Attachment Theory Self-Compassion and Body Image

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Abstract

Body image reflects one's mental image of one's physical body and one's attitude towards the physical self. Recent developments in emotion regulation research underline the importance of self-compassion in accepting one's self and others. Similarly attachment experiences influences how the view of self and others developed and transferred from childhood to adulthood. According to the current research adverse attachment experiences are linked to low self-compassion. The individual differences in the development of self-compassion require further examination. Thus this paper review the literature to establish the possible link between these constructs and guide researchers for further research and inform clinicians about self-compassion and attachment styles relationship with body image.

Keywords: Attachment Theory, Self-Compassion, Body Image

1. Introduction

In the recent decade obsession with physical appearance is very apparent for both women and men. The trend for having an 'ideal body' for admiration and social approval causing concern to many. The efforts to achieve 'ideal body,' the negative thoughts over the actual body and dissatisfaction with physical appearance may lead people to experience anxiety. Appearance anxiety is a growing problem for adults, adolescents, and even children. In recent studies, authors have argued that negative body image can be experienced not only in middle age but also in early and old age (Clarke & Korotchenko, 2011; Neves, Cipriani, Meireles, Morgado, & Ferreira, 2017). Levine and Smolak (2002) revealed that 40% to 70% of adolescent girls were not happy with at least two parts of their body, 50% to 80% of teenage girls demanded to be thinner than they actually were. A prospective study of Bearman, Presnell, Martinez, and Stice (2006), has shown the increase in age was correlated to the increase in body image dissatisfaction in girl adolescents. The findings of this study indicated that adolescent girls' dissatisfaction with their bodies had risen significantly after 1 and 2 years follow-up. These results reveal the threat of body image dissatisfaction that should not be underestimated.

Body image is correlated to the way we experience our very own body and how we take care of it. It can be thought of like the mental image that we all maintain, and it is related to the thoughts and feelings about how we seem to others. It also indicates how we experience ourselves in society and how we compare ourselves to others. People who have a negative perception of their body

experience embarrassment and anxiety about their physical appearance (e.g., Mili & Raakhee, 2015). Negative and distorted body image can affect not only our feelings about our bodies but also our psychological situation. A great body of literature has expressed many important results that body image dissatisfaction is related to depressive symptoms and mood (e.g., El Ansari, Dibba, & Stock, 2014), higher perceived stress (El Ansari, Dibba, & Stock, 2014; Duchesne, Dion, Lalande, Begin, Emond, Lalande & McDuff, 2017), social physique anxiety (Clode, Lewis, & Fuller-Tyszkiewicz, 2016), low self-esteem (Oktan & Şahin, 2010), sexual self-concept (Potki, Ziaei, Faramarzi, Moosazadeh, & Shahhosseini, 2017), psychological well-being (Dubey & Sharma, 2016), quality of life (Morais, Nascimento, Carmen, Vieira, Moreira, Camana, Maciel, & Almeida, 2017) and so on. Moreover, it is proposed that body dissatisfaction can be observed in cases of severe depression, eating disorders, and body dysmorphic disorder (DSM-5, 2013).

Body dissatisfaction as one of the most important predictors of the eating disorder and body dysmorphic disorder (e.g. Thompson, Coovert, Richards, Johnson, & Cattarin, 1995; Arji, Borjali, Sohrabi, & Farrokhi, 2016) has captured greatest attention. Authors suggested that different factors led to body dissatisfaction, which were individual psychological factors, such as self-compassion, attachment, self-esteem, and depressed affect (e.g., Kelly & Stephen, 2016; Cash, 2004; Bearman et al., 2006), biological factors including body mass index (e.g., Zawawi, 2014), and sociocultural factors as family, peer and friend messages (e.g., Cafri, Yamamiya, Brannick, & Thompson, 2005). All of these factors cause an increase in body image dissatisfaction. Nevertheless, attachment theory made a valuable contribution to understanding the mechanism of body dissatisfaction (Suldo & Sandberg, 2000; Cash, 2004; Pietromonaco, Greenwood, & Barrett, 2004). The efforts have represented that insecure attachment was concerning body image dissatisfaction (Troisi, Lorenzo, Alcini, & Siracusano, 2006), especially anxious attachment (Cash, 2004; Pietromonaco, Greenwood, & Barrett, 2004).

Increasing attention on body dissatisfaction directed efforts to search for correlational studies to find out which psychological factors were linked to body dissatisfaction. Low self-esteem was one of the most emphasized factors concerning body dissatisfaction (Oktan & Şahin, 2010). In recent years, self-compassion (a concept that comprises self-kindness, common humanity, and mindfulness) has also highly been stressed in body image studies due to its close relation to psychological health (Neff, 2003b). The literature has suggested a common result that self-compassion is related to higher levels of body appreciation and lower levels of body dissatisfaction (e.g. Wasylkiw, MacKinnon, & MacLellan, 2012; Bogdan, Piontkowski, Hui, Ziemer, & Garriot, 2016; Kelly & Stephen, 2016). Well documented findings proposed the link between self-compassion and body perception by implementing self-compassion training (Toole & Craighead, 2016; Seekis, Bradley, & Duffy, 2017) or assessing trait self-compassion (e.g. Kelly & Stephen, 2016; Rodgers, Franko, Donovan, Cousineau, Yates, McGowan, Cook, & Lowy, 2017). In their follow-up study, Seekis, Bradley, and Duffy (2017) put forward that the link between self-compassion and body appreciation was stronger than self-esteem, moreover, self-compassion could help alleviate body-related dissatisfaction. With this new perspective, the predictor (Wasylkiw, MacKinnon & MacLellan, 2012; Rodgers et al., 2017) role of self-compassion on body concerns has been underlined.

According to Pepping, Davis, O'Donovan, and Pal (2015), both attachment anxiety and avoidance are linked to low self-compassion but stronger links were observed for attachment anxiety. In their second study (2015), they found that state secure attachment and self-compassion levels were alleviated after security priming self-compassion sessions. Interestingly, anxious and avoidance attachment levels were not lessened after the security priming sessions. The results were in line with Kirckpatrick and Hazan's (1994) theories that insecure attachment developed in early stages of life, the inherent negative beliefs on self, others and the relationships could be opposed to change. The individual differences in the development of self-compassion require further examination. Thus this paper review the literature to establish the possible link between

these constructs and guide researchers for further research and inform clinicians about self compassion and attachment styles relationship with body image.

1.1. Body Image

The beauty of the body has always been of great importance to human society. Even though the definition of beauty differs from within the decades, societies, and cultures, it has always highly been valued. Physical appearance is a personal characteristic that is instantly accessible to others in social interactions. In this regard, the philosopher Aristotle highlighted the importance of the physical appearance by commenting "Beauty is a greater recommendation than any letter of introduction." The worth of being good-looking emphasized by many other philosophers and authors. It is argued that physical appearance not only affects one's social interactions but also psychological status and health. There are two distinct perspectives in the psychological approach to physical appearance: "the outside, body-in-society view" and the other is "the inside, body-in-self view" (Cash, 2006). "Body-in-society" perspective regards how certain facets of one's body appearance, such as weight, height, physical attractiveness, hair color, body shape, influence interpersonal behaviors, cognitions, and perceptions. The other perspective of "body-in-self," in other words body image, considers the one's actual observation of embodiment, particularly self-perceptions and appearance-related self-attitudes toward one's body.

Paul Shilder (1950) defines body image as "the picture of our own body which we form in our mind, that is to say, how the body appears to ourselves" (p.11). Before Shilder's (1950) efforts, body image studies mostly study on individuals with brain damage, lack of organs, and damage of a body part. Unfortunately, until the 1980s, body image researches were directed with adult women suffering from eating disorders and weight concerns mostly. After the 1980s, body image studies began to be conducted on children, adolescents, older people, and men. Shilder's (1950) definition was found too simple because it neglected the fact that body image was a multifaceted construct (Cash & Pruzinsky, 2002). As a multidimensional construct, body image investigations should focus not only on weight and shape concerns but also contain perceptual and attitudinal components as Gardner (2011) stated. According to Gardner (2011), the perceptual component of body image comprises the perception of one's body shape, size, and appearance; the attitudinal component reflects attitudes and feelings over one's body. Grogan (1999) also explained body image as "a person's perceptions, thoughts, and feelings about his or her body" (p.976).

In general terms, body image refers to the degree to which people perceive their bodies. The perception of the body may result in satisfaction or dissatisfaction or in between these two and comprises the two facets of body image: perceptional and attitudinal components. A positive, satisfying body image enables one to view his/her body properly and correctly, thus he/she feels relaxed and satisfied with the way he/she appears to others. Seeing the body in a positive way provides a certain and proper perception of the body, people can see every single part of their body clearly and truly as it is. One can feel comfortable and proud, thus accept their own unique body and do not waste a large amount of time complaining about weight, and the appearance of his/her body. They can be comfortable and sure about their body boundaries. In comparison to negative body image studies, articles on positive body perception are very limited. Recently, the authors directed the focus on body appreciation and adopted a view of positive psychological outcomes of body image.

According to Tylka and Wood-Barcalow (2015), positive body image and negative body perception are not the opposite ends of the continuum. Positive body image is a multidimensional construct that involves body appreciation, love, and acceptance, protection behaviors through the body. It is a protective construct which is mostly stable but may be improved with intervention. It is crucial to attach importance in positive body image to extend the knowledge of body image theory and practice. To search for the importance of body appreciation, researchers have focused on psychosocial outcomes. In their study, Williams, Cash, and Santos (2004) divided the

participants into positive and negative body image groups. Women with positive body perception group reported more body appreciation, less distress inflicting body image, and learning to feel that their positive body image influence their functioning and life favorably than the other group of negative body perception. Positive body perception group also reported higher self-esteem levels, adaptive coping, and optimism.

Andrew, Tiggemann, and Clark (2016, 2016b) directed two studies about health-related results of positive body image in women. Researchers asserted important results that body appreciation was positively linked to attempting medical attention, protecting the skin from sun damages, skin screening, and was negatively linked to dieting behaviors. The authors' other contribution to literature (2016b) presented that adolescent girls expressed the result of body appreciation predicted intuitive eating over in one year. The results also showed that body appreciation predicted the decrease in alcohol consumption and smoking. One year later, a follow-up study was done and it was found out that there was a decrease in the participants' dieting activities and an increase in exercise activities. Another study of health-related outcomes of positive body image in both men and women was proposed by Gillen (2015) and found no gender differences in the relationship between body appreciation and less depressive symptoms, decreased unhealthy weight control behaviors, higher self-esteem, greater aim to protect skin from sun, and lower urge to being masculine.

The studies including positive body image have reflected the bio-psycho-social outcomes of positive body image (e.g., Rodgers, Paxton, McLean, & Damiano, 2016; Dubey & Sharma, 2016). For promoting positive body image in individuals, it is of great importance to search for the predictor factors of this stable image affecting all over one's life.

As expressed before, positive and negative body image are not the opposite ends of a continuum. Different factors contribute to the development of negative body image. To define broadly, negative body image consists of two components: investment (body image importance) and evaluation (body dissatisfaction). While body dissatisfaction reflects one's subjective perception and attitudes toward his/her body, experiencing high concern over body appearance relates to high body image concern (Cash & Pruzinsky, 2002). The discrepancy between the actual shape, weight and ideal body in mind causes body dissatisfaction. However, this definition was criticized considering that one's body shape/weight might be close to their ideal body shape/weight but still, the image of the body could be negative, and the individual could be disturbed by their body appearance. The attitude and perception toward the body affect one's psychological status more than the actual body shape/weight (Cash & Pruzinsky, 2002).

It is also important to clarify the distinction between body dissatisfaction and body image distortion. Negative body representation ranges from negative thoughts over the body to distorted image – the perception of body parts not clearly and truly as they actually are. Distorted body image represents the discrepancy between the perception of the shape, size, weight or actual body status. Distortion in body image reflects a brain condition in which the individual is unable to see herself/himself accurately in front of the mirror, they perceive their body is distorted (Cash & Brown, 1987).

Both body dissatisfaction and body image distortion have implicated psychological, mental and health outcomes, and should be taken into consideration. Body image disturbances are seen in severe psychopathological diseases, such as Eating Disorders (EDs)- the persevering disturbance of eating and eating-related actions which, then, result in the food consumption that harms physical and psychological functioning- and Body Dysmorphic Disorder (BDD)- one's fixation on an imagined defect in the body appearance (DSM-5, 2013). The empirical body of literature focused on the effect of body dissatisfaction/distortion on the onset of eating disorder and eating-related behaviors in children and adolescents (e.g., Smolak & Thompson, 2009, Rohde, Stice, &

Marti, 2015). On the other hand, the studies searching negative body image found the link to higher depressive symptom levels, (e.g. El Ansari, Dibba, & Stock, 2014), perceived health and stress (El Ansari, Dibba, & Stock, 2014), low self-esteem (e.g., Brennan, 2010; Duchesne et al., 2017), low quality of life (e.g., Cash & Fleming, 2002; Morais et al., 2017), suicidal thoughts or suicide attempts (Rodriguez-Cano, Beato-Fernandez, & Llario, 2006), smoking as an unhealthy weight control strategy (Clark, Croghan, Reading, Schrouder, Stoner, Patten, & Vickers, 2005), steroid abuse to muscle gain in males (Pope, Gruber, Mangweth, Bureau, Decol, Jouvent, & Hudson, 2000); higher perceived stress (Duchesne et al., 2017), and so on. Body image studies are not limited to these correlational studies. This issue was searched in different cultures, ages, gender types, workplaces, patients, mental, and physical health situations to understand which extend to body image disturbances affect people. The important results will be shared by highlighting some of the studies to better discuss the significance of body image issues. According to literature, various perspectives can be seen in body image development, it is a highly studied subject that cognitive, behavioral, developmental psychologists, psychoanalysts, philosophers and sociologists are discussed through their perspectives. Physical attributes and related changes, societal messages, social environments all play an important role in the development of body perception, and, moreover, this image has an impact on the way one feels about in his/her body boundary. Numerous mental representations and psychological situations in different stages of one's life shape the concept of body image which has an influence on psychological health, quality of life and social functioning (Krueger, 2002a).

As Krueger (2002a, 2002b) expressed, body is an important part of the growth of self-concept. If the self-concept is not well integrated the body perception will possibly be poor (Buhl-Neilsen, 2006). As asserted, body image development starts with the birth. For this reason, the role of caregivers cannot be overestimated. How early interactions with caregivers during infancy affect body development and studies including attachment perspectives on body image development will be expressed.

1.2. Attachment Experiences and Body Image
Bowlby (1988) argued that the infant's attachment-related behaviors arise from a biological and instinctive urge to be taken care of, and protected. The tendency to develop strong emotional bonds between infant and significant others is a part of the human nature and exists in new-borns. He highlighted the importance of the child's need for protection and parents who are both physically and emotionally attainable to serve a secure-base during infancy and childhood (Bowlby, 1969). How strong and healthy attachment bonds can accomplish the secure-base and safe-haven functions, in turn, these bonds shifts not only to attachment figures' certain behaviors but also to translation of the interaction patterns into the "internal working models (IVM)" (Bretherton & Munholland, 1999). Bowlby's (1988) term of "internal working models" represents a cognitive representation of self and others. Attachment experiences establishes individuals' view of self and view of world as well as influences emotion regulation strategies. The development of secure attachment in infancy and childhood not only contributes to build up a positive sense of self but also enables individuals to organize their actions, emotions and cognitions (Rosenstein & Horowitz, 1996). In addition, individuals with secure attachment bonds are less likely to develop psychopathology and are able to create better interpersonal relationships than the others who develop insecure attachment Those with insecure attachment bonds have negative sense of self and others, and are more likely to develop psychopathological problems (Mikluencer & Shaver, 2012). Responsive and tuned caregiving also forms individuals' positive body representations (Krueger, 2002a, 2002b). On the contrary, individuals who do not grow in a caring and supportive environment might develop a poor self-concept, which may bring about dissatisfaction in body perception (Perry, 2008).

The infant's physical needs to be fed, cleaned, changed, touched, cared, and held not only provide him/her to be taken care of but also have an impact on the infant's thoughts over his/her own

body. Moreover, it influences the way infant feels in his/her own body, cares the body, and wishes the others to look at and treat his/her body. The caregivers' way of looking, holding, touching, feeding and caring is of a great importance for baby to develop a positive view of self and body. In order to highlight the importance of attachment on body development, Krueger (2002a) argued that "attachment needs are first and foremost body based needs" (p.4). In this sentence, Krueger stressed the strong and undeniable link between attachment and body. He contended that the internal working models developed in infancy serve a direct path to develop feelings over body which are inferences drawn from the unfulfilled demands of the infant's. Moreover, the rooted negative conclusions such as inadequacy and defectiveness might form into body perception (Krueger, 2002a). The fulfilled and unfulfilled physical and emotional demands of the infant have an impact on self-esteem and body esteem.

From Winnicott's (1971) perspective, the caregiver serves as a "mirror" through the infant's eye by saying that "the mother is looking at the baby and what she looks like is related to what she sees there" (p.131). The reaction of the caregiver when looking into the baby's eyes leads baby to conclude whether he/she is a thing to be looked into. The affective and physical (un)responsiveness of the caregivers influence the baby's self and body image development.
To better understand the role of attachment -the impact of parents- on body image Kernberg (2007) and Buhl-Nielsen (2006) developed Mirror Interviews to observe whether children feel comfortable in front of the mirror while their mothers leave them alone in a room. Later, the Mirror Interviews also run with adults to observe the link between attachment and body (Haick, 2012). These interviews rested on a foundation of Winnicott's (1971) theory that the mirroring role of mother. Kernberg (2007) argued that when children are in front of the mirror and look at themselves, they would remember the memories of mothers who have served as a mirror. Her observations directed that children who developed secure bonds with their mothers showed positive emotions while interacting with the mirror. She assumed that positive manners in front of the mirror reflected self-recognition. What the children saw in the mirror and how they feel about it affected by the interactions with their mothers.

The Mirror Interviews were also done by Tosi (2014) who assessed mothers' attachment type and run the interviews with children. She found out that children whose mothers were secure interacted with the mirror freely, the others who had preoccupied mothers seemed angry while interacting with the mirror and reflected over-involvement, and children with dismissing mothers not much interested in mirror. Haick (2012) observed adult women by asking questions about their bodies while the women were answering them in front of the mirror. She thought that women should integrate feelings over their body with what they see in the mirror. With assessing women's attachment by using Main's (1985, 1988) Adult Attachment Interview she reached a conclusion that women who were securely attached were more relax and positive in front of the mirror while answering the body-related questions than the others who were insecure. The Mirror Interviews have contributed a lot in attachment perspective on body image and with this method the bonds between these two have captured great attention.

As stated before, body image studies have mostly conducted with women due to the fact that women had greater body image concerns than men (e.g., Göksan, 2007; Yahia, El-Ghazele, Achkar & Rizk, 2011). Even though recent findings expressed that men's concerns over appearance as strong as women (Hoffmann & Warschburger, 2017), the literature about attachment and body image correlation in men has remained limited.

Sharpe and her colleagues (1998) conducted a study to examine the relationship between attachment and weight concern on a group of adolescent girls. They used the self-report technique to assess the attachment style of participants and expressed that the girls with insecure attachment are having greater concerns overweight than those with secure attachment. In line with Sharpe et

al. (1998), Troisi et al. (2006) studied a group of adult women with anorexia and bulimia nervosa and found that insecure attachment style was correlated to body dissatisfaction.

Another contribution was done by Cash, Theriault, and Annis (2004). They conducted their study with both female and male college students and used Experience in Close Relationships Questionnaire (ECR). Their results revealed that preoccupied adult attachment and anxious romantic attachment style are correlated to negative body image in both sexes. McKinley and Randa (2005) replicated the study of Cash and his colleagues (2004) with adult women and reported the association between adult attachment anxiety and body satisfaction. Increase in body satisfaction related to decreasing in attachment anxiety levels. Lev-Ari, Baumgarten-Katz, and Zohar (2014) presented similar results that attachment anxiety, but not avoidant, significantly predicted body dissatisfaction in women adults whose ages ranged from 18 to 42 years.

DeVille, Ellmo, Horton, and Erchull (2015) carried their study with adult women aged 18-30 years and assessed attachment with ECR. They showed that both anxious and avoidant dimensions of adult romantic attachment are related to body surveillance and body shame in women. However, attachment anxiety reflected a stronger correlation than avoidant. Mili and Raakhee (2015) found similar findings on their sample consisted of women and men adults that both avoidant and anxious attachment are related to body esteem. They reported both dimensions showed no significant gender differences in the relationship between the two constructs. The two dimensions were inversely related to body image; moreover, these results were accepted for both sexes.

Cheng and Mallinckrodt (2009) created a study to examine whether adult attachment, assessed with ECR, is related to body image dissatisfaction and media internalization in women adults. Their findings revealed that body dissatisfaction and attachment anxiety was in correlation. Moreover, the mediation role of media internalization on this relationship was accepted. They interpreted these findings that the poor emotional bonds with primary caregivers lead to anxious attachment which associated with women's aim to internalize the "ideal body" messages of media which, in turn, result in body dissatisfaction. Secure attachment served as a protective factor against the internalization of "ideal body" messages. This study provided a different perspective of sociocultural theories (i.e. peers, family, and media) of body perception which investigated mostly in body image studies.

Another study was done by Sandoval (2008) to investigate the prediction role of attachment on positive body image in women aged 18-60 years. They applied Body Image Quality of Life Inventory (BIQLI) which assesses the impact of body perception experiences on well-being. Their findings indicated that secure attachment predicted positive body image.

Arslangiray, 2013 conducted a study with a Turkish sample that consisted of 427 college students. The aim of the study was to investigate the predictor role of attachment and gender role attitudes of students on body perception. They used ECR-R to assess the attachment styles of the participants. Findings revealed that a significant negative relationship was observed among body image and attachment anxiety.

The studies reflected above expressed that there is a correlation between body image and attachment. However, different perspectives and scales caused mixed results in the literature of body image and attachment. Throughout the years, the classification of attachment styles has evolved and methods used to assess attachment have changed. Today, when measuring attachment styles dimensional approach is recommended (Fraley, Waller, & Brennan, 2000). However, a great body of literature expressed valuable information that attachment is one of the most important factors leading to dissatisfied body image.

Another issue should be taken into account that gender differences in attachment. The way of socializing with others is different between the two genders (Bem, 1993). Males are likely to be less emotional than their female counterparts. The attachment studies have often reported gender differences in attachment quality (Del-Giudice, 2019) in line with Bem's (1993) argument. Del-Giudice (2019), Koskina & Giovazolias (2010) and Schmitt (2003) expressed that males scored higher on attachment avoidance and scored lower on attachment anxiety. On the contrary, women have reported higher attachment anxiety than men. Studies on romantic couples expressed that men are likely to stateless comfort with emotional intimacy. On the other hand, Schmitt (2003) argued that cultural differences in attachment styles of women and men can be observed. They conducted their study with men in 62 cultural regions and found out that there were cultural differences in men's attachment styles. The study of Keklik (2011) and Uras (2004) directed with Turkish university students and showed that men scored higher than women on the avoidance dimension, which was consistent with the other studies. In conclusion, both measurement methods and sex differences in the attachment might have produced inconsistent results.

1.3. Self-Compassion

Self-compassion is an important concept, which has its origin in Buddhist philosophy. Self-compassion appears to have an important influence on well-being and mental health. Compassion is an affection of feeling touched by the suffering others and desiring to prevent others from suffering (Neff, 2003a). Thus, it is about being aware of others' problems and pain, sharing the pain of others, moreover, having an urge to alleviate their suffering. Besides, the concept of compassion involves a nonjudgmental understanding of people who fail or do things in the wrong way. For this reason, self-compassion is about being touched by own pain and suffering, having a nonjudgmental view of self, accepting the all fails, and healing the suffering self with kindness. According to Neff (2003b), this concept consists of three components: self-kindness, common humanity, and mindfulness. The first one, self-kindness, is about being kind to self rather than treating harsh in the emergence of failure or pain. Instead of being judgmental or ignoring the feelings when experiencing pain, people who are self-kind adopt an understanding attitude towards self. Self-compassionate individuals are aware of it is inevitable that people may fail when dealing with life challenges. Instead of harshly criticizing the self they are rather self-accepting.

The second component of self-compassion is common humanity, demonstrates that experiencing painful situations as part of the human experience. People who are frustrated with the life challenges and angry about not meeting their expectations enough tend to believe irrational isolation: "I am the only one who suffers and fails." However, all people suffer in life. They ignore the fact that human beings are mortal, not perfect, and sensitive. For that reason being self-compassionate means that failing and being imperfect is an experience that is shared by all human beings not only by "me" (Neff, 2003b).

The third and the last component of self-compassion is mindfulness, which is about holding negative emotions in balance so that the emotions are neither overstated nor restrained. It is about being open to experience negative emotions so that the feelings can be held in balanced. The state of mindfulness indicates being non-judgmental and open-minded, accepting the feelings as they are without ignoring them. Overstating and restraining the emotions cannot coexist. Mindfulness protects from over-identifying thoughts, feelings, and pain so that we don't overwhelm emotionally (Neff, 2003b).

Even though the three elements of self-compassion are differentiated from each other they are still in interaction and help each other to occur and to improve. Studies suggested that mindfulness is an important mind state to keep people away from their negative experiences, moreover, provide them to develop self-kindness and common humanity (Neff, 2003b). According to Jopling (2000), mindfulness entails increasing self-criticism, so that people could understand

themselves. In this manner, they can help to develop self-kindness and treat themselves sensitively. Mindful individuals support themselves to struggle with being self-centered and, in turn, could improve their social interactions with others.

Similarly, self-kindness plays an important role to develop mindfulness. Individuals who accomplish not to judge themselves, they could balance their emotion when times of crisis, so that help to improve mindfulness (Fredrickson, 2001). Besides, people who recognize human beings are all suffering in life could evaluate their experiences from a social point of view thus, avoid to exacerbate negative feelings.

As a multi-dimensional construct, self-compassion is negatively related to many psychological concepts such as body shame (e.g., Braun, Park, & Gorin, 2016) depressive symptoms (Neff, 2003b; Neff, Rude, & Kirkpatrick, 2007b), anxiety (e.g., Neff, Rude, & Kirkpatrick, 2007b), self-criticism (Neff, 2003a), negative affect (Neff, Rude, & Kirkpatrick, 2007b) and positively correlated to body appreciation (e.g., Braun, Park, & Gorin, 2016; Kelly & Stephen, 2016), well-being (e.g., Neff, Kirkpatrick, & Rude, 2007a), life satisfaction (Neff, 2003a), social connectedness (Neff, 2003a); and positive affect (Neff, Rude, & Kirkpatrick, 2007b). Hence, the researchers studied the link between self-compassion and psychological disorders including depression (e.g., Pauley & McPherson, 2010) and eating disorders (e.g., Kelly & Stephen, 2016).

1.4. Self-Compassion and Attachment
In order to examine the mechanism of self-compassion, Gilbert (2005a, 2006) suggested a model included attachment experiences, neurological examination of brain development. Gilbert stated that there was a system provides to increase in feelings of relaxed, calmness, secure, and social connectivity, which was the soothing system. The soothing system has its roots in early interactions with caregivers, thus attachment. When a baby is anxious or angry, the caretaker's facial expressions, tone of voice, kind of caring, speaking, and listening stimulate the soothing system, in turn, the baby calms down. As the infants' neural connections develop, they improve their self-soothing skills with the help of the memories of soothing experiences shared with caregivers. In case of the traumatic events in childhood, this system might not be developed. As well as the soothing system, the defense system has an impact on self-compassion development. Traumatic childhood experiences might lead to overstimulation of the neural connections of the defense system and under-stimulation of soothing system. In this case, the strong neural connections of the defense system become easily triggered in the latter stages of life (Gilbert & Procter, 2006). If the caregiver, mostly the mother, is not sensitive, compassionate and caring enough, the ability to be self-compassionate cannot be developed because the neural connections of the soothing system might not be triggered as much as the defense system

Further research tested the proposed model by Gibert and supported the model with empirical findings (e.g., Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011). They expressed childhood emotional abuse experiences and having unsupportive and unavailable parents affect the development of self-compassion. Neff and McGehee (2010) suggested that secure attachment contributes to the development of self-compassion and its indicators, such as self-worth. If parental figures are physically and mentally available and treat compassionately when times of danger and stress, the baby could improve the ability to be able to be self-compassionate.

Another study included both attachment and self-compassion was done by Raque-Bogdan, Ericson, Jackson, Martin, and Bryan (2011). They conducted a study with college students. Their findings revealed high levels of attachment anxiety and avoidance indicated low degrees of self-compassion. The researched concluded that attachment avoidance indicates a negative view of others and a positive view of self -in other words attachment avoidance- might provide to individuals feel self-worthy in contrast to those having high attachment anxiety.

A study done with Turkish married couples investigated the role of self-compassion, attachment and the attitudes of couples' marital functioning (Terzi, 2015). In line with Bogdan et al. (2011) their results presented a relationship between attachment anxiety and self-compassion in couples. However, attachment avoidance did not show any relation to self-compassion. Their interpretation was similar to Bogdan et al. (2011) that viewing the self positively might support individuals to be compassionate through themselves.

Pepping, Davis, O'Donovan, and Paul (2015) created two studies to examine the roots of self-compassion. In the first study participants, 241 females and 88 males, were asked to recall their memories of parental rejection, warmth, and over-protection. They also collected data by using ECR-R and SCS measures. It is stated that attachment anxiety mediated the association between parenting style and self-compassion.

In a recent study, Mackintosh, Power, Schwannuer, and Chan (2017) searched for whether attachment, self-compassion, and interpersonal difficulties have an impact on a clinical sample suffering depression and anxiety. The findings of the study revealed that levels of self-compassion correlated to insecure attachment, thus both attachment anxiety and avoidance. Participants who had higher attachment avoidance, lower self-compassion level and suffer higher interpersonal difficulties reflected higher anxiety and distress. In contrast with the previous findings, the results suggested no effect of attachment anxiety on participants' self-compassion levels.

In order to summarize the previous results, individuals' attachment bonds provide to develop the ability to be self-compassionate. Their association was represented in the literature; however, findings revealed contradictory results in attachment dimensions' relation to self-compassion. While some of the studies reflected both anxiety and avoidance dimensions contributed to self-compassion, the others suggested either attachment anxiety or avoidance separately have an impact on self-compassion development.

1.5. Self-Compassion and Body Image

The previous researches underline that individuals who treat themselves self-compassionately are mentally healthier than the others who are not self-compassionate. The link between self-compassion and psychopathology (e.g., Braun, Park, & Gorin, 2016), positive psychology (e.g., Braun, Park, & Gorin, 2016; Kelly & Stephen, 2016), and many other psychological concepts (Neff, 2003b) suggested that self-compassion is an emotion regulation strategy which provides individuals to develop understanding of their imperfections and accept the flaws they have. The emotion regulatory role of self-compassion provided body image studies to shift their focus in self-compassion and search for whether this construct has the potential for decreasing body-related disturbance (Albertson, Neff, & Dill-Shackleford, 2014). According to Albertson, Neff, and Dill-Shackleford (2014) the three components of self-compassion help to alleviate body dissatisfaction: self-kindness confronts the origin of body disturbance with accepting the body as it actually is, common humanity provide to consider body from a wider perspective, and mindfulness serves a function in balancing negative thoughts and emotions about physical appearance.

According to previous studies, self-compassion is associated with higher levels of body appreciation and lower levels of body dissatisfaction (e.g., Wasylkiw, MacKinnon, & MacLellan, 2012; Ferreira, Pinto-Gouveia, & Duarte, 2013; Bogdan et al., 2016). It is stated that self-compassion interventions promote body appreciation and also weaken the body-related distress and anxiety. As reported by Ferreira and her colleagues (2013) self-compassion might play an important role in negative outcomes of body image disturbance by teaching how to appreciate their body, broaden their thinking about themselves and improve their self-worth. The individuals who have negative experiences of shame, distress, anxiety and many others criticize themselves harshly. It has highly underlined that meeting the ideal beauty standards of society is of great

importance for both sexes to feel self-worthy. However, self-compassion suggests individuals a different approach of giving value to themselves and accept who they are.

In order to better understand the effect mechanism underlying self-compassion Kelly and Stephen (2016) studied on a seven-day daily diary which they implemented questionnaires daily to search for the relationship between self-compassion, body image, social interactions with body-focused individuals and eating attitudes. 92 female college students reported their self-compassion level, body image, social interaction level and eating attitudes on an online platform for seven nights. They expressed that on days women treated themselves more self-compassionately, they reported a more positive body image than usual. Results suggested that having more social interactions with individuals who were body-focused led to having poorer body image, less self-compassion level and less emotional eating behaviors, and vice versa. The study also revealed that the average level of self-compassion over the week predicted the women's satisfaction level of their own body and body parts.

Another valuable contribution was done by Albertson who offered 3-weeks self-compassion meditation training to women participants who suffering body image concerns (2014). While 130 women assigned to a control group, 98 women selected for the intervention group. The intervention group received 3 different podcasts each week and each podcast consisted of 20 minutes length self-compassion training. After the training, most of the participants reflected their positive thoughts about self-compassion training. The results proposed that compared to the control group, the intervention group showed significantly decreased body dissatisfaction after the training program. Moreover, the intervention group showed improvements in overall self-compassion and its 3 components (i.e. self-kindness, common humanity, mindfulness). The efforts proposed a highly significant correlation between body image and self-compassion.
In their literature review, Braun and her colleagues (2016) presented that similar results observed in different cultures. Self-compassion was negatively associated to positive body image in a sample of general Portuguese population and subjects with ED (Ferreira,Pinto-Gouveia, & Duarete, 2013), in Australian patients with breast cancer (Ferreira, Pinto-Gouveia, & Duarete, 2013), and Canadian female college students (Wasylkiw, MacKinnon, & MacLellan, 2012). They also reflected the link between self-compassion and body image avoidance which caused behavioral avoidance of social environments, and in turn, lead to distress and dissatisfaction (Rosen, Srebnik, Saltzberg, &Wendt, 1991).

Rodgers et al. (2017) recruited both female and male adolescents aged 13-18 years to investigate whether self-compassion serves as a protective construct on body image. They assessed the participants' self-compassion and its three dimensions, perceptions of weight status, appearance esteem and comparison. According to the findings they stated that improving self-compassion might be beneficial for developing positive body perception in both female and male adolescents. Also, they revealed the outcome of three dimensions was linked to higher body esteem, lower levels of appearance comparison and lower perception of being overweight, especially in females. They discussed the results that the gender differences might be an evidence self-compassion process differs between two genders.

Another study conducted by Seekis and her colleagues (2017) to assess the effects of both self-compassion and self-esteem on decreasing body-related concerns. The sample consisted of 96 female college students and divided into three groups: self-compassion, self-esteem, and control. Participants read hypothetical writing about negative body perception and after that, they requested to imagine a scenario about their unattractive photos leak to a social media platform by a friend. Following the scenario, they asked to complete writing tasks according to the group they attended to. The questionnaires measuring variables of the study were applied to each participant at both pre and post-treatment. Results indicated that the self-compassion group reflected the highest body appreciation.

An experimental study was directed by Toole and Craighead (2016) to search for body image distress in women by implementing self-compassion training. 40 participators attended the intervention group received a 20-minutes length self-compassion training podcast and continued to listen to podcasts over a week. The pre and post-assessments suggested that exposure to self-compassion training alter in actions, emotions, and thinking relates to body image distress. However, a one-week length self-compassion training did not significantly reduce the level of distress resulted from body evaluation.

In the light of the literature review it emerges that the studies focusing on self-compassion and body image suggest that there is an association between the two constructs. Besides, interventions focusing on self-compassion training helps to alleviate body image distress and provide a change in body-related thoughts, behaviors, and emotions. However, the two constructs mostly studied with women but not men. There is a need to understand gender differences in these constructs. Provided above links suggest that self-compassion might be a clinically and theoretically important construct in explaining mental health problems and disorders. For future research attachment experiences' possible meditational role should be examined for both gender due to fact that attachment experiences importance in forming emotion regulation strategies and self-compassion. Further research will guide practitioners to broaden their approach to body-based disturbances and improve their intervention techniques when working on individuals with these disturbances. Future research might help practitioners to focus on behavioral and attitudinal changes in cases with body dissatisfaction but also address their emotional experiences which have its roots in early interactions with significant others.

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