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## Parent Self-Compassion and Supportive Responses to Child Difficult Emotion: An Intergenerational Theoretical Model Rooted in Attachment

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### Abstract

Self-compassion is an adaptive way of self-relating that entails tending to one's emotional pain with understanding and care. In this paper, we propose an intergenerational model explaining how self-compassion develops within the context of the parent-child relationship. Specifically, we posit that parents who have had supportive experiences with their own childhood caregivers develop a secure attachment and a high level of self-compassion. In turn, we propose that high self-compassion in parents promotes the parents' capacity to support their *child* when he or she experiences difficult emotions (e.g., anger, sadness). These responses promote the child's secure attachment, high self-compassion development and positive behavioral outcomes. A key area for future research is examining the potential link between parent self-compassion and responses to difficult emotions in the child. Given self-compassion can be enhanced through intervention, support for this model will have broad implications for interrupting intergenerational cycles of dysfunction caused by insecure attachment.

### Keywords

self-compassion; attachment; parenting; intergenerational; security; theory

### Introduction

Accumulating evidence suggests that self-compassion is an adaptive way of self-relating with robust links to psychological health (Zessin et al., 2015) and inverse associations with depression, anxiety, and stress in adults (MacBeth & Gumley, 2012) and adolescents (Marsh et al., 2017). According to Neff (2003), self-compassion entails three dynamic components that promote resilience in the context of distress: (1) self-kindness, or responding to

challenges with understanding, support and self-soothing as opposed to self-criticism; (2) common humanity, or the recognition that difficulties and emotional pain are normal experiences that link us all together, as opposed to feeling isolated by these experiences; and (3) mindfulness, or balanced and accepting responses to difficult emotions, as opposed to emotional overwhelm or suppression. Furthermore, it has been suggested that self-compassion is rooted in early family relationships (Neff & McGehee, 2010), whereby children learn how to self-relate to difficult emotions and circumstances (such as those causing anger, sadness, worry or shame) via messages and modeling during parent-child interactions. However, the role of self-compassion in the context of parenting behavior and child emotional development is largely unexplored. Considering self-compassion is amenable to change through a wide variety of interventions (Ferrari et al., 2019), whereas relational bonds may be less malleable (Fraley, 2002), a deeper understanding of self-compassion from a developmental perspective may provide novel and accessible approaches to promoting family psychological health and resilience across generations.

One approach to exploring the developmental origins of self-compassion is via its connection to the substantial base of literature regarding *attachment security* (Bowlby, 1977) and *parents' responses to difficult emotions in their children* (e.g., Eisenberg, Cumberland, & Spinrad, 1998; Morris, Silk, Steinberg, Myers, & Robinson, 2007). Both of these lines of research, like self-compassion, are relevant in times of distress. From an attachment perspective, parents who respond sensitively to their child's distress (i.e., responses that are timely, appropriate and soothing in quality) are more likely to have a child who develops a secure emotional bond, or attachment, with the parent (Leerkes, 2011). Secure attachment promotes the child's growing capacity to regulate difficult emotions independently and fosters the child's self-worth, ability to form trusting relationships, and resilience into adulthood (Cassidy, 2008).

Meanwhile, supportive or "coaching" parental child difficult emotion (e.g., comforting, acknowledging, validating, encouraging emotional expression and problem-solving) help children to understand, manage, and express these emotions in socially acceptable ways (Eisenberg, Fabes, & Murphy, 1996; Gottman, Katz, Hooven, & Hooven, 1996; Katz, Maliken, & Stettler, 2012; Zeman, Cassano, & Adrian, 2013). Moreover, parents' general *beliefs* about difficult emotions are associated with their parenting responses. Work by Gottman et al. (1996) revealed that some parents believe difficult emotions are healthy, normal, and represent opportunities for teaching and intimacy, while others are less accepting of difficult emotions (e.g., they trigger discomfort or are even perceived as harmful). Parents who are less accepting of difficult emotions are more likely to display unsupportive responses to child distress, such as denial, minimization or punishment, and to have children with poorer socio-emotional outcomes (Fabes, Leonard, Kupanoff, & Martin, 2001; Katz et al., 2012). Importantly, these studies suggest that parent's beliefs about and responses to difficult emotions in *both* themselves and their child influence their parenting behaviors in this context.

In this paper, we propose a basic model linking self-compassion, attachment security and parent responses to child difficult emotion. We begin our discussion with a brief review of self-compassion and attachment. Next, we discuss evidence regarding how both parents'

attachment orientation and parents' level of self-compassion relate to parenting. Given parent distress is linked to their capacity to support their child in positive ways when they are experiencing a difficult emotion (Fabes et al., 2001), we also review the evidence linking self-compassion to emotion regulation and coping in the broad context of stressors. Using this body of evidence as background, we propose a conceptual model linking parent attachment and parent self-compassion to the child's attachment, self-compassion and socio-emotional/behavioral outcomes via the level of parent supportiveness in response to the child's difficult emotion (Figure 1). We conclude with considerations, limitations, and implications of this line of research.

## Self-Compassion and the Attachment System

The capacity to be self-compassionate in response to difficulties is thought to be closely tied to the attachment behavioral system (Gilbert & Procter, 2006; Neff & McGehee, 2010; Shaver, Mikulincer, Sahdra, & Gross, 2016). The attachment system is a set of behaviors, most often studied in infants and young children, based on the human motivation to seek comfort from a specific attachment figure during times of distress. This attachment figure tends to be the child's primary caregiver, and although this relationship varies by circumstance, for simplicity we use the term 'parent' to refer to the attachment figure. The *attachment bond* refers to an enduring emotional bond that a child has to his or her parent based on the quality of caregiving responses during times of need (Cassidy, 2018). Therefore, a primary area of conceptual overlap between the attachment behavioral system and self-compassion is activation under adverse or distressing circumstances.

Furthermore, caregiving behaviors that are sensitive to the child's needs promote *secure attachment*, or the child's expectation that his or her parent will be available and effective in providing comfort when needed. As a result, securely attached children use their parents as a 'secure base' to confidently explore their surroundings and seek proximity to their parents as a primary strategy to relieve distress. Secure attachment is linked to higher levels of self-worth and increased capacity to regulate emotions and manage interpersonal demands into adulthood (Collins, 1996; Mikulincer & Shaver, 2019; Mikulincer, Shaver, & Pereg, 2003). Moreover, it is believed that supportive responses from early caregivers become internalized, such that secure adults can 'activate' self-directed support during periods of stress, a phenomenon termed "self-caregiving representations" (Mikulincer & Shaver, 2004). We propose that self-compassion may be one such security-based self-caregiving representation, which is fostered from a history of supportive experiences with childhood caregivers.

On the other hand, children who experience caregiving that is unreliable, unsupportive or unavailable during times of distress are more likely to develop an insecure attachment style. Insecure attachment entails the child's lack of confidence that his or her emotional needs will be met, and is represented by two major subtypes: anxious and avoidant. Individuals with an *anxious* attachment style have experienced inconsistent support; as a result they tend to use *hyperactivating* strategies (e.g., intense, effortful and exaggerated bids for support) to manage their distress and to have negative self-views (e.g., low self-worth and self-confidence) (Mikulincer et al., 2003). Meanwhile, individuals with an *avoidant* attachment style have experienced unresponsive or unavailable caregiving and tend to use *deactivating*

strategies (e.g., distancing from others, avoiding intimacy or minimizing one's needs) in response to distress. Finally, a third less common subtype of insecure attachment is *disorganized* attachment, which represents the lack of any cohesive strategy to handle distress as a consequence of unpredictable parental behavior that is often harsh and/or detached in nature. Despite different manifestations, in general, evidence suggests insecure attachment has an enduring negative impact on social and emotional outcomes compared to individuals with secure attachment (Groh et al., 2017). We propose that low self-compassion, characterized by self-criticism, a sense of isolation, and emotional reactivity in the context of difficulty or shortcoming, may be one socio-emotional consequence of insecure attachment.

Another way to view the link between attachment and self-compassion is from a neurophysiological perspective. Gilbert (2005) posits that self-compassion targets the same neuroendocrine systems that generate feelings of comfort and safety within secure attachment relationships. According to Gilbert, individuals who have received warm, responsive caregiving have strengthened capacity to respond to stressors with self-compassion, reassurance, and feelings of 'safeness' via activation of neural and hormonal pathways which promote caregiving and interpersonal bonding (i.e., the affiliative system). Those who have experienced critical, harsh or otherwise unavailable caregiving lack these strong affiliative pathways, are less able to self-soothe, and develop low self-compassion. These individuals tend to be hypersensitive to threat and have increased tendencies to respond to stressors through threat-defense systems (i.e., flight, fight or freeze tendencies).

In support of these hypotheses, evidence from a growing number of studies shows self-compassion is positively associated with secure attachment (e.g., Beduna & Perrone-McGovern, 2019; Neff & McGehee, 2010) and inversely associated with insecure attachment (e.g., Raque-Bogdan, Ericson, Jackson, Martin, & Bryan, 2011; Wei, Liao, Ku, & Shaffer, 2011). In adolescents, self-compassion has been robustly linked to attachment to parents (Moreira et al., 2017; 2018), with self-compassion mediating the attachment-adolescent well-being relationship (Moreira et al., 2018). Interestingly, findings have varied somewhat according to the insecurity subtype (anxious versus avoidant attachment), with stronger support for the inverse relationship between self-compassion and anxious versus avoidant attachment styles (Pepping, Davis, O'Donovan, & Pal, 2015; Wei et al., 2011). While these nuances require deeper exploration, extant evidence suggests attachment orientation plays an important role in the development of individual differences in self-compassion.

Further support for the self-compassion-attachment system link lies in evidence showing self-compassion is related to an individual's perception of family experiences. Individuals with high self-compassion recall higher levels of parental warmth (Kelly & Dupasquier, 2016; Pepping et al., 2015), maternal supportiveness (Neff & McGehee, 2010) and early memories of safety and warmth with attachment figures (Marta-Simões et al., 2016). In addition, several studies examining the broader family context link adults' self-compassion to healthier family functioning (Berryhill, Harless, & Kean, 2018; Neff & McGehee, 2010), perceived family supportiveness (Hood et al., 2019) and lower family distress (Hayes et al., 2016).

Meanwhile, individuals with low self-compassion are more likely to report unsupportive childhood experiences. Low self-compassion is linked to parental criticism (Potter et al., 2014), emotional abuse and neglect (Miron et al., 2014; Ross et al., 2019; Tanaka et al., 2011; Wu et al., 2018), perceived parental indifference and emotional invalidation (Westphal et al., 2016), and low parental warmth, high parental rejection and overprotection (Pepping et al., 2015). Self-compassion is a mediator between maltreatment exposure and a host of negative outcomes, including depressive symptoms (Ross et al., 2019; Wu et al., 2018), emotional regulation difficulties (Vettese et al., 2011), shame (Ross et al., 2019) and post-traumatic symptomatology (Barlow, Goldsmith Turow, & Gerhart, 2017). Further evidence suggests that training to improve compassion towards oneself can counter negative self-concepts and improve mental health outcomes in the context of dysfunctional childhood experiences (e.g., Gilbert & Procter, 2006).

In summary, supportive experiences with early life caregivers are linked to the development of high levels of self-compassion in adolescence and adulthood. Adverse experiences with caregivers, particularly those where the child feels criticized (Potter et al., 2014) or as if their emotions are unimportant or unacceptable (Westphal et al., 2016), may lead to decreased capacity for self-compassion later in life. These findings may represent conceptual overlap between the outcomes of secure attachment and Neff's tripartite definition of self-compassion. For example, secure attachment is linked to positive self-worth (Bartholomew & Horowitz, 1991), which has some similarity to Neff's concept of self-kindness (e.g., being worthy of care and understanding). Secure attachment is also associated with being comfortable with intimacy and connecting to others in times of need (Collins & Read, 1990), a concept that bears some similarity to "common humanity", or the recognition that humans are interconnected through the experience of suffering. Finally, secure attachment is associated with the capacity to regulate negative emotions (Mikulincer & Shaver, 2019), which is similar to Neff's definition of mindfulness, or balanced emotional awareness. In our view, these conceptual similarities provide further support for self-compassion as an adaptive way of self-relating that is linked to attachment processes.

## Attachment, Self-Compassion and Parental Functioning

Just as children have an attachment system aimed at *gaining* safety and comfort during distress, parents have a complementary system that motivates them to provide their child with care and protection. However, parents' capacity for sensitive caregiving behaviors are influenced by their attachment orientations with their own childhood caregivers. Securely attached parents experience fewer difficulties managing the emotional needs of their child and are more likely to display supportive caregiving behaviors (Adam et al., 2004; Crowell & Feldman, 1988), while insecure parents display less supportive responses to child distress (Edelstein et al., 2004; Jones et al., 2014) and report higher levels of parenting stress (Rholes, Simpson, & Friedman, 2006).

Similarly, evidence suggests parents' level of self-compassion is related to parenting functioning. Parents high in self-compassion report lower levels of parenting stress (Gouveia, Carona, Canavarro, & Moreira, 2016; Moreira, Gouveia, Carona, Silva, & Canavarro, 2015; Neff & Faso, 2015), with self-compassion mediating the relationship

between parents' attachment insecurity and parenting stress (Moreira et al., 2015). With regards to general parenting styles, parent self-compassion is positively linked to authoritative parenting (Gouveia et al., 2016), an autonomy-promoting style characterized by high parental demandingness and responsiveness (Baumrind, 1978). Parent self-compassion is also associated with mindful parenting, which is a style characterized by parental responsiveness, acceptance, and emotional awareness within the parent-child relationship (Gouveia et al., 2016; Moreira et al., 2016). Meanwhile, mindful parenting is positively associated with supportive responses in the context of child distress, including comforting, encouraging emotional expression and problem-solving (McKee et al., 2018). Thus, early evidence suggests that parents' self-compassion is associated with adaptive parent functioning.

Additionally, emotional self-regulation, or parents' capacity to modulate their *own* experience and expression of difficult emotions in the context of parenting interactions, is an important parent function (Rutherford et al., 2015). In situations of child distress, parents serve as models of appropriate emotion regulation and coping (Morris et al., 2007). Thus, self-compassion may also exert positive effects on parent functioning via its association with adaptive ways of experiencing and responding to negative emotions (Finlay-Jones, 2017; Inwood & Ferrari, 2018) and coping (Allen & Leary, 2010). Although not specifically tied to caregiving contexts, high self-compassion is linked to lower levels of negative emotions in response to lab-induced (Neff, Kirkpatrick, & Rude, 2007) and everyday stressful events (Leary et al., 2007), higher tolerance of negative emotions (Diedrich et al., 2017), and decreased tendency to ruminate (Raes, 2010). From a coping perspective, self-compassionate individuals are more likely to use positive cognitive restructuring, acceptance and approach coping strategies, and are less likely to use avoidance to disengage from stressful circumstances (Allen & Leary, 2010; Sirois et al., 2015). In line with these findings, self-compassion is associated with physiologic markers of improved stress processing (Bluth, Roberson, et al., 2015; Breines et al., 2014; Svendsen et al., 2016). Finally, although emotion regulation was not specifically measured, a few studies suggest parent self-compassion may provide benefits via adaptive responses to difficult parenting situations. Sirois et al. (2019) showed parent self-compassion is associated with lower levels of shame in the context of self-perceived parenting mistakes. In the context of child misbehavior, Psychogiou et al. (2016) reported parents with higher self-compassion tended to cope better and have higher levels of positive attributions (i.e., they describe the misbehavior as situational and transient rather than due to stable child traits). Taken together, parent self-compassion may promote the ability to remain calm and emotionally regulated while assisting a child with his or her difficult emotions.

In summary, the body of evidence reviewed suggests that high self-compassion is optimally developed within secure attachment relationships, and continues to influence a wide range of behaviors and functioning throughout the lifetime, including parent behavior and emotion regulation processes.



## A Theoretical Model: The Intergenerational Transmission of Self-Compassion

Grounded in the aforementioned evidence, we present a model linking parents' attachment security and self-compassion to the child's attachment security, self-compassion, and socio-emotional/behavioral outcomes, mediated by the parent's response to their child's difficult emotion(s) (see Figure 1). In the following section, we explain this model and the hypothesized relationships in greater depth.

To begin, we posit that the parent with secure attachment to their *own* attachment figure will have higher levels of self-compassion. Further, we posit parents with high self-compassion will respond more supportively in the challenging context of *their child's* difficult emotion. One way this may manifest is through their own enhanced emotion regulation skills, allowing them to maintain a sense of 'internalized security' or safety. The child's difficult emotion is not perceived as a threat to this parent, in part because the parent high in self-compassion would perceive difficulties as a normal part of the parenting journey rather than a sign of parental incompetence. This parent will be more likely to remain calm, modeling emotional self-regulation and coping for their child.

There are other ways parents with high self-compassion may respond adaptively to child difficult emotions. We posit parents high in self-compassion will be more likely to have adaptive beliefs about difficult emotions and use supportive strategies to aid the child in distress. This hypothesis is partially rooted in evidence that self-compassion is linked to broad measures of adaptive parenting behaviors, such as authoritative parenting style (Gouveia et al., 2016). Additionally, considering that self-compassion promotes an understanding attitude towards difficulties and mistakes, we posit the parent high in self-compassion will be more open to and accepting of difficult emotions in their child. This parent will be more likely to adopt an 'emotion coaching philosophy' (Gottman et al., 1996) during child distress, whereby he or she recognizes, validates, labels, comforts and welcomes negative emotions as an opportunity for intimacy and problem-solving support. Additionally, if the difficult emotion is connected to the child's mistake or shortcoming, the parent high in self-compassion will be less likely to judge harshly or criticize the child, and will be more likely to forgive and consider the experience as temporary or "part of growing up". In other words, the parent who responds to *their own* failures with understanding and care will be more likely to do the same for their child. We also posit this parent will exhibit other behaviors considered as "sensitive" in parent-child interactions, including maintaining eye-contact, listening fully, reflecting the child's point of view, and allowing the child to lead in problem-solving ideas.

In turn, we hypothesize that these adaptive parent responses will promote secure child attachment, which will be linked to high levels of *child* self-compassion. We further hypothesize that the child high in self-compassion will be more likely to have positive socio-emotional and behavioral outcomes in a number of domains (e.g., well-being, emotional regulation, low internalizing/externalizing symptoms). Given evidence that parent and child behavior influence each other in reciprocal fashion (Zvara et al., 2018), we posit the child's positive socio-emotional and behavioral outcomes will be linked to supportive parent

responses. In further support for these hypothesized relationships, Cassidy (2008) suggests that secure attachment derives from caregiving behaviors that are responsive to and accepting of the child's negative emotional displays. Securely attached children learn that they can expect warm support during distress, and as such, difficult emotions are more likely to be openly expressed rather than suppressed or heightened. Finally, we highlight the cyclical aspect of this model. If and when this child becomes a parent, this cycle is repeated in the next generation.

Meanwhile, the parent with insecure attachment (any subtype) has had experiences with their childhood caregiver that were unsupportive, unavailable, or rejecting during times of distress. Due to this history, we posit this parent will have lower levels of self-compassion. In the context of the child's difficult emotion, the parent low in self-compassion lacks an internalized sense of security, and thus experiences an increase in threat response systems. For example, the parent may perceive the child's difficulty to be a sign of their lack of parenting skill. From this state of threat, this parent is more likely to respond with high emotional reactivity or dysregulation.

Moreover, low self-compassion is defined conceptually as responding to difficulties with harsh judgment or criticism, a sense of isolation, and the tendency to over-identify with or suppress difficult emotions (Neff, 2003). Based on this profile, we posit parents low in self-compassion will be more likely to be uncomfortable with or unaccepting of their child's difficult emotion, making it more likely that they will respond in less supportive ways (e.g., by ignoring, dismissing, invalidating, restricting or punishing the emotion.) Instead of "emotion-coaching", we posit the parent low in self-compassion will be more likely to be "emotion-dismissing", whereby negative emotions are viewed as potentially harmful, unimportant, or something to "endure" without value to the relationship (Gottman et al., 1996). In this case, the focus of the interaction is to end the parent's discomfort (through disengaging, punishing, restricting, etc.) rather than to be a source of comfort, validation and problem-solving support for the child. Moreover, if the difficult emotion is related to a child mistake or short-coming, we posit the parent low in self-compassion will be more likely to be critical and focus on 'fixing' the problem rather than supporting with problem-solving processes. In light of these tendencies, we posit this parent will also be more likely to exhibit controlling, intrusive, and parent-centered behaviors in this emotionally-charged context.

Due to these less adaptive parenting responses, we hypothesize the child is more likely to develop an insecure pattern of attachment. These attachment experiences are linked to *the child's* lower levels of self-compassion, given the child lacks a supportive "self-caregiving representation", or a supportive template for handling difficult emotions. The child with low self-compassion is more likely to have negative socio-emotional and behavioral outcomes. For example, the child may struggle with emotion regulation and have higher levels of internalizing and externalizing symptoms, which will be linked to less supportive parenting responses in a reciprocal fashion. If the child with low self-compassion becomes a parent, s/he will have greater difficulty being supportive in the context of child distress, thus continuing the cycle.



## Gaps and Future Directions

In an effort to spur examination of this model, we highlight specific areas or topics that will advance the field. First, future research should prioritize consistent and high-quality methods for measurement. For example, current studies of the association between adult attachment security and self-compassion utilize a variety of attachment instruments in varying domains (e.g., romantic, family, general close relationships). This diversity makes cross-study comparisons more challenging and may provide a different perspective from the gold standard Adult Attachment Interview (Graham & Unterschute, 2015). Given evidence suggesting that self-compassion is more strongly inversely linked to anxious attachment as compared to avoidant tendencies (Pepping et al., 2015), uniformity in attachment measure used, a focus on attachment in early childhood, and a more nuanced examination of attachment profiles will be important contributions to the field.

An additional consideration regarding the measurement of attachment is its stability over time. A core tenant of attachment theory states that one's early experiences with caregivers form 'internal working models', or mental representations of self and others, that remain stable into adulthood (Pietromonaco & Barrett, 2000). In reality, attachment security is complex and may be subject to some modification as one has new social experiences and gains new perspective. While longitudinal examinations of attachment stability demonstrate that attachment is subject to some variability, evidence suggests that attachment style is moderately stable over time (Fraley, 2002) and becomes increasingly stable post-adolescence (Jones et al., 2018). These issues, and their relationships to self-compassion development, require further investigation.

Youth self-compassion measurement is another consideration. While self-compassion has been successfully measured in adolescents (Bluth, Campo, Futch, & Gaylord, 2015; Jiang et al., 2016; Neff & McGehee, 2010), a recently validated self-compassion scale for youth ages 11-15 (Neff et al., 2020) will open new opportunities for understanding self-compassion trajectories beginning in earlier developmental stages. We anticipate the youth self-compassion measure will allow for longitudinal studies that examine how family variables influence the transition to adolescence.

Meanwhile, to our knowledge, no studies to date have examined the potential associations between parent self-compassion and their beliefs about and responses to difficult emotions in both themselves and their child. These associations could be examined using established measures such as the Meta-Emotion Interview and Coding System (Katz, Mittman, & Hooven, 1994), which examines parents' experiences and attitudes regarding sadness, fear and anger in themselves and their child. Another measure, Parents' Beliefs About Children's Emotions Questionnaire (Halberstadt et al., 2013), provides a self-report format to explore parents' beliefs about the expression, experience, control and value of children's emotions. The Coping with Children's Negative Emotions scale (CCNES) (Fabes, Eisenberg, & Bernzweig, 1990) is also a widely used and well-validated self-report scale that presents 12 typical situations in which young children feel distressed (e.g., being teased by peers) and asks parents to rate how likely they are to react in six different ways (parental distress, punitive, encourage expression, comforting, problem-focused, minimizing). Use of

established measures such as these would be beneficial, given it would link the self-compassion literature to the existing body of research on parents' beliefs about and responses to their child's difficult emotion.

We also recognize that parent self-compassion may influence parents' beliefs about and responses to their child's difficult emotions in unique and nuanced ways, for which existing measures will not capture. For example, because self-compassion is particularly relevant to circumstances where one feels inadequate or ashamed, parent self-compassion may have the greatest impact in circumstances where either the parent or the child is feeling one of these 'self-conscious' emotions. Self-compassion may protect against harsh parent responses to challenging child behavior or 'mistakes', whether or not difficult emotion is present. In addition, parents may serve as models of self-compassion (or lack thereof) when dealing with their own difficulties, and children may directly learn from these displays. Therefore, studies which include observational coding of parent-child or whole family interactions with various tasks (e.g., tasks which evoke or prompt discussion of frustration, failures, rejection, misbehavior) would add valuable information regarding how children 'learn' self-compassion through their family environment. Qualitative inquiries that include the child's perspective and multi-informant measures will provide additional data regarding the unique ways parent self-compassion may influence parenting behavior in a broad range of circumstances.

There are a number of limitations to consider. First, this model lacks other important factors that should be considered in future work. Child factors (e.g., gender, temperament, age, developmental stage, type of emotion expressed), parent factors (e.g., gender, personality characteristics, mental health, marital status) and family factors (e.g., socioeconomic status, household chaos, cultural norms) likely influence model relationships. For example, evidence suggests parenting responses vary by the type of difficult emotion expressed (e.g., sadness versus anger), as well as the gender of parent and child (Sanders et al., 2015). The child's developmental stage will also greatly influence the types of parenting responses considered supportive (Mirabile et al., 2018; Nelson & Boyer, 2018). For example, in infancy and early childhood, proximity-based soothing and co-regulation would be considered supportive. In adolescence, supportive parenting responses would be less 'hands on' and include the eliciting the adolescent's perspective. Thus, while the model we propose is a general framework, it should be adapted and expanded to fit various populations and research questions.

Another aspect that requires further consideration is how self-compassion functions in different cultural contexts. While self-compassion has its origin in the Buddhist tradition and has been studied internationally, including in collectivist cultures (e.g., Neff, Pisitsungkagarn, & Hsieh, 2008), global research on self-compassion within the family and parenting context is less prevalent. The research that does exist suggests that self-compassion is adaptive for parenting outcomes cross-culturally (e.g., Gouveia et al., 2016; Sirois et al., 2019; Wong, Mak, & Liao, 2016), however, how one's culture might influence the potential intergenerational self-compassion transmission is unknown. Relatedly, within the US, evidence suggests ethnicity and culture play a role in how parents perceive and respond to difficult emotions in their child (Nelson et al., 2012). Thus, examination of

Figure 1 across cultures and using qualitative methodologies are needed. We encourage parent and child interviews or focus groups exploring how parents and children think about self-compassion across different cultural groups. This will add to a theoretical understanding of how self-compassion is fostered within families from diverse backgrounds.

Relatedly, it is important to consider the ways in which children learn about and gain skill in handling difficult emotions outside of the parent-child context. Bronfenbrenner's ecological framework provides a method for examining microsystem (e.g., daily home, school and community environments), societal and cultural factors that may influence children's socio-emotional development over time (Bronfenbrenner, 1979). For example, peers and social media become increasingly influential as children age, and may enhance or jeopardize parents' emotional messaging. Additionally, cultural or societal messages that encourage adolescent self-judgment and perfectionism in areas such as academic performance or body image, for example, are likely to influence self-compassion. Therefore, a more comprehensive model will provide insight into the complexities of child self-compassion development.

To conclude, substantial evidence suggests that self-compassion is a personal resource that can be strengthened through intervention. The most compelling evidence comes from a recent meta-analysis compiling data from 27 randomized control trials (Ferrari et al., 2019). Findings suggest self-compassion-based interventions are efficacious in increasing self-compassion levels with moderate effect size, as well as improving ten other psychosocial outcomes including stress, depression, anxiety, rumination, and life satisfaction. The included studies represented a wide variety of intervention protocols and showed efficacy in both community and clinical samples; however, only one study included a parent population. In this study of breastfeeding mothers, a hybrid mindfulness and self-compassion-based intervention significantly increased self-compassion and global maternal self-efficacy compared to a passive control (Perez-Blasco et al., 2013). Thus, despite a wealth of evidence that self-compassion interventions are beneficial to individual health and well-being, their broad application to the parent-child relationship has been minimal.

To increase evidence in this area, we encourage developmentalists and self-compassion researchers to consider the following strategies: a) examining the impact of adding self-compassion content to bolster existing parenting trainings, as well as stand-alone family self-compassion interventions; b) targeting parent populations, particularly those parents who endorse self-critical tendencies and/or are experiencing parenting difficulties; c) collecting data on parent attachment style and the mediators we suggest in our model (i.e., parents' emotion regulation, beliefs and responses in the context of difficult emotions); d) including observational data with parent-child interaction tasks before and after intervention; e) including youth measures such as youth attachment, self-compassion, and psychosocial measures; f) examining if intervention effects vary depending on parents' attachment status and baseline self-compassion level.

The Mindful Self-Compassion program (Neff & Germer, 2013) is an evidence-based, standardized group intervention that explicitly teaches the three components of self-compassion as defined by Neff, and we suspect that this program or close adaptations will

offer greatest benefits. The Mindful Self-Compassion curriculum includes didactics, discussions, and skill-building around emotional awareness, acceptance and compassionate self-relating in distressing circumstances. These skills may be applicable to coping with difficult emotions in both the parent and the child, such that parents become less reactive. Participants are also encouraged to consider that difficulties, flaws and difficult emotions are part of the human experience, and the learn practices to actively soothe themselves when faced with discomfort. Thus, self-compassion training may specifically increase adaptive beliefs about emotions (e.g., difficult emotions are common, manageable, useful, link us together, prompt comfort and care) that have been associated with supportive parenting behaviors.

To conclude, interdisciplinary examination of self-compassion development within the family context has the potential for important clinical and community applications. If our model is supported, parent and family-based self-compassion training may be a valuable tool for addressing intergenerational cycles of poor child outcomes rooted in insecure attachment. Merging decades of attachment research with the science of self-compassion may reveal practical ways to ameliorate patterns of dysfunction and promote long-standing family well-being and resilience.

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## References

- Adam EK, Gunnar M, & Tanaka A (2004). Adult attachment, parent emotion, and observed parenting behavior: Mediator and moderator models. *Child Development*, 75(1), 110–122. 10.1111/j.1467-8624.2004.00657.x [PubMed: 15015678]
- Allen AB, & Leary MR (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass*, 4(2), 107–118. 10.1111/j.1751-9004.2009.00246.x [PubMed: 20686629]
- Barlow M, Goldsmith Turow RE, & Gerhart J (2017). Trauma appraisals, emotion regulation difficulties, and self-compassion predict posttraumatic stress symptoms following childhood abuse. *Child Abuse & Neglect*, 65, 37–47. 10.1016/j.chiabu.2017.01.006 [PubMed: 28110110]
- Bartholomew K, & Horowitz LM (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61(2), 226–244. 10.1037/0022-3514.61.2.226 [PubMed: 1920064]
- Baumrind D (1978). Parental disciplinary patterns and social competence in children. *Youth & Society*, 9(3), 239–276. 10.1002/9780470939406.ch2
- Beduna KN, & Perrone-McGovern KM (2019). Recalled childhood bullying victimization and shame in adulthood: The influence of attachment security, self-compassion, and emotion regulation. *Traumatology*, 25(1), 21–32. 10.1037/trm0000162
- Berryhill MB, Harless C, & Kean P (2018). College student cohesive-flexible family functioning and mental health: Examining gender differences and the mediation effects of positive family communication and self-compassion. *The Family Journal: Counseling and Therapy for Couples and Families*, 26(4), 422–432. 10.1177/1066480718807411
- Bluth K, Campo RA, Futch WS, & Gaylord SA (2015). Age and gender differences in the associations of self-compassion and emotional well-being in a large adolescent sample. *Journal of Youth and Adolescence*, 33(4), 395–401. 10.1038/nbt.3121.ChIP-nexus

- Bluth K, Roberson PNE, Gaylord SA, Furot KR, Grewen KM, Arzon S, & Girdler SS (2016). Does self-compassion protect adolescents from stress? *Journal of Child and Family Studies*, 25, 1098–1109. [PubMed: 26997856]
- Bowlby J (1977). The making and breaking of affectional bonds. *The British Journal of Psychiatry*, 130(3), 201–210. 10.1192/BJP.130.3.201 [PubMed: 843768]
- Breines J, Thoma M, Gianferante D, Hanlin L, Chen X, & Rohleder N (2014). Self-compassion as a predictor of interleukin-6 response to acute psychosocial stress. *Brain, Behavior and Immunity*, 37, 109–114. 10.1097/OPX.0b013e3182540562.
- Bronfenbrenner U (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.
- Cassidy J (2008). Emotional regulation: influences of attachment relationships. *Monographs of the Society for Research in Child Development*, 59(2–3), 228–249. 10.1111/j.1540-5834.1994.tb01287.x
- Cassidy J (2018). The nature of the child's ties. In Cassidy J & Shaver PR (Eds.), *Handbook of attachment* (3rd edition, pp. 3–24). The Guilford Press.
- Collins NL (1996). Working models of attachment: implications for explanation, emotion, and behavior. *Journal of Personality and Social Psychology*, 71(4), 810–832. <https://pdfs.semanticscholar.org/8c13/e4de36a71cd354b06295ea8a2823d5189d20.pdf> [PubMed: 8888604]
- Collins NL, & Read SJ (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, 58(4), 644–663. 10.1037/0022-3514.58.4.644 [PubMed: 14570079]
- Crowell J, & Feldman S (1988). Mothers' internal models of relationships and children's behavioral and developmental status: A study of mother-child interaction. *Child Development*, 59, 1273–1285. <https://www.jstor.org/stable/1130490> [PubMed: 2458891]
- Diedrich A, Burger J, Kirchner M, & Berking M (2017). Adaptive emotion regulation mediates the relationship between self-compassion and depression in individuals with unipolar depression. *Psychology and Psychotherapy*, 90(3), 247–263. 10.1111/papt.12107 [PubMed: 27743450]
- Edelstein RS, Alexander KW, Shaver PR, Schaaf JM, Quas JA, Lovas GS, & Goodman GS (2004). Adult attachment style and parental responsiveness during a stressful event. In *Attachment and human development* (Vol. 6, Issue 1, pp. 31–52). 10.1080/146167303100001659584 [PubMed: 14982678]
- Eisenberg N, Cumberland A, & Spinrad T (1998). Parental socialization of emotion. *Psychological Inquiry*, 9(4), 241–273. 10.1207/s15327965pli0904
- Eisenberg Nancy, Fabes RA, & Murphy BC (1996). Parents' reactions to children's negative emotions: Relations to children's social competence and comforting behavior. *Child Development*, 67(5), 2227–2247. 10.1111/j.1467-8624.1996.tb01854.x
- Fabes RA, Leonard SA, Kupanoff K, & Martin CL (2001). Parental coping with children's negative emotions: Relations with children's emotional and social responding. *Child Development*, 72(3), 907–920. 10.1111/1467-8624.00323 [PubMed: 11405590]
- Fabes R, Eisenberg N, & Bernzweig J (1990). Coping with children's negative emotions scale (CCNES): Description and scoring.
- Ferrari M, Hunt C, Harrysunker A, Abbott MJ, Beath AP, & Einstein DA (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, 10(8), 1455–1473. 10.1007/s12671-019-01134-6
- Finlay-Jones AL (2017). The relevance of self-compassion as an intervention target in mood and anxiety disorders: A narrative review based on an emotion regulation framework. *Clinical Psychologist*, 21(2), 90–103. 10.1111/cp.12131
- Fraley RC (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modeling of developmental mechanisms. *Personality and Social Psychology Review*, 6(2), 123–151. 10.1207/S15327957PSPR0602\_03
- Gilbert P (2005). *Compassion: Conceptualizations, Research, and Use in Psychotherapy* (Gilbert P (ed.)). Routledge.

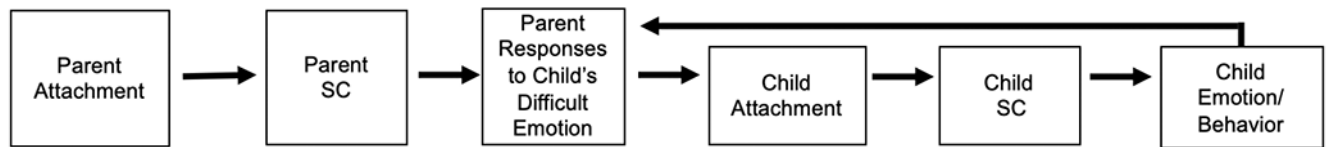
- Gilbert P, & Procter S (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13, 353–379. 10.1002/cpp.507
- Gottman JM, Katz LF, & Hooven C (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, 10(3), 243–268. 10.1037/0893-3200.10.3.243
- Gouveia MJ, Carona C, Canavarro MC, & Moreira H (2016). Self-compassion and dispositional mindfulness are associated with parenting styles and parenting stress: The mediating role of mindful parenting. *Mindfulness*, 7(3), 700–712. 10.1007/s12671-016-0507-y
- Graham JM, & Unterschute MS (2015). A reliability generalization meta-analysis of self-report measures of adult attachment. *Journal of Personality Assessment*, 97(1), 31–41. 10.1080/00223891.2014.927768 [PubMed: 24963994]
- Groh AM, Fearon RMP, van IJzendoorn MH, Bakermans-Kranenburg MJ, & Roisman GI (2017). Attachment in the early life course: Meta-analytic evidence for its role in socioemotional development. *Child Development Perspectives*, 11(1), 70–76. 10.1111/cdep.12213
- Halberstadt AG, Dunsmore J, Bryant A Jr, Parker A, Beale K, & Thompson J (2013). Development and validation of the parents' beliefs about children's emotions questionnaire. *Psychological Assessment*, 25(4), 1195–1210. 10.1038/jid.2014.371 [PubMed: 23914957]
- Hayes JA, Lockard AJ, Janis RA, & Locke BD (2016). Construct validity of the self-compassion scale-short form among psychotherapy clients. *Counselling Psychology Quarterly*, 29(4), 405–422. 10.1080/09515070.2016.1138397
- Hood CO, Thomson Ross L, & Wills N (2019). Family factors and depressive symptoms among college students: Understanding the role of self-compassion. *Journal of American College Health*. 10.1080/07448481.2019.1596920
- Inwood E, & Ferrari M (2018). Mechanisms of change in the relationship between self-compassion, emotion regulation, and mental health: A systematic review. *Applied Psychology: Health and Well-Being*. 10.1111/aphw.12127
- Jiang Y, You J, Hou Y, Du C, Lin M-P, Zheng X, & Ma C (2016). Buffering the effects of peer victimization on adolescent non-suicidal self-injury: The role of self-compassion and family cohesion. *Journal of Adolescence*, 53, 107–115. 10.1016/j.adolescence.2016.09.005 [PubMed: 27710776]
- Jones JD, Brett BE, Ehrlich KB, Lejuez CW, & Cassidy J (2014). Maternal attachment style and responses to adolescents' negative emotions: The mediating role of maternal emotion regulation. *Parenting Science and Practice*, 14(3–4), 235–257. 10.1080/15295192.2014.972760
- Jones JD, Fraley RC, Ehrlich KB, Stern JA, Lejuez CW, Shaver PR, & Cassidy J (2018). Stability of attachment style in adolescence: An empirical test of alternative developmental processes. *Child Development*, 89(3), 871–880. 10.1111/cdev.12775 [PubMed: 28301042]
- Katz LF, Maliken AC, & Stettler NM (2012). Parental meta-emotion philosophy: A review of research and theoretical framework. *Child Development Perspectives*, 6(4), 417–422. 10.1111/j.1750-8606.2012.00244.x
- Katz L, Mittman A, & Hooven C (1994). The meta-emotion coding system. University of Washington.
- Kelly AC, & Dupasquier J (2016). Social safeness mediates the relationship between recalled parental warmth and the capacity for self-compassion and receiving compassion. *Personality and Individual Differences*, 89, 157–161. 10.1016/j.paid.2015.10.017
- Leary MR, Tate EB, Adams CE, Allen AB, & Hancock J (2007). Self-compassion and reactions to unpleasant self-relevant events : the implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92(5), 887–904. 10.1037/0022-3514.92.5.887 [PubMed: 17484611]
- Leerkes EM (2011). Maternal sensitivity during distressing tasks: A unique predictor of attachment security. *Infant Behavior and Development*. 10.1016/j.infbeh.2011.04.006
- MacBeth A, & Gumley A (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. 10.1016/j.cpr.2012.06.003 [PubMed: 22796446]
- Marsh IC, Chan SWY, & MacBeth A (2017). Self-compassion and psychological distress in adolescents—A meta-analysis. *Mindfulness*. 10.1007/s12671-017-0850-7



- Marta-Simões J, Ferreira C, & Mendes AL (2016). Self-compassion: An adaptive link between early memories and women's quality of life. *Journal of Health Psychology*, 1359105316656771. 10.1177/1359105316656771
- McKee LG, Parent J, Zachary CR, & Forehand R (2018). Mindful parenting and emotion socialization practices: Concurrent and longitudinal associations. *Family Process*, 57(3), 752–766. 10.1111/famp.12329 [PubMed: 29090461]
- Mikulincer M, & Shaver P (2004). Security-based self-representations in adulthood: Contents and processes. In Rholes W & Simpson J (Eds.), *Adult attachment: Theory, research and clinical implications* (pp. 159–195). Guilford Press.
- Mikulincer Mario, & Shaver PR (2019). Attachment orientations and emotion regulation. *Current Opinion in Psychology*, 25, 6–10. 10.1016/j.copsyc.2018.02.006 [PubMed: 29494853]
- Mikulincer Mario, Shaver PR, & Pereg D (2003). Attachment theory and affect regulation: The dynamics, development, and cognitive consequences of attachment-related strategies. *Motivation and Emotion*, 27(2), 77–102. <https://link.springer.com/content/pdf/10.1023/A:1024515519160.pdf>
- Mirabile SP, Oertwig D, & Halberstadt AG (2018). Parent emotion socialization and children's socioemotional adjustment: When is supportiveness no longer supportive? *Social Development*, 27(3), 466–481. 10.1111/sode.12226
- Miron LR, Orcutt HK, Hannan SM, & Thompson KL (2014). Childhood abuse and problematic alcohol use in college females: The role of self-compassion. *Self and Identity*, 13(3), 364–379. 10.1080/15298868.2013.836131
- Moreira H, Carona C, Silva N, Nunes J, & Canavarro MC (2016). Exploring the link between maternal attachment-related anxiety and avoidance and mindful parenting: The mediating role of self-compassion. *Psychology and Psychotherapy: Theory, Research and Practice*, 89(4), 369–384. 10.1111/papt.12082
- Moreira H, Fonseca A, & Canavarro MC (2017). Assessing attachment to parents and peers in middle childhood: Psychometric studies of the Portuguese version of the people in my life questionnaire. *Journal of Child and Family Studies*, 26(5), 1318–1333. 10.1007/s10826-017-0654-3
- Moreira H, Gouveia MJ, & Canavarro MC (2018). Is mindful parenting associated with adolescents' well-being in early and middle/late adolescence? The mediating role of adolescents' attachment representations, self-compassion and mindfulness. *Journal of Youth and Adolescence*, 47(8), 1771–1788. 10.1007/s10964-018-0808-7 [PubMed: 29392524]
- Moreira H, Gouveia MJ, Carona C, Silva N, & Canavarro MC (2015). Maternal attachment and children's quality of life: The mediating role of self-compassion and parenting stress. *Journal of Child and Family Studies*, 24(8), 2332–2344. 10.1007/s10826-014-0036-z
- Morris AS, Silk JS, Steinberg L, Myers SS, & Robinson LR (2007). The role of the family context in the development of emotion regulation. *Social Development*, 16(2), 361–388. 10.1111/j.1467-9507.2007.00389.x [PubMed: 19756175]
- Neff K (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85–101. <http://www.informaworld.com/openurl?genre=article&doi=10.1080/15298860309032&magic=crossref>
- Neff K, Bluth K, Tóth-Király I, Davidson O, Knox M, Williamson Z, & Costigan A (2020). Development and validation of the self-compassion scale for youth. *Journal of Personality Assessment*, 1–14. 10.1080/00223891.2020.1729774
- Neff KD, & Faso DJ (2015). Self-compassion and well-being in parents of children with autism. *Mindfulness*, 6(4), 938–947. 10.1007/s12671-014-0359-2
- Neff KD, & Germer CK (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28–44. [PubMed: 23070875]
- Neff KD, Kirkpatrick KL, & Rude SS (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154. 10.1016/j.jrp.2006.03.004
- Neff KD, & McGehee P (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9(3), 225–240. 10.1080/15298860902979307
- Neff KD, Pisitsungkagarn K, & Hsieh YP (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, 39(3), 267–285. 10.1177/0022022108314544

- Nelson JA, & Boyer BP (2018). Maternal responses to negative emotions and child externalizing behavior: Different relations for 5-, 6-, and 7-year-olds. *Social Development*, 27(3), 482–494. 10.1111/sode.12296
- Nelson JA, Leerkes EM, O'Brien M, Calkins SD, & Marcovitch S (2012). African American and European American mothers' beliefs about negative emotions and emotion socialization practices. *Parenting Science and Practice*, 12, 22–41. 10.1080/15295192.2012.638871
- Pepping CA, Davis PJ, O'Donovan A, & Pal J (2015). Individual differences in self-compassion: The role of attachment and experiences of parenting in childhood. *Self and Identity*, 14(1), 104–117. 10.1080/15298868.2014.955050
- Perez-Blasco J, Viguer P, & Rodrigo MF (2013). Effects of a mindfulness-based intervention on psychological distress, well-being, and maternal self-efficacy in breast-feeding mothers: Results of a pilot study. *Archives of Women's Mental Health*, 16(3), 227–236. 10.1007/s00737-013-0337-z
- Pietromonaco PR, & Feldman L (2000). The internal working models concept: What do we really know about the self in relation to others? *Review of General Psychology*, 4(2), 155–175. 10.1037/1089-2680.4.2.155
- Potter RF, Yar K, Francis AJP, & Schuster S (2014). Self-compassion mediates the relationship between parental criticism and social anxiety. *International Journal of Psychology and Psychological Therapy*, 14(1), 33–43.
- Psychogiou L, Legge K, Parry E, Mann J, Nath S, Ford T, & Kuyken W (2016). Self-compassion and parenting in mothers and fathers with depression. *Mindfulness*, 7, 896–908. 10.1007/s12671-016-0528-6 [PubMed: 27429666]
- Raes F (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences*, 48(6), 757–761. 10.1016/j.paid.2010.01.023
- Raque-Bogdan TL, Ericson SK, Jackson J, Martin HM, & Bryan NA (2011). Attachment and mental and physical health: Self-compassion and mattering as mediators. *Journal of Counseling Psychology*, 58(2), 272–278. 10.1037/a0023041 [PubMed: 21463033]
- Rholes WS, Simpson JA, & Friedman M (2006). Avoidant attachment and the experience of parenting. *Personality and Social Psychology Bulletin*, 32(3), 275–285. 10.1177/0146167205280910 [PubMed: 16455856]
- Ross ND, Kaminski PL, & Herrington R (2019). From childhood emotional maltreatment to depressive symptoms in adulthood: The roles of self-compassion and shame. *Child Abuse & Neglect*, 92, 32–42. 10.1016/J.CHIBU.2019.03.016 [PubMed: 30908992]
- Rutherford HJV, Wallace NS, Laurent HK, & Mayes LC (2015). Emotion regulation in parenthood. *Developmental Review*, 36, 1–14. 10.1016/j.dr.2014.12.008 [PubMed: 26085709]
- Sanders W, Zeman J, Poon J, & Miller R (2015). Child regulation of negative emotions and depressive symptoms: The moderating role of parental emotion socialization. *Journal of Child and Family Studies*, 24(2), 402–415. 10.1007/s10826-013-9850-y
- Shaver P, Mikulincer M, Sahdra B, & Gross JT (2016). The Oxford Handbook of Hypo-egoic Phenomena: Attachment Security as a Foundation for Kindness Toward Self and Others (Brown K. Warren & Leary MR (eds.)). 10.1093/oxfordhb/9780199328079.013.15
- Sirois FM, Bögels S, & Emerson L-M (2019). Self-compassion improves parental well-being in response to challenging parenting events. *The Journal of Psychology*, 153(3), 327–341. 10.1080/00223980.2018.1523123 [PubMed: 30376651]
- Sirois FM, Molnar DS, Hirsch, & JK. (2015). Self-compassion, stress, and coping in the context of chronic illness. *Self and Identity*, 14(3), 334–347. 10.1080/15298868.2014.996249
- Svendsen JL, Osnes B, Binder PE, Dundas I, Visted E, Nordby H, Schanche E, & Sørensen L (2016). Trait self-compassion reflects emotional flexibility through an association with high vagally mediated heart rate variability. *Mindfulness*, 7(5), 1103–1113. 10.1007/s12671-016-0549-1 [PubMed: 27642372]
- Tanaka M, Wekerle C, Schmuck M, Lou, Paglia-Boak A, & MAP Research Team. (2011). The linkages among childhood maltreatment, adolescent mental health, and self-compassion in child welfare adolescents. *Child Abuse & Neglect*, 35(10), 887–898. 10.1016/j.chiabu.2011.07.003 [PubMed: 22018519]

- Temel M, & Atalay AA (2018). The relationship between perceived maternal parenting and psychological distress: Mediator role of self-compassion. *Current Psychology*, 1–8. 10.1007/s12144-018-9904-9
- Vettese LC, Dyer CE, Li WL, & Wekerle C (2011). Does self-compassion mitigate the association between childhood maltreatment and later emotion regulation difficulties? A preliminary investigation. *International Journal of Mental Health and Addiction*, 9(5), 480–491. 10.1007/s11469-011-9340-7
- Wei M, Liao KY, Ku T, & Shaffer PA (2011). Attachment, self-compassion, empathy, and subjective well-being among college students and community adults. *Journal of Personality*, 79(1), 191–221. 10.1111/j.1467-6494.2010.00677.x [PubMed: 21223269]
- Westphal M, Leahy RL, Pala AN, & Wupperman P (2016). Self-compassion and emotional invalidation mediate the effects of parental indifference on psychopathology. *Psychiatry Research*, 242, 186–191. 10.1016/j.psychres.2016.05.040 [PubMed: 27288737]
- Wong CCY, Mak WWS, & Liao KY-H (2016). Self-compassion: A potential buffer against affiliate stigma experienced by parents of children with autism spectrum disorders. *Mindfulness*, 7(6), 1385–1395. 10.1007/s12671-016-0580-2
- Wu Q, Chi P, Lin X, & Du H (2018). Child maltreatment and adult depressive symptoms: Roles of self-compassion and gratitude. *Child Abuse and Neglect*, 80, 62–69. 10.1016/j.chiabu.2018.03.013 [PubMed: 29571033]
- Zeman J, Cassano M, & Adrian M (2013). Socialization influences on children's and adolescent's emotional self-regulation processes: A developmental psychopathology perspective. In Barrett K, Fox N, Morgan G, Fidler D, & Daunhauer L (Eds.), *Handbook of Self-regulatory Processes in Development: New Directions and International Perspectives* (pp. 79–106). Psychology Press.
- Zessin U, Dickhäuser O, & Garbade S (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology. Health and Well-Being*, 7(3), 340–364. 10.1111/aphw.12051 [PubMed: 26311196]
- Zvara BJ, Sheppard KW, & Cox M (2018). Bidirectional effects between parenting sensitivity and child behavior: A cross-lagged analysis across middle childhood and adolescence. *Journal of Family Psychology*, 32(4), 484–495. 10.1037/fam0000372 [PubMed: 29697996]



**Figure 1. Parent Response To Child's Difficult Emotion Links Parent Self-Compassion and Child Self-Compassion**

*Note.* SC = self-compassion; 'parent responses' include expressed emotion, behaviors, and beliefs about difficult emotions; 'child emotion/behavior' includes child emotion regulation skills and internalizing/externalizing symptoms