Exploring the Role of Perceived Social Support in Building Self-Compassion in Hijabi Girls at the University Level

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Abstract

The current study looked at how hijabi female university student's perceptions of social support affecting their self-compassion. Two standardized tools were employed: the Multidimensional Scale of Perceived Social Support (MSPSS) and the Self-Compassion Scale – Short Form (SCS-SF). The study foresees the relationship and predictive role of social support on self-compassion. The findings demonstrated a positive but weak correlation between perceived social support and self-compassion and (r =.198**, p =.002). Regression analysis also showed that, although a small percentage of variance (R2 =.039; 3.9%) indicated by social support in predicting self-compassion but the model was significant as illustrated by the results F (1, 248) = 10.158, p =.002). Overall, the findings imply that perceived social support significantly contributes to the development of self-compassion among hijabi university females.

Keywords: Perceived Social Support, Self-Compassion, Hijabi Girls, Relationship, Prediction, University.

Introduction

The hijab is not just a piece of clothing on a hijabi university student, the hijab can affect the way she is viewed by her colleagues, whether she feels accepted or not, and whether she has the need to explain or justify herself. They can influence her anxiety, psychological well-being, and self-concept. Therefore, psychological visibility concepts, sense of belonging and exclusion, self-esteem and social acceptance are closely related to the hijabi identity. The investigation of such mental health variables in hijabi students as social support, self-compassion, and anxiety is, therefore, quite topical.

As prescribed above the literature also suggest that Muslim women who experience fewer depressive symptoms when wearing the hijab, and here the headscarf could also be protective in a specific situation (Hodge, et al., 2017).

The current study was conducted to foresee the perceived social support role on influencing self-compassion in hijabi girls. In context with the significance of social support to self-compassion, social support assists people to internalize benevolence and acceptance. When people are regularly accepted, empathized with and supported by family, friends or peers, this external recognition can prompt them to reciprocate the same kindness, understanding, and acceptance to themselves, which makes the main part of self-compassion. That is, supportive relationships offer a role model and support of self-kindness, self-acceptance, and useful coping with hardships (Tannous-Haddad et al.,

2024). Recent mediation results also suggest that perceived social support positively affects psychological well-being both directly and indirectly by augmenting self-compassion and diminishing self-coldness or self-criticism.

Social support

The term "social support" is used to designate actual and perceived access to more practical, emotional, and informational support by the social network, which in most cases consists of friends, family, peers and in a few instances, religious and community organizations. Social support has been reported to improve the process of adaptation, stress, and general well-being. It has also been observed to alleviate the undesirable impacts of stress and academic pressures to well-being among student populations (Poots & Cassidy, 2020).

Friends, family, and religious communities are also a regular type of social support in the case of religious or Muslim people. This support is capable of contributing to psychological adaptation, emotional stability and wellness. As an example, recent studies of Muslim women suggested that the perceived social support greatly enhanced the quality of life and psychological adjustment (Chen & Qiao, 2024). It is also possible to assist people who are stressed because of identity related factors which include stigma or minority status, make them feel validated, feel a sense of belonging and less isolated through social support. This is especially true to hijabi women who have to find their way through their social and academic worlds in tertiary education. On the other hand, perceived low social support can prevent the growth of self-compassion in hijabi students.

Self-Compassion

The psychological construct of self-compassion was created by scholars like Kristin Neff (2003) It includes being kind to oneself, seeing that personal misery is not a unanimous experience of humans and remaining open to feelings and emotions without being overidentified with them. Self-kindness versus self-judgment, shared humanity versus isolation, mindfulness versus over-identification, are some of the key elements of self-compassion.

Self-compassion has always been linked to an improved mental health outcome, such as lower anxiety, lower depression, emotional resilience, and more adaptive coping. To illustrate, increased self-compassion was also associated with reduced negative affect (stress response) and increased positive affect in a group of college students who are undergoing continuous academic stress, which is a protective factor against stress (Zhang et al., 2016). Also, it was reported that self-compassion lowers the perception of self-presentation and social anxiety; self-compassion interventions led to a lower anticipatory anxiety regarding the social activities in socially anxious participants (Harwood & Kocovski, 2017).

The benefits of self-compassion on the psychological level have also been emphasized as a variety of positive results in the past studies: decreased negative affect, diminished stress responses, greater resilience, better mood, consistent self-esteem, and coping. Self-compassion forecasted the low negative effect and stress-induced emotional distress among student groups under academic pressure (Zhang et al., 2016). Moreover, it can be indicated that self-compassion acts as a buffer internal resource, mediating a connection between vulnerabilities, on the one hand, low self-esteem or attachment anxiety, and negative mental health outcomes (Holas et al., 2021).

The Association of Social Support with Self-Compassion.

Empirical evidence indicates how much self-compassion is strongly correlated with general mental health and perceived social support by friends and relatives. As an illustration, the perceived social support showed significant correlations with self-compassion and genetic well-being in a sample of fast-track students (Ahyani et al., 2024). It implies that social support can promote the growth of internal psychological resources, including self-compassion that consequently increases resilience and serves as a barrier to external stress.

Likewise, a study carried out in an Islamic university among the students revealed that the perceived social support of friends and family members had a positive relationship with mental health. Students with higher levels of social support also had more self-kindness, mindfulness, and a feeling of shared humanity, which are the main elements of self-compassion (Tannous-Haddad et al., 2023). Additional research in the population with high medical or life stress levels, e.g., breast cancer survivors, has shown that perceived social support positively affects the psychological well-being in self-compassion, and that self-compassion mediates the relationship between perceived social support and well-being (Masoumi et al., 2022). Social support has also been found to guard against mean self-assessment, loneliness as well as self-criticism. The research on the cross-cultural mediation showed that the social support decreased self-coldness that positively impacted the mental health outcomes (Tannous-Haddad et al., 2024).

Gaps in the Literature

Recent research carried out in Pakistan was focused on the self-compassion, body image, and psychological well-being of university students. Nevertheless, it has not taken social support as a factor of religious or cultural identity and it has not distinguished Muslim women on a basis of headscarf. The analysis of the study did not cover variables associated with religious identity, religiosity, religious clothing (including the hijab), and religious or cultural stigma (Abbasi & Zubair, 2015).

A different Pakistani study examined the self-compassion and perceived stress among college students, but it was not based on hijab-wearing students, identity-related stress, and social support networks with regard to cultural or religious aspects (Rashid et al., 2025).

The available literature is mostly based on general samples of students in colleges or universities without considering the cultural aspect that has a particular influence on Muslim women, gender-based religious clothing, or religious affiliation. A case in point, the study of social support, psychosomatic symptoms, and self-compassion in Tehran did not mention gendered identification, the use of religious apparel, or special social pressures of Muslim women (Feizollahi et al., 2022). Even the studies that are carried out in highly populated locations with Muslims like the "Fast-Track Islamic University" project do not explicitly cover hijab-wearing students and discuss the factors of identity (discrimination, belonging, or religious stigma, etc.) (Ahyani et al., 2024).

In general, the current studies are missing the contextual sensitivity especially on the aspects of culture, religion, and identity. In the majority of studies, social support and self-compassion are studied abstractly without considering the possibility that religious identification, social stigma, gender norms or cultural expectations could have any impact on these associations. In addition to family and friends, hijabi students can get assisted by fellow students owning their religious identity, religious groups, or institutions, which are also yet to be studied. As a result, the lack of information about the protective or risk

factors of this group, such as ways of wearing the hijab (with its exposure, possible discrimination, and identity salience) affect self-compassion or anxiety, and how religiously sensitive peer or family support impacts these results, has been identified as a knowledge gap.

Numerous studies also have the methodological constraints. In the majority of studies, the research is cross-sectional and correlational implying that it is impossible to infer causation either that social support enhances self-compassion or that self-compassion alleviates anxiety. Few of the studies use mediation or moderation models to analyze indirect effects (e.g. social support - self-compassion - anxiety). One of such examples of mediation analysis is the Tehran study on psychosomatic symptoms (Feizollahi et al., 2022).

Study Objectives

1. To investigate the role of perceived social support and self-compassion.
2. To foresee as perceived social support as the predictor of self-compassion in hijab females at University Level.

Rationale

Social Support as perceived: Social support assists people to internalize positive relational experience, which makes them develop stronger self-perceptions. Conducive conditions help people to be accepting, understanding and they tend to extend the same to themselves. Social support has become a key to psychological health and individual development because it fosters self-confidence, emotional resilience, and self-compassion.

Self-Compassion: Self-compassion is the conscious realization, the understanding that everyone shares similar experiences, and being kind to oneself when things are hard. Self-compassion has also been found to decrease negative self-talk and affect emotional distress, which can be used to relieve anxiety.

Combined Effect: Although self-compassion helps in the internal coping mechanism, social support serves as an outside resource. A combination of the two factors enables a deeper insight into the interaction between internal and environmental factors to influence anxiety in a group of hijabi university students. This can be used to make culturally responsive interventions as well as mental health specific interventions.

Methodology

Research Design

This study used a quantitative, cross-sectional correlational survey design. The design was adopted because the purpose was to study the links and predicted effects of social support on anxiety and self-compassion in hijabi university females. Since no variables were changed, an experimental strategy was inappropriate. Self-report questionnaires were used to gather data all at once.

Sample

For the current study, a sample of 250 with age range of early adults (20-26 years old) hijabi female university students was gathered. Participants who fulfilled the predefined inclusion criteria being female, enrolled in an undergraduate or graduate school, and regularly doing the hijab were included in the sample.

Criteria for Inclusion and Exclusion

Female university students who habitually wore the hijab, were enrolled in an academic program, and gave informed consent were eligible to participate. Students who refused to participate or did not wear the hijab were not allowed to participate. Participants with

serious confirmed mental and physical illnesses and those with incomplete questionnaires were also disqualified from the study.

Sampling Technique

Convenient sampling was used. Participants were contacted based on their accessibility to student organizations and the university campus.

Tools/instruments:

The following scales were used.

Multidimensional Scale of Perceived Social Support (MSPSS)

Zimet, and Collegues (1988) developed the MSPSS, a self-report questionnaire to assess how much support was provided as emotional, social, and instrumental. Individuals perceive that they obtain through their social media network. The scale recognizes that social support is multidimensional: MSPSS captures perceived support from three separate sources: Family, Friends, and Significant Others. The MSPSS contains twelve items. Every one of the three subscales (significant other, friends, and family) comprises 4 items.

Psychometric Characteristics

Strong internal consistency reliability was reported in the initial study by (Zimet et al.1988), with $\alpha =.88$ for the entire scale and the range of Cronbach's alpha is.85 to.91 across subscales. Similar high reliability, frequently $\alpha =.90–.93$, has been shown in subsequent validations in a variety of cultural contexts (e.g., Canty-Mitchell & Zimet, 2000), suggesting that the scale functions consistently across populations, including non-Western samples.

Self-Compassion Scale – Short Form (SCS-SF)

Based on Neff's (2003) original 26-item scale, Raes et al. (2011) created the Self-Compassion Scale–Short Form (SCS-SF), which comprises 12 items rated on a 5-point Likert scale. The six components of self-compassion that are assessed are self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The short form was developed to provide a quick and accurate self-compassion test for research environments. Strong reliability is demonstrated by psychometric evaluations, with Cronbach's alpha reported as.86 in the original study and $\alpha =.82–.88$ across international validations, indicating cross-cultural consistency. Additionally, there is strong test-retest reliability ($r =.71$ over three weeks), which supports temporal stability. Both a bifactor model and a six-factor model are supported by factor analyses, suggesting significant structural validity.

Procedure

250 female hijabi students enrolled in undergraduate and graduate programs made up the study population. Convenient sampling was employed to find participants, and students were approached on campus, in class, and through student social media groups. An informed consent form detailing the goals of the study, the voluntary nature of participation, the privacy of responses, and the participants' freedom to withdraw at Every participant received whatever length of time without penalties. Only those who consented were included in the study.

A self-administered questionnaire packet comprising a demographic information form, the Multidimensional Scale of Perceived Social Support (MSPSS), the Self-Compassion Scale – Short Form (SCS-SF) was used to obtain data. Participants had about fifteen minutes to complete the questionnaires after being given instructions on how to complete each section.

Completed surveys were obtained and validated for accuracy. After being coded, all of the data was imported into SPSS for analysis. Participant confidentiality was maintained at all times, and questionnaires were securely stored in a locked cabinet. Additionally, participants were instructed that they could skip questions or cease participating if they were uncomfortable answering the anxiety issues.

Analysis of Statistics.

SPSS version 25 was used to analyses the data. For the study and demographic data, descriptive statistics (mean, standard deviation, and frequencies) were calculated. To evaluate the scales' dependability, Cronbach's alpha was computed. Relationships between social support and self-compassion were examined using Pearson correlation, and whether social support predicted self-compassion and anxiety was investigated using regression analysis

RESULTS

The study's objective was to investigate the role of self-compassion in predicting social support in hijabi university girls. In order to summaries the sample characteristics, descriptive analyses were first carried out. Correlation and Simple linear regression analyses were carried out to ascertain whether self-compassion substantially predicted perceived social support and to evaluate the associations between the variables.

The sample comprises 250 legitimate participants, the majority of whom are single (64.4%) and students between the ages of 24 and 26 (55.6%), with the largest group being in their third year of study (27.2%). A majority (58.8%) live in joint family. The most popular type of hijab, worn by 65.6% of respondents, is the Niqab, which covers the face except for the eyes. The period of wearing the hijabi is spread out, with the largest single group having worn it for 1-3 years (33.2%), and a significant chunk, 29.2%, using it for more than 6 years.

Table: 1   Correlation between study variables (N = 250)

Variable	1	2
Self-compassion	-	.198**
Social support	.198**	-

Note. p < .01 (2-tailed).

The findings indicate a substantial positive association (r =.198**, p =.002) existed between Social-compassion and Perceived Social Support. This indicates that, despite the weakness of the link, people who reported higher perceived social support also tended to report higher social support.

Table 2 Model Summary for simple linear regression predicting self-compassion

Model	R	R²	Adjusted R²	Std. Error of estimate
1	.198	.039	.035	5.81

This table indicate that 3.9% of the variation in social support can be explained by perceived self-compassion port. For a psychological construct, this is a tiny but significant deviation.

Table 3 ANOVA for the regression model predicting self-compassion

Source	SS	Df	MS	F	P
Regression	342.901	1	342.901	10.158	.002
Residual	888372.075	248	33.58		
Total	8714.976	249			

Interpretation: Table 3 indicate that with $F_{(1, 248)} = 10.16$ and p =.002, the regression model as overall was statistically significant. This suggests that self-compassion is significantly predicted by perceived social support.

Table 4 Regression coefficients for MSPSS predicting self-compassion from social support

Predictor	B	SE B	B	T	p
Constant	30.239	2.133		14.175	.000
Social support (MSPSS)	.162	.051	.198	3.187	.002

Table 4 indicate Self-compassion is significantly predicted by social support (β =.198, p =.002). Self-compassion rises by 0.162 points for every unit increase in perceived social support. This suggests that social support has a favorable, statistically significant effect on self-compassion.

Discussion

This study investigated how self-compassion was influenced by perceived social support among hijabi university students, a group that may encounter particular societal pressures, stereotypes, or identity-related difficulties in educational settings. The discussion incorporates pertinent psychological literature with the study's actual findings. One important discovery was the strong positive correlation between self-compassion and perceived social support. Individuals who reported receiving more emotional and interpersonal support from friends, family, or significant others also showed more self-acceptance, compassion, and understanding. This is consistent with earlier studies that indicate internal emotional resources are fostered by supportive interactions. In addition to fostering a sense of community and shared humanity, social support may lessen harsh self-judgment. Social support probably serves as a protective buffer, boosting self-worth and encouraging self-compassion for hijabi students who could experience cultural misunderstandings, microaggressions, or stress connected to visibility. Self-compassion was found to be significantly predicted by perceived social support, according to regression analysis. Despite the small effect size, this suggests that social support has a significant impact on how hijabi students treat themselves.

Overall, the results indicate that rather social support is more important in fostering pleasant internal emotions like self-compassion. Therefore, interventions for hijabi university females should concentrate on directly addressing through techniques like self-compassion training, confidence-building seminars, and campus inclusion initiatives, in addition to bolstering support networks. The results show a weak but statistically

significant positive correlation between self-compassion and perceived social support (r =.198, p =.002), indicating that although external

Although support is associated with internal acts of kindness, it only accounts for a little portion of the variance (R^2 =.039). The significant regression model, F (1, 248) = 10.16, p = .002, demonstrates that social support is a significant predictor of self-compassion, with every unit increase in social support translating to a 0.162-point increase in self-compassion. Contextually, this is consistent with research indicating that self-compassion is a multifaceted, mostly intrapersonal concept that is still bolstered by outside sources. The conclusions suggest that therapeutic interventions should combine both teaching self-kindness practices and supporting the establishment of social support networks. Moving beyond the cross-sectional design and utilizing more intricate models (such mediation/moderation) to comprehend the processes of this relationship is a crucial avenue for future research.

Previous literature also confirmed that perceived social support has strong relationship with self-compassion. This recent correlational study focused on self-compassion and perceived social support (using a social-support scale) among high school students aged 15 to 17. The researcher discovered a significant positive connection between self-compassion and perceived social support. (Aulia & Fitriani, 2024). Perceived social support (PSS), self-compassion, professional self-concept, and psychological well-being (PWB) were examined in this cross-sectional study of nursing students. The results demonstrated that self-compassion, both on its own and in conjunction with professional self-concept, mediated the association between social support and well-being and that perceived social support was linked to higher levels of self-compassion. (Zhou et al., 2022) The study examined whether self-compassion mediates the relationship between psychological well-being and emotional self-regulation and perceived social support (MSPSS) in this clinical sample of 300 breast cancer survivors. According to their bootstrapping study, perceived social support has a substantial indirect impact on well-being through self-compassion (Masoumi et al., (2022).

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Conclusion

The study looked at how hijabi university students' perceptions of social support affect their level of self-compassion. The results suggested that although the effect was minor, higher levels of perceived social support strongly predicted greater self-compassion. This implies that kids who feel supported are better able to develop self-kindness, emotional intelligence, and a positive self-image. The findings emphasize how vital robust support networks are to helping hijabi students develop emotional resilience. In order to further understand when and how social support enhances self-compassion in this population, future study should examine contextual elements such peer interactions, campus atmosphere, and cultural expectations.

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