Secure attachment and eudaimonic well-being in late adulthood: The mediating role of self-compassion

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Secure attachment and eudaimonic well-being in late adulthood: The mediating role of self-compassion

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ABSTRACT
Objectives: Attachment style refers to a systematic pattern of emotions, behaviors, and expectations that people have for how others will respond in relationships. Extensive evidence has documented the importance of attachment security in infants, children, adolescents, and adults, but the effects of attachment among exclusively older adult populations have received less attention. The present study explored the relationships between attachment style in late adulthood and eudaimonic well-being, which refers to a life replete with meaning, productive activity, and striving to reach one’s potential. It also explored the mediating role of self-compassion, which can be described as a kind and forgiving attitude toward the self.

Method: A sample of 126 community-dwelling older adults (mean age = 70.40 years) completed measures tapping adult attachment, self-compassion, and six theoretically derived markers of eudaimonic well-being.

Results: Attachment anxiety and avoidance were inversely related to self-acceptance, personal growth, interpersonal relationship quality, purpose in life, and environmental mastery. Mediation analyses showed that self-compassion mediated each of these relationships.

Conclusion: Results support the importance of attachment orientation for psychological well-being in late life and indicate that secure attachment facilitates an attitude of kindness and acceptance toward the self.

Introduction
Attachment security refers to a sense of confidence that others will be responsive and supportive in times of need, and this security provides a solid foundation for mental health and psychological adjustment (Mikulincer & Shaver, 2003). From infancy through adulthood, people who perceive that they are loved and worthy of care tend to experience a wide range of desirable psychological characteristics (Cassidy & Shaver, 2015). However, even though attachment theory is regarded as a lifespan theory (Bowlby, 1988), research on adult attachment has mostly used young adult samples. Presumably, the benefits of secure attachment continue into old age, but only limited research has explored this idea (Bradley & Cafferty, 2001). Furthermore, little research has explored factors that might mediate the association between attachment style and psychological adjustment. Self-compassion, defined as an attitude of kindness and self-acceptance, has recently emerged as an important construct that has strong links with psychological flourishing and mental health (Zessin, Dickhäuser, & Garbade, 2015), and is also associated with secure attachment. Thus, the purpose of the present study was to explore the contribution of adult attachment to eudaimonic well-being in older adults, as well as the mediating role of self-compassion.

Overview of attachment theory
According to attachment theory (Bowlby, 1969/1982), the attachment system evolved as a psychobiological process that motivates humans to seek proximity to significant others in the face of danger or potential threat. Although this system is most directly observable early in life, it is active over the entire lifespan (Bowlby, 1988). In adulthood, activation of the attachment system does not necessarily require overt proximity-seeking behavior, but can include activation of mental representations of loving and caring relationship partners. These mental representations can create a sense of safety and security, which provides confidence for dealing with threats (Mikulincer & Shaver, 2007).

Research on adult attachment has focused on people’s generalized attachment style, which is defined as a set of emotions, behaviors, and expectations people have for how others will respond in relationships (Fraley & Shaver, 2000). Although this style is thought to originate from repeated interactions with attachment figures early in life, it continues to guide and shape close relationship behavior throughout the lifespan (Pietromonaco & Feldman Barrett, 2000). In adulthood, the two key dimensions of attachment style are anxiety and avoidance (Brennan, Clark, & Shaver, 1998). People who score high on the anxiety dimension fear rejection and abandonment by the attachment figure. They are uncertain about their own worth, and doubt the attachment figure’s acceptance and availability (Brennan et al., 1998). People who score high on the avoidance dimension are uncomfortable with closeness and dependence on others; as a result, they seek emotional independence from important others, and strive for self-reliance (Brennan et al., 1998). In contrast, people who score relatively low on these dimensions are regarded as securely attached. They are confident that relationship partners will be available when desired or needed, and are
confident about their own lovability. When faced with threatening events, they rely on physically present attachment figures or internal mental representations of those figures for comfort and confidence for dealing with difficult situations (Mikulincer & Shaver, 2007).

Extensive evidence shows that secure attachment orientation in adulthood is linked with psychological adjustment and healthy functioning (Mikulincer & Shaver, 2007). However, most of this research has been conducted with early adults. Among older adults, it has been shown that secure attachment is associated with better social integration, life satisfaction, and physical health (Wensauer & Grossman, 1995), fewer depressive symptoms (Gillath, Johnson, Selcuk, & Teel, 2011), higher marital satisfaction (Monin, Zhou, & Kershaw, 2014), reduced internalization of ageist stereotypes (Bodnar & Cohen-Fridel, 2010), and reduced decline in well-being following retirement (Segel-Karpas, Bamberger, & Bacharach, 2013). Although these findings support the idea that attachment security continues to yield psychological benefits throughout the lifespan, much remains to be learned about the correlates of attachment style in late adulthood.

Psychological well-being in late life

There are two distinct but complementary perspectives on well-being (Ryan & Deci, 2001). According to the hedonic view (Kahneman, Diener, & Schwarz, 1999), subjective well-being consists of an emotionally pleasant and satisfying life, which is operationalized as high satisfaction with life, frequent positive emotions and infrequent negative emotions (Diener, 1994). In contrast, eudaimonic well-being refers to a life full of meaning, constructive activity, and striving to maximize one's individual potential (Waterman, 1993). It is often assessed with Ryff's Scales of Psychological Well-Being (SPWB; 1989), which was developed with the intention of capturing core aspects of what it means to be a self-actualizing person based on humanistic, developmental, and clinical psychological theories. The scale consists of six distinct dimensions including positive evaluations of oneself and one's life (self-acceptance), a sense of continued growth and development as a person (personal growth), the belief that one's life has meaning and purpose (purpose in life), the experience of trusting relationships with others and the ability to empathize (positive relationships with others), the capacity to effectively manage one's life (environmental mastery), and a sense of self-determination (autonomy). This model is particularly relevant for assessing well-being in late adulthood because it is fundamentally concerned with how people negotiate their way through the challenges of life (Ryff, 2014).

Self-compassion as a mediator

Self-compassion refers to a kind-hearted way of relating to one's failures, weaknesses, and disappointments. It is composed of three interrelated components: self-kindness, common humanity, and mindfulness (Neff, 2003a). Self-kindness refers to treating oneself with forgiveness, warmth, sensitivity and acceptance, particularly in the face of failures or personal weakness. Common humanity involves the recognition that struggles, sorrows, and imperfections are part of the human experience, and that we are not alone in our struggles. Mindfulness refers to taking a balanced, non-judgmental approach to one's emotions rather than becoming consumed with negative thoughts and feelings.

A growing literature shows that self-compassion is related to many psychological benefits (Zessin et al., 2015). Self-compassionate people tend to report higher levels of happiness, life satisfaction, sense of purpose in life, and sense of self-mastery relative to less self-compassionate individuals (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). They also tend to report lower levels of negative affect (Neff & Vonk, 2009), fewer symptoms of anxiety and depression (Homan, 2014; Macbeth & Gumley, 2012), and lower emotional exhaustion (Barnard & Curry, 2011).

Self-compassion may be particularly beneficial in late life. In older adults, self-compassion has been shown to predict emotional well-being (Phillips & Ferguson, 2013) and to mitigate the detrimental effects of health problems on subjective well-being and depression (Allen, Goldwasser, & Leary, 2012; Homan, 2016). Self-compassion was associated with greater acceptance of assistance, such as using a walker or another person for stability, or asking other people to repeat themselves (Allen et al., 2012). It was also associated with more positive responses to age-related changes (Allen & Leary, 2013), and among middle-aged women, it was related to more positive attitudes toward one's personal aging (Brown, Bryant, Brown, Bei, & Judd, 2015). Finally, there is evidence that self-compassion itself increases with age (Homan, 2016; Neff & Vonk, 2009), as does its relationship to subjective well-being (Hwang, Kim, Yang, & Yang, 2016). Collectively, these findings indicate that self-compassion is an important correlate of subjective well-being, attitudes toward aging, and mental health in late adulthood.

From a theoretical perspective, it is likely that self-compassion mediates the associations between attachment style and positive outcomes. People with a secure attachment style feel loved and accepted by important relationship partners, and this secure foundation presumably provides confidence that leads to self-acceptance and emotional resilience (Mikulincer & Shaver, 2003). In addition, over time, people incorporate the qualities of their attachment figures into their mental representations of themselves, and through these security-enhancing self-representations, they come to treat themselves in the way that attachment figures have treated them (Mikulincer & Shaver, 2004). As a result, people who have experienced loving and responsive interactions from important others are able to respond to the inevitable struggles and failures of life with gentleness and understanding rather than despair or hopelessness. In contrast, when people whose interactions with attachment figures have been demoralizing, inconsistent, or emotionally absent incorporate these interactions into their sense of self, the result is self-criticism and self-doubt or defensiveness (Mikulincer & Shaver, 2004).

Consistent with these ideas, it has been shown that people in secure, caring, and accepting relationships tend to have higher self-compassion (Neff & Beretvas, 2013; Pepping, Davis, O'Donovan, & Pal, 2015; Raque-Bogdan, Ericson, Jackson, Martin, & Bryan, 2011; Wei, Liao, Ku, & Shaffer, 2011). More specifically, several studies reported that attachment security was related to higher self-compassion (Neff & McGehee, 2010; Raque-Bogdan et al., 2011; Wei et al., 2011) and an experimental study found that activating attachment security produced increases in state self-compassion (Pepping et al., 2015). In support of the idea that people incorporate features of their attachment figures into their self-representations, Pepping et al. (2015) found that young adults' recollections of their parents as warm and caring were positively related to...
self-compassion, but retrospective reports of parental rejection and overprotection were related to lower self-compassion. Finally, there is evidence that self-compassion mediates the relationship between attachment style and subjective well-being (Wei et al., 2011) and mental health symptoms (Raque-Bogdan et al., 2011). However, eudaimonic well-being is distinct from subjective well-being or low levels of distressing psychological symptoms (Keyes, Shmotkin, & Ryff, 2002), and to date, no studies have tested self-compassion as a mediator of the association between attachment style and eudaimonic well-being in older adults.

Self-compassion is usually assessed with the Self-Compassion Scale (SCS; Neff, 2003b) or its brief counterpart, the Self-Compassion Scale-Short Form (SCS-SF; Raes, Pommier, Neff, & Van Gucht, 2011). Recent work has raised questions about the factor structures of both of these instruments and whether it is legitimate to treat self-compassion as a single, unitary construct (Hayes, Lockard, Janis, & Locke, 2016; Muris, Otgaar, & Petrocchi, 2016; Phillips & Ferguson, 2013; Williams, Dalgleish, Karl, & Kuyken, 2014). Several studies have found support for a two-factor structure with all positively worded items loading on one factor and all negatively worded items loading on the other (Hayes et al., 2016; Phillips & Ferguson, 2013; Williams et al., 2014). However, the author of the SCS has argued that while self-compassion consists of self-kindness, common humanity, and mindfulness, it also entails reduced self-judgment, isolation, and rumination, which are assessed with the negatively worded items (Neff, 2016a, 2016b). Recent evidence provided additional psychometric and conceptual support for the use of the total self-compassion score (Neff, 2016b), and to date, most of the extant research on self-compassion has used this overall score. In order to provide consistency between this study and the existing literature, the present study used this approach.

The present study

Based on both theory and research indicating that a secure adult attachment style enables healthy psychological adjustment, the present study tested the hypothesis that attachment anxiety and attachment avoidance would show inverse relationships with six dimensions of eudaimonic well-being in late life. Based on the idea that security-enhancing self-representations would translate to treating oneself with increased compassion, the study also tested the hypothesis that self-compassion would mediate the relationships between attachment and eudaimonic well-being. Specifically, it was predicted that attachment anxiety and attachment avoidance would each have an indirect effect on eudaimonic well-being via self-compassion.

Method

This study was approved by the Institutional Review Board and all participants were treated in accord with guidelines established by the American Psychological Association. Participants were recruited from two locations in a predominately rural area of the northeastern United States including a local public library and a community senior center. At both locations, an advertisement for the study was posted which stated that a five-dollar donation would be made to the host site in exchange for completing a survey that would take 15–20 minutes. If interested, participants were given a large envelope containing the study. They were free to complete it on-site or take it home and bring it back when completed. Only participants age 60 and up were eligible for the study.

Measures

Attachment

The Experiences in Close Relationships Scale (ECR; Brennan et al., 1998) was used to assess attachment style. This widely used and well-validated self-report scale comprises two 18-item subscales, measuring attachment anxiety (e.g. ‘I worry about being rejected or abandoned’) and attachment avoidance (e.g. ‘I try to avoid getting too close to others’), respectively. Each item is rated on a 1 (disagree strongly) to 7 (agree strongly) scale and scores were computed by averaging the items for each subscale. Higher scores indicate greater anxiety and avoidance, respectively, and secure attachment is conceptualized as low scores on both dimensions. The present study used an adapted version of the ECR that focused on relationships in general (rather than just on romantic relationships; Rowe & Carmelley, 2003).

Eudaimonic well-being

Eudaimonic well-being was measured with SPWB (Ryff, 1989). The scale consists of six subscales including self-acceptance (e.g. ‘I like most aspects of my personality’), positive relationships with others (e.g. ‘I feel like I get a lot out of my friendships’), personal growth (e.g. ‘I have the sense that I have developed a lot as a person over time’), purpose in life (e.g. ‘I have a sense of direction and purpose in life’), environmental mastery (e.g. ‘In general, I feel I am in charge of the situation in which I live’), and autonomy (e.g. ‘I have confidence in my opinions, even if they are contrary to the general consensus’). Respondents indicate agreement with each item using a six-point scale (1 = strongly disagree, 6 = strongly agree). The original version of the SPWB consisted of 14 items per subscale, with a total of 84 items. In order to reduce participant burden, the present study used the modification developed by van Dierendonck (2004). The purpose of the modification was to develop relatively short scales that would demonstrate internal consistency and factorial validity. The final version consisted of 40 items with subscales ranging from 6 to 8 items. All subscales showed correlations greater than r = 0.90 with Ryff’s original measure and satisfactory internal consistencies. Items were reversed when necessary and items comprising each subscale were averaged.

Self-compassion

The 12-item SCS-SF (Raes et al., 2011) was used to measure the extent to which participants are compassionate towards themselves. Its items (e.g. ‘I try to be understanding and patient towards those aspects of my personality I don’t like’) are rated on a five-point response scale ranging from 1 (almost never) to 5 (almost always). The short form correlated almost perfectly with the original, longer version of the scale (Neff, 2003b) and showed good internal consistency among Dutch and American undergraduate students and middle-aged adults (Raes et al., 2011). It also demonstrated criterion-related validity via its ability to predict changes in depression over a five-month period (Raes et al., 2011).
**Demographics**

Participants also answered questions about basic demographic information including age, sex, years of education, income, ethnicity, relationship status, and general overall health (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent).

**Results**

The final sample of older adults consisted of 126 participants (37 men and 89 women) ranging in age from 60 to 95 years with a mean age of 70.40 (SD = 8.14). All participants were Caucasian. Descriptive statistics for the sample are shown in Table 1.

As a preliminary step, the data were examined for violations of normality. Skew and kurtosis were within recommended limits for multiple regression (Kline, 2011). The data were also screened for missing values and it was found that missing values comprised less than 5% on any single variable. For multi-item scale scores, means were computed based on existing items as long as no more than two items were missing from the scale. For demographic data, missing cases were replaced with the overall sample mean. Descriptive statistics, including Cronbach’s alpha, are provided in Table 2. This table also includes intercorrelations among the variables to be included in the regression analyses. Three of the demographic variables (age, education, and self-rated health) showed a significant correlation with at least one of the psychological well-being variables.

In order to test the hypothesis that the two attachment dimensions would predict each of the dimensions of eudaemonic well-being, a series of hierarchical regression analyses were performed. In each analysis, a set of control variables including age, level of education, and self-rated health was entered on Step 1. There is evidence that attachment anxiety is lower among partnered individuals in old age (Chopik, Edelstein, & Fraley, 2013); for this reason, a dummy variable coding for relationship status (1 = married or living with a significant other; 0 = widowed, divorced, or single) was also entered on Step 1. On Step 2, the two attachment dimensions were entered; both were mean-centered for this analysis. In order to determine whether the contribution of either attachment dimension was conditional upon the other, an interaction term consisting of the product of the two attachment dimensions was entered in Step 3.

Results of the regression analyses are presented in Table 3. Both attachment dimensions made a significant contribution to the prediction of each psychological well-being variable, above and beyond the demographic controls. As attachment anxiety increased, there was a decrease in self-acceptance, personal growth, positive relationships, purpose in life, environmental mastery, and autonomy. As attachment avoidance increased, there was a decrease in self-acceptance, personal growth, positive relationships, purpose in life, environmental mastery, and autonomy. There was not a significant relationship between avoidance and autonomy. The interaction between the two attachment dimensions was significant only for self-acceptance. The significant interaction term indicated that self-acceptance decreased as a function of either attachment anxiety or attachment avoidance, but the decrease was amplified for persons who scored relatively high on both of these dimensions.

In order to test the hypothesis that self-compassion would mediate the relationships between attachment and well-being, the MEDIATE macro for SPSS was used (Hayes & Preacher, 2013). A conceptual diagram of the mediational model that was tested is presented in Figure 1. Six separate analyses were conducted (one for each of the six criterion variables). Values for each pathway (as depicted in Figure 1) are presented in Table 4. The significance of indirect effects was tested using 95% confidence intervals based on 5000 bias-corrected bootstrap samples. Confidence intervals that did not contain zero were regarded as significant. This procedure is now recommended for testing the significance of indirect effects because it does not require the assumption of normality for the sampling distribution of indirect effects (Hayes, 2009).

**Table 1.** Demographic characteristics of the sample.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>70.40</td>
<td>8.14</td>
<td>Range = 60–95</td>
</tr>
<tr>
<td>Sex (female)</td>
<td>89 (70.6%)</td>
<td></td>
<td>22.8%</td>
</tr>
<tr>
<td>Education</td>
<td>High school or less</td>
<td>32 (25.4%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some college</td>
<td>31 (24.6%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>College or more</td>
<td>57 (45.2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>6 (4.8%)</td>
<td></td>
</tr>
<tr>
<td>Income (US dollars)</td>
<td>Less than $30,000</td>
<td>32 (25.4%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$30,000 to $60,000</td>
<td>42 (33.4%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than $60,000</td>
<td>34 (27.0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>18 (14.3%)</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2.** Means, standard deviations, Cronbach’s alpha, and intercorrelations among study variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>2.71</td>
<td>1.00</td>
<td>0.90</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance</td>
<td>3.29</td>
<td>1.06</td>
<td>0.93</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-compassion</td>
<td>3.61</td>
<td>0.65</td>
<td>0.60**</td>
<td>0.49**</td>
<td>0.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>4.65</td>
<td>0.92</td>
<td>0.45**</td>
<td>0.43**</td>
<td>0.74**</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal growth</td>
<td>4.79</td>
<td>0.73</td>
<td>0.31**</td>
<td>0.35**</td>
<td>0.50**</td>
<td>0.55**</td>
<td>0.72</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive relations</td>
<td>4.48</td>
<td>1.12</td>
<td>0.44**</td>
<td>0.58**</td>
<td>0.56**</td>
<td>0.55**</td>
<td>0.46**</td>
<td>0.86</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose in life</td>
<td>4.82</td>
<td>0.98</td>
<td>0.39**</td>
<td>0.51**</td>
<td>0.64**</td>
<td>0.82**</td>
<td>0.64**</td>
<td>0.63**</td>
<td>0.90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>4.84</td>
<td>0.84</td>
<td>0.50**</td>
<td>0.38**</td>
<td>0.62**</td>
<td>0.78**</td>
<td>0.43**</td>
<td>0.63**</td>
<td>0.73**</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>4.55</td>
<td>0.80</td>
<td>0.52**</td>
<td>0.07</td>
<td>0.37**</td>
<td>0.31**</td>
<td>0.34**</td>
<td>0.19**</td>
<td>0.34**</td>
<td>0.31**</td>
<td>0.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>70.40</td>
<td>8.14</td>
<td>0.08</td>
<td>0.12</td>
<td>0.00</td>
<td>0.04</td>
<td>0.10</td>
<td>0.12</td>
<td>0.04</td>
<td>0.05</td>
<td>0.20</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>3.73</td>
<td>1.49</td>
<td>0.06</td>
<td>0.04</td>
<td>0.14</td>
<td>0.19</td>
<td>0.34**</td>
<td>0.12</td>
<td>0.21</td>
<td>0.12</td>
<td>0.18</td>
<td>0.35**</td>
<td>0.75</td>
</tr>
<tr>
<td>Self-rated health</td>
<td>3.39</td>
<td>0.91</td>
<td>0.28**</td>
<td>0.25**</td>
<td>0.27**</td>
<td>0.35**</td>
<td>0.25**</td>
<td>0.36**</td>
<td>0.38**</td>
<td>0.42**</td>
<td>0.12</td>
<td>0.01</td>
<td>0.29**</td>
</tr>
</tbody>
</table>

Cronbach’s alpha for each scale is presented on the diagonal.

*p < 0.05, **p < 0.01.*
Table 3. Hierarchical multiple regression analyses predicting six dimensions of eudaimonic well-being from attachment anxiety, attachment avoidance, and their interaction.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Self-acceptance</th>
<th>Personal growth</th>
<th>Positive relationships</th>
<th>Purpose in life</th>
<th>Environmental mastery</th>
<th>Autonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Steps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 1</td>
<td>0.18***</td>
<td>0.14***</td>
<td>0.13</td>
<td>0.18***</td>
<td>0.23***</td>
<td>0.06</td>
</tr>
<tr>
<td>Step 2</td>
<td>0.18***</td>
<td>0.12***</td>
<td>0.32***</td>
<td>0.21***</td>
<td>0.20***</td>
<td>0.27***</td>
</tr>
<tr>
<td>Anxiety</td>
<td>−0.30***</td>
<td>−0.16</td>
<td>−0.19***</td>
<td>−0.17**</td>
<td>−0.36***</td>
<td>−0.58***</td>
</tr>
<tr>
<td>Avoidance</td>
<td>−0.24**</td>
<td>−0.27**</td>
<td>−0.51***</td>
<td>−0.41***</td>
<td>−0.20**</td>
<td>0.15</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.03*</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.10</td>
</tr>
<tr>
<td>Total R²</td>
<td>0.39</td>
<td>0.27</td>
<td>0.46</td>
<td>0.40</td>
<td>0.44</td>
<td>0.34</td>
</tr>
</tbody>
</table>

Control variables included age, education, self-rated health, and relationship status.

*p < 0.05, **p < 0.01, ***p < 0.001.

Table 4. Unstandardized regression coefficients and summary of bootstrap analysis of indirect effects for the mediation model depicted in Figure 1.

<table>
<thead>
<tr>
<th>Criterion variable</th>
<th>$a_1$ Anxiety → Self-compassion</th>
<th>$a_2$ Avoidance → Self-compassion</th>
<th>$b$ Self-compassion → Criterion</th>
<th>Mean indirect effect of attachment anxiety</th>
<th>Mean indirect effect of attachment avoidance</th>
<th>R² for complete model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-acceptance</td>
<td>−.31</td>
<td>−.17</td>
<td>.92</td>
<td>−.28 0.06 [−.42, −.18]</td>
<td>−.16 0.06 [−.30, −.05]</td>
<td>.59</td>
</tr>
<tr>
<td>Personal growth</td>
<td>−.31</td>
<td>−.17</td>
<td>.35</td>
<td>−.11 0.05 [−.22, −.02]</td>
<td>−.06 0.03 [−.15, −.01]</td>
<td>.31</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>−.31</td>
<td>−.17</td>
<td>.73</td>
<td>−.22 0.07 [−.38, −.12]</td>
<td>−.12 0.05 [−.26, −.04]</td>
<td>.52</td>
</tr>
<tr>
<td>Positive relationships</td>
<td>−.31</td>
<td>−.17</td>
<td>.49</td>
<td>−.15 0.06 [−.27, −.04]</td>
<td>−.08 0.05 [−.23, −.01]</td>
<td>.48</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>−.31</td>
<td>−.17</td>
<td>.54</td>
<td>−.17 0.05 [−.27, −.09]</td>
<td>−.09 0.04 [−.20, −.03]</td>
<td>.52</td>
</tr>
<tr>
<td>Autonomy</td>
<td>−.31</td>
<td>−.17</td>
<td>.22</td>
<td>−.07 0.05 [−.18, 0.01]</td>
<td>−.04 0.03 [−.10, 0.00]</td>
<td>.36</td>
</tr>
</tbody>
</table>

Covariates included age, education, self-rated health, and relationship status. All coefficients are unstandardized path coefficients.

Both attachment dimensions had a significant indirect effect on self-acceptance, personal growth, purpose in life, positive relationships, and environmental mastery through self-compassion. For each of these dimensions, the more participants felt unsure and anxious about their relationship partners, or the more they avoided closeness in relationships, the less compassion they tended to show toward themselves. Stated another way, persons with more secure attachment styles (i.e. lower attachment anxiety and avoidance) tended to experience more self-compassion. Self-compassion, in turn, was positively related to self-acceptance, personal growth, purpose in life, positive relationships, and environmental mastery. Effect size for each model was large (all $R^2 \geq 0.31$ and all $p < 0.001$). Finally, neither attachment dimension had an indirect effect on autonomy through self-compassion as evidenced by confidence intervals for the indirect effects that included zero.

**Discussion**

This study tested the hypothesis that attachment security conceptualized as relatively low levels of attachment anxiety and avoidance would be associated with greater eudaimonic well-being in older adults. It also tested the proposition that self-compassion would mediate the relationship between attachment style and well-being. Results supported both.
hypotheses. Older people with more secure attachment styles reported greater acceptance toward themselves, were more likely to engage in growth-promoting activities, perceived greater meaning and purpose in their lives, had more satisfying relationships with others, exhibited a sense of mastery in managing their life situations, and viewed themselves to be living in accord with their own personal convictions. Both attachment anxiety and attachment avoidance had significant indirect effects on five of the six well-being variables through self-compassion. Neither attachment anxiety nor avoidance had a significant indirect effect on autonomy.

A substantial body of literature has documented the beneficial psychological effects of secure attachment in infancy, childhood, adolescence, and early adulthood (Cassidy & Shaver, 2015; Mikulincer & Shaver, 2007). This study indicates that the psychological benefits of feeling loved and emotionally supported continue into late adulthood, as secure attachment was associated with six aspects of well-being that reflect human striving for meaning and self-realization (Ryff, 1989). It is important to note that this study assessed attachment style, not the actual support provided by tangible attachment figures. Indeed, nearly half of the sample was not currently partnered and statistical analyses controlled for the effect of a partner, indicating that attachment style itself predicted eudaimonic well-being. This finding is consistent with Mikulincer and Shaver’s assertion that a deep sense of attachment security serves as a psychological resource that provides the individual with the confidence to face life’s challenges (2007).

The finding that self-compassion mediated the associations between attachment and five dimensions of psychological well-being (self-acceptance, personal growth, personal relationships, purpose in life, and environmental mastery) is consistent with the idea that people come to treat themselves in a fashion that reflects the way that they were treated by key attachment figures. Persons with higher degrees of attachment anxiety and avoidance exhibited lower levels of self-compassion, suggesting that they had difficulty extending kindness and forgiveness to themselves. In contrast, those with more secure attachment orientations endorsed a pattern of responding to their own inadequacies with understanding and patience, as well as an ability to acknowledge painful thoughts and feelings without becoming overwhelmed. Theoretically, the individual whose self-representations are based on attachment figure’s qualities such as sensitive, compassionate and empathetic responsiveness can apply these same qualities when facing a challenging situation (Mikulincer & Shaver, 2004). Although life is replete with challenging situations, Bowlby himself emphasized that illness or loss were especially likely to elicit attachment behavior, and these two circumstances become more likely with increasing age (Bowlby, 1969/1982). When the present results are considered in light of previous research that has shown that self-compassion can help older persons cope with the challenges of late life (Allen & Leary, 2013; Brown et al., 2015), and that activating attachment security can produce increases in self-compassion (Pepping et al., 2015), it is reasonable to conclude that secure attachment can facilitate successful negotiation of the challenges of late adulthood.

A potential implication of this work stems from growing evidence that high psychological functioning can offer health-protective benefits. The overall conclusion of several literature reviews was that higher levels of well-being predict better health and reduced mortality (Chida & Steptoe, 2008; Pressman & Cohen, 2005; Ryff, 2014). As an example of a particularly intriguing study in this area, a recent longitudinal study based on a national sample of US adults found that people with consistently high well-being reported better health over the 10-year period of the study than people with consistently low well-being (Ryff, Radler, & Friedman, 2015). More specifically, those with stable high well-being, which was operationalized using the same six dimensions used in the present study, reported better health, fewer increments in chronic conditions and health symptoms, and fewer increments in functional health limitations. A second specific example with relevance to older persons is the finding that psychological well-being can moderate the inflammation that often accompanies comorbid chronic conditions (Friedman & Ryff, 2012). Specifically, levels of circulating inflammatory proteins tended to increase with the number of chronic conditions an individual experienced, but persons with high purpose in life and strong positive relations with others had lower levels of these proteins than those with lower well-being scores. These and other studies (see Ryff, 2014 for a review) support the important idea that psychological well-being can play an adaptive, protective function in the lives of older adults. Such research also imparts increased gravitas to the present study. Given the aging of the population, it is important to explore factors that might enhance psychological well-being, and this study suggests that secure attachment plays such a role. Historically, attachment researchers have viewed attachment orientations as an individual difference that is resistant to change. Yet growing experimental evidence suggests that a person’s core sense of attachment security can be altered, at least in a laboratory setting (Mikulincer & Shaver, 2015). Thus, a potential avenue for future research would be to explore security-enhancing interventions with an eventual goal of testing their effects on both psychological well-being and health.

A recent intervention study found that it is possible to increase eudaimonic well-being among older adults (Friedman et al., 2015). The eight-week intervention centered on teaching participants to identify and savor positive life experiences through self-observation, journaling, psychoeducation, cognitive behavioral strategies, and an explicit focus on the eudaimonic well-being dimensions. Participants reported significant increases in well-being, a finding that is relevant to the present study as it shows that eudaimonic well-being is indeed malleable. Results of the present study imply that this type of intervention could be expanded to include security-enhancing exercises as well as self-compassion training. As described previously, preliminary evidence suggests that it is possible to increase attachment security (Mikulincer & Shaver, 2015), and consistent with Pepping et al. (2015), it is likely that such interventions would simultaneously increase self-compassion. Self-compassion itself can also be elevated via therapeutic intervention (Neff, Kirkpatrick, & Rude, 2007).

This study had some limitations. First, the cross-sectional, correlational design does not allow causal conclusions. The mediation analyses tested a theoretical model that posited that attachment influenced psychological well-being via self-compassion. Although this model was grounded in theory and supported by the data, it is not possible to unequivocally establish causation using statistical methods. It is possible that self-compassion is merely a correlate of attachment and psychological well-being rather than a true mediator. Longitudinal studies would help to establish causation, as would experimental studies. Another limitation was that the sample
was primarily White. It has been found that ethnicity can moderate the effects of attachment (Merz & Consedine, 2012); hence, the results of this study may not generalize to non-White populations. Finally, the study explored multiple relationships, and given the sample size, Type I error is potentially a concern. However, with only one exception, each of the well-being variables displayed the expected relationships with attachment style and self-compassion. This consistency in the overall pattern of results supports the idea that effects were not spurious, but were real effects.

Conclusion

This study was the first to explore the relationships between attachment style and eudaimonic well-being in older adults. Theoretically, attachment representations exert an influence on behavior and psychological functioning ‘from the cradle to the grave’ (Bowlby, 1979, p. 129), and this study provides evidence that this idea holds true during the latter part of the lifespan. The study also begins to build bridges between two flourishing areas of research. Attachment theory has spawned a tremendous literature and is regarded as one of the most influential theories in developmental psychology. Meanwhile, eudaimonic well-being has gained increasing research attention, particularly as a way of operationalizing optimal development in late adulthood (Ryff, 2014). Both attachment theory and eudaimonic well-being describe fundamental aspects of what it is to be human; that they relate to each other in a consistent and meaningful way furthers our understanding of development in late life.

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References


