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Body Self-Image and Psychological Wellbeing among University Students: Self Compassion as a Moderator

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Abstract

Background. Negative body image can lead to psychological issues in university students however, self-compassion can help them to improve their body-image and enhance psychological wellbeing.

Objectives. The study explored influence of body image on wellbeing in university moderated by self-compassion in university students.

Method. In a cross-sectional research design 150 man and 150 women (N = 300) were conveniently sampled from public and private universities in Rawalpindi and Islamabad and ranged in age from 18-25 years. To assess body image perception, Body image Questionnaire-Short Form was used, while, the Self-Compassion Scale-Short Form was used to determine the participant's capacity for self-compassion and Psychological Wellbeing Scale was used to assess psychological functioning.

Results. Results of the current research showed that body image subscales were significantly and positively associated with self-compassion and psychological wellbeing. Furthermore, female participants exhibited positive body image than male counterparts. Self-compassion significantly moderated the relationship between subscales of body image and psychological wellbeing.

Conclusion & Implications. The results of the current study will help the university students to raise their awareness about positive body image, which can lead to immediate improvements in self-compassion and psychological wellbeing.

Keywords. Body image, self-compassion, psychological wellbeing, university students

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Introduction

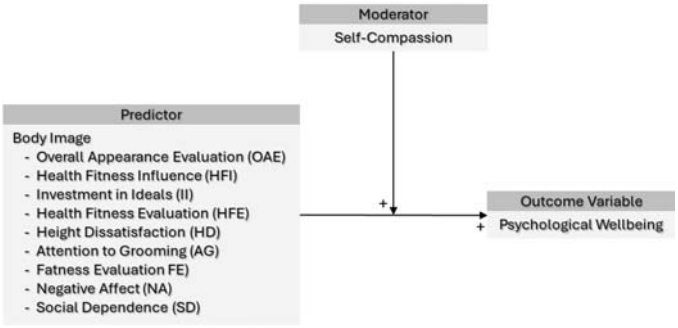
Body image is a personal assessment of how body appears, irrespective of the fact how it truly appears (Sharoka et al., 2019). This assessment includes positive and negative aspects of bodyperceptions, thoughts, beliefs, feelings and behaviors (Tiggemann, 2011). People, especially young adults seek ideal body image that is appreciated by others, which increases their attention on physical appearance (Damiano et al., 2015). Grogan (2021) suggests, attitudes about body image can be divided into four key factors: *affect*, emotions that result from a particular physique,*global subjective satisfaction*, how body is evaluated, *behaviors*, avoidingharmful circumstances where body could be harmed, and *cognition*, thoughts of investing in physical appearance and body.When assessment of body image is positive self-compassion (SC) and its attributessuch as self-kindness, common-humanity and mindfulness (see below) grow. Psychological wellbeing (PWB) increases and overall health can manage daily stress, improve work productively, and individuals can contribute to communities(Gautam et al., 2024).

Ryff (1989) credited for developing the paradigm of psychological wellbeing, suggests the concept comprises of self-acceptance, ability to view oneself in a positive and compassionate light, recognizing and embracing strengths and weaknesses with kindness and understanding, and fostering a sense of self-worth and self-approval. Later Ryff& Keyes (1995) added mastery of the environment (ability to efficiently handle the surroundings) autonomy (feeling of independence) and personal growth (awareness of personal development). Psychological wellbeing fosters informed decisions, meaningful relationships, and positively impacting the world around (Gautam et al., 2024).Psychological wellbeing includes happiness, self-esteem, resilience, and coping abilities, enabling people to thrive and navigate life challenges with emotional stability (Seligman, 2002); and satisfaction in personal and professional domains with physiological underpinnings that explains relaxation and enjoyable states (Deci & Ryan, 2008).

Self-compassion is made up of three differential elements that are adaptive in nature, such as self-kindness versus self-judgment, commonhumanity versus isolation, and mindfulness versus over-identification (Neff, 2003). Self-kindness refers to treating YOURSELF with kindness instead of being harsh especially when they receive criticism or facing difficulties in life. Self-compassionate individuals treat themself with kindness because they know that criticism, failure, and difficulties are part of life, andknowone does not get everything one wants. In self-judgement, people blame themselvesfor their difficulties and experience stress, frustration, and self-criticism e.g., judging oneself as fat or overweightoften results in stress and frustration that retards the will to reduce weight. When things go wrong or mistakes are made people believe they suffer from them alone, but they do not realize others make similar mistakes and suffer alike. When people develop forbearing attitudes because others have difficulties too, reflects a common humanity. Mindfulness,a cognitive reflection, uses a balanced approach that effectively regulates negative emotionswith an understanding that others too have such negative emotions, this prevents over identification with difficult thoughts and negative emotions (Neff, 2003). Self-compassion can be exercised by treating oneself with kindness, understanding, and forgiveness (Gilbert et al., 2004; Neff, 2003); and to practice self-compassion, people need to work with their negative thoughts, feelings, and experiences they need to investtheir lives with love and understanding, and realize negativity is a normal part of being human. By doing so, they understand that others experience similar problems and imperfections, which strengthens their sense of community and connection with them (Neff &Pommier, 2012). No wonder, self-compassion adds a favorable impact on the mental health and resilience in people (Huu&Quang, 2022).Studies show SC moderates body image and self-esteem, self-compassionate individuals were not disturbed by negative body perceptions and upheld their self-esteem (Pisitsungkagarn et al., 2014). Otherstudies show self-compassion moderatedsymptoms of depression and psychological wellbeing. Self-compassionate depressedpatients expressed

better wellbeing than those that were less self-compassionate (Zarei, 2021). Based on the studies above we believe self-compassion should moderate body self-image and psychological wellbeing; individuals with high self-compassion should maintain higher psychological wellbeing with minor body concerns, moreover, such individuals would appreciate their bodies more than those that have lower self-compassion. Based on such ideas we established the following model (Figure 1). Prior studies suggest, relationship between body image and psychological wellbeing in young adult males was positive(Karthikeyan&Bhaumik, 2021). However, other studies suggest women exhibit greater positive body image to their male counterpartsand express greater satisfaction with their physical appearance than men (Abbasi&Zubair, 2015). To address these issues, we tested the following hypotheses (see below).

Figure 1
Proposed Model of the Study. Body Image and its Facets Positively affect Psychological Wellbeing Moderated by Self-Compassion



Hypotheses

Based on a general understanding of the model and the body image instrument (see below) with nine different facets of body image we formed nine hypotheses about these facets, and a singular hypothesis assessing differences in men and womenabout body image, psychological wellbeing and self-compassion so that gender bias could be aligned with the model.Here are the hypotheses: Overall appearance evaluation would positively associate with psychological wellbeing moderated by self-compassion (H1); and we expected, health fitness influence (H2), investment in ideals (H3), health fitness evaluation (H4), and attention to grooming (H5) would positively associate with psychological wellbeing moderated by self-compassion. However, height dissatisfaction would negatively associate with psychological wellbeing moderated by self-compassion (H6) and so would, fatness evaluation (H7), negative affect (H8), and social dependence (H9) would negatively correlate with psychological wellbeing moderated by self-compassion. Finally, we expected female students would express higher levels of all facets of body self-image, psychological wellbeing and self-compassion than malestudents.

Method

Sample

A sample of 150 female and 150 male students (N = 300) were conveniently sampled from private and public universities of Pakistan. Their ages ranged from 18-25 years(M = 21.7, SD = 1.99).

Assessment Measures

Body Self-Image Questionnaire-Short Form (BSIQ-SF).Developed by Rowe (2005). BSIQ-SF consists of 27-items with each item measured on 5-point response scale that ranges from Not at all True of Myself (1) to Completely True of Myself (5). Item 1 is reversed scored. The BSIQ-SF cannot be summed for "total body image" score, however the BSIQ-SF is divided into nine subscales are Overall Appearance Evaluation (OAE, items 1, 10 and 19), Health Fitness Influence (HFI, items 2, 11, and 20), Investment in Ideals (II, items 2, 12 and 21), Health-Fitness Evaluation (HFE, items 4, 13 and 22), Attention to Grooming (AG, items 5, 14 and 23), Height Dissatisfaction (HD, items 6, 15 and 24) Fatness Evaluation (FE, items 7, 16 and 25), Negative Affect (NA, items 8, 17 and 26), and Social Dependence (SD, items 9, 18 and 27). Each subscale consists of three items and composite scores for each subscale ranges from 3 to 15. Higher scores represent good perception of body image. The internal consistency reliabilities for the subscales of BSIQ-SF ranged from α = .68 to .92(Rowe, 2005).

Self-Compassion Scale-Short Form (SCS-SF).Developed by Raes et al. (2011) SCS-SF contains 12-items where each item is measured on a 5-point response scale ranging from Almost Never (1) to Almost Always (5). The total sore can range

from 12 to 60, with a high score implying a high level of self-compassion. The scale is divided into six subscales Self-Kindness (SK, items 2 and 6), Self-Judgement (SJ, items 11 and 12), Common Humanity (CH, items 5 and 10); Isolation (I, items 4 and 8), Mindfulness (M, items 3 and 7), Over-Identification (OI, items 1 and 9), SCS. All items for the SJ, I and OI subscales were reverse-coded. The reliability of self-compassion scale is (r =.86) adequate to good (Raes et al., 2011).

Psychological Wellbeing Scale (PWBS). Is a shortened 18-item version (Ryff& Keyes, 1995) scale of the long version of PWBS (42-items) that measures psychological wellbeing on six aspects of wellbeing and happiness: *Autonomy* (A, e.g., "I have confidence in my opinions, even if they are contrary to the general consensus" items); *Environmental Mastery* (EM, e.g., "In general, I feel I am in charge of the situation in which I live"); *Personal Growth* (PG, e.g., "I think it is important to have new experiences that challenge how you think about yourself and the world"); *Positive Relations With Others* (PRO, e.g., "People would describe me as a giving person, willing to share my time with others"); *Purpose in Life* (PL, e.g., "Some people wander aimlessly through life, but I am not one of them"); and *Self-acceptance* (SA, e.g., "When I look at the story of my life, I am pleased with how things have turned out") see Ryff et al. (2007). Each item is measured on a 7-point scale from 1 (strongly agree) to 7 (strongly disagree). The possible composite score for total psychological well-being ranges from 18 to 126. Items 1, 2, 3, 8, 9, 11, 12, 13, 17 and 18 are reverse scored. The test-retest reliability of psychological wellbeing scale was i.e. α = .88 (Ryff& Keyes, 1995).

Research Design

A cross-sectional design was carried out on data collected on body image, compassion and psychological wellbeing and their subscale scores after receiving approval from the university administration, researcher collected data from participants belonged from public and private universities of Rawalpindi and Islamabad. Researchers ensured confidentiality and anonymity about participant information and told them that this information would be solely used for research purposes. After signing the informed consent forms researcher provide questionnaires to all participants and ask them to complete them. Data analysis was conducted by using Statistical Package for Social Sciences (SPSS- IBM 26v). Correlation analysis was applied to examine the relationship between scales and subscales. To investigate mean differences in men and women over these scales *t*-tests were carried out. Furthermore, moderation analysis was applied by using Process Macro by Hayes (Hayes,2022).

Results

Table 1 shows positive correlations between SCS-SF and PWBS data and other correlations with subscales of BSIQ-SF. All scales and subscale showed adequate to strong internal consistencies that ranged from alphas = .65 to .91.

Table 1

Correlations and Descriptive Statistics among SCS-SF and PWBS and Nine Subscales of BSIQ-SF (N = 300)

S &Ss	OAE	HFI	II	HFE	AG	HD	FE	NA	SD	SCS-SF	PWBS
OAE	-										
HFI	.59**	-									
II	.53**	.75**	-								
HFE	.64**	.70**	.70**	-							
AG	.55**	.73**	.76**	.65**	-						
HD	.26**	.50**	.51**	.47**	.54**	-					
FE	.29**	.60**	.58**	.57**	.65**	.65**	-				
NA	.15**	.52**	.51**	.46**	.61**	.74**	.84**	-			
SD	.34**	.65**	.65**	.62**	.69**	.70**	.75**	.79**	-		
SCS-SF	.43**	.54**	.40**	.52**	.51**	.49**	.54**	.53**	.54**	-	
PWBS	.43**	.50**	.51**	.44**	.49**	.40**	.50**	.47**	.48**	.33**	-
Mean	12.46	11.04	10.85	11.07	10.83	9.06	8.18	8.02	9.43	45.82	74.18
StD	2.50	2.93	3.32	2.97	3.21	4.18	4.47	4.52	3.58	9.54	14.42
K	3	3	3	3	3	3	3	3	3	12	18
A	.71	.69	.74	.65	.72	.85	.92	.91	.75	.85	.87

Note. S &Ss = Scales and Subscales, BSIQ-SF = Body Self-Image Questionnaire-Short Form,OAE = Overall Appearance Evaluation, HFI = Health Fitness Influence, II = Investment in Ideals, HFE=Health Fitness Evaluation, AG = Attention to Grooming, HD = Height Dissatisfaction, FE = Fatness Evaluation, NA = Negative Affect, SD = Social Dependence,SCS-SF = Self-Compassion Scale-Short Form, PWBS = Psychological Wellbeing Scale, StD = Standard deviation, *k* = number of items in a scale or subscale
**$p < 0.01$

Table 2 shows mean differencesin men and women on SCS-SF and PWBS and subscales of BSIQ-SF, women significantly scored higher on all scales and subscales than men.

Table 2

Comparison of Men (n = 150) and Women (n = 150) on BSIQ-SF and its Nine Subscales SCS-SF and PWBS

S &Ss	Man	Woman	*t*	*p*	95% *CI*		*d*
	M(SD)	*M(SD)*			*LL*	*UL*	
OAE	11.83(2.50)	13.10(2.33)	-4.54	.00	-1.82	-.72	.52
HFI	10.25(2.52)	11.83(3.11)	-4.84	.00	-2.23	-.94	.55
II	9.65(2.87)	12.05(3.31)	-6.69	.00	-3.10	-1.69	.77
HFE	10.42(2.48)	11.72(3.27)	-3.87	.00	-1.96	-.64	.44
AG	9.73(2.83)	11.93(3.20)	-6.27	.00	-2.88	-1.50	.72
HD	8.12(3.34)	9.99(4.71)	-3.97	.00	-2.80	-.94	.45
FE	6.94(3.37)	9.43(5.06)	-5.00	.00	-3.46	-1.50	.57
NA	6.69(3.77)	9.35(4.82)	-5.33	.00	-3.65	-1.68	.61
SD	8.31(2.86)	10.55(3.88)	-5.68	.00	-3.01	-1.46	.65
SCS-SF	44.35(7.90)	47.29(10.77)	-2.68	.00	-5.08	-.78	.31
PWBS	67.55(12.51)	80.81(13.12)	-8.95	.00	-16.17	-10.34	.51

Table 3 shows conditional effects of body image on psychological wellbeing moderated by self-compassion. Findings revealed that self-compassion has significant moderating effect on psychological wellbeing interacting with body image see Figure 2 for conditional effects.

Table 3

Conditional Effects of Body Image on Psychological Wellbeing at Different Levels of Self-Compassion

		Outcome Variable: Psychological Wellbeing				*CI 95%*	
Predictor	Moderator	*β*	*SE*	R^2	ΔR^2	*LL*	*UL*
OAE	SC	.12***	.03	.24	.03	.05	.19
HFI	SC	.14***	.02	.32	.05	.08	.20
III	SC	.05*	.02	.29	.01	.00	.10
HFE	SC	.11***	.02	.25	.04	.06	.16
ATG	SC	.10***	.02	.29	.03	.05	.15
HD	SC	.14***	.01	.32	.13	.11	.18
FE	SC	.09***	.01	.31	.05	.05	.12
NA	SC	.13***	.01	.33	.10	.09	.16
SD	SC	.10***	.02	.28	.04	.05	.15

To study how self-compassion effects the link between body self-image and PWB, a moderation analysis was performed. The link between the OAE and PWB is dependent on the moderator level, as seen by the statistically significant interaction term between OAE and PWB (b =.12, SE =.03, t = 3.44, p =.000). We studied the conditional effects (simple slopes) of OAE on PWB at three degrees of self-compassion: low (-1 SD), moderate (mean), and high (+1 SD). When the level of SC is low (b = 1.01, p = .03), data show that there was a positive correlation between the OAE and wellbeing. The association was stronger and significant at a moderate level of SC (b = 2.17, p =.00). At an enhanced level of SC (b = 3.34, p = .000), suggests that there was a significant and stronger beneficial connection between OAE and PWB. These data show that the effect of OAE on PWB become stronger as levels of self-compassion increase. In particular, only when SC is high, OAE strongly predict PWB. Figure 2a indicates the slope of the connection between OAE and PWB is substantially steeper for persons with high levels of SC compared to those with low levels of SC, graphically demonstrating the moderating influence.In addition, the results further demonstrate that the interaction term between HFI and PWB as statistically significant (b =.14, SE =.02, t = 4.97, p =.000), showing that the degree of the moderator effects the relationship between the HFI and PWB. The HFI and PWB demonstrated lower and non-significant association between HFI and PWB at low levels of SC (b =.50, p =.25). The association significant at moderate levels of SC (b = 1.92, p =.000). There was a considerable positive connection between HFI and PWB at high levels of SC (b = 3.33, p =.000). These results suggest that the influence of HFI on PWB rises with SC. These findings imply that when level of SC increases, the impact of HFI on PWB intensifies. Figure 2b illustrates the moderating effect by showing that the slope of the connection between HFI and PWB is significantly steeper for people with high levels of SC than for those with low levels of SC.

The findings showed that the interaction between II and PWB was significant (b = .05, SE = .02, t = 2.16, p = .03), indicating that the moderator influences the relationship between II and PWB. When SC is low, II had a significant positive effect on PWB (b = 1.34, p = .000). At a moderate level of SC, this effect became stronger (b = 1.87, p = .000). At high SC, the association was strongest (b = 2.40, p = .000). Figure 2c shows that the slope for II–PWB is much steeper at high SC than at low SC, clearly demonstrating the moderating role.

The results showed that the interaction between HFE and PWB was significant (b = .11, SE = .02,

t = 4.29, p = .000). When SC was low, the relationship between HFE and PWB was weak and non-significant (b = .51, p = .21). At a moderate level of SC, the link became stronger and significant (b = 1.63, p = .000). At high SC, the association was even stronger and significant (b = 2.74, p = .000). These findings indicate that the positive effect of HFE on PWB increases as SC rises. Figure 2d further shows that the slope for HFE predicting PWB is much steeper among individuals with high SC, visually demonstrating the moderating effect.

Findings further exhibited the interaction term between AG and PWB was statistically significant (b = .10, SE = .02, t = 4.00, p = .000). At low levels of SC (b = .83, p = .02), suggests that there was a significant positive relationship between the AG and PWB. At moderate levels of SC (b = 1.82, p = .000), reflects that the relationship was stronger and significant. At high levels of SC (b = 2.81, p = .000), indicates that there was a significant positive relationship between AG and PWB. Figure 2e demonstrates the slope of the relationship between AG and PWB is notably steeper for individuals with high levels of SC as compared to those with low levels of SC, visually representing the moderating effect.

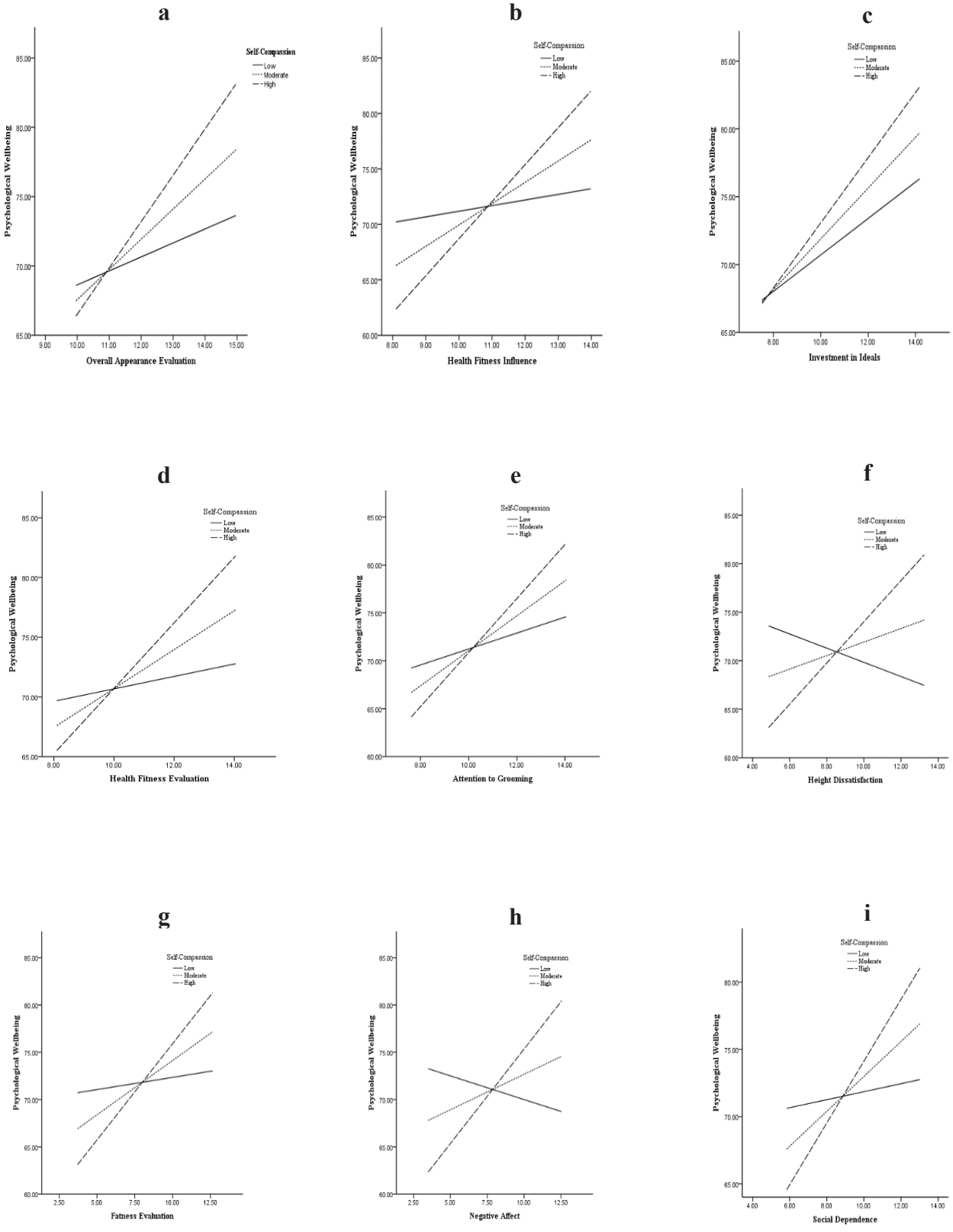
Moreover, findings revealed the interaction term between HD and PWB was statistically significant (b = .14, SE = .01, t = 7.65, p = .000). At low levels of SC (b = -.73, p = .01), suggests that there was a significantnegative relationship between the HD and PWB. At moderate levels of SC (b = .69, p = .000), reflects that the relationship was stronger and significant. At high levels of SC (b = 2.12, p = .000), indicates that there was a significant positive relationship between HD and PWB. These results suggest that the effect of HD on PWB becomes stronger as levels of SC increase. Figure 2f depicts the slope of the relationship between HD and PWB is notably steeper for individuals with high levels of SC as compared to those with low levels of SC visually representing the moderating effect.

Additionally, findings revealed the interaction term between FE and PWB was statistically significant (b = .09, SE = .01, t = 5.01, p = .000), indicating that the relationship between the independent variable and dependent variable is conditional upon the level of the moderator. At low levels of SC (b = .25, p = .39), suggests that there was a weaker and non-significant positive relationship between the FE and PWB. At moderate levels of SC (b = 1.14, p = .000), reflects that the relationship was stronger and significant. At high levels of SC(b = 2.03, p = .000), indicates that there was a significant positive relationship between FE and PWB. Figure 2g reflects the slope of the relationship between AG and PWB is notably steeper for individuals with high levels of SC as compared to those with low levels of SC, visually representing the moderating effect.

Findings further demonstrated the interaction term between NA and PWB was statistically significant, (b = .13, SE = .01, t = 6.92, p = .000), indicating that the relationship between the NA and PWB, is conditional upon the level of the moderator. At low levels of SC (b = -.50, p = .11), suggests that there was a non-significant negative relationship between the NAand PWB. At moderate levels of SC (b = .74, p = .000), reflects that the relationship was stronger and significant. At high levels of SC (b = 2.01, p = .000), indicates that there was a significant positive relationship between NA and PWB. Figure 2h demonstrates the slope of the relationship between NA and PWB is notably steeper for individuals with high levels of SC as compared to those with low levels of SC, visually representing the moderating effect.

Furthermore, data indicated the interaction term betweenSD and PWB was statistically significant, (b = .10, SE = .02, t = 4.27, p = .000), demonstrating that the link between the SD and PWB is conditional upon the degree of the moderator. At low levels of SC (b = .29, p = .46), shows that there was a reduced and non-significant positive connection between the SD and PWB. At moderate levels of SC (b = 1.29, p = .000), indicating that the link was stronger and significant. At high levels of SC (b = 2.30, p = .000), suggests that there was a substantial positive connection between SD and PWB. These results suggest that the effect of SD on PWB becomes stronger as levels of SC increase. Figure 2i highlightsthe slope of the relationship between SD and PWB is notably steeper for individuals with high levels of self-compassion as compared to those with low levels of SC, visually representing the moderating effect.

Figure 2


a
Self-Compassion
Low
Moderate
High
Psychological Wellbeing
Overall Appearance Evaluation
b
Health Fitness Influence
c
Investment in Ideals
d
Health Fitness Evaluation
e
Attention to Grooming
f
Height Dissatisfaction
g
Fatness Evaluation
h
Negative Affect
i
Social Dependence

Discussion

The current study aimed to examine the association between the body image subscales and PWB in university students, exploring how the SC influences this relationship, and also comparing gender differences in these variables. In the present study, correlation analyses were used to find out the relationship between study variables. The findings indicated that subscales of body image were positively correlated with SC, which are in lined with the findings of prior research that also indicated positive relationship between study variables (Wasylkiw et al., 2012).

According to previous research there was positive relationship between body image subscales and PWB, indicating that those with more body satisfaction are inclined to have better mental health. The current study results align with existing research, revealing a significant positive correlation between body image subscales and PWB, particularly in individuals with morbid obesity(Yazdani et al., 2018).A previous study among Malaysian counselors found a positive link among SC and PWB, consistent with the current study's findings, which also shows that self-compassion is positively correlated with psychological wellbeing (Voon et al., 2022).

The findings of the current study supported the first hypothesis, that overall appearance evaluation is significantly positively correlated with SC and PWB.Findings of the study aligned with the findings of the prior study that also showed positive association between variables (Baiju et al., 2025). The second hypothesis, which proposed a positive relationship between health fitness influence and both SC and PWB, was confirmed by the study's results. The findings revealed a positive association between health fitness influence and SC, as well as health fitness influence and psychological wellbeing, aligning with the hypothesis. This indicates that individuals who are influenced by health fitness tend to exhibit more level of SC and PWB and current study findings aligned with the findings of the prior research that also showed strongest positive correlation between health fitness and wellbeing (Jiang & Zhang, 2025).

Third hypothesis was accepted as investment in ideals is positively correlated with self-compassion and psychological wellbeing. Present study results indicated that II has strong correlation with self-compassion and psychological wellbeing which was in-lined with previous study (Baiju et al., 2025). The fourth hypothesis, which posited a positive correlation between health fitness evaluation and both SC and PWB, was supported by the study's findings. The findings revealed a strong positive relationship between health fitness and self-compassion, as well as health fitness and psychological wellbeing, thereby confirming the fourth hypothesis and current study findings are in-lined with prior study that shows positive association between health fitness and wellbeing (Hamdani et al., 2023). This suggests that individuals who prioritize health fitness tend to exhibit higher levels of SC and psychological wellbeing.

Fifth hypothesis was rejected as height dissatisfaction negatively correlated with SC and PWB. Findings of the prior study reflect that height dissatisfaction is negatively related with quality of life (Perkins et al., 2021; Baiju et al., 2025). Current study result was not consistent with this hypothesis as height dissatisfaction had positive correlation with self-compassion and psychological wellbeing. It is justifying that participants may focus on inner qualities, talents and accomplishments also may have supportive social circle who help individuals to navigate their height dissatisfaction that's why individuals positively perceive self-compassion and psychological wellbeing.Moreover, it also indicated that some aspects of body image were not influential for self compassion and psychological wellbeing so the future researchers should focus on other aspects such as OAE and HFE which shows greater influence on SC and PWB.

The sixth hypothesis, which was positive correlation between attention to grooming and both SC and PWB, was partially supported by the study's findings. A significant relationship was found between attention to grooming and both SC and PWB which was consistent with the result of the previous study (Baiju et al., 2025). Moreover, the previous study found positive relationship between fatness evaluation and wellbeing (Baiju et al., 2025) contradicting the hypothesis that fatness evaluation would negatively impact self-compassion and

wellbeing, so hypothesis was rejected it is justifying that participants showed positive body image and SA regardless of their body size or shape. They may prioritize other aspects of themselves, such as their personality, skills, and accomplishments over their physical appearance. Having social circle who value them for their personality and character rather than appearance can be crucial that's why positive correlation was found between SC and PWB.

The eight hypothesis of the main study was developed to determine the relationship. It was hypothesized that negative affect subscale of bodyself-image is negatively correlated with SC and PWB. Findings of the previous study indicated that negative affect is linkedto poorer psychological health (Luong et al., 2023; Baiju et al., 2025).The result of the present study did not partially support this hypothesis because negative affect was positively correlate with self-compassion and psychological wellbeing it was justifying that participants are emotionally healthy, and they accept their emotions including negative ones without judgment. Accepting and processing negative emotions can lead to personal growth and improved self-compassion as well as psychological wellbeing that's why positive correlation was found between negative affect, self-compassion and psychological wellbeing.

Moreover, social dependence was found to have a positive correlation with self-compassion and psychological wellbeing. This suggests that individuals with high social dependence may have a strong and supportive network of friends, family, and community, providing emotional validation, understanding, and a sense of belonging, which are essential for self-compassion and positive psychological wellbeing. Therefore, the original hypothesis is rejected.Prior study findings revealed that social dependence has significant negative relationship with self-esteem which leads to poorer psychological health (Bahri, 2024).

The next hypothesis of the study was to determine the mean difference across gender among study variables. The reported result illustrated that significant mean differences were found in the subscales of body image and other study variables. Previous research has consistently shown that there are non-significant differences between men and women in terms of self-compassion and psychological wellbeing, suggesting that these traits are equally distributed across genders, which was not in-lined with the result of current study and significant gender differences, was found on body image which was in-line with the result of current study. Female participants reflected better body image, as compared to male participants. Previous studies also revealed that male and female are different in their perception of body image (Abbasi&Zubair, 2015).

The study's results show that SC plays a significant moderating role in the relationship between body image and psychological wellbeing, confirming previous research findings that suggest SC has a significant moderating effect on this relationship(Pisitsungkagarn, 2012; Zarie, 2021).

Limitations and Suggestions

The current study has a few limitations. For instance, only students from the universities in Rawalpindi and Islamabad were chosen as participants, which would have limited the generalizability of the study. Only quantitative methods were employed in the current study to evaluate the variables that can restrict participant's responses. Therefore, one essential aspect is raising awareness about these aspects through lectures, presentations, workshops, group meetings, and pamphlets and establish secure environment for open talk about challenges related to body image, where students may share their experiences and receive assistance from others. However, using qualitative techniques like focus groups and interviews would provide respondents more freedom to express their opinions on body image, self-compassion, and psychological wellbeing.

Implications and Conclusion

The study found that a positive body image, SC, and wellbeing are key factors that promote happiness, life satisfaction, and effective coping in tough times. The results of the present study will help the university students to raise awareness among people about positive body image, which can lead to immediate improvements in self-compassion and psychological wellbeing.

Declaration

Conflict of Interest. The authors have no conflicts of interest to declare that are relevant to the content of this article.

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Informed Consent. Informed consent was obtained from all Participants prior to their inclusion in the study. All the participants were informed about purpose of the study.

Ethics and permission. Ethical approval and permission has been granted by the Ethical Board Committee, Rawalpindi Woman University, Rawalpindi.

Author's Contributions. Laraib Tahir was responsible for the complete research work, including writing from the introduction to the conclusion. Neelam Bibi provided overall supervision and guidance throughout the research process. Ume Eman Syed and Anam Khan contributed significantly during the data analysis phase. All contributors have reviewed the final version and approved its submission for publication.

Data Availability Statement. Data will be available upon request from the corresponding.

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