

Parental attachment and the development of self-compassion

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Parental Attachment and the Development of Self-Compassion

The Positive Psychology movement focuses on identifying protective factors that promote wellbeing and protect people from the negative psychological effects related to life's everyday challenges. Research increasingly supports self-compassion as a key component in positive mental health outcomes.

However, very few studies have examined factors that lead to the development of self-compassion. Attachment is known to contribute to the development of healthy social and emotional development (Sroufe, Egeland, Carlson, & Collins, 2005).

Theoretically, parental attachment should promote the development of self-compassion. Attachment is described as the socio-emotional bond between individuals (Wicks-Nelson & Isreal, 2009). Healthy parental attachment develops in the first year of life through consistent, sensitive, and responsive parenting from a stable caregiver (Ainsworth, 1979; Barnas & Cummings, 1994; Sroufe, 2005). The attachment relationship with a caregiver is an essential component in helping to form the foundation for healthy personality and functioning in society.

For example, attachment is known to influence cognitive ability, development of conscience, coping skills, relationship skills, and the ability to handle perceived threats and negative emotions (Sroufe et al. , 2005; Wicks-Nelson & Isreal, 2009). In a review of the Minnesota study, Sroufe (2005) highlights the importance of early attachment in the developmental course. The Minnesota study was a 30-year longitudinal developmental study, commencing in the 1970's, which followed individuals from before

birth until adulthood. The main purpose of the study was to evaluate the “major propositions of attachment theory” (Sroufe, 2005, p. 49). The primary goal of the study was to test Bowlby’s hypotheses that (1) quality of caregiver-infant attachment is influenced by the interaction history with the caregiver, (2) individual differences in personality can be explained by variations in the quality of early attachment, and (3) secure attachment is related to the development of self-reliance, emotion regulation, and social competence. The quality of infant-caregiver attachment was assessed through observation at 12 and 18 months, using Ainsworth’s Strange Situation procedure.

Many outcome variables, or patterns of behaviour, were extensively measured using various methods (questionnaires, observation, standardized testing, parental and teacher reports) at several ages including infancy, preschool years, childhood, adolescence, and emerging adulthood. During the preschool years outcomes such as self-regulation, curiosity, and effective entry into peer group were measured. In middle school, measures of real-world competence, loyal friendships, coordination of friendship, and group functioning were examined.

During adolescence identity, intimacy, and self-reflection were assessed. The findings from the Minnesota study provided support for Bowlby’s hypotheses (Sroufe, 2005). First, it was demonstrated that secure attachment is directly related to a history of sensitive, emotionally engaged, and cooperative interaction with a caregiver. Also as Bowlby suggested, secure attachment predicted the development of self-reliance such that individuals who used

their caregiver as a secure base to explore during infancy, were later more independent.

Moreover, secure attachment predicted adaptive emotion regulation as demonstrated by securely attached individuals having more self-confidence, higher self-esteem, more ego-resiliency (ability to adjust), persistent and flexible coping strategies, and displaying affect appropriate to situations. Finally, strong links were found between secure attachment and measures of social competence from early childhood through adulthood. Individuals with secure attachment were assessed as significantly better on measures such as expectation of relationships, engagement with others, skill in interaction, empathy, and leadership qualities.

Sroufe (2005) suggests these findings indicate the critical importance of attachment because it plays an initiating role in the pathways of development and is related to crucial developmental functions. Thus, attachment is associated with adaptive psychological development. One construct associated with positive mental health outcomes, and in consequence is likely to be engendered by attachment, is self-compassion. Self-compassion is a self-attitude that originates from Buddhist philosophy and has recently begun to appear in Western psychology research.

Neff (2003a) has proposed that self-compassion plays an important role in psychological health and describes self-compassion as extending kindness and caring towards one's self. As the term itself insinuates, self-compassion

involves treating oneself with compassion, especially when experiencing negative feelings and events. Being compassionate towards oneself entails being able to forgive one's perceived failures and shortcomings, accepting oneself as human and therefore as limited and not perfect, and also desiring wellbeing for oneself.

Neff (2003a) conceptualized self-compassion as comprising three components: self-kindness, common humanity, and mindfulness. Self-kindness refers to extending kindness and understanding to oneself rather than being harshly self-critical and judgmental. Being less judgmental of oneself should also minimize judgment of others. Common humanity is the ability to view negative experiences and limitations as a shared aspect of the larger human experience, instead of seeing experiences as separating and isolating. Consequentially, common humanity also involves recognizing one's equality with others, which prevents one from being self-centered.

Finally, mindfulness requires clearly seeing and accepting one's emotions as opposed to the tendency to exaggerate or become absorbed with one's painful thoughts and feelings. These three elements are linked such that they each promote one another. Research has established and continues to support the benefits of self-compassion. Indeed, there is evidence that self-compassion is associated with emotional intelligence, intrinsic motivation, emotion focused coping strategies, and life satisfaction (Neff, 2003b; Neff, Hsieh, & Dejitterat, 2005).

Additionally, self-compassion protects persons from self-criticism, anxiety, and depression (Neff, 2003b; Neff, Kirkpatrick, & Rude, 2007). Self-compassion also involves taking responsibility for one's mistakes, and in turn being motivated to change maladaptive thoughts and behaviors (Neff, 2003a; Leary, Tate, Adams, Allen, & Hancock, 2007). Furthermore, self-compassion, not self-esteem, accounts for the attenuation of people's reactions to negative events (Leary et al. , 2007). Together these findings indicate the importance of self-compassion as it promotes adaptive psychological functioning while preventing negative outcomes.

Self-compassion is also perceived to be distinct from and more beneficial than self-esteem (Leary et al. , 2007). Self-esteem refers to our overall attitude about ourselves (Baron et al, 2008), and has recently been criticized for inconsistently predicting positive outcomes. Although having high self-esteem is known to be related to such factors as positive self-feelings and motivation (Baumeister, Campbell, Krueger, & Vohs, 2003), it has also been linked to narcissism, distortions in self-knowledge, increased prejudice and aggression (Baumeister et al. , 2003; Sinha & Krueger, 1999).

Self-compassion may be a better alternative to promote because it does not involve judgments about oneself or comparison with others as self-esteem does (Neff & Vonk, 2009). Self-compassion leads to positive outcomes without the negative drawbacks associated with self-esteem (Neff, 2009). To date, only one study has demonstrated that maternal support and secure attachment predict higher levels of self-compassion (Neff & McGeehee, in press). Neff and McGeehee (in press) examined the relationships between

self-compassion and psychological wellbeing, cognitive, and family factors in a sample of high school and college students.

Because adolescence is known to be a difficult emotional period involving the formation of one's identity or sense of self (Arnett, 2007), the first goal of Neff and McGeehee's study was to determine whether self-compassion promotes the same positive mental health outcomes in adolescence as those found in adulthood. Self-compassion was expected to be related to reports of higher levels of social connectedness and lower levels of anxiety and depression. As expected, the results demonstrated that self-compassion was strongly associated with low depression, low anxiety, and high feelings of connectedness.

The second goal of Neff and McGeehee's (in press) study was to explore factors that may contribute to adolescents' development, or lack of development, of self-compassion. Self-compassion was hypothesized to be associated with maternal support, functional families, and secure internal working models of attachment. Self-report measures were used to assess self-compassion (Self-Compassion Scale), maternal support (maternal subscale of the Family Messages Measure), family functioning (Index of Family Relations), and attachment (The Relationship Questionnaire).

The results show that adolescent's self-compassion partially mediated the relationship between their reports of mental health and maternal support, family functioning, attachment style, and adolescent egocentrism, indicating that family factors can impact wellbeing through self-compassion.

Additionally, individual differences in self-compassion were predicted by family factors. In particular, maternal support and secure attachment were positively correlated with self-compassion, whereas maternal criticism and insecure preoccupied and disorganized attachment styles were negatively associated with self-compassion.

Unexpectedly, there was no relation found between the insecure dismissing attachment style and self-compassion. The results regarding attachment styles were interpreted using Bartholomew's model of attachment styles (Bartholomew & Horowitz, 1991). Bartholomew's model (Bartholomew & Horowitz, 1991) characterizes four different prototypic attachment styles of adolescence and adulthood, according to one's views of the self (dependence dimension) and others (avoidance dimension) as either negative or positive.

Secure attachment, corresponding with low dependency, low avoidance, and a positive view of both self and other, involves being trusting and comfortable with intimacy and autonomy. Having a secure sense of self-worth and trusting others to be supportive may have facilitated the development of self-compassion among adolescents in Neff and McGeehee's (in press) study. Insecure preoccupied attachment corresponds with low avoidance, high dependence, a positive view of others, but a negative self-image, and is characterized by clinginess, jealousy, and being preoccupied with relationships.

Insecure dismissing attachment is distinguished by low dependence, high avoidance, a positive view of the self, a negative view of others, and involves inflating self-worth, being counter dependent, and being dismissing of intimacy and the importance of relationships. Disorganized or fearful attachment involves distrust of others, social withdrawal, feelings of inadequacy, fear of intimacy, and corresponds with high avoidance, high dependency, and a negative view of both the self and others.

The anxiousness about deserving care or not expecting support from others in relationships may hinder individuals with insecure attachment styles from developing self-compassion. Given the findings from Neff and McGeehee's (in press) research, the characteristics of secure attachment should promote the development of self-compassion. Namely, a positive self-image may help form a sense of self-worth that should in turn lead to self-kindness. In addition, being able to trust others helps form a connection with others that may foster common humanity.

Conversely, the characteristics of insecure attachment may impede the development of self-compassion. Doubting one's worth and lacking trust in others suggest a lack of an emotional foundation necessary for self-compassionate thinking (Neff & McGeehee, in press). Similarly, dependency on others to feel good about oneself may prevent the ability to accept oneself, which is a necessary feature of self-compassion (Neff & McGeehee, in press). Furthermore, considering the relation of early attachment to positive developmental outcomes (Sroufe, 2005; Sroufe et al, 2005), attachment conceivably contributes to the development of self-compassion.

Attachment is important in initiating the development of adaptive psychological functioning (Sroufe, 2005; Scroufe et al, 2005). Self-compassion is a healthy self-attitude, which promotes positive mental health outcomes (Neff, 2009). Therefore, the development of a self-compassionate mindset should emanate from early attachment. Neff and McGeehee's (in press) findings are the first to establish a relationship between attachment and self-compassion.

However, Neff and McGeehee's (in press) study is limited in that it they did not examine how attachment promotes self-compassion, due to its cross-sectional and correlational design. The study was restricted to adolescents and young adults, and used self-report data rather than observational measures. As a result, only the status of the attachment relationship and level of self-compassion present in adolescence were assessed. Further research is necessary to investigate the role of parental attachment in the development of self-compassion.

It is of crucial importance to identify the early factors and processes associated with attachment formation which could promote the development of self-compassion among children. Following this, there is also a need to create a measure for self-compassionate thinking and behaviour among children. Being self-compassionate may involve different thoughts and behaviours according to ones age or stage of development. In order investigate the development of self-compassion, it is essential to be able to recognize and measure self-compassion among children.

Findings from such prospective research can be used to help encourage healthy attachment, perhaps through parent sensitivity training, and educate parents how to foster self-compassionate thinking and attitudes in their children. References Ainsworth, M. S. (1979). Infant-mother attachment. *American Psychologist*, 34, 932-937. Arnett, J. J. (2007). *Adolescence and emerging adulthood: A cultural approach*. Saddle River, NJ: Pearson/Prentice Hall. Bartholomew, K. , & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226-244.

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