



SELF COMPASSION, SOCIAL SUPPORT AND HAPPINESS AMONG LATE ADOLESCENTS

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ABSTRACT

The current study aims to investigate the connections among late adolescents between happiness, social support, and self-compassion. In particular, the study looked into how social support and self-compassion affect adolescents' general happiness and gender have a moderating effect on these relationships. Using random selection techniques, a sample of 250 participants (125 men and 125 women) was chosen. Standardized instruments such as the Subjective Happiness Scale, the Multidimensional Scale of Perceived Social Support, and the Self-Compassion scale Short Form were used. The findings showed a strong positive relationship between happiness, social support, and self-compassion. Males reported higher levels of happiness than females, according to a t-test analysis, which revealed a statistically significant gender difference in happiness. According to mediation analysis, the relationship between happiness and self-compassion was partially mediated by social support. Interventions designed for this developmental stage, especially in educational and counseling contexts, can benefit from these findings.

Keywords: Happiness, Late Adolescence, Self-compassion, Social support (SDGs), Hub, Local Governance, Financial Sustainability, Bureaucratic Efficiency, Community Participation, Digital Governance, Public-Private Partnerships (PPPs), and Environmental Sustainability

INTRODUCTION

A basic aspect of existence, happiness fosters the development of individuals into morally upright, contributing members of society. Out of 156 countries, Pakistan is ranked as the 67th happiest in the world. This study examines the connection between self-compassion, social support and happiness among late adolescent happiness (Khan, Haq, & Naseer, 2022; Shaukat, Rehman, & ul Haq, 2021). Late adolescence, which is commonly defined as the period between the ages of 17 and 22, is a crucial developmental stage that is characterized by important changes like growing independence, forming an identity, and entering adulthood. People's mental health and level of life satisfaction are greatly influenced by emotional and social factors throughout this time (Cohen McKay, 1984).

Self-compassion includes being aware of and impacted by one's own discomfort, feeling good and caring toward oneself, embracing one's flaws and failures without passing judgment, and understanding that experiencing hardship is a part of the common human experience (Neff, 2016). Self-compassion has a positive correlation with favorable effects and life satisfaction, but a negative correlation with aggression, feelings of stress, deliberation, and indications of anxiety and depression. Self-compassion fosters happiness by assisting people in feeling at ease, taken care of, and connected to others (Gilbert 2005).

Higher levels of happiness were reported by individuals who had a greater self-compassion than by those who were not. Feelings of competence, self-determination, independence, and connectedness are all linked to self-compassion and are crucial for happiness and wellbeing. improves wellbeing by providing a method for controlling emotions that allows people to handle uncomfortable emotions with empathy (Azhar, 2024; Azhar & Imran, 2024; Azhar, et al., 2022). Self-compassion leads to a stable sense of self-worth. Research has connected self-compassion to a number of positive psychological outcomes, including less depression and anxiety and increased life satisfaction. For late adolescents, who usually struggle with exploring their identities, social pressures, and academic responsibilities, self-compassion may serve as a stress reducer and joy enhancer (Bluth & Blanton, 2014).

The concept and experience of getting care and assistance from others is known as social support, and it is a crucial element of psychological well-being. Social support can be essential emotional, informational, or appraisal-based, and it is typically provided by family, friends, and significant others (Shah, et al., 2025; Haq, et al., 2024; Noor, et al., 2024). Numerous studies have demonstrated that social support improves mental health by lowering the harmful effects of strain and promoting happiness. In late teens, when people are negotiating the difficulties of transitioning into adulthood, social support is a significant predictor of happiness (Rueger et al., 2016).

The experience of being looked after, receiving assistance from others, and being a part of a caring social circle. Social support has been shown to reduce symptoms of depression and anxiety, Social interaction from relatives, close

associates, and fellow citizens is crucial for stress management and mental health (Holt-Lunstad et al., 2015).

Happiness is often defined as an enjoyable mental state characterized by feelings of joy, contentment, fulfillment, and well-being (Diener et al., 2000). Happiness is based on three fundamental psychological needs: relatedness, competence, and autonomy (Naseer, et al., 2024; Shah et al., 2023; Aurangzeb, & Haq, 2012). The dictionary defines happiness as the state of being joyously satisfied, content, happy, blessed, felicitous, or a pleasant emotion or condition of the spirit come on by good fortune or a fortunate event of any kind, according to Webster's Dictionary (Ali, et al., 2021; Muhammad, et al., 2020; Farooq, et al., 2019). The word "happiness" encompasses a wide range of pleasant emotional reactions, including joy, optimism, calmness, and cheerfulness. According to (Argil, 2001), there are three fundamental elements that make up happiness: life satisfaction, negative affection, and positive affection.

Aristotle's philosophy of pleasure holds that as it is based on relevant concepts concerning pleasurable feelings like enjoyment and satisfaction, happiness may be comprehended. It is evident that there isn't a single, universal manner for people to express how happy they are. Numerous experiences, including a sense of warmth and success, a sense of inner peace and coordination, a joyful experience, and the lack or decrease of any problems, can be used to explain happiness. A joyful environment will have an impact on students' development and talent-glorification while also quadrupling their energy (Al-Yasin, 2001).

Happiness, especially in teenagers, has been shown to be strongly predicted by self-compassion, which is defined as viewing oneself with care and understanding when experiencing difficulties or failure (Sohail-Rehan, & Ul-Haq, 2018; Haq, 2017; ul Haq, 2012). The numerous challenges teenagers face during this stage of life, such as identity development, social interactions, and scholastic pressure, can intensify anxiety, stress, and self-criticism. Self-compassionate adolescents are more likely to employ adaptive coping strategies because they view setbacks as opportunities for growth rather than as defects.

Teenagers with this inner sense of stability are better equipped to see the world with optimism, which makes them happier. Furthermore, self-compassion fosters contemplation, which has been connected to better emotional control and is crucial for maintaining happiness during the challenging adolescent years (Keng et al., 2011).

Since self-compassion and happiness are strongly correlated, therapies that foster self-compassion may be crucial to enhancing the welfare of teenagers (Khosro, et al., 2024; Sultana & Imran, 2024; Ahmad, Bibi & Imran, 2023). Teenagers' enjoyment is further increased by self-compassion, which has been linked to higher levels of self-esteem. Self-compassionate persons are less likely to engage in self-criticism, which is a clear sign of low self-esteem (Leary et al., 2007). Teens that have this positive view of themselves are more self-assured when interacting with others, which results in more positive interactions with peers and adults.

Positive self-perception helps adolescents accept their mistakes and imperfections, which are common during the identity-formation cycle (Hsu et al., 2025; Huang et al., 2025; Thu et al., 2024). This acceptance reduces the tendency for youngsters to internalize negative comments from others and protects them from feelings of shame and inferiority, which can significantly hinder enjoyment (Terry & Leary, 2011). As a result, self-compassion helps teenagers develop satisfying and encouraging connections, which are critical for general well-being, in addition to helping them sustain a steady feeling of self-worth.

Social support, which is the informational, emotional, and practical assistance that people acquire from their social networks, has a significant impact on adolescents' psychological well-being and contentment (Danish, Akhtar & Imran, 2025; Mankash, et al., 2025; Hafeez, Yaseen & Imran, 2019). Adolescence is a time of tremendous emotional, social, and behavioral shifts. Having access to reliable social support can greatly enhance an adolescent's ability to manage challenges and, as a result, raise their happiness levels (Cohen & Wills, 1985). Strong social support networks, which include friends, family, and other important people, are connected with improved mental health outcomes for adolescents (Malik, et al., 2023; Waheed, et al., 2021; Hanif, Naveed & Rehman, 2019). These outcomes include reduced rates of stress, anxiety, and depression, all of which are adversely correlated with happiness (Helsen et al., 2000).

Lastly, by encouraging a feeling of meaning and purpose, social support can raise teenagers' levels of happiness. Strong values and pro-social behaviors are more likely to be developed by adolescents who feel like they belong to a supportive social network, and these behaviors help them feel like they have a purpose in life. According to studies, teenagers who believe they have supportive and pleasant social ties are more likely to be happy and satisfied with their lives because they find fulfillment in their relationships with other people (Seligman, 2011).

Teenagers who get social support develop a feeling of reciprocity and interdependence, giving back in meaningful ways in addition to receiving assistance from others, which enhances their sense of wellbeing and community (Shaukat, et al., 2020; ul Haq & ur Rehman, 2017). An essential element of teenage happiness is social support. Higher levels of well-being and life satisfaction are facilitated by it because it builds social relationships, emotional resilience, positive self-esteem, and a feeling of purpose. Building solid, encouraging connections is essential for teenagers' emotional and psychological development because of the difficulties they encounter throughout this developmental time.

Rationale of Research

The purpose of this study is to investigate the relationship between late-adolescent happiness and social support and self-compassion, since both can serve as buffers against stress, anxiety, and depression. This research can help guide therapies meant to improve emotional resilience and general life satisfaction, given the difficulties this age group faces. to examine the connection between pleasure, social support, and self-compassion. To examine the connection between happiness, social

support, and self-compassion in late teens based on demographic factors. Understanding the relationships between these variables may help this study provide guidance on how to support mental health throughout a critical period of life.

Hypothesis

1. There will be a significant relationship in the levels of self-compassion, social support and happiness among late adolescents.
2. There will be significant differences in the levels of self-compassion, social support and happiness between male and female among late adolescents.
3. Social support mediates the relationship between self-compassion and happiness among late adolescents.

LITERATURE REVIEW

The purpose of this study is to look into the connections between subjective happiness, life satisfaction, and self-compassion. According to the study's findings, there is a strong relationship between self-compassion, subjective happiness, and life satisfaction. As anticipated, route analysis revealed that mindfulness and shared humanity were powerful predictors of subjective pleasure and life satisfaction, and the results are consistent with other previous studies. As a result, happier people are typically those who are feeling better (Myers & Diener, 1995).

This study looked at the connections between self-compassion and subjective happiness as well as between self-compassion and life satisfaction. The study included 252 undergraduate students from Bursa, Turkey. As tools for gathering data, the subjective happiness scale, the self-compassion scale, and the contentment with life scale were employed (Huang et al., 2025; Doan & Huynh, 2024; Hsu et al., 2024). The association between life satisfaction, subjective happiness, and self-compassion was investigated using correlation analysis. The data fit the model well. The results of the route analysis demonstrated that life satisfaction and subjective pleasure were positively predicted by shared humanity and mindfulness. Additionally, it was discovered that over-identification, loneliness, and self-judgment were poor indicators of subjective pleasure and life satisfaction (Mülazım & Eldeleklioğlu, 2016).

Although little is known about how teenagers perceive and experience compassion for them, recent research has indicated the potential advantages of self-compassion for youngsters. This phenomenological study set out to gain a comprehensive understanding of self-compassion from the viewpoint of adolescents. Interviews were conducted with six teenagers who had dealt with a range of life challenges to learn about their experiences with self-compassion in the context of their everyday lives (Rana, et al., 2022; Rana, et al., 2021; Rana, 2015). We looked for recurrent themes in the data using interpretive phenomenological analysis. Emerging themes included prioritizing oneself, maintaining a good outlook, engaging in pleasant activities, building strong relationships with others, improving oneself, appealing to others, embracing oneself, and feeling emotionally balanced. (Klinge & Van Vliet, 2019).

Examining the possible moderating effects of self-reflection and insight on

the association between social anxiety and self-compassion was the goal of this study (Kayani, et al., 2023; Khan, et al., 2021; Naseer, et al., 2021; Khan & Khan, 2020). In a convenience sample of 110 college students, ages 18 to 20, symptoms included self-compassion, social anxiety, and self-reflection and insight. The findings demonstrated that late adolescents who combined greater degrees of insight and self-compassion were more resilient to anxiety associated with social situations, while those who had low levels of self-compassion and high levels of self-reflection reported greater manifestations of social anxiety (Khan & Haq, 2025; Haq & Khan, 2024). They were also less likely to experience social anxiety if they had high levels of self-compassion and self-reflection (Stefan & Cheie, 2022).

In order to advance evidence-based procedures for this demographic, this study sought to investigate the link between students' emotional connectedness to others, stress, and happiness. Therefore, the main goal of this study was to determine if stress, the frequency of stress management strategies, and emotional closeness to others (social support) all substantially affected how happy college students felt. The findings showed that students are least satisfied with their jobs, school, and financial status. Stress levels and emotional connection to others have a substantial impact on perceived happiness. Most participants (61.0%) said they were under a lot of stress, with the main sources of stress being education, time constraints, and their future careers (King et al., 2014).

There has been a significant change in our social structure, philosophy, and way of thinking in the ever-evolving world of today. Acculturation has had a significant influence on Indian culture, and as a result, Indian society today is a transformed mixture of its own characteristics and those of its Western equivalents. Our lives, our overall happiness and well-being, and our emotional intelligence are all greatly impacted by the change in societal structure and technological innovation. The goal of the study is to determine whether emotional intelligence and genuine happiness are related (Tiwari et al., 2020).

This study examines the factor structure of the happiness increasing strategies scales (H-ISS), gender differences, and the relationship between the strategies and psychological and subjective well-being measured in an adolescent population a year following the H-ISS. Boys fared better in terms of activities avoided. Methods explained 34% of the variation in life satisfaction, 43% of the variation in positive affect, 18% of the variation in negative affect, and 28% of the variation in psychological well-being. According to the study, the H-ISS may be used to evaluate individual behavioral differences that lead to more pleasant experiences over time in teenagers with minor adjustments (Nima et al., 2013).

Adolescent onset depression is challenging to treat and has a significant impact on people who experience it. Early identification and therapy targeting may benefit from a better knowledge of the factors driving teenage depression vulnerability. We investigated whether the speed at which young adolescents recognized the joyful, sad, angry, and frightening facial emotions predicted the emergence of depression during an eight-year follow-up period in order to

determine if biases in facial emotion identification could be trait indicators for depression (Thapar et al., 2012).

Health in old age is linked to social assistance. It is unclear, nevertheless, if this link results from social support promoting health or from the fact that those who are healthier also have other advantages and hence have greater access to social support. We looked at the relationship between early cognitive performance and social support in later life to explore potential causal pathways (year 11) and later in life (age 64). Higher cognitive capacity in childhood, but not in later life, was linked to less emotional and practical assistance as well as worse satisfaction with such support (White et al., 2009).

The study's goal was to ascertain whether psychological happiness and self-compassion are related among Jordanian men who had experienced a loss. The sample consisted of 140 male widowers, and measures of self-compassion and psychological support were employed. Because the results showed that the sample members' level of self-compassion was low, the overall average was 2.31. The findings showed a positive (direct) relationship between widows' psychological well-being and self-compassion, and the degree of psychological happiness was likewise low, ending at 2.24 (Mülazım & Eldeleklioğlu, 2016).

Investigated teenagers' psychological resilience and self-compassion. Additionally, there were 287 adults and 235 adolescents in the sample. The findings demonstrated that self-compassion is positively correlated with both adult and teenage benefits (Parveen, et al., 2020; ul haq, 2019; Ali & Haq 2017). Furthermore, self-compassion eventually mediates between cognitive and familial factors, indicating that personal variations in self-compassion are predicted by these variables and might be the focus of a successful intervention for adolescents with self-view issues (Neff & McGehee, 2009).

The study looked at the moderating effect of self-compassion on self-health as well as the relationships between self-compassion and theoretical markers related to psychological conditioning. Twelve-one senior citizens made up the study sample (Ahmad, et al., 2021; Ali, et al., 2020; Ahmad, 2018). Self-reports were used to gauge psychological well-being, self-esteem, anxiety, sadness, and self-compassion. The findings shown that self-compassion is unquestionably and favorably correlated with age, as well as specifically and favorably correlated with mental wellness and depression alleviation (Kristin, 2016).

How King Khalid University female students' happiness related to the five main aspects of their personalities. There were 390 female students in the sample. In addition, the study used a measure of psychological pleasure and a list of the five main components of personality. The findings demonstrated that psychological happiness and extraverted personality were positively correlated, whereas happiness and neurotic personality were negatively correlated to (Al-Shehri, 2020).

The detrimental effects of widowhood on both men's and women's psychological health. Men (1686) and women (60 and older) who completed the depression scale were included in the study. The findings showed that males

experienced widowhood more frustratingly than women and that married men were unquestionably less unhappy than married women; that widowed women and men both experience depression, but that the effects of widowhood are more pronounced for males; and that women adjust to long-term widowhood very well. (Gary and Rache, 2001).

A basic aspect of existence, happiness enables people to develop into healthy, contributing members of society. Out of 156 countries worldwide, Pakistan is ranked as the 67th happiest nation. Empathy and self-compassion (SC) are regarded as two of the best human emotions and moral qualities that contribute to a better existence.

Adolescent boys were somewhat more thoughtful and self-compassionate than girls. The association between empathy and happiness was shown to be strongly moderated by self-compassion ($F(3,562) = 29.74, p = 0.000$). For teenagers who are actively forming their identities and sense of self-worth, self-compassion may be quite helpful in relating to oneself. It also facilitates the transition from adolescence to adulthood (Inam et al., 2021).

RESEARCH METHODOLOGY

The study's Sample

There were 250 populations in the study's sample. 125 males and 125 were females. The participants' ages ranged from 17 to 22 years old.

Population of the Study

The population of this study consisted of university and college students. These students shared similar characteristics, such as being enrolled in higher education institutions. The population included both undergraduate, first and second year's students. They were from various departments and programs. The students were primarily young adults, with ages ranging from 17 to 22 years old.

Research Design

In order to examine the connections among late adolescents between happiness, social support, and self-compassion, this study used a quantitative research approach. The characteristics of the sample were compiled using a descriptive research approach. The associations between the variables were investigated using correlational analysis. Data was gathered at one moment in time from a sample of late adolescents using a cross-sectional approach.

Sampling Technique

I chose research project participants from among college and university students using a random sampling technique. By guaranteeing each student an equal chance of being chosen, this method decreased bias and improved the findings' generalizability. Students were chosen using the random sample technique from a variety of departments and programs. Participants were selected from among a variety of students, including BS, FA, and FSC. In addition to ensuring that the sample was representative of the population, random sampling helped to reduce selection bias.

Inclusion Criteria

- The research only included students.
- Nominations will be made for the members who signed the informed consent form.
- The sample size of males and females will be equal.
- Only college and university students were represented.
- These pupils range in age from 17 to 22 years old.
- Only Tandlianwala city and Faisalabad city will provide data for this study.

Exclusion Criteria

- Those who struggle to comprehend the questions will be eliminated from the sample.
- No data from another city college will be gathered for this research study.
- Students over the age of 23 were not allowed.
- Only college and bachelor's degree students were accepted.

Instruments

1. Self-Compassion Scale-Short Form (SCS-SF)
2. The Multidimensional perceived social support scale
3. The Subjective Happiness Scale

Demographic Sheet

Name, age, gender, the quantity of parents, birth order, academic achievement, social socioeconomic standing, father's job, and family structure are among the demographic questions that participants must fill out.

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

The Self-Compassion Scale-Short Form (SCS-SF) developed (Raes et al., 2011). In the SCS-SF, there are twelve items and six subscale items. To rate the items, a 5-point Likert scale was employed, where 1 meant "almost never" and 5 meant "almost always." The mean of all 12 items was used to determine the final score after negatively phrased questions were reverse-scored. The composite score ranged from 12 to 60, with a high score signifying a high degree of self-compassion. Strong internal consistency has been shown by the SCS-SF, with Cronbach's alpha values ranging from 0.86 to 0.89.

Multidimensional Perceived Social Support Scale (MPSS)

The Multidimensional Scale of Perceived Social Support was developed by (Zimet & Farley, 1998). Twelve items total, each with a rating on a seven-point Likert scale. The items tended to fall into factor categories based on whether the social support came from friend (Fri), family (Fam), or a significant other (SO). Scores are reversed for items two, five, eight, and eleven. A favorable correlation exists between higher scores and perceived social support. Cronbach's alpha, which falls between 0.85 and 0.91, indicates that the MSPSS has excellent test-retest reliability and internal consistency dependability.

Subjective Happiness Scale (SHS)

Finally, individuals' subjective levels of happiness were assessed using the Subjective Happiness Scale (SHS). This four-item scale was created by (Lapper & Lyubomirsky, 1999). The score for item number four was reversed. The component

was tested using a 7-point Likert scale. More enjoyment was indicated by a higher score, which was cumulative. The stability reliability of the instrument was 0.72, and its Cronbach's alphas ranged from 0.79 to 0.94. Additionally, the scale showed strong relationships with other measures of happiness ($r = 0.52-0.72$), suggesting acceptable convergent validity.

Procedure

My department head signed the authorization letter after I wrote him a letter of request after I had been granted permission. I then emailed the principal of Superior College's Tandlianwala Campus to request permission to gather data. With permission from the principal, I organized a tour of the college. I walked to a specific classroom where the pupils were assembled. Before I distributed the questionnaires, I gave a brief introduction and described the goal of my study. I also distributed informed consent forms, emphasizing that all responses would be kept confidential and that participation was entirely voluntary. After obtaining their written agreement, the participants were requested to fill out the demographic variable form. Then asked them to fill out the self-compassion, social support, and happiness scales. If a participant is struggling to understand a question, they are free to ask questions. I obtained information from the students, who were respectful and cooperative. After completing the data gathering procedure, I expressed my gratitude to the principal and the institution for their assistance and collaboration.

Ethical Consideration

According to APA rules, participants in the quantitative study were given privacy, assistance, and informed consent. The method was authorized by the Board of Advanced Study at Riphah International University in Faisalabad prior to its implementation. The study's ethical integrity was upheld by prioritizing the privacy and anonymity of all participating students. The confidentiality of their answers and the protection of their demographic data were guaranteed to the students. The pupils were assured of the privacy of their responses and the security of their demographic information. Students were informed that abandoning the study at any time would not result in any consequences and that participation was completely voluntary. Furthermore, I ensured that the data collection process would not compromise the routine operations of the college or the academic activities of the students. The study was carried out in compliance with accepted research ethics standards. Throughout the whole research procedure, the students' privacy and confidentiality were protected.

Statistical Analysis

First, descriptive statistics were computed to assess the study participants' demographic characteristics. Descriptive statistics, including frequency and percentage calculations, were used to gather the participants' demographic information. An independent sample t-test was used to evaluate the levels of self-compassion, social support, and happiness between male and female participants.

RESULT

Table 1: Demographics Characteristics of Research Participants (N=250)

Variables	Categories	N	%
Age of Participants	17 to 19 year	135	54.0
	20 to 22 year	115	46.0
Gender	Female	125	50.0
	Male	125	50.0
Qualification	Intermediate	149	59.6
	Bachelors	101	40.4
Resident Area	Rural	149	59.6
	Urban	101	40.4
Family system	Joint	118	47.2
	Nuclear	132	52.8
Academic Grades	A Grade	164	65.6
	B Grade	73	29.2
	C Grade	10	4.0
	D Grade	2	.8
	E Grade	1	.4
Birth Order	First Order	71	28.4
	Second Order	57	22.8
	Third	46	18.4
	Fourth	36	14.4
	Fifth	19	7.6
	Sixth	16	6.4
	Seventh	4	1.6
	Eighth	1	.4
Socioeconomic Status	Upper Class	29	11.6
	Middle Class	204	81.6
	Lower Class	17	6.8

The descriptive data (frequencies, percentages) of the board members from the selected at random sample (n=250) are shown in table 1 above. Regarding the respondents' ages, 135 (54.0%) of the 250 students in the sample were between the ages of 17 and 19, while the remaining 115 (46.6%) were between the ages of 20 and

22. Given the respondents' qualifications, the gender distribution of the 149 students (59.6%) was balanced, with equal numbers of male and female participation, making up 50.0% of the sample (N=125 each). were chosen from the Intermediate courses, while the remaining 101 students, or 40.4%, were chosen from the Bachelor's courses. The researcher also discussed that 149 (59.6%) people are from rural areas and the other 101 (40.4%) people belong to urban areas. From the overall sample 118 (47.2%) people are members of the joint family system and the other 132 (52.8%) people from the nuclear family system. In the case of birth of the respondent students, 71(48.4%) had respondents first-order birth, 57 (22.8%) respondents had second-order birth, 46 (18.4%) had respondents third-order birth, 36 (14.4%) respondents had fourth-order birth, 19 (7.6%) respondents had fifth-order birth, 16 (6.4%) respondents had sixth-order birth, 4 (1.6%) respondents had seventh-order birth and 1(4%) respondents have eighth-order birth. When looking at academic grades, the majority of participants had an A grade 164(65.6%), followed by 73 (29.2%) with a B grade.

Table 2: Psychometric Properties for Scale

Scale		<i>M</i>	<i>SD</i>	No. of Items	Alpha Coefficient
Self-Compassion Scale-Short Form		42.59	8.42	12	.73
Perceived social support Scale		64.58	13.60	12	.83
Subjective Scale Happiness Scale		19.62	6.64	4	.70

Table 2 shows the psychometric properties for the scales used in the present study. With 12 items and a mean score of 42.59 with a standard deviation of 8.42, the Self-Compassion Scale-Short Form demonstrated acceptable internal consistency and reliability ($\alpha = 0.73$). Additionally based on 12 items, the Perceived Social Support Scale had a higher mean of 64.58 with a standard deviation of 13.60 and dependability ($\alpha = 0.83$), indicating outstanding reliability. Based on four items, the Subjective Happiness Scale had a mean score of 19.62 and a standard deviation of 6.64. Its reliability ($\alpha = 0.70$) and acceptable internal consistency are also indicated.

Table 3: Variable's Descriptive Statistics, Skewness and Kurtosis (N=250)

Variables	N	<i>M</i>	<i>S. D</i>	Skewness	Kurtosis
Self-Compassion	250	42.59	8.42	.122	-.233
Social Support	250	64.58	13.60	-1.440	1.960
Happiness	250	19.62	6.64	-.454	-.603

Table 3 shows the result of descriptive statistics for the variables measured in this study are presented. The distribution of self-compassion scores appears to be

roughly normal, as indicated by the mean score of 42.59 (SD = 8.42), skewness of .122, and kurtosis of -.233. The data were more concentrated around the mean with heavy tails, indicating a negatively skewed distribution. The mean for Perceived Social Support was 64.58 (SD = 13.60), with a skewness of -1.440 and a kurtosis of 1.960. Finally, the Subjective Happiness mean was 19.62 (SD = 6.64), with a skewness of -.454 and a kurtosis of -.603. This suggests a platykurtic and somewhat negatively skewed distribution, which is more flat than a normal curve.

Table 4: Descriptive Statistics and Correlations for study Variables

Variables	N	M	SD	1	2	3	4	5	6
Self-Compassion	250	42.59	8.42	1					
Social Support	250	64.58	13.60	.407**	1				
Happiness	250	19.62	6.64	.385**	.365**	1			
Family	250	22.13	5.31	.332**	.810**	.275**	1		
Friends	250	21.06	5.43	.447**	.826**	.325**	.494**	1	
Significant Others	250	21.38	5.66	.238**	.848**	.308**	.532**	.561**	1

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows the result of descriptive statistics and correlations for study variables. The relationships among self-compassion, social support, and happiness, as well as the subscales of social support (family, friends, and significant others). The self-compassion was significantly positively correlated with social support ($r = .41$, $p < .01$), happiness ($r = .39$, $p < .01$), family support ($r = .33$, $p < .01$), friend support ($r = .45$, $p < .01$), and support from significant others ($r = .24$, $p < .01$). Social support was also significantly positively correlated with happiness ($r = .37$, $p < .01$), family support ($r = .81$, $p < .01$), friend support ($r = .83$, $p < .01$), and support from significant others ($r = .85$, $p < .01$). Furthermore, happiness showed significant positive correlations with family ($r = .28$, $p < .01$), friends ($r = .33$, $p < .01$), and significant others ($r = .31$, $p < .01$).

Table 5: Based on Gender Differences, a Comparison on the Variables of Self-Compassion Social Support and Happiness Among Male and Female (N=250)

Variables	Male (n=125)		Female (n=125)		<i>t</i>	<i>p</i>	<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Self-Compassion	42.30	8.69	42.88	8.17	0.54	.58	-0.06
Perceived social support	64.88	14.78	64.28	12.35	-0.34	.72	0.04
Subjective Happiness	20.60	5.69	18.64	7.22	-2.36	.01	0.30

The comparison of males and females on happiness, social support, and self-compassion in Table 5 showed no significant differences between the groups in terms of social support ($t = -0.34$, $p = 0.72$) or self-compassion ($t = 0.54$, $p = 0.58$). Males ($M = 42.30$, $SD = 8.69$) and females ($M = 42.88$, $SD = 8.17$) showed comparable

levels of self-compassion, with a negligible effect size (Cohen's $d = -0.06$). Similarly, with a minimal effect size (Cohen's $d = 0.04$), social support was reported at nearly comparable levels by males ($M = 64.88$, $SD = 14.78$) and females ($M = 64.28$, $SD = 12.35$). Males ($M = 20.60$, $SD = 5.69$) reported higher levels of happiness than females ($M = 18.64$, $SD = 7.22$), indicating a significant difference in happiness ($t = -2.36$, $p = 0.01$). The difference in happiness between males and females is significant, but it is modest, according to the effect size, which was small to medium (Cohen's $d = 0.30$).

Table 6: Social Support as Mediator between Self-Compassion and Happiness

Variables	Path	<i>B</i>	<i>SE</i>	<i>t</i>	<i>P</i>	95% <i>CI</i>	<i>R</i> ²
Total effect of self-compassion on happiness	(c)	0.30	0.04	6.57	.0000	[0.21, 0.39]	-
Direct effect of self-compassion on happiness	(c')	0.22	0.04	4.55	.0000	[0.12, 0.32]	.2006
Indirect effect of self-compassion on happiness through social support	(a × b)	0.08	0.02	-	-	[0.03, 0.12]	-
Direct effect of self-compassion on social support	A	0.65	0.09	7.02	.0000	[0.47, 0.84]	.165
Direct effect of social support on happiness	B	0.12	0.03	4.01	.0001	[0.06, 0.18]	-

The association between self-compassion and happiness is mediated by social support, shown in Table 6. The findings showed that self-compassion had a substantial overall impact on happiness ($B = 0.3041$, $SE = 0.0462$, $t = 6.5770$, $p < .001$). The direct relationship between self-compassion and happiness was still significant when social support was taken into account as a mediator ($B = 0.2238$, $SE = 0.0492$, $t = 4.5531$, $p < .001$), indicating partial mediation. Self-compassion also had a significant indirect influence on happiness through social support ($B = 0.0803$, $SE = 0.0226$), suggesting that those who are more self-compassionate also tend to feel more social support, which in turn makes them happier.

The path from self-compassion to social support was significant, ($B = 0.6575$, $SE = 0.0936$, $t = 7.0219$, $p < .001$), as was the path from social support to happiness, ($B = 0.1222$, $SE = 0.0304$, $t = 4.0124$, $p < .001$). The model accounted for 20.06% of the variance in happiness ($R^2 = .2006$) and 16.58% of the variance in social support ($R^2 = .1658$). Significant relationships were found between self-compassion and social support ($B = 0.6575$, $SE = 0.0936$, $t = 7.0219$, $p < .001$) and between social support and happiness ($B = 0.1222$, $SE = 0.0304$, $t = 4.0124$, $p < .001$). 16.58% of the variance in social support ($R^2 = .1658$) and 20.06% of the variance in happiness ($R^2 = .2006$) were explained by the model.

DISCUSSION

The current study's findings are integrated with those of previous or more

recent research. The primary objective of this study was to investigate the relationship between happiness, social support, and self-compassion. Specific aspects were examined in relation to how these variables affect one another.

My first hypothesis was that happiness, social support, and self-compassion are strongly correlated in late adolescence. Since the results demonstrated a strong correlation between them, the theory is accepted. According to the association between relationships and self-compassion, people who have higher levels of self-compassion also typically report feeling more supported by others. It is also noteworthy that self-compassion and happiness are positively correlated. According to earlier research, self-compassionate people may be more likely to use adaptive coping mechanisms like self-acceptance and mindfulness, which promote happy feelings and enhance life satisfaction in general (Kernis, 2003). The positive correlation between social support and happiness suggests that individuals who perceive themselves as being supported by others tend to report higher levels of happiness. This result is consistent with the vast body of research linking social support to psychological well-being (Cohen & Wills, 1985).

The second hypothesis is supported by these results, which are consistent with earlier research showing no discernible gender differences in social support and self-compassion. According to Neff (2003), for example, self-compassion levels varied little between men and women. Studies on perceived peer support have also shown comparable results, indicating that these elements may be experienced similarly by both sexes (Hays & DiMatteo, 1987). In contrast, males reported higher levels of subjective happiness than females, indicating a significant difference between the sexes. According to the current study, adolescents who are male are happier than those who are female. A prior study that indicated girls to be less satisfied with life than boys had similar findings (Moksnes & Espnes 2013).

Although it is not very large, the gap in happiness between men and women is statistically significant. According to other studies, men tend to report slightly higher levels of happiness than women, particularly throughout youth (Eisenberg & Neumark-Sztainer, 2006). These data corroborate these findings. Additionally, previous studies have shown that women are less self-compassionate than men. Women had less self-compassion than males, according to a meta-analysis that looked at gender differences in self-compassion. (Yarnell et al. 2015).

According to a study, the association between college students' depressed symptoms and self-compassion was mediated by social support. According to their findings, self-compassionate people were happier to feel that friends and family were there to assist them, which lessened the effects of unpleasant emotions and improved emotional health. In 2015, Marshall et al. This study adds to and expands on earlier research by showing that the association between self-compassion and contentment is partially mediated by perceived social support. However, prior research has occasionally failed to identify meaningful mediation when looking at distinct forms of social support (Lindsay et al., 2016).

According to the current research, a more comprehensive assessment of

alleged social support would more accurately reflect its mediating function. In particular, people who are more self-compassionate could feel more supported in general, which improves their psychological state (Zessin et al., 2015). This result lends credence to theoretical frameworks that suggest self-compassion promotes interpersonal openness and a sense of connectivity in addition to bettering internal emotional control. Therefore, a significant psychosocial pathway through which self-compassion leads to increased happiness is highlighted by the observed repercussions through social support.

CONCLUSIONS

In conclusion, the results of this study offer strong support for the beneficial correlation between happiness, social support, and self-compassion. These findings suggest that cultivating self-compassion can improve one's health in direct and indirect ways by strengthening social ties. Additionally, social support seems to be crucial for increasing happiness, highlighting the significance of interpersonal connections for mental health. According to this study, there are some differences in subjective enjoyment. Although there are no discernible differences between the sexes in terms of perceived social support or self-compassion, males report being happier than women.

Recommendations

- Given the critical role that self-compassion plays in teenagers' well-being, educational institutions and mental health programs should consider offering seminars or counseling services that focus on developing self-compassion skills to promote emotional resilience.
- Encourage late teens to engage in self-compassion exercises like journaling, mindfulness meditation, or guided activities that stress treating oneself with kindness when encountering challenges.
- Offer seminars and materials to late teenagers to help them comprehend the value of mental health and the ways that social support and self-compassion enhance happiness in general. Encouraging candid conversations about mental health can lessen stigma and motivate people to seek treatment.
- Teenagers should be encouraged to confront their negative self-talk and swap it out for positive, self-compassionate ideas. Cognitive-behavioral techniques that concentrate on altering thought patterns might be helpful instruments for enhancing happiness and self-worth.

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