological problems. In another study, Roberts et al. (2021) examined the levels of resilience, anxiety and depression of nurses during the coronavirus 2019 pandemic. The results of this study showed that about 21% of people report moderate to severe symptoms of anxiety and depression. It was also found that nurses who were inexperienced and experienced high levels of psychological distress were less resilient.

Another result of the present study was that self-judgment, sense of isolation and over-identification were significantly higher in people with COVID-19 anxiety. self-kindness, sense of common humanity, and mindfulness were also lower in students with COVID-19 anxiety than others. These findings are consistent with the results of many studies Li et al. (2020); Awamleh (2020); Lau et al. (2020); Kavaklı et al. (2020); Meng et al. (2020). In explaining these findings, it can be said that people who are kind to themselves try to treat themselves with respect, have a good mind-awareness of the situation, and have appropriate levels of empathy. During the outbreak of the COVID-19, people with fear, tension, and anxiety had very little compassion; in fact, they had erroneous judgments about themselves and internalized problems (Kavaklı et al., 2020). In the face of rumors and

misinformation about this unknown disease, compassion itself plays an important role in making the right decision by modulating and relieving emotions (Lau et al., 2020). On the other hand, well-informed individuals experience a balanced awareness of the situation during the COVID-19 pandemic, which results in less rumination and anxiety (Mohammadpour et al., 2020). In a study, Meng et al. (2020) investigated the mediating role of perceived stress in the relationship between self-compassion, anxiety, and depression during the COVID-19 pandemic. The results showed a positive correlation between perceived stress and depression and anxiety. On the other hand, there was a negative relationship between self-compassion and perceived stress. It can be acknowledged that perceived stress mediates empathy, depression, and anxiety. In another study, Li et al. (2020) examined the relationship between self-compassion and life satisfaction during the home quarantine of the COVID-19. Findings showed a positive correlation between self-compassion and life satisfaction. It was also found that men are more kind to themselves than women, which increases men's life satisfaction. Kavaklı et al. (2020) investigated the role of self-compassion in predicting death anxiety due to COVID-19. The results showed that people who had negative self-compassion experienced more death anxiety. Positive self-compassion also made people more caring and took the threats of the COVID-19 seriously. Awamleh (2020) examined the self-compassion of athletes during the Coronavirus 2019 pandemic. The results showed that athletes with high compassion had better athletic performance. They also experienced less anxiety and fear during the pandemic and home quarantine. Kotera et al. (2021) studied nurses' mental health, shame, self-compassion, and sleep quality during the COVID-19. Findings showed that psychological problems were associated with shame, sleep quality and self-compassion. Nurses with high self-compassion were in good health and sleep quality.

The statistical population of this study was the students of Guilan University in 2020-2021. Therefore, caution should be exercised in extending the results to other groups and regions. The limitation of the research to self-report and online questionnaires is another limitation of the research. In this regard, it is suggested that in case of reopening of universities, future researches with social distance and observance of health points should be distributed in person in the form of research questionnaires. Also, considering the role that spiritual practices play

in reducing COVID-19 anxiety, it is suggested that medical staff and psychologists prepare a variety of spiritual programs during home quarantine; It can be helpful even for people who are recovering from COVID-19.

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