



Social safeness mediates the relationship between recalled parental warmth and the capacity for self-compassion and receiving compassion



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ABSTRACT

Researchers have theorized that experiences of emotional warmth in early life influence the development of the soothing system, an affect regulation system thought to underpin individuals' capacity for self-compassion and receiving compassion. The current study tested the theory that feelings of social safeness, also considered an output of the soothing system, might be a key mechanism through which parental warmth and capacities for compassion are linked. One-hundred and fifty-three female college students completed online measures of parental rearing behaviors, social safeness, positive and negative affect, self-compassion, received social support, and fears of compassion. Bootstrapping analyses supported our hypothesized mediational model. Controlling for overprotective and rejecting parenting behaviors, recalled parental warmth was linked to a greater capacity for self-compassion (high self-compassion, low fear of self-compassion) and receiving compassion (high received social support, low fear of receiving compassion) indirectly through affective experiences in general, and feelings of social safeness in particular. These findings suggest that differences in feelings of connectedness, reassurance, and contentment in social relationships might help to explain why children who recall fewer experiences of emotional warmth with parents are less capable and more afraid of self-compassion and receiving compassion. Theoretical and practical implications are discussed.

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1. Introduction

Gilbert (2005, 2015) postulated that many types of psychosocial vulnerability can be understood in terms of the development, functioning, and interplay of at least three interacting affect-regulatory systems. The threat system, which is thought to be overactive in most forms of psychopathology, evolved to protect us from danger; it appraises cues of threat, and yields negative feelings such as fear, anger, and shame (LeDoux, 1998). The drive system evolved to ensure that individuals seek out and acquire resources necessary for survival. It is sensitive to cues of reward and status, and yields energized forms of positive affect such as pride, excitement, and elation (Depue & Morrone-Strupinsky, 2005). The soothing system evolved in parallel with the attachment system and functions to tone down the threat system and signal to the organism that it is safe to rest and relax. This system is sensitive to global cues of care, warmth, and affiliation, and in response yields lower-arousal forms of positive affect such as calmness, contentedness and reassurance (Gilbert, McEwan, Mitra, Franks, Richter, & Rockliff, 2008). Gilbert (2005, 2010) proposed that when individuals fail to receive adequate and consistent levels of warmth in their early environments, they are prone to having an under-developed soothing system. As a

result, they struggle to feel safe and soothed in relationships later in life (Gilbert, 2010, 2015).

Gilbert et al. (2009) coined the term *social safeness* to refer to the warm, calming affective experience of feeling cared about, reassured by, and connected to other people. Consistent with his tripartite model of affect regulation, social safeness as measured by the Social Safeness and Pleasure Scale (Gilbert et al., 2009) is operationally distinguishable from activated, energized positive affects characteristic of low threat system activity, and from low levels of negative affect characteristic of low drive system activity (Kelly, Zuroff, Leybman, & Gilbert, 2012). There is also evidence that social safeness is sensitive to cues of interpersonal care, such as received social support (Kelly et al., 2012). Preliminary empirical research is therefore consistent with the theory that social safeness is a unique, pleasant affective state related to affiliative experiences with others.

1.1. Parental warmth and social safeness

Given that warmth and affiliation shape the development of the soothing system, one would expect the children of warm, nurturing parents to grow up with feelings of social safeness. Consistent with this theory, affective neuroscience researchers have found that from birth, caring social relationships operate as key regulators of physiological and affective processes, producing a deep sense of well-being likely similar to social safeness (Cacioppo, Berston, Sheridan, & McClintock, 2000).

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Neff and McGehee (2010) also found that recalling one's mother as supportive and one's family interactions as agreeable was associated with greater feelings of social connectedness, an element of social safeness. Finally, individuals high in the trait of self-criticism, who recall their parents as rejecting and unaffectionate, consistently perceive little social support (Mongrain, 1998), a finding which stands in contrast to the high levels of perceived support that individuals high in social safeness endorse (Kelly et al., 2012). These findings suggest that having emotionally warm parents might facilitate feelings of safeness, reassurance, and connectedness in one's adult relationships, and that social safeness might elude individuals whose caregivers lacked warmth.

1.2. Social safeness, received compassion, and self-compassion

The capacity to access compassion from self and others at times of distress seems to be a critical skill required to cope adaptively with life's struggles and to avoid more severe and persistent psychosocial difficulties (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Schore, 1994). Gilbert (2005, 2010) theorized that because individuals who have lower levels of social safeness lack a sense of warmth and security in their social relationships, they might fail to perceive, seek out, and/or trust compassion in other people. Indeed, Gilbert et al. (2009) found that low social safeness was associated with a tendency to assume that others are judgmental and rejecting. Kelly et al. (2012) similarly found that individuals who felt less socially safe felt more insecure in their attachment relationships, and perceived less social support from others. Although yet to be tested empirically, the relative inability to feel soothed by others could lead individuals low in safeness to experience fears of compassion, feeling anxious in response to compassionate displays and distancing themselves from compassionate others (Gilbert, McEwan, Gibbons, Chotai, Duarte & Matos, 2011; Gilbert, McEwan, Matos & Ravis, 2011).

Self-compassion is the tendency to respond to personal suffering with sensitivity, kindness, and a desire to alleviate and prevent it (Gilbert, 2005), and is elevated among individuals who recall their caregivers as warm and supportive (Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006; Neff & McGehee, 2010). Individuals who are higher in self-compassion enjoy greater wellbeing, have less psychopathology, and are more resilient in the face of failures and disappointment (Leary et al., 2007; Neff, 2003). Interestingly, psychopathology is more severe and persistent among individuals who have high levels of fear related to becoming self-compassionate (Gilbert, McEwan, Gibbons, et al., 2011; Gilbert, McEwan, Matos, et al., 2011), believing, for example, that they are undeserving of self-compassion, that it will feel overwhelming, and/or that it will lead to a drop in standards. Gilbert (2015) theorized that feelings of social safeness may facilitate an openness to self-compassion because the soothing system underpins both processes. In support of this theory, Zuroff, Kelly, Leybman, Sadikaj, and Gilbert (2012) found that individuals who reported higher social safeness over a week also had higher mean levels of self-compassion, and on days when individuals felt more socially safe than usual, their self-compassion levels were higher.

1.3. The present study

Empirical studies offer some support for the notion that warm parenting may be linked to social safeness, and that each of these may be associated with greater capacities for self-compassion and receiving compassion. It remains unknown, however, whether social safeness might be a mechanism through which parental warmth indirectly fosters a greater ability to be self-compassionate and to receive compassion. Theoretically, feeling a sense of safeness, connectedness, and reassurance in one's relationships may make it easier to generate compassion for oneself because the feelings of warmth to be directed inward would be readily accessible, arguably through the soothing system. In addition, when individuals feel safe with others, they might also feel

more comfortable disclosing difficulties to them and seeking support, thereby receiving more compassion.

This study's overarching objective was to test the theory that higher recalled parental warmth would be associated with greater capacities for self-compassion and received compassion indirectly through higher levels of social safeness. We considered levels of trait self-compassion and fear of self-compassion to be indicators of individuals' capacity for self-compassion, and received social support and fear of receiving compassion to be indicators of their capacity for receiving compassion. We hypothesized that the indirect effect of parental warmth on individuals' capacities for (self-) compassion through social safeness would emerge controlling for other parenting styles (i.e., parental rejection and over-protectiveness) and controlling for the possible mediating effects of other affective experiences (i.e. global positive affect and global negative affect).

2. Method

2.1. Participants

Participants were 153 female undergraduate students at a mid-sized Canadian university. They were recruited from a research subject pool for a larger cross-sectional study examining female body image concerns, and participated in the study to gain a bonus .5% in one of their psychology courses. The mean age in the sample was 20.2 years ($SD = 3.49$), and the ethnic breakdown was: 48.3% Caucasian; 19.4% South Asian; 12.9% East Asian; 6.5% Southeast Asian; 3.2% Black/African; 3.2% bi-racial; 2.6% West Indian/Caribbean; 1.3% Hispanic; 1.3% Middle Eastern; 0.7% Aboriginal (First Nations); and 0.7% Other.

2.2. Procedure

Participants were provided with a link to access a series of self-report questionnaires to be completed via Qualtrics, a secure online survey website.

2.3. Measures

2.3.1. EMBU Short Form (s-EMBU; Arrindell et al., 2001)

The s-EMBU is a 23-item adapted version of the EMBU (Perris, Jacobsson, Lindstrom, von Knorring, & Perris, 1980), which assesses memories of parental rearing behavior. Participants are asked to rate the extent to which each of their parents displayed various behaviors on a 4-point scale, subsumed by three subscales of Emotional Warmth (e.g., "I felt that warmth and tenderness existed between me and my parents"), Rejection, and Over-protection. In the present study, we used combined parental rearing behaviors rather than examining mother and father separately as in Irons et al. (2006). Cronbach's alphas for each composite subscale score were high: .92 for Emotional Warmth, .84 for Rejection, and .88 for Over-protection.

2.3.2. Social Safeness and Pleasure Scale (SSPS; Gilbert et al., 2009)

The SSPS is an 11-item measure that assesses the frequency with which individuals feel a sense of warmth, safeness, and reassurance in their social relationships. Using a scale of 1–5, participants rate items such as: "I feel a sense of belonging," "I feel secure and wanted," and "I feel accepted by people." The scale has been found to have strong construct and discriminant validity and to demonstrate a high degree of reliability (Gilbert et al., 2009; Kelly et al., 2012). The scale also has strong internal consistency, as evidenced by a Cronbach's alpha of .96 in the current sample.

2.3.3. Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988)

The PANAS is a 20-item measure consisting of two subscales that assess negative affect (NA) and activated positive affect (PA) respectively.

Participants are asked to rate a series of adjectives from 1 to 5 according to how much they felt each emotion over the last two weeks. Sample PA items are “proud” and “excited”, and sample NA items are “hostile” and “afraid.” Cronbach's alphas in the current sample were .90 for PA and .89 for NA.

2.3.4. Self-Compassion Scale (SCS; Neff, 2003)

The SCS is a 26-item measure that assesses individuals' tendency to respond to personal distress and disappointment with self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. The scale yields scores from 1 to 5 on six subscales representing each of the former components, as well as a total scale score. López et al. (2015) found evidence to suggest that the items from the positive and negative subscales might be two separate factors with the former representing self-compassion and the latter representing self-critical tendencies. In the present study, we therefore examined the total scale score as well as the positive subscales score as indicators of self-compassion. The SCS has demonstrated good validity and reliability (Neff, 2003). A sample item is: “When I'm going through a very hard time, I give myself the caring and tenderness I need.” The Cronbach's alpha for the total scale was .92.

2.3.5. Social Provisions Scale (SPS; Cutrona & Russell, 1987)

The SPS uses a 7-point rating scale to measure participants' received social support over the last two weeks, which was treated as an indicator of compassion received from others. This scale consists of six items designed to assess the extent to which participants received: assistance, emotional closeness, guidance, social integration, reassurance of worth, and opportunity for nurturance. The Cronbach's alpha was .86 in the present sample, indicating adequate internal consistency.

2.3.6. Fears of Compassion Scale (FCS; Gilbert, McEwan, Matos, et al. 2011)

The FCS consists of three sections designed to measure fears of being compassionate toward others, receiving compassion from others (e.g., “Feelings of kindness from others are somehow frightening”) and being self-compassionate (e.g., “I fear that if I become too compassionate to myself, I will lose my self-criticism and my flaws will show”). This study administered the latter two sections, comprised of 13 and 15 items respectively, both of which use a 0–4 scale. These FCS sections demonstrate good construct and criterion validity, and high internal consistency. Cronbach's alphas in the current study were .91 and .95 respectively.

2.4. Data analysis

We used Preacher and Hayes' (2008) bootstrapping approach for testing mediation with multiple mediators. Using the INDIRECT macro in SAS, we specified 1000 bootstrap re-samples with data replacement and applied a 95% bias corrected and accelerated confidence intervals (BCaCIs). The INDIRECT macro first proceeds in a way that is similar to Baron and Kenny's (1986) approach to mediation. It calculates the effects of the independent variable (*a* path) on each of the proposed mediators, the effects of each proposed mediator on the dependent variable (*b* path), the total effect of the independent variable on the dependent variable (*c* path), and the direct effect of the independent variable on the dependent variable with the mediators in the model (*c'* path). Bootstrapping then estimates the total and specific indirect effects (*ab*) of the independent variable on the dependent variable through the proposed mediators. A significant total indirect effect indicates that the independent variable influenced the dependent variable through the group of mediators as a whole. A significant specific indirect effect indicates that the effect of the independent variable on the dependent variable occurred through that particular candidate mediator(s). We tested four mediational models with self-compassion, fear of self-compassion, received social support, and fear of receiving compassion

as dependent variables. In each model, parental emotional warmth was the predictor; parental rejection and parental over-protection were covariates; and social safeness, NA, and PA were simultaneous mediators.

3. Results

3.1. Preliminary analyses

Table 1 presents means, standard deviations, and zero-order correlations between study variables. Parental warmth correlated positively with social safeness. It also related positively to PA and negatively to NA, supporting the decision to control these two variables as potential mediators in our model. As expected, parental warmth and social safeness were each positively associated with global self-compassion and received social support, and negatively associated with fear of self-compassion and fear of receiving compassion.

3.2. Central analyses

3.2.1. Capacities for self-compassion

3.2.1.1. Self-compassion. Statistics presented in this paragraph respectively reflect analyses run first with the total SCS as the dependent variable and then with the positive SCS items as the dependent variable. The total effect of parental warmth on global self-compassion (*c* path) was significant, coefficient = .32, $p < .01$, as was its effect on positive self-compassion, coefficient = .36, $p < .001$. With the mediators (social safeness, PA, and NA) in the model, the direct effect of parental warmth on total self-compassion and positive self-compassion (*c'* path) became non-significant (coefficients = .10, *n.s.* and .14, *n.s.*), supporting Baron and Kenny's (1986) criteria for full mediation. Bootstrapping results with the total scale score are presented in Table 2 and additionally support mediation. Specifically, they reveal an estimated total indirect effect of parental warmth on self-compassion through the proposed set of mediators with a specific indirect effect occurring through social safeness only. This same pattern of results emerged for positive self-compassion, with a total indirect effect of .21 (BCaCI [.09, .35]) and a specific indirect through social safeness of .18 (BCaCI [.07, .01]).

3.2.1.2. Fear of self-compassion. The total effect of parental warmth on fear of self-compassion (*c* path) was significant, coefficient = $-.31$, $p < .05$. With the mediators in the model, the direct effect of parental warmth on fear of self-compassion (*c'* path) became non-significant, coefficient = $-.19$, *n.s.*, consistent with Baron and Kenny's (1986) criteria for full mediation. Bootstrapping results, presented in Table 2, also supported mediation. There was a significant estimated total indirect effect of parental warmth on fear of self-compassion through the proposed set of mediators and a specific indirect through social safeness.

3.2.2. Capacities for receiving compassion

3.2.2.1. Received social support. The total effect of parental warmth on received social support (*c* path) was significant, coefficient = .73, $p < .001$. With the mediators in the model, the direct effect of parental warmth on received social support (*c'* path) became non-significant, coefficient = .24, *n.s.*, supporting Baron and Kenny's (1986) criteria for full mediation. As presented in Table 2, bootstrapping results also supported mediation. There was an estimated total indirect effect of parental warmth on received social support through the group of mediators, with specific indirect effects occurring through both social safeness and PA.

3.2.2.2. Fear of receiving compassion. The total effect of parental warmth on fear of receiving compassion (*c* path) was significant,

Table 1
Means, standard deviations, and zero-order correlations for all study variables.

	Parental warmth	Parental rejection	Parental overprot	Social safeness	PA	NA	SC	Fear SC	Receiv support	Fear comp	Mean (SD)
Parental warmth	–	–.60 ***	–.16 *	.42 ***	.24 **	–.21 *	.28 ***	–.26 **	.22 **	–.36 ***	3.01 (.68)
Parental rejection		–	.32 ***	–.30 ***	–.06	.29 ***	–.11	.16	.02	.26 **	1.54 (.47)
Parental overprotection			–	–.18 *	–.21 *	.15	–.17 *	.10	.00	.19 *	2.28 (.53)
Social safeness				–	.45 ***	–.43 ***	.61 ***	–.42 ***	.48 ***	–.50 ***	3.55 (.91)
PA					–	–.14	.36 ***	–.13	.40 ***	–.19 *	3.19 (.77)
NA						–	–.43 ***	.44 ***	–.04	.50 ***	2.61 (.86)
Self-compassion							–	–.46 ***	.24 **	–.39 ***	2.88 (.65)
Fear SC								–	–.08	.73 ***	4.53 (1.38)
Received support									–	–.22 **	1.02 (.84)
Fear compassion										–	1.27 (.79)

Note. Overprot = overprotection. PA = positive affect. NA = negative affect. SC = self-compassion (total score from Self-Compassion Scale). Receiv Support = received social support. Fear SC = fear of self-compassion. Fear comp = fear of receiving compassion.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 2
Mediation of the effect of parental warmth on capacities for self-compassion and receiving compassion through social safeness, negative affect, and positive affect.

	Capacity for self-compassion						Capacity for receiving compassion					
	Self-compassion (SCS total)			Fear of self-compassion			Received social support			Fear of receiving compassion		
	Point estimate	Bootstrapping		Point estimate	Bootstrapping		Point estimate	Bootstrapping		Point estimate	Bootstrapping	
		Lower BCa 95% CI	Upper BCa 95% CI		Lower BCa 95% CI	Upper BCa 95% CI		Lower BCa 95% CI	Upper BCa 95% CI		Lower BCa 95% CI	Upper BCa 95% CI
Total	.2105	.0763	.3834	–.1203	–.2916	–.2997	.4965	.2566	.7925	–.1301	–.3191	.0028
Safeness	.1728	.0779	.3479	–.1383	–.2997	–.0324	.3711	.1784	.6535	–.1370	–.2911	–.0364
NA	.0109	–.0266	.0758	–.0191	–.1134	.0601	–.0155	–.1399	.0332	–.0191	–.1223	.0512
PA	.0268	–.0829	.0549	.0371	–.0337	.1374	.1389	.0217	.3236	.0260	–.0412	.1018

Note. SCS = Self-Compassion Scale. BCa = Bias corrected and accelerated. CI = confidence interval. BCa CIs that do not cross zero are considered significantly different from 0 at an alpha of .05.

coefficient = $-.37, p < .01$. With the mediators in the model, the direct effect of parental warmth on fear of receiving compassion (c' path) became less significant, coefficient = $-.23, p < .05$, suggesting partial mediation according to Baron and Kenny's (1986) criteria. Bootstrapping results (see Table 2) also supported mediation. They reveal an estimated total indirect effect of parental warmth on fear of receiving compassion through the proposed set of mediators, with a specific indirect effect occurring through social safeness only.

3.3. Clarifying the directionality of relationships

It is plausible that social safeness may have influenced recollections of parental warmth, which may in turn have mediated the relationship between social safeness and our four dependent variables. Consequently, we ran another series of models to clarify the directionality of the relationships between study variables. In these four models, social safeness was the predictor, NA and PA were covariates, and the three recalled parenting behaviors were simultaneous mediators. For three of our four dependent variables, there was no support for recalled parental warmth, or the other recalled parenting behaviors, as a mediator. However, recalled parental warmth did mediate the relationship between social safeness and fear of compassion according to both Baron and Kenny's (1986) criteria and bootstrapping analyses.¹

4. Discussion

The present study found support for our hypothesis that social safeness might be a key mechanism through which recollections of parental warmth relate to individuals' capacities for self-compassion and receiving compassion. Controlling for recalled parental rejection and overprotection, recalled emotional warmth from one's parents was associated

with greater capacities for self-compassion (higher self-compassion, lower fear of self-compassion) and greater capacities for receiving compassion (higher received social support, lower fear of receiving compassion) indirectly through feelings of social safeness. There was little to no support for the alternative model that social safeness influenced our dependent variables through greater recollections of parental warmth. Results are therefore consistent with our hypothesized theoretical model that early experiences of warmth and nurturance may shape the extent to which individuals feel a sense of connectedness, reassurance, and safeness in later social relationships, and these feelings are in turn related to individuals' ability to receive compassion from others and generate compassion toward themselves.

The present findings are the first to our knowledge to support the link between parenting behaviors and social safeness. Specifically, it appears that recalling one's parents as emotionally warm was most related to participants' feelings of social safeness. Although these findings are only cross-sectional, they are consistent with Gilbert (2005) and Gilbert et al. (2009) tripartite model of affect regulation, which postulates that feelings of safeness are especially sensitive to cues of warmth and affiliation from others. We also uncovered a relationship between parental warmth and the capacity for receiving compassion, suggesting that individuals' ability to receive and trust displays of care and compassion from others may indeed be most tied to the soothing system and the inputs of warmth and support it receives early in life (Gilbert, 2005; Gilbert et al. (2009); Gilbert, McEwan, Gibbons, et al., 2011; Gilbert, McEwan, Matos, et al., 2011).

Social safeness also appeared to account for the relationship between recalled parental warmth and individuals' capacity for self-compassion. This finding suggests that struggling to feel accepted, reassured, and connected in interpersonal relationships may be a key reason why individuals whose parents displayed little emotional warmth have greater difficulty being compassionate with themselves. If individuals do not grow up feeling comforted and secure within their warm family environment, it might be foreign, challenging, and

¹ Due to space constraints, we do not present statistics for these analyses but they are available from the authors.

even frightening to try and comfort themselves with compassion. This finding is consistent with previous research demonstrating links between insecure attachment and both low social safeness (Kelly et al., 2012) and low self-compassion (Wei, Liao, Ku, Shaffer, 2011). This finding is also consistent with the notion that individuals come to relate to themselves the way attachment figures related to them (Baldwin & Holmes, 1987); if warmth was absent in other-to-self relating, it will be relatively absent in self-to-self relating. Our results enrich this perspective by suggesting that a relative absence of warm, connected, and safe feelings in relationships may help to explain this link.

Our findings also suggest that social safeness may be a core mechanism by which early parental warmth is related to individuals' capacity to receive compassion from others. Social safeness has been characterized as the tendency to feel a sense of warmth, connectedness, and belonging in one's current social relationships (Gilbert et al., 2009). It appears from our results that it is the relative absence of these safe feelings that most strongly accounts for the difficulties with receiving compassion that the children of less-warm parents face. It could be that the relative absence of emotional warmth and support early in life rendered their soothing system underdeveloped, making it harder for these individuals to feel reassured and connected in their subsequent relationships. Indeed, receiving compassion and interpersonal support generally requires that individuals be emotionally vulnerable and trusting with others, which may be especially challenging and frightening for individuals who do not feel safe and secure within their social world (Kelly et al., 2012). It could also be that individuals who feel less safe in their social world struggle to receive support and compassion because they are less motivated to seek it out. Indeed, activated PA, which is related to approach behaviors (Bjørnebekk, 2008), was an additional unique mediator of the relationship between recalled parental warmth and received social support. Future research should investigate whether both of these components are necessary precursors to seeking social support. Perhaps social safeness fosters the conviction that others can be relied on for help, while PA provides motivation to actively approach others.

4.1. Limitations

First, this was a cross-sectional study making it impossible to draw conclusions about the directionality of the observed relationships. The little support we obtained for our alternate models, wherein social safeness was considered a precursor to recalled parenting behaviors, nevertheless bolsters the interpretation that parental warmth leads to social safeness. Furthermore, previous research has found that caring parental behaviors have significant developmental effects on physiological and affective processes related to feelings of social safeness (Cacioppo, Berston, Sheridan, & McClintock, 2000; Luecken, Appelhans, Kraft, & Brown, 2006). Nonetheless, a longitudinal study will be important to determine the temporal relationships between study variables. Second, this was a correlational study, meaning we cannot make conclusions about causality. Third, our sample consisted of female undergraduate students. It will be important to replicate results in a more heterogeneous population.

4.2. Conclusions

The ability to generate compassion for oneself and to receive compassion from others is critical for affect regulation and well-being, and yet often eludes individuals whose caregivers lacked warmth and affection (Gilbert, 2005). The fact that social safeness emerged as a key mediator of the relationship between recalled parental warmth and capacities for compassion in this study suggests that the extent to which individuals can develop self-compassion and accept compassion from others may depend upon their current feelings of social safeness. Future research would benefit from determining what types of interventions and therapist behaviors are best able to raise feelings of social safeness.

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