

The Mediating Role of Perceived Social Support in the Relationship between Self-Compassion and Holistic Well-Being among Parents of Children with Hearing Impairment

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Parents of children with hearing impairment often experience continuous care giving demands, communication challenges, financial strain, and uncertainty about their child's development. Psychological resources, such as self-compassion, can assist parental well-being by, in part, reinforcing perceptions of available social support. The present study examined whether perceived social support mediates the association between self-compassion and holistic well-being among parents of children with hearing impairment. Data from 275 parents were analyzed. Self-compassion was assessed using the 12-item Self-Compassion Scale–Short Form, perceived social support using the 12-item Multidimensional Scale of Perceived Social Support, and well-being using the five-item WHO-5 Well-Being Index. Reverse-keyed self-compassion items were re coded before scale scoring. Pearson correlations and ordinary least-squares mediation analyses with 20,000 bootstrap samples were conducted. Self-compassion was positively associated with perceived social support, $r = .155$, $p = .010$, and strongly associated with well-being, $r = .720$, $p < .001$. Perceived social support was also positively associated with well-being, $r = .503$, $p < .001$. The total effect of self-compassion on well-being was significant, $B = 1.681$, $p < .001$. With perceived social support entered as a mediator, the direct effect remained significant, $B = 1.536$, $p < .001$, while the indirect effect was .145, with a bootstrap 95% confidence interval of [.039, .244]. Thus, the findings support partial statistical mediation: perceived social support accounts for a modest but significant portion of the association between self-compassion and well-being. The findings suggest that interventions that combine self-compassion training with family-, friend-, and community-based support may be useful to improve well-being in parents of children with hearing

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1. Introduction

Parenting a child with hearing impairment may involve requirements that are beyond the child's clinical condition, challenges as communication barriers, decisions about amplification or habilitation, educational coordination, uncertainty about developmental pathways, and the practical and emotional work of navigating services. A systematic review of parents of children with hearing loss identified parent/family, child, and professional/service-related stressors and emphasized improved support systems and professional resources as important coping resources (Gunjawate et al., 2022). Parental well being should be considered an independent concept apart from child's well being and not merely being considered a secondary consequence of child-focused care.

Self-compassion may be particularly pertinent in this context because it involves responding to personal difficulties with self-kindness, recognition of their struggles as part of shared human experience and balanced awareness rather than harsh self-judgment or over-identification with distress. Meta-analytic evidence across adult samples has demonstrated a meaningful positive association between self-compassion and well-being (Zessin et al., 2015). More specifically, recent evidence focused on parents of children with neurodevelopmental disorders found a large positive association between self-compassion and parental well-being, while also linking self-compassion with lower depression and parenting stress (Ozturk & Guzel, 2025).

Intervention research with parents of children with disabilities supports the importance of self-compassion as an intrapersonal resource while also highlighting the significance of interpersonal resources, particularly perceived social support, for parental well-being. A feasibility study among parents of children with

developmental disabilities reported that a brief online self-compassion intervention was associated with increases in self-compassion and well-being and reductions in depression and stress (Bennett et al., 2022). These findings suggest that self-compassion may operate not only as a correlate of parental adjustment but also as a potentially modifiable psychological resource.

At the same time, parental well-being is shaped by interpersonal resources. The Multidimensional Scale of Perceived Social Support (MSPSS) conceptualizes perceived support across significant-other, family, and friend sources (Zimet et al., 1988). Recent work with parents of children with disabilities has continued to examine self-compassion and perceived support together, indicating the importance of considering both intrapersonal and social resources in parental adjustment (Skura et al., 2025). Among parents of children with hearing loss specifically, social support has also been identified as relevant to coping with parenting-related stressors (Gunjawate et al., 2022).

A theoretically plausible mediation pathway is therefore that parents who relate to themselves with greater compassion may be better positioned to recognize needs, tolerate vulnerability, and remain engaged with supportive relationships; these perceptions of available support may, in turn, contribute to better well-being. The present study tests this mechanism directly by positioning perceived social support as a mediator of the association between self-compassion and holistic well-being. The focus on parents of children with hearing impairment addresses a population that is less represented in self-compassion mediation research than parents of children with autism, intellectual disability, or broader neurodevelopmental conditions.

1.1 Research objectives

- To examine the association between self-compassion and perceived social support among parents of children with hearing impairment.
- To examine the association between self-compassion and holistic well-being.
- To examine the association between perceived social support and holistic well-being.
- To test whether perceived social support statistically mediates the relationship between self-compassion and holistic well-being.

1.2 Hypotheses

H1: Self-compassion will be positively associated with perceived social support.

H2: Self-compassion will be positively associated with holistic well-being.

H3: Perceived social support will be positively associated with holistic well-being.

H4: Perceived social support will significantly mediate the relationship between self-compassion and holistic well-being.

2. Review of Literature

2.1 Self-compassion and parental well-being

Studies of families of children who are deaf or hard of hearing indicate that parental distress, family functioning, and quality of life can be influenced by the timing of identification, communication opportunities, parental efficacy, and access to responsive services (DesJardin & Eisenberg, 2007; DesJardin et al., 2009; Moeller et al., 2006; Quittner et al., 2010; Sarant & Garrard, 2014). These findings suggest that a strengths-based account of adjustment should complement the traditional emphasis on parental stress and psychopathology.

A systematic review of 28 studies by Gunjawate et al. (2022) identified parent/family, child, and professional/service-related stressors among parents of children with hearing loss. The review also identified improved support systems and professional resources as important coping resources. Earlier work similarly linked parental stress and adjustment with family functioning,

parental resources, communication development, and the quality of early intervention (Calderon & Greenberg, 1999; DesJardin, 2003; Hintermair, 2006; Jackson et al., 2008; Meadow-Orlans, 1994; Pipp-Siegel et al., 2002).

2.2 Self-compassion in parents of children with disabilities

A substantial evidence base supports the relationship between self-compassion and positive psychological functioning. Zessin et al. (2015) synthesized 79 samples involving 16,416 participants and found a positive association between self-compassion and well-being. Other meta-analyses have associated greater self-compassion with lower depression, anxiety, stress, and psychopathology (MacBeth & Gumley, 2012; Muris & Petrocchi, 2017), while longitudinal and experimental work suggests potential pathways through emotion regulation, reduced self-criticism, and adaptive coping (Allen & Leary, 2010; Diedrich et al., 2014; Inwood & Ferrari, 2018; Sirois et al., 2015). Compassion-focused and mindful self-compassion interventions have also shown promise for improving psychological outcomes (Ferrari et al., 2019; Kirby et al., 2017; Neff & Germer, 2013).

Self-compassion is theoretically relevant to parents facing chronic caregiving demands because disability-related parenting can generate guilt, self-blame, uncertainty, and perceptions of not doing enough for one's child.

2.3 Perceived social support and parental adjustment

Recent comparative research is especially relevant to the present population. Skura et al. (2025) examined new parents of children with intellectual, motor, hearing, and autism-related disabilities using the Self-Compassion Scale and Multidimensional Scale of Perceived Social Support. Their findings reinforce the importance of considering self-compassion and perceived support together when examining parental mental health. In addition, Bennett et al. (2022) found that a brief online self-

compassion intervention for parents of children with developmental disabilities was feasible and associated with improvements in self-compassion and well-being. Together, these studies suggest that self-compassion is not simply a trait associated with adjustment but may be a potentially modifiable resource.

Disability-related parenting provides a particularly relevant context for self-compassion. Parents may face repeated demands while also confronting stigma, uncertainty, concerns about independence, and pressure to secure services. Evidence suggests that self-compassion is associated with lower parental stress and psychological distress and with better adjustment and self-care among parents of children with developmental disabilities (Bennett et al., 2022; Sirois et al., 2018). A recent meta-analysis focused specifically on parents of children with neurodevelopmental disorders reported a large positive association between self-compassion and parental well-being and negative associations with depression and parenting stress (Ozturk & Guzel, 2025).

2.4 Self-compassion, social support, and interpersonal functioning

The relevance of social support is especially apparent in hearing-loss parenting. Gunjawate et al. (2022) concluded that improved support systems and professional resources are among the important coping strategies reported by parents of children with hearing loss. Family-centered early-intervention research likewise emphasizes collaboration, family empowerment, and responsive professional relationships (Moeller et al., 2006). More broadly, Lancaster et al. (2023) found that peer-support programs were generally associated with reduced distress and improved well-being and quality of life among parents and carers of children with disabilities or chronic illness, although methodological limitations remain in the evidence base.

The Multidimensional Scale of Perceived Social Support (MSPSS) assesses support from family, friends, and significant others (Zimet et al.,

1988). Psychometric research has supported the measure across diverse samples and cultural contexts (Canty-Mitchell & Zimet, 2000; Dahlem et al., 1991; Dambi et al., 2018; Eker et al., 2001). Across disability and chronic-illness contexts, social support has been associated with lower parental stress and better quality of life and psychological adjustment (Benson, 2010; Bhopti et al., 2016; Boyd, 2002; Peer & Hillman, 2014).

Social support is a central protective resource in stress and coping. The stress-buffering hypothesis proposes that social resources can reduce the psychological consequences of stressful circumstances by providing emotional, informational, instrumental, and appraisal support (Cohen & Wills, 1985). Perceived support may be particularly important because the belief that assistance is available can influence coping even when actual support is difficult to quantify.

2.5 Social support as a mechanism in parental well-being

Although self-compassion is often described as an intrapersonal resource, it may have interpersonal consequences. Individuals who are less self-critical may be more willing to acknowledge vulnerability, seek assistance, and remain open to reciprocal relationships. Research has linked self-compassion with adaptive interpersonal functioning and social connectedness (Neff & Beretvas, 2013), while studies have identified associations between self-compassion, perceived support, and positive adjustment (Sirois et al., 2015; Yang et al., 2016). Thus, perceived social support is theoretically plausible as an interpersonal pathway connecting self-compassion with well-being.

2.6 Positive well-being and the WHO-5

Empirical mediation research supports this approach. Lu et al. (2022) used meta-analytic structural equation modeling to show a significant partial mediation pathway involving parenting stress, social support, and quality of life among parents of children with autism. Fu et al. (2023) reported significant relationships

among parenting stress, social support, and parenting efficacy in parents of children with disabilities in China and identified a mediating role for social support. Recent disability-family research has also shown that social support can positively relate to parental mental health and can buffer the effects of parenting stress. These findings justify testing an indirect pathway in which perceived support helps explain the association between an internal resource and a positive parental outcome.

Family stress and resilience perspectives emphasize that parental adaptation depends on both demands and resources. The Double ABCX model proposes that family outcomes reflect the interaction of stressor demands, resources, and cognitive appraisal (McCubbin & Patterson, 1983), while ecological and family-systems perspectives place parenting within interacting family, community, service, and societal contexts (Bronfenbrenner, 1979; Crnic & Low, 2002). These models provide a theoretical basis for examining social support as a mechanism rather than treating it only as a background variable.

2.7 Research gap and present study

The WHO-5 Well-Being Index captures positive subjective well-being rather than merely the absence of symptoms. Its five items address positive mood, calmness, activity, restfulness,

and interest in daily life. A systematic review of 213 studies concluded that the WHO-5 has strong clinometric properties and broad applicability (Topp et al., 2015), and a more recent systematic review identified hundreds of applications across health and psychological conditions (Domenech et al., 2025). The WHO-5 is therefore well suited to a strengths-oriented study of parental adaptation.

3. Method

3.1 Design and participants

The study used a cross-sectional, correlational design. The supplied spreadsheet contained 275 complete participant records. All 275 records had complete responses for the three focal measures. Participants were parents who reported having one child with speech and hearing impairment; the dataset recorded the child's age as 4–8 years ($M = 5.69$, $SD = 0.93$). Parent age ranged from 24 to 42 years ($M = 31.20$, $SD = 4.28$). The sample was predominantly female (218, 79.3%) and rural (181, 65.8%). Because recruitment procedures, inclusion/exclusion criteria beyond the dataset fields, geographic setting, ethics approval number, and informed-consent procedures were not included in the supplied file, these details should be inserted from the original study protocol before journal submission.

Characteristic	n	%
Female	218	79.3
Male	57	20.7
Rural residence	181	65.8
Urban residence	94	34.2
Graduate qualification	123	44.7
Xth	69	25.1
PU/XII/HSC	66	24.0
Postgraduate or above	17	6.2
Family income 0–25,000	161	58.5
Family income 25,000–75,000	85	30.9
Family income 75,000–1.5 lakh	25	9.1
Family income >1.5 lakh	4	1.5

Table 1. Selected sample characteristics (N = 275). Percentages are based on the complete sample.

3.2 Measures

Self-compassion

Self-compassion was assessed using the 12-item Self-Compassion Scale–Short Form (SCS-SF; Raes et al., 2011). Items are rated on a five-point

response scale. The present dataset contains the 12 SCS-SF items. Six negatively keyed items were reverse-scored using the transformation 6 – item response, after which a mean self-compassion score was computed; higher scores indicate greater self-compassion. The original SCS-SF has demonstrated strong reliability and a single higher-order self-compassion factor (Raes et al., 2011).

Perceived social support

Perceived social support was assessed using the 12-item Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), rated on a seven-point scale. The instrument covers support from significant others, family, and friends. A total mean score was calculated, with higher values representing greater perceived social support.

Holistic well-being

Well-being was operationalized using the five-item WHO-5 Well-Being Index. Each item is rated from 0 to 5 and asks about positive well-being during the preceding two weeks. The WHO-5 is widely used as a brief measure of subjective psychological well-being and has substantial evidence for validity across settings (Topp et al., 2015). A mean item score was used in the present analyses; the equivalent 0–100

WHO-5 score can be obtained by multiplying the five-item total by four.

3.3 Data preparation and analysis

Data were analyzed from the supplied spreadsheet after removal of the two non-data header rows. No missing values were present on the focal scale items. Scale scores were computed as item means. Reverse scoring was applied only to the negatively worded SCS-SF items. Descriptive statistics, internal consistency (Cronbach's alpha), Pearson correlations, and ordinary least-squares regression were used. Mediation was tested using the conventional paths a, b, c, and c' framework: self-compassion (X) predicted perceived social support (M), perceived social support predicted well-being while controlling for self-compassion, and self-compassion predicted well-being both before and after inclusion of the mediator. The indirect effect (ab) was evaluated with 20,000 nonparametric bootstrap resamples. An indirect effect was considered statistically significant when its 95% bootstrap confidence interval did not include zero.

Because the design is cross-sectional, the mediation analysis is interpreted as an indirect statistical association rather than evidence that self-compassion causes social support or that social support causes well-being.

3. Results

3.1 Descriptive statistics and reliability

Variable	M	SD	Observed range	α
Perceived social support	5.27	0.74	1.00–7.00	0.86
Self-compassion	3.46	0.54	1.00–4.58	0.73
WHO-5 well-being	3.01	1.26	0.00–5.00	0.81

Table 2. Descriptive statistics and internal consistency for focal variables.

The mean WHO-5 item score was 3.01 (SD = 1.26), corresponding to a mean raw total of approximately 15.05/25 and an equivalent WHO-5 score of approximately 60.22/100. Internal consistency was strong for the WHO-5 ($\alpha = .81$) & perceived Social Support ($\alpha = .86$) but comparatively modest for self-compassion

3.2 Correlations

Variable	1	2	3
1. Self-compassion	—	.155*	.720***
2. Perceived social support	.155*	—	.503***
3. Holistic well-being	.720***	.503***	—

Table 3. Pearson correlations among focal variables. * $p < .05$; * $p < .001$.**

Self-compassion was positively related to perceived social support, $r = .155$, $p = .010$, supporting H1. Self-compassion showed a strong positive association with well-being, $r = .720$, $p < .001$, supporting H2. Perceived social support was also positively associated with well-being, $r = .503$, $p < .001$, supporting H3.

3.3 Mediation analysis

Path	B	SE	t	p	95% CI
a: Self-compassion $\rightarrow$ Social support	0.212	0.082	2.60	0.010	[0.051, 0.373]
c: Self-compassion $\rightarrow$ Well-being	1.681	0.098	17.14	< .001	[1.488, 1.874]
b: Social support $\rightarrow$ Well-being	0.684	0.060	11.45	< .001	[0.567, 0.802]
c': Self-compassion $\rightarrow$ Well-being	1.536	0.082	18.80	< .001	[1.375, 1.697]

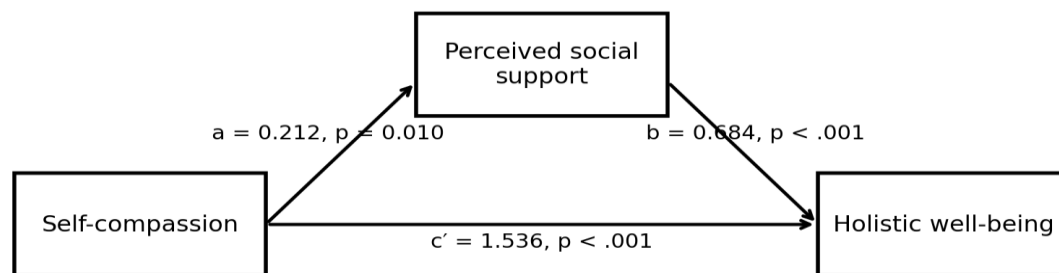
Table 4. Regression paths in the mediation model.

The model predicting perceived social support from self-compassion was significant, $R^2 = 0.024$, $F(1, 273) = 6.73$, $p = .010$. Self-compassion significantly predicted perceived social support ($a = 0.212$). The total effect of self-compassion on well-being was significant ($c = 1.681$, $p < .001$), explaining 51.8% of the variance in well-being. When perceived social support was included, both self-compassion ($c' = 1.536$, $p < .001$) and perceived social support ($b = 0.684$, $p < .001$) remained significant. The

($\alpha = .73$). The latter values are below the reliability reported in the original SCS-SF validation and the generally strong reliability reported for the MSPSS. Accordingly, the mediation findings should be interpreted with attention to measurement precision.

model explained 67.5% of the variance in well-being.

The bootstrapped indirect effect was $ab = 0.145$, with a 95% bootstrap confidence interval of [0.039, 0.244], based on 20,000 resamples. Because the confidence interval did not include zero, H4 was supported. The direct effect remained statistically significant, indicating partial rather than full mediation. The indirect pathway represented approximately 8.6% of the unadjusted total effect.



Indirect effect $ab = 0.145$; bootstrap 95% CI [0.039, 0.244]

Figure 1. Statistical mediation model. Coefficients are unstandardized regression coefficients; the indirect-effect interval is based on 20,000 bootstrap resamples.

4. Discussion

The present research tested whether perceived social support partially mediated the relationship between self-compassion and parents' holistic well-being. The results provided partial support for all four proposed associations. Self-compassion was positively associated with perceived social support, strongly related to participants' well-being, and remained significant in predicting the outcome after controlling for the mediator. In turn, perceived social support independently predicted parents' well-being and served as an indirect pathway between self-compassion and the outcome, which was also statistically significant.

The strong association between self-compassion and well-being ($r = .720$) is consistent with the broader literature. A large meta-analysis of 79 samples and 16,416 participants reported an overall self-compassion–well-being association of approximately $r = .47$ (Zessin et al., 2015). The larger coefficient observed here may reflect the characteristics of this specific caregiving population, the use of a brief positive well-being measure, shared method variance, or the relatively restricted context of the sample. Recent meta-analytic evidence focused on parents of children with neurodevelopmental disorders similarly reports a large positive

association between self-compassion and parental well-being (Ozturk & Guzel, 2025), strengthening the interpretation that self-compassion is a meaningful psychological resource in disability-related parenting contexts.

The positive association between perceived social support and well-being is also theoretically consistent with the role of interpersonal resources in coping with sustained caregiving demands. The hearing-loss literature identifies improved support systems as an important coping resource for parents (Gunjawate et al., 2022). Moreover, recent research involving parents of children with different disabilities has explicitly considered self-compassion and perceived support together, underscoring the value of examining both internal and relational resources rather than treating parental adjustment as a purely individual phenomenon (Skura et al., 2025).

The mediation result is particularly important because it suggests that the relationship between self-compassion and well-being is not exclusively intrapersonal. Parents who respond to themselves with greater kindness, common humanity, and emotional balance may be more able to recognize support as available and meaningful, seek help without excessive self-judgment, and maintain reciprocal relationships

during demanding periods. In turn, perceiving stronger support from family, friends, and significant others may contribute to positive affect, calmness, energy, restfulness, and interest in daily life—the domains captured by the WHO-5.

However, the indirect effect was modest relative to the total effect, accounting for approximately 8.6% of the total unadjusted association. This pattern suggests that perceived social support is one pathway among several rather than the primary mechanism linking self-compassion to well-being. Other plausible mechanisms include psychological resilience, emotion regulation, parenting self-efficacy, stigma appraisal, coping style, and reduced self-criticism. Future research could compare these mechanisms in parallel or longitudinal mediation models.

4.1 Theoretical and practical implications

- The findings support a biopsychosocial interpretation of parental well-being in which internal psychological resources and interpersonal resources operate together.
- Self-compassion may be a promising target for parent-focused psychoeducation or brief skills-based interventions, particularly where parents experience guilt, self-criticism, or isolation.
- Service systems for children with hearing impairment should consider parent support as part of family-centered care rather than focusing exclusively on the child's hearing, communication, or habilitation outcomes.
- Interventions could combine self-compassion skills with practical social-support activation, including family communication, peer-parent groups, and navigation of professional resources.

4.2 Limitations

- The cross-sectional design prevents temporal and causal conclusions. Mediation terminology should therefore be understood as a statistical indirect-effect model rather than proof of a causal mechanism.

- The sample was predominantly female and rural, which may limit generalizability to fathers, urban families, and other populations.
- The dataset did not contain detailed information on hearing-loss severity, age at diagnosis, amplification/cochlear-implant status, communication mode, educational placement, or duration of habilitation; these variables may influence parental adjustment.
- Internal consistency was modest for SCS-SF ($\alpha = .73$) in this sample. Measurement error may attenuate or otherwise affect observed associations.
- Recruitment procedures, response rate, ethics approval, and informed-consent documentation were not available in the supplied spreadsheet and must be added from the original study records.

4.3 Future research

Future studies should use longitudinal designs to establish temporal ordering among self-compassion, perceived social support, and well-being. Larger multisite samples should examine whether the pathway differs by child hearing-loss severity, communication approach, access to rehabilitation, parent gender, socioeconomic status, and urban/rural context. A stronger design would also test competing mediators and moderators—for example, whether social support moderates rather than mediates the self-compassion–well-being relationship. Confirmatory factor analysis and measurement invariance testing are recommended before substantive modeling when using these scales in a new cultural or linguistic context.

5. Conclusion

Among the 275 parents represented in the supplied dataset, greater self-compassion was associated with greater perceived social support and substantially higher holistic well-being. Perceived social support significantly mediated a portion of the self-compassion–well-being association, while a substantial direct association remained. The findings suggest that parental well-being in the context of childhood hearing

impairment may be strengthened by addressing both how parents relate to themselves and how supported they perceive themselves to be. Given the cross-sectional design and modest reliability

of two measures in this sample, the results should be considered evidence of an informative association and a basis for longitudinal and intervention research rather than causal proof.

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Appendix A. Analysis specification

Primary X = mean SCS-SF after reverse scoring six negatively keyed items; M = mean MSPSS; Y = mean WHO-5 item score.

Mediation equations: $M = i_1 + aX + e_1$; $Y = i_2 + c'X + bM + e_2$; total effect $Y = i_3 + cX + e_3$.

Indirect effect = ab . Bootstrap inference used 20,000 resamples with percentile 95% confidence intervals.

All scale items were complete in the supplied dataset ($N = 275$).