

Associations between Attachment Style and Emotion Regulation among Parents of Children with Behavioral and Emotional Problems: The Role of Parental Feelings and Self-Compassion

Vered Shenaar-Golan^{1,2,*}, Ayelet Gur¹ and Uri Yatzkar^{2,3,4}

¹Tel-Hai Academic College, Department of Social Work, Upper Galilee, 12208 Israel

²Tel-Hai College and Ziv Hospital Joint Research Center for Mental Health, Israel

³Ziv Medical Center, Zfat, Israel

⁴The Azrieli Faculty of Medicine Bar-Ilan University, Israel

*Corresponding Author: Vered Shenaar-Golan, Tel-Hai Academic College, Department of Social Work, Upper Galilee, 12208 Israel, Tel.: 972528969663, E-mail: vered.golan7@gmail.com

Citation: Vered Shenaar-Golan, Ayelet Gur, Uri Yatzkar (2024) Associations between Attachment Style and Emotion Regulation among Parents of Children with Behavioral and Emotional Problems: The Role of Parental Feelings and Self-Compassion, J Psychiatry Ment Illn 5(1): 101

Received Date: January 10, 2024 **Accepted Date:** January 10, 2024 **Published Date:** January 17, 2024

Abstract

This study investigated the mediating role of self-compassion and parental feelings in the relationship between attachment styles and difficulties in the emotion regulation (ER) among parents of children with emotional and behavioral problems. The study drew on a sample of 662 parents attending a child and adolescent psychiatric center in an Israeli public hospital. Results showed both avoidant and anxious attachment styles were directly associated with difficulties in ER. Higher scores in avoidant and anxious attachment were linked to increased difficulties in ER. Self-compassion mediated the association between avoidant and anxious attachment and difficulties in ER. Furthermore, only anger was identified as a mediator of anxious attachment and difficulties in ER. The findings suggest self-compassion and parental feelings may play an essential role in the ER of parents of children with emotional and behavioral problems. Implications for future research and clinical practice are discussed.

Keywords: Self-Compassion; Adult Attachment; Parental Feelings; Emotion Regulation

Introduction

Parenting children with behavioral and emotional problems involves unique challenges [1–3], often resulting in complex negative emotions [4,5]. In the context of the ongoing challenges faced by parents of children with emotional and behavioral problems, emotion regulation (ER) is an essential capacity for parents [6].

A person's attachment style is consistently shown to be a primary factor that explains ER [7,8], but the mechanisms by which attachment is associated with ER are unclear [9]. We argued two factors may explain the association between parents' attachment style and their ER: parental self-compassion and parental feelings. More specifically, we investigated the mediating role of self-compassion and parental feelings in the relationship between parental attachment styles and difficulties in emotion regulation (ER) in a sample of parents of children with behavioral and emotional problems.

ER of Parents of Children with Behavioral and Emotional Problems

ER is a complex process whereby individuals attend to their emotions and modulate the intensity and duration of emotional states [10]. ER plays a crucial role in everyday functioning and is associated with multiple psychological adjustment domains [11,12].

Individuals who have a sense of control over their emotions and whose emotion management efforts are appropriate to goals and situational demands have a capacity for adaptive ER [12]. Individuals who lack emotional awareness and/or lack access to strategies to regulate emotions display maladaptive ER [13,14]. They may have problems identifying, understanding, or accepting their emotional states and may struggle to access adaptive coping strategies, control impulsive behavior, and maintain goal-directed behavior in the face of difficult emotional experiences [11,15].

ER is an essential resource for parents of children with behavioral and emotional problems [6], given their unique challenges. Parenting children with behavioral and emotional problems can be stressful and disturbing in a way that affects nearly all aspects of parental life [1–3], often resulting in cycles of emotional arousal and distress [16].

Attachment and Difficulties in ER

Attachment theory [17] offers a coherent framework for understanding the development of individual differences in ER [7,8]. Attachment theory states that an individual's perceptions, actions, and feelings are often the result of the experiences encountered in childhood [17]. These shape the individual's subsequent view of relationships and emotional expression [18]. Attachment is generally conceptualized as either secure or insecure. Adult insecure attachment is conceptualized along two dimensions of attachment: anxiety and avoidance [19]. Both have negative implications for ER [9]. In contrast, secure attachment styles can serve as a foundation for ER [20].

However, the processes by which attachment is associated with ER are not well understood [9]. We argued that parental self-compassion and parental feelings may serve as mediators in the association between parental attachment and difficulties in ER.

Attachment, Self-Compassion, and Emotion Regulation

Self-compassion is described as treating oneself with kindness, care, and concern when facing personal failures, inadequacies, and painful life events, thereby experiencing a healthy attitude and relationship with oneself [21]. Neff [22] conceptualizes self-compassion as entailing three components: (1) self-kindness versus self-judgment, or having an attitude that is gentle, sympathetic, and understanding towards the self when encountering suffering; (2) a sense of common humanity versus isolation, or the recognition that suffering is part of the human experience; and (3) mindfulness versus over-identification. Mindfulness involves the ability to maintain attention to the present moment in the context of awareness of painful thoughts, feelings, and emotions. Over-identification refers to the tendency to become identified with negative emotions, thoughts, and sensations that arise in difficult situations.

Self-compassion is associated with positive psychological outcomes [23,24]. Individuals with self-compassion better adapt to personal challenges and failures and show reduced stress responses and better emotional balance [25,26]. Yet studies on self-compassion in the context of parenthood are scant.

Studies have shown that attachment is connected with self-compassion: secure attachment is positively associated with self-compassion, and anxious and avoidant attachment are negatively associated with self-compassion [20,27,28]. In addition, there may be differences in the relationship between the types of insecure attachment (anxious and avoidant) and self-compassion [29,30].

In turn, self-compassion can predict ER [25,31]. Studies have found a negative relationship between self-compassion and emotion dysregulation, or the inability to control one's emotional reactions to negative stimuli [25,32,33]. Individuals who are self-compassionate when suffering may be able to maintain their negative emotions in a manageable range and thereby facilitate the usage of adaptive ER [31,32]. Self-compassion-based practices may increase an individual's ability to regulate emotions by improving the ability to identify and accept sensitive or negative emotional cues in a non-judgmental manner, reducing emotional numbing and diminishing chronic hyperarousal [34].

Finally, self-compassion may play a mediating role in the context of attachment styles and a variety of mental health outcomes [35,36], and also in the context of emotion dysregulation [30,32].

Attachment, Parental Feelings, and Emotion Regulation

Parenthood is described as an ongoing experience of the arousal of a variety of emotions [37–39]. Parental emotions are an important determinant of parent–child interactions and child development [40–43]. Parents may experience different emotions in different aspects of their parental role, for example, when they interact with their children, when they interact with others in their role as parents, and when they evaluate themselves as parents [44,45]. In what follows, we define parental feelings as the emotions experienced by parents related to their role [40,46,47].

The emotional experiences of parents may be connected to their ER. Biobehavioral structures of positive emotions are distinct from those of negative emotions and therefore merit separate attention [48]. While negative parental emotions constrain the options for action and thought available to the parent, positive emotions can expand the scope of possibilities and thus allow the construction of personal resources for adaptation and adaptive emotional functioning [49]. This may be specifically relevant to parents of children with emotional and behavioral problems, as these parents may be subjected to increased strain, leading to a variety of negative emotions, including frustration, helplessness, and blame [4,5]. The appearance of these intense emotions in a parent–child relationship can affect a parent's ER abilities.

Attachment theory may serve as conceptual frame to trace the development of various feelings about one's adult roles, including parenthood. An insecure attachment style (avoidant or anxious) may shape how an individual views relationships and emotional expressions [18]. In a systematic review of the literature on prenatal feelings, Jones et al. [37] found support for a link between adult attachment style and parenting and more specifically to emotions related to specific aspects of parenting (e.g., parental stress). For example, 11 studies on parental stress, often experienced as negative feelings about the self and the child [50] (Author et al., 2021), found significant associations between attachment style and parental stress, mostly indicating that both avoidant and anxious attachment styles were related to greater parenting stress [37]. Given the well-documented link between parental emotions and parenting outcomes [38,39,41], these authors recommend that future research in this area should examine how various kinds of parental emotions mediate and moderate links between attachment styles and parenting behavior [37]. We suggest an additional area of interest is the mediating effect of parents' feelings within their parental roles in the association between attachment style and ER.

The Present Study

We investigated how attachment style can affect ER through self-compassion and parental feelings. To the best of our knowledge, this has not previously been examined. Clarity on this issue can be important, however, as both self-compassion and parental feelings can be affected by interventions and thus may serve as potential treatment targets [51–53].

Methods

Participants

The sample included 662 parents of children attending the child and adolescent psychiatric center of a public hospital serving a regional multiethnic population. The center provides assessment and treatment in individual outpatient clinics for a variety of mental health problems. The children of families attending the psychiatric center are assessed by a clinician and referred to the relevant clinic for a deeper assessment and treatment plan. The families in our study were referred to anxiety and post-trauma, ADHD, eating disorders, depression, and sexual abuse clinics where they were given the study's questionnaires. Note that in what follows, we refer to all children as having emotional and behavioral problems; we do not differentiate between diagnoses. We mention this again in the limitations section of the paper.

A total of 406 mothers and 256 fathers completed the questionnaires. Of the mothers, 314 (77%) were married, 62 (15%) were divorced, 11 (3%) were widows, and 19 (5%) were single mothers. Of the fathers, 226 (88%) were married, 27 (11%) were divorced, and 3 (1%) were single fathers. For 216 (48%) children, both the mother and the father answered the questionnaires; for 190 (43%) children, only the mother responded, and for 40 (9%) children, only the father responded. The children were in elementary and secondary school and ranged in age from 10 to 18 years ($M = 12.6$, $SD = 3.2$). The mothers ranged in age from 27 to 65 years ($M = 43.0$, $SD = 6.5$), and the fathers ranged in age from 29 to 68 years ($M = 46.5$, $SD = 6.7$).

Procedure

The questionnaires are part of a broader set of questionnaires completed by parents and children attending the center and are used by center professionals in the evaluation process, not only for research purposes. Participants gave their informed consent to take part in the study by signing an informed consent form. The Helsinki Committee of Ziv Medical Center, Tzfat, Israel, approved the study.

Measures

Difficulties in Emotion Regulation Scale

We measured difficulties in emotion regulation using the Difficulties in Emotion Regulation Scale (DERS) [12], a measure consisting of 36 items that load onto six subscales. To assess difficulties regulating emotions during times of distress, many items begin with 'When I'm upset'. Respondents are asked to indicate how often the items apply to them, with responses ranging from 1 to 5, where 1=almost never, 2=sometimes, 3=about half the time, 4=most of the time, and 5=almost always. The DERS has high internal consistency ($\alpha=.93$), good test-retest reliability ($r=.88$, $p<.01$), and adequate construct and predictive validity [12]. The internal reliability for our sample was .87. The instrument is widely used in diverse populations for different research purposes [54,55].

Experiences in Close Relationships Scale

Participants completed a Hebrew version of the Experiences in Close Relationships Scale (ECR) [56] assessing attachment style. This self-report scale consists of 36 items tapping the dimensions of attachment anxiety and avoidance. Respondents rate the extent to which each item is descriptive of their feelings in close relationships on a 7-point scale, ranging from not at all=1 to very

much=7. Eighteen items tap attachment anxiety (e.g., 'I worry about being abandoned'; 'I worry a lot about my relationships'), and 18 items tap attachment avoidance (e.g., 'I prefer not to show a partner how I feel deep down'; 'I get uncomfortable when a romantic partner wants to be very close'). Point 4 on the scale is anchored by neutral/mixed. Of the 36 items, 9 are reverse-scored (8 items from the avoidance subscale and 1 item from the anxiety subscale). Higher scores on the attachment avoidance subscale reflect greater avoidance, higher scores on the attachment anxiety subscale reflect greater anxiety, and low scores on these two dimensions reflect secure attachment.

The reliability and validity of the scale have been demonstrated in previous studies [56]. The ECR was translated into Hebrew by Mikulincer and Florian [57], who also validated its two-factor structure in an Israeli sample (anxiety items $\alpha=0.92$; avoidance items $\alpha=0.93$). In our sample, Cronbach's alphas were high for the 18 anxiety items (.88) and the 18 avoidance items (.91), so we computed two scores by averaging items on each subscale. These scores were not significantly associated, $r(70)=.11$, supporting Brennan et al.'s [56] claim about the orthogonality of anxiety and avoidance dimensions.

Parental Feelings Inventory

The Parental Feelings Inventory (PFI) [40] is a 26-item questionnaire designed to assess parental emotions within the parenting role through parental self-reports. The PFI presents adjectives describing emotions, and parents are asked to indicate the degree they experience that emotion in their role as parents (e.g., 'During the last month did you feel the following in your role as a parent/ guardian?'). The questionnaire was tested in a sample of parents of three-year-old children with behavior problems, yielding three scales of parental emotion: angry (e.g., annoyed), happy (e.g., cheerful), and anxious/sad (e.g., afraid). The developers reported good internal consistency for each of the PFI scales for both maternal and paternal measurements (with all Cronbach's alpha indices exceeding the .90 point) and demonstrated evidence of the scales' predictive and concurrent validity. The PFI's validity and reliability were tested in a sample of Israeli parents of adolescents by Yaffe and colleagues [44], after they translated the scales' items from the English PFI into Hebrew using three steps of back-forward translation procedure. In this study, we recorded a good internal reliability for all three PFI scales, with their Cronbach's alpha coefficients ranging from .80 to .90.

Self-Compassion Scale

We measured self-compassion using the Self-Compassion Scale (SCS) [22], a 26-item self-report measure, with responses ranging from 1=almost never to 5=almost always. The SCS contains six subscales: self-kindness (e.g., 'I try to be loving toward myself when I'm feeling emotional pain'), self-judgment (e.g., 'I'm disapproving and judgmental about my own flaws and inadequacies'), common humanity (e.g., 'When things are going badly for me, I see the difficulties as part of life that everyone goes through'), isolation (e.g., 'When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world'), mindfulness (e.g., 'When I'm feeling down, I try to approach my feelings with curiosity and openness'), and over-identification (e.g., 'When I'm feeling down, I tend to obsess and fixate on everything that's wrong'). The SCS subscales may be examined separately, or a total self-compassion score can be used, given that a single higher-order factor of 'self-compassion' has been found to explain the intercorrelations between subscales [22]. Note that the self-judgment, isolation, and over-identification subscales of the SCS are reverse coded so that higher scores indicate higher levels of self-compassion. The scale demonstrates convergent validity (i.e., correlates with partner ratings), discriminant validity (i.e., no correlation with social desirability), and good test-retest reliability [22,58]. Internal consistency in our sample for the SCS total score was $\alpha=.90$.

Procedure

The questionnaires we employed are included in a comprehensive set of questionnaires completed by all parents and children at the center. These questionnaires serve research purposes but are also a means of evaluation by center professionals. The study was approved by the Ethics Committee of Ziv Medical Center in Israel. Informed consent was obtained from all individual participants. The procedures used adhere to the tenets of the Declaration of Helsinki.

Data Analysis

We used descriptive statistics to describe participants' demographic characteristics, as well as the research variables. Pearson correlations were used to assess the associations between the research variables: attachment styles (anxious, avoidant), difficulties in ER, parental feelings (angry, happy, anxious/sad), and self-compassion. These analyses were performed using SPSS software (25th version). Then, we conducted path analysis using Amos software to determine whether parental feelings and self-compassion mediated the independent variables: (attachment styles: anxious, avoidant) and difficulties in ER.

Results

Correlations Among Variables

Pearson correlations were calculated between the study's variables: difficulties in ER, avoidant attachment, anxious attachment, self-compassion, and parental feelings (angry, happy, anxious/sad). As Table 1 shows, increased difficulties in ER were positively associated with avoidant and anxious attachment and angry and anxious/sad feelings. Negative significant correlations were found between difficulties in ER and self-compassion and happy feelings. In addition, increased avoidant and anxious attachment were associated with decreased self-compassion and decreased happy feelings. Increased avoidant and anxious attachment were also associated with increased angry and anxious/sad feelings. Lastly, increased self-compassion was associated with increased happy feelings and decreased angry and anxious/sad feelings.

Table 1: Intercorrelations Matrix of Difficulties in Emotion Regulation, Attachment Styles, Self-Compassion and Parental Feelings (N = 662)

		<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1	Difficulties in ER	72.59	21.26	1	.44***	.62***	-.69***	.43***	-.24***	.38***
2	Avoidant attachment	3.22	0.94		1	.30***	-.45***	.16***	-.14***	.11**
3	Anxious attachment	2.82	0.83			1	-.53***	.34***	-.11**	.39***
4	Self-compassion	3.58	0.65				1	-.32***	.30***	-.30***
5	Angry	3.48	1.52					1	-.34***	.65***
6	Happy	4.48	1.19						1	-.44***
7	Anxious/sad	3.18	1.46							1

** $p < .01$, *** $p < .001$

Results of Path Analysis to Explain Difficulties in ER

The proposed research model suggests parental feelings (angry, happy, anxious/sad) and self-compassion mediate the association between avoidant and anxious attachment and difficulties in ER. The initial path analysis yielded poor fit indices. The next step was to prune the model, eliminating the paths with nonsignificant coefficients. The final research model is presented in Figure 1. The research model yielded a significant chi-square statistic, $\chi^2(df=5)=10.42$, $p=.064$, and fit indices indicated that the model fit the data very well: NFI=0.996; IFI=0.998; CFI=0.998; RMSEA=.033. CI 95% (.001, .062).

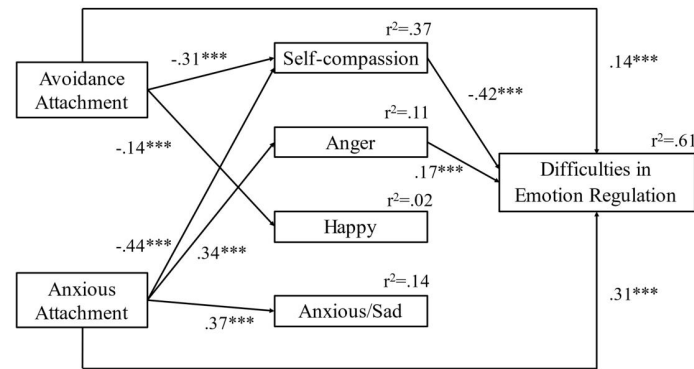


Figure 1: Path Analysis to Explain Difficulties in Emotion Regulation by Attachment Style, Self-Compassion, and Parental Feelings (N=662)

Higher scores in avoidant and anxious attachment were connected to increased difficulties in ER ($\beta = 0.14$, $p < 0.001$, $\beta = 0.31$, $p < 0.001$ respectively). In addition, self-compassion mediated the associations between avoidant and anxious attachment and difficulties in ER ($b=2.94$, CI 95% [2.21,3.83]; $b=3.54$, CI 95% [2.77,4.39] respectively). Higher scores in avoidant and anxious attachment were associated with decreased self-compassion ($\beta = -0.31$, $p < 0.001$, $\beta = -0.44$, $p < 0.001$ respectively), which, in turn, was associated with increased difficulties in ER ($\beta = -0.42$, $p < 0.001$).

Out of the parental feelings, only angry feelings mediated the association between anxious attachment and difficulties in ER ($b=1.07$, CI 95% [0.68,1.62]). Higher scores in anxious attachment were associated with increased angry feelings ($\beta = 0.34$, $p < 0.001$), which, in turn, was associated with increased difficulties in ER ($\beta = 0.17$, $p < 0.001$).

Discussion

The relationship between attachment style and difficulties in ER is well established in the academic literature [7,20]. Yet the way these factors affect each other is unclear [9]. Moreover, to the best of our knowledge, the relationship between attachment style and difficulties in ER has not been examined in parents of children with emotional and behavioral disorders or in the context of self-compassion and parental feelings. We sought to explain the mechanisms of the relationship between attachment style and ER difficulties in a clinical population, while examining the mediating role of self-compassion and parental feelings. The study contributes to the academic literature by specifying the unique contribution of attachment styles and highlighting the unique contribution of positive versus negative parental feelings.

Overall, we found significant positive associations between anxious and avoidant attachment styles and difficulties in ER. To the best of our knowledge, ours is the first study to demonstrate this association in a clinical population. However, the finding is consistent with previous research among parents of children without disabilities [59], community adult samples [27,28], and clinically anxious and depressed adults [35].

We also found a negative association between anxious and avoidant attachment styles and self-compassion. This finding is consistent with previous research showing a negative relationship between insecure attachment styles and self-compassion [30,52]. According to Gilbert's social mentality theory [60], individuals raised in inconsistent, cold, or rejecting environments are less likely to be self-compassionate. This may be because they have a higher insecure attachment style which reduces their ability to take a compassionate stance towards the self [61]. Previous research [25] has also found self-compassion contributes to lower levels of ER difficulties. Further, self-compassion has been shown to negatively predict difficulties with ER, supporting the negative direct link between self-compassion and emotion dysregulation [25,31].

Our path model showed that self-compassion serves as a mediating factor between avoidant and anxious attachment styles and dif-

difficulties in ER. The implication of this finding is that parents with insecure attachment styles tend to have lower self-compassion, which, in turn, impairs their ability to regulate their emotions. The finding sheds light on the mechanism underlying the relationship between insecure attachment and ER difficulties, whereby this relationship is explained by the impairment of self-compassion abilities. It is possible that when a parent with insecure attachment finds him or herself raising a child with emotional and behavioral difficulties – a situation calling for mental resources of control and balance – this parent may have substantial difficulty feeling self-compassion (and therefore be more inclined to self-judgment and feelings of loneliness). This could be expressed in a reduced capacity to tolerate distress and remain in the present moment without judgment and without becoming overidentified with negative thoughts when confronting challenges and difficult situations [21,62]. This may result in diminished awareness and a tendency to engage in rumination and self-judgment [19,63]. Consistent with this assumption and in line with previous studies, our findings suggest the ability of parents to be compassionate towards themselves may enable them to maintain stressful feelings in a manageable range, tolerate distress in challenging interactions with their child, and thereby facilitate effective ER abilities [31,32,64].

Another significant finding was the role of parental feelings, negative and positive, in understanding the relationship between insecure attachment styles and ER difficulties. In general, parental feelings within the parental role [40] (Author et al., 2021, 2022) receive little attention in the research literature despite their importance. Our work yields two fundamental findings: first, anxious and avoidant attachment make a unique contribution to parental emotions; second, certain emotions make a distinct contribution to ER difficulties.

Insecure attachment was found to contribute differently to parental feelings. Avoidant attachment was associated with feelings of joy, in that the more parents tended to avoid attachment, the less they tended to experience feelings of joy. This finding reinforces previous findings among elderly populations [65], young adults (Sheinbaum et al., 2015), and mothers of children with a developmental disability [66], where a negative relationship emerged between avoidant attachment and joy. In our sample, an avoidant attachment style was not related to negative parental feelings of anger or anxiety/sadness.

Previous studies using the conceptual framework of attachment theory have found individuals high in avoidant attachment can display both positive and negative views of the self [67]. They tend to defensively enhance views of the self and suppress vulnerability when facing difficult situations [61]. Such individuals are likely to inhibit the experience and expression of emotional distress [19,68] and limit their ability to regulate their reactions and their emotion in stressful situations [69], all important factors that contribute to feelings of happiness [66].

Furthermore, avoidant attachment individuals tend to be emotionally distant in relationships, often deny attachment needs, and may under-report difficulties with others, resulting in a reliance on self-soothing characteristics that may explain the absence of connections between avoidant attachment and anxious/sad feelings [70]. Conversely, anxious attachment is positively related to feelings of anger, sadness, and anxiety. That is, the more parents are prone to anxious attachment, the more negative emotions they will experience in parenting.

Taking into account the characteristics of the anxious attachment style alongside parents' experience of raising a child with emotional and behavioral problems may provide an explanation for our findings. Individuals high in attachment anxiety are likely to display a negative view of the self [19], experience difficulties self-soothing and regulating emotion [71], and be more self-critical [72]. At the same time, they desire closeness from significant others [73]. Therefore, they are likely to heighten the intensity of emotion to gain comfort from others [19].

Among the parental feelings, only anger made a significant contribution to difficulties in ER. The path model showed that anger mediated the relationship between anxious attachment and ER difficulties of parents of children with emotional and behavioral difficulties. Studies suggest parents frequently experience anger, yet it is a challenging emotion to express, as feelings of shame are likely to arise [45]. It may be even more challenging for parents of children with emotional or behavioral difficulties. Life as a parent of a child with emotional and behavioral difficulties involves difficult and complex emotions of frustration and anger [4,5]. Th-

ese parents may feel anger because they see themselves as inadequate parents, unable to cope with their child's difficult behavior or unable to meet their child's emotional needs [4,5]. Therefore, they may use maladaptive ER strategies, suppressing negative emotions; this, in turn, is harmful to their own well-being and the parent-child relationship [74].

Finally, the research model as a whole showed that 61% of the variance in the ER difficulties of parents of children with emotional and behavioral difficulties was explained by insecure attachment, self-compassion, and parental feelings. This suggests self-compassion and parental feelings explain the relationship between parents' insecure attachment and their ER difficulties.

Adaptive ER requires an understanding and acceptance of emotions, as well as the ability to accurately label them [12]. Individuals with an insecure attachment style appear predisposed to develop maladaptive ER capacities characterized by avoidance or hyperactivation of negative emotions [19]. Consistent with previous research, our findings suggest insecure attachment styles negatively affect ER processes, such that these individuals are more likely to suppress negative feelings, lack clarity, acceptance, and understanding of their own emotions, and are at greater risk for experiencing lower levels of self-compassion [61] by having diminished awareness and an increased tendency to engage in rumination, self-criticism, and self-judgment [19,63]. As Berking and colleagues [64] showed, the ability of individuals to treat themselves in a compassionate manner when facing stressful life events, such as raising a child with emotional and behavioral problems, may enable them to maintain negative emotions in a manageable range and thereby facilitate effective ER. Consistent with this hypothesis, our findings indicate that being self-compassionate when facing challenging life events might facilitate the usage of adaptive ER strategies [31,32].

Finally, our findings suggest attachment style precedes the development of ER abilities, thus deepening the understanding of the mechanism underlying this relationship. It is important to understand parents' emotions and create interventions that can increase the capacity of parents to treat themselves with kindness and understanding when confronted with personal failings (self-compassion). Moreover, cultivation and regulation of positive emotions is critical for a parent facing ongoing stress [75].

Limitations

The study findings should be interpreted with caution due to several limitations. First, we did not have a comparison group of parents in the general population; therefore it cannot be said with certainty that the relationships we discovered are unique to a clinical population. Second, the cross-sectional nature of our study restricts our ability to establish causal relationships among attachment styles, self-compassion, parental feelings, and emotional regulation difficulties. A longitudinal design would offer a more comprehensive understanding of the temporal dynamics of these factors, providing insights into the causal pathways over time.

Third, although the sample included parents of children with severe difficulties that led to their treatment in a psychiatric clinic, the research model did not take into account the type of disorder and its severity. This limitation affects the generalizability of our findings across various diagnostic categories. Given the multiplicity of types of diagnoses and the small sample size for some of the diagnostic categories, we were unable to separately examine the impact of different types of emotional and behavioral problems. Future studies should refer to specific diagnostic types to examine differential effects of various emotional and behavioral problems and the extent to which they affect parental feelings and self-compassion. Furthermore, it is necessary to separate parents of children with internalizing problems from parents of children with externalizing problems, as these may involve different life experiences. For example, in a previous study, we found child internalizing but not externalizing problems were associated with a lower level of parental well-being. In addition, for children with internalizing but not externalizing problems, parental self-compassion was the only predictor of parental well-being beyond the severity of child clinical problems (Author et al., 2021). Finally, it is necessary to consider children's age and gender.

Fourth, the data were based on self-report measures and are thus subject to both response bias and common method bias. In future studies, a mixed methodology, including measures from different sources (e.g., clinician assessment) and qualitative investigation (e.g., open-ended questions), may help reduce the potential for such bias [76]. These and other future studies may have impor-

tant implications for mental healthcare practice, as parental self-compassion and parental feelings may become targets for assessment and therapy.

While our study sheds light on important associations among attachment styles, self-compassion, parental feelings, and emotional regulation difficulties in a clinical population, the acknowledged limitations necessitate careful consideration. We recognize the need for further research that addresses these constraints, employs diverse methodologies, and includes a more representative sample, ultimately enhancing the robustness and applicability of our findings in diverse contexts.

Practical Implications

Our findings showed parental attachment style makes a substantial contribution to ER difficulties. Therefore, interventions to strengthen the adaptive ER of parents of children with emotional and behavioral difficulties should refer differentially to the parents' attachment style.

Findings of previous work (Author et al., 2022) and the present study suggest self-compassion can be used as a protective factor against the consequences of ER difficulties. Therefore, intervention programs should be designed to promote parents' self-compassion abilities. There is growing knowledge about the ability to teach self-compassion, and it is possible to promote self-compassion through specific, short, effective, and applicable interventions such as the Mindful Self-Compassion Program [77]. To the best of our knowledge, however, these have not been adapted to clinical populations.

Finally, it seems parental feelings, specifically, angry feelings, play a central role in the relationship between anxiety and ER difficulties. Despite its centrality, the field of parental feelings has not received sufficient attention in the literature and in clinical interventions and must continue to be developed.

References

1. Gerkenmeyer JE, Perkins SM, Day J, Austin JK, Scott EL et al. (2011) Maternal Depressive Symptoms When Caring for a Child with Mental Health Problems. *J Child Fam Stud* 20: 685–95.
2. Vaughan EL, Feinn R, Bernard S, Brereton M, Kaufman JS (2013) Relationships between Child Emotional and Behavioral Symptoms and Caregiver Strain and Parenting Stress. *J Fam Issues*, 34: 534–56.
3. Vohra R, Madhavan S, Sambamoorthi U, St Peter C (2014) Access to Services, Quality of Care, and Family Impact for Children with Autism, Other Developmental Disabilities, and Other Mental Health Conditions. *Autism*, 18: 815–26.
4. Crowe M, Inder M, Joyce P, Luty S, Moor S et al. (2011) Was It Something I Did Wrong? A Qualitative Analysis of Parental Perspectives of Their Child's Bipolar Disorder. *J Psychiatr Ment Health Nurs*, 18, 342–348.
5. Lindgren E, Söderberg S, Skär L (2016) Being a Parent to a Young Adult with Mental Illness in Transition to Adulthood. *Issues Ment Health Nurs*, 37: 98–105.
6. Cousineau TM, Hobbs LM, Arthur KC (2019) The Role of Compassion and Mindfulness in Building Parental Resilience When Caring for Children With Chronic Conditions: A Conceptual Model. *Frontiers in Psychology* 10.
7. Shaver PR, Mikulincer M (2014) Adult Attachment and Emotion Regulation. In *Handbook of emotion regulation*, 2nd ed; The Guilford Press: New York, NY, US, 237–50.
8. Thompson RA (1991) Emotional Regulation and Emotional Development. *Educ Psychol Rev* 3: 269–307.
9. Ferraro IK, Taylor AM (2021) Adult Attachment Styles and Emotional Regulation: The Role of Interoceptive Awareness and Alexithymia. *Personality and Individual Differences*, 173: 110641.
10. Gross JJ, Thompson RA (2007) Emotion Regulation: Conceptual Foundations. In *Handbook of emotion regulation*; The Guilford Press: New York, NY, US, 3–24.
11. Perasso G, Velotti P (2017) Difficulties in Emotion Regulation Scale. In *Encyclopedia of Personality and Individual Differences*; Zeigler-Hill, V., Shackelford, T.K., Eds.; Springer International Publishing: Cham, 1–3.
12. Gratz K, Roemer L (2004) Multidimensional Assessment of Emotion Regulation and Dysregulation: Development, Factor Structure, and Initial Validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26: 41–54.
13. Carreras J, Carter AS, Heberle A, Forbes D, Gray SAO (2019) Emotion Regulation and Parent Distress: Getting at the Heart of Sensitive Parenting among Parents of Preschool Children Experiencing High Sociodemographic Risk. *J Child Fam Stud*, 28: 2953–62.
14. Woodward EC, Viana AG (2018) The Desire to Emulate Parental Emotional Strategies and Its Relation to Emotion Dysregulation among Emerging Adults. *Emotional & Behavioural Difficulties*, 23: 245–53.
15. Price CJ, Hooven C (2018) Interoceptive Awareness Skills for Emotion Regulation: Theory and Approach of Mindful Awareness in Body-Oriented Therapy (MABT). *Frontiers in Psychology* 9.
16. Hamlyn-Wright S, Draghi-Lorenz R, Ellis J (2007) Locus of Control Fails to Mediate between Stress and Anxiety and Depres-

sion in Parents of Children with a Developmental Disorder. *Autism*, 11: 489–501.

17. Bowlby J (1969) *Attachment and Loss*; 2nd ed.; New York: Basic Books, 1.

18. Ainsworth MDS, Blehar MC, Waters E, Wall S (1978) *Patterns of Attachment: A Psychological Study of the Strange Situation*; *Patterns of attachment: A psychological study of the strange situation*; Lawrence Erlbaum: Oxford, England, 391.

19. Mikulincer, M.; Shaver, P.R. Boosting Attachment Security to Promote Mental Health, Prosocial Values, and Inter-Group Tolerance. *Psychological Inquiry* 2007, 18, 139–156.

20. Shaver P, Mikulincer M, Gross J, Stern J, Cassidy J (2016) *A Lifespan Perspective on Attachment and Care for Others: Empathy, Altruism, and Prosocial Behavior*. 878–916.

21. Neff KD (2003) The Development and Validation of a Scale to Measure Self-Compassion. *Self and Identity*, 2: 223–50.

22. Neff KD (2003) Self-Compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself. *Self and Identity*, 2: 85–101.

23. Inwood E, Ferrari M (2018) Mechanisms of Change in the Relationship between Self-Compassion, Emotion Regulation, and Mental Health: A Systematic Review. *Appl Psychol Health Well Being*, 10: 215–35.

24. Kirschner H, Kuyken W, Wright K, Roberts H, Brejcha C et al. Soothing Your Heart and Feeling Connected: A New Experimental Paradigm to Study the Benefits of Self-Compassion. *Clinical Psychological Science*, 7: 545–65.

25. Finlay-Jones AL, Rees CS, Kane RT et al. (2015) Self-Compassion, Emotion Regulation and Stress among Australian Psychologists: Testing an Emotion Regulation Model of Self-Compassion Using Structural Equation Modeling. *PLoS One*, 10: e0133481.

26. Wilson AC, Mackintosh K, Power K, Chan SWY (2019) Effectiveness of Self-Compassion Related Therapies: A Systematic Review and Meta-Analysis. *Mindfulness*, 10: 979–95.

27. Fuochi G, Veneziani CA, Voci A (2018) Exploring the Social Side of Self-Compassion: Relations with Empathy and Outgroup Attitudes. *European Journal of Social Psychology* 48: 769–83.

28. Zhang JW, Chen S (2017) Self-Compassion Promotes Positive Adjustment for People Who Attribute Responsibility of a Romantic Breakup to Themselves. *Self and Identity*, 16, 732–59.

29. Neff K, McGehee P (2010) Self-Compassion and Psychological Resilience Among Adolescents and Young Adults. *Self and Identity - SELF IDENTITY* 9: 225–40.

30. Raque-Bogdan TL (2016) Piontkowski, S.; Hui, K.; Ziemer, K.S.; Garriott, P.O. Self-Compassion as a Mediator between Attachment Anxiety and Body Appreciation: An Exploratory Model. *Body Image*, 19: 28–36.

31. 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. *Psychol Psychother*, 90: 247–63.

32. 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, 480–91.

33. Scoglio AAJ, Rudat DA, Garvert D, Jarmolowski M, Jackson C (2018) Herman, J.L. Self-Compassion and Responses to Trauma: The Role of Emotion Regulation. *J Interpers Violence*, 33: 2016–36.
34. Remmers C, Topolinski S, Koole SL (2016) Why Being Mindful May Have More Benefits than You Realize: Mindfulness Improves Both Explicit and Implicit Mood Regulation. *Mindfulness* 2016, 7, 829–837, doi:10.1007/s12671-016-0520-1.
35. Mackintosh K, Power K, Schwannauer M, Chan SWY (2018) The Relationships Between Self-Compassion, Attachment and Interpersonal Problems in Clinical Patients with Mixed Anxiety and Depression and Emotional Distress. *Mindfulness* (N Y) 9: 961–71.
36. Øverup CS, Smith CV (2017) Considering Attachment and Partner Perceptions in the Prediction of Physical and Emotional Sexual Satisfaction. *Journal of Sexual Medicine*, 14: 134–43.
37. Jones JD, Cassidy J, Shaver PR (2015) Parents' Self-Reported Attachment Styles: A Review of Links with Parenting Behaviors, Emotions, and Cognitions. *Pers Soc Psychol Rev*, 19: 44–76.
38. Dix T (1991) The Affective Organization of Parenting: Adaptive and Maladaptive Processes. *Psychol Bull*, 110: 3–25.
39. Rueger S, Katz R, Risser H, Lovejoy M (2011) Relations Between Parental Affect and Parenting Behaviors: A Meta-Analytic Review. *Parenting: Science and Practice*, 11: 1–33.
40. Bradley EG, Hurwitz SD, Harvey EA, Hodgson S, Perugini EM (2013) Factor Analytic Structure and Validity of the Parental Feelings Inventory: A Brief Report. *Journal of Child and Family Studies*, 22: 801–6.
41. Zimmer-Gembeck MJ, Rudolph J, Kerin J, Bohadana-Brown G (2022) Parent Emotional Regulation: A Meta-Analytic Review of Its Association with Parenting and Child Adjustment. *International Journal of Behavioral Development*, 46: 63–82.
42. Hajal NJ, Paley B (2020) Parental Emotion and Emotion Regulation: A Critical Target of Study for Research and Intervention to Promote Child Emotion Socialization. *Dev Psychol*, 56: 403–17.
43. Hajal NJ, Teti DM, Cole PM, Ram N (2019) Maternal Emotion, Motivation, and Regulation during Real-World Parenting Challenges. *Journal of Family Psychology*, 33: 109–20.
44. Yaffe Y, Shenaar-Golan V, Yatzkar U (2022) Validation of the Parental Feelings Inventory with Parents of Adolescent Clinical Sample. *Child and Adolescent Social Work Journal*, 1–9.
45. Prikhidko A, Swank J (2019) Examining Parent Anger and Emotion Regulation in the Context of Intensive Parenting. *The Family Journal*, 27, 106648071985537.
46. Shenaar-Golan V, Hen M (2022) Do Parents' Internal Processes and Feelings Contribute to the Way They Report Their Children's Mental Difficulties on the Strength and Difficulties Questionnaire (SDQ)? *Child Psychiatry Hum Dev*, 1–11.
47. Shenaar-Golan V, Wald N, Yatzkar U (2021) Parenting a Child with Mental Health Problems: The Role of Self-Compassion. *Mindfulness*, 12: 2810–9.
48. Garland EL, Fredrickson B, Kring AM, Johnson DP, Meyer et al. (2010) Upward Spirals of Positive Emotions Counter Downward Spirals of Negativity: Insights from the Broaden-and-Build Theory and Affective Neuroscience on The Treatment of Emotion Dysfunctions and Deficits in Psychopathology. *Clin Psychol Rev* 30: 849–64.

49. Carl JR, Soskin DP, Kerns C, Barlow DH (2013) Positive Emotion Regulation in Emotional Disorders: A Theoretical Review. *Clin Psychol Rev*, 33: 343–60.
50. Deater-Deckard K (1998) Parenting Stress and Child Adjustment: Some Old Hypotheses and New Questions. *Clinical Psychology: Science and Practice* 5: 314-32.
51. Neff KD, Germer CK (2013) A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program. *Journal of Clinical Psychology* 69: 28-44.
52. 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: 353-79.
53. John OP, Gross JJ (2004) Healthy and Unhealthy Emotion Regulation: Personality Processes, Individual Differences, and Life Span Development. *J Pers* 72: 1301-33.
54. Gratz KL, Bardeen JR, Levy R, Dixon-Gordon KL, Tull MT (2015) Mechanisms of Change in an Emotion Regulation Group Therapy for Deliberate Self-Harm among Women with Borderline Personality Disorder. *Behav Res Ther* 65: 29-35.
55. Kaufman E, Cundiff J, Crowell S (2015) The Development, Factor Structure, and Validation of the Self-Concept and Identity Measure (SCIM): A Self-Report Assessment of Clinical Identity Disturbance. *Journal of Psychopathology and Behavioral Assessment* 37: 122-33.
56. Brennan KA, Clark CL, Shaver PR (1988) Self-Report Measurement of Adult Attachment: An Integrative Overview. In *Attachment theory and close relationships*; The Guilford Press: New York, NY, US 46-76.
57. Mikulincer M, Florian V (2000) Exploring Individual Differences in Reactions to Mortality Salience: Does Attachment Style Regulate Terror Management Mechanisms? *J Pers Soc Psychol* 79: 260-73.
58. Neff KD, Beretvas SN (2013) The Role of Self-Compassion in Romantic Relationships. *Self and Identity* 12: 78-98.
59. Moreira H, Carona C, Silva N, Nunes J (2016) Canavarro, M.C. Exploring the Link between Maternal Attachment-Related Anxiety and Avoidance and Mindful Parenting: The Mediating Role of Self-Compassion. *Psychol Psychother* 89: 369-84.
60. Gilbert P (2009) Introducing Compassion-Focused Therapy. *Advances in Psychiatric Treatment* 15: 199-208.
61. Pepping C, Davis P, O'Donovan A, Pal J (2014) Individual Differences in Self-Compassion: The Role of Attachment and Experiences of Parenting in Childhood. *Self and Identity* 14: 104-17.
62. Yarnell LM, Neff KD (2013) Self-Compassion, Interpersonal Conflict Resolutions, and Well-Being. *Self and Identity* 12: 146-59.
63. Caldwell JG, Shaver PR (2015) Promoting Attachment-Related Mindfulness and Compassion: A Wait-List-Controlled Study of Women Who Were Mistreated during Childhood. *Mindfulness* 6: 624-36.
64. Berking M, Whitley B (2014) Emotion Regulation: Definition and Relevance for Mental Health. In 5-17.
65. Momeni K, Amani R, Janjani P, Majzoobi MR, Forstmeier S, Nosrati P (2022) Attachment Styles and Happiness in the Elderly: The Mediating Role of Reminiscence Styles. *BMC Geriatrics* 22: 349.

66. Findler L, Klein Jacoby A, Gabis L (2016) Subjective Happiness among Mothers of Children with Disabilities: The Role of Stress, Attachment, Guilt and Social Support. *Research in Developmental Disabilities* 55: 44-54.
67. Pietromonaco PR, Barrett LF (2000) The Internal Working Models Concept: What Do We Really Know about the Self in Relation to Others? *Review of General Psychology* 4: 155-75.
68. Simpson JA, Rholes WS (2017) Adult Attachment, Stress, and Romantic Relationships. *Current Opinion in Psychology* 13: 19-24.
69. Berant E, Mikulincer M, Shaver PR (2008) Mothers' Attachment Style, Their Mental Health, and Their Children's Emotional Vulnerabilities: A 7-Year Study of Children With Congenital Heart Disease. *Journal of Personality* 76: 31-66.
70. Lathren CR, Rao SS, Park J, Bluth K (2021) Self-Compassion and Current Close Interpersonal Relationships: A Scoping Literature Review. *Mindfulness* 12: 1078-93.
71. Shaver PR, Mikulincer M (2010) An Overview of Adult Attachment Theort. In *Attachment Theory and Research in Clinical Work with Adults*; Guilford Press 18-45.
72. Cantazaro A, Wei M (2010) Adult Attachment, Dependence, Self-Criticism, and Depressive Symptoms: A Test of a Mediation Model. *J Pers* 78: 1135-62.
73. Pietromonaco PR, Beck LA (2019) Adult Attachment and Physical Health. *Curr Opin Psychol* 25: 115-20.
74. Le BM, Impett EA (2016) The Costs of Suppressing Negative Emotions and Amplifying Positive Emotions during Parental Caregiving. *Personality and Social Psychology Bulletin* 42: 323-36.
75. Tugade MM, Fredrickson BL (2007) Regulation of Positive Emotions: Emotion Regulation Strategies That Promote Resilience. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being* 8: 311-33.
76. Podsakoff PM, MacKenzie SB, Lee JY, Podsakoff NP (2003) Common Method Biases in Behavioral Research: A Critical Review of the Literature and Recommended Remedies. *Journal of Applied Psychology* 88 879-903.
77. Germer CK, Neff KD (2019) Mindful Self-Compassion (MSC). In *Handbook of mindfulness-based programmes*; Routledge 357-67.

Submit your next manuscript to Annex Publishers and benefit from:

- › Easy online submission process
- › Rapid peer review process
- › Online article availability soon after acceptance for Publication
- › Open access: articles available free online
- › More accessibility of the articles to the readers/researchers within the field
- › Better discount on subsequent article submission

Submit your manuscript at

<http://www.annexpublishers.com/paper-submission.php>