Chapter 4

# An attachment-theoretical approach to compassion and altruism

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> In Buddhism compassion is defined as the wish that all beings be free of their suffering.
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> (N. Vreeland, in Dalai Lama, 2001)

For centuries, compassion has been a central virtue in all major religious traditions. It has also appeared – sometimes indirectly – in the literature on social psychology under headings such as empathy, altruism, and prosocial behavior (e.g. Batson *et al.*, 1999). In psychotherapy, compassion has been viewed as crucial, but again, often under different names – empathy, unconditional positive regard, containment or holding, client–therapist rapport, and working alliance. Compassion appears, partially disguised, in the extensive literature on good parenting, under headings such as availability, sensitivity, and responsiveness. In recent years compassion has become visible in its own right, partly because of the growing emphasis in educated circles on Buddhism, which highlights compassion (Dalai Lama, 2001, 2002), and partly because of the tendency for compassion to wear thin in cases of 'compassion fatigue' (e.g. Keidel, 2002), a common problem in the helping professions.

When one considers compassion from the standpoint of attachment theory (Ainsworth & Bowlby, 1991; Bowlby, 1969/1982; Cassidy & Shaver, 1999), the theoretical framework in which our own research is conducted (see Mikulincer & Shaver (2003) for an overview), compassion is associated with what Bowlby called the 'caregiving behavioral system' – an innate behavioral system in parents and other caregivers that responds to the needs of dependent others, especially (but not limited to) children. This behavioral system is thought to have evolved mainly to complement the 'attachment behavioral system,' which governs people's, especially young children's, emotional attachments to their caregivers (Gilbert, Chapter 2).

Much of the research based on extensions of Bowlby's child-oriented theory into adolescence and adulthood focuses on attachment, and individual differences in attachment, in the context of peer relationships, including romantic

relationships. In recent years, however, increasing attention has been given to caregiving, and to individual differences in caregiving, including caregiving that extends well beyond close personal relationships. In particular, we have found that being secure with respect to attachment – either dispositionally secure or momentarily secure because of experimental interventions – is associated with empathy and willingness to help others (Mikulincer & Shaver, in press).

The purpose of the present chapter is to review studies on attachment and caregiving in adulthood in search of answers to the following questions: What causes a person to be compassionate or uncompassionate toward others? What are the effects of compassion on its recipients? Can compassion be enhanced? Can professional caregivers' vulnerability to compassion fatigue be reduced? The chapter is organized as follows: First, we provide an overview of attachment theory. Second, we provide an overview of the caregiving system. Third, we examine the connection between attachment security and compassionate caregiving. Fourth, we consider how attachment and caregiving research has been, and can continue to be, extended to clinical settings. At the end, we offer suggestions for applying our findings concerning links between attachment processes and compassionate care.

## Attachment theory: basic concepts

According to Bowlby (1969/1982), because human infants are relatively premature, helpless, and vulnerable to harm when born, they have been equipped by evolution with a repertoire of behaviors (*attachment behaviors*) that assure proximity to 'stronger, wiser' others (*attachment figures*) who can provide protection, guidance, and assistance in the process of distress regulation. Although attachment behaviors are most important early in life, Bowlby (1988) claimed they are active over the entire life span and are manifest in thoughts and behaviors related to proximity seeking in times of need. As explained below, our research shows that extension of the theory to cover the entire human lifespan is both appropriate and scientifically productive.

Bowlby (1969/1982) claimed that proximity-seeking behaviors are organized into a specific behavioral system – the *attachment behavioral system*. A behavioral system is a biologically evolved, inborn program of the central nervous system that governs the choice, activation, and termination of behavioral sequences, and produces a predictable and generally functional change in the person–environment relationship. Behavioral systems can be conceptualized in terms of six features: (a) a specific biological function that increases the likelihood of an individual's survival and reproductive success; (b) a set of contextual activating triggers; (c) a set of interchangeable, functionally equivalent behaviors that constitute the primary strategy of the system for attaining a particular goal state; (d) a specific set-goal – the change in

the person–environment relationship that terminates system activation; (e) a set of cognitive operations that guide the system's functioning; and (e) specific links with other behavioral systems.

According to Bowlby (1969/1982), the attachment behavioral system is activated by perceived threats and dangers, which cause a threatened individual to seek proximity to protective others. The attainment of proximity and protection results in feelings of relief and security as well as positive mental representations of relationship partners and the self. Bowlby (1988) viewed this behavioral system as extremely important for maintaining emotional stability, development of a positive self-image, and formation of positive attitudes toward relationship partners and close relationships in general. Moreover, because optimal functioning of the attachment system facilitates relaxed and confident engagement in non-attachment activities, it supports the operation of other crucial behavioral systems, such as exploration and caregiving, and thereby broadens a person's perspectives and skills and fosters both mental health and self-actualization.

In addition to mapping universal aspects and functions of the attachment behavioral system, Bowlby (1973) described important individual differences in attachment-system functioning. He viewed these differences as largely derived from reactions of significant others (caregivers, attachment figures) to a child's attachment-system activation and from internalization of these reactions in *attachment working models* of self and others (i.e. mental representations, with associated emotional and behavioral tendencies). Interactions with attachment figures who are available and responsive in times of need facilitate optimal development of the attachment system, promote a sense of connectedness and security, and allow people to rely more confidently on support seeking as a distress-regulation strategy. In contrast, when a person's attachment figures are not reliably available and supportive, a sense of security is not attained, and strategies of affect regulation other than proximity seeking (*secondary attachment strategies*, characterized by *avoidance* and *anxiety*) are developed.

In studies of adolescents and adults, tests of these theoretical ideas have generally focused on a person's *attachment style* – a systematic pattern of relational expectations, emotions, and behaviors conceptualized as residues of particular kinds of attachment history (Fraley & Shaver, 2000). Initially, research was based on Ainsworth *et al.*'s (1978) three-category typology of attachment styles in infancy – secure, anxious, and avoidant – and Hazan & Shaver's (1987) conceptualization of similar adult styles in the domain of romantic relationships. Subsequent studies (e.g. Bartholomew & Horowitz, 1991; Brennan *et al.*, 1998) indicated that attachment styles are more appropriately conceptualized as regions in a continuous two-dimensional space, an idea compatible with early dimensional analyses described by Ainsworth and her colleagues (e.g. 1978: 102).

The first dimension, attachment *avoidance*, reflects the extent to which a

person distrusts relationship partners' goodwill and strives to maintain behavioral independence and emotional distance from partners. The second dimension, attachment *anxiety*, reflects the degree to which a person worries that a partner will not be available in times of need. People who score low on both dimensions are said to be secure or to have a secure attachment style. The two dimensions can be measured with reliable and valid self-report scales (e.g. Brennan *et al.*, 1998) and are associated in theoretically predictable ways with relationship quality and affect-regulation strategies (see Mikulincer & Shaver, 2003; Shaver & Clark, 1994; Shaver & Hazan, 1993, for reviews). Throughout this chapter we refer to people with secure, anxious, or avoidant attachment styles, or to people who are relatively anxious or avoidant (based on self-report scales that assess the two dimensions).

Attachment styles are initially formed during early interactions with primary caregivers (as thoroughly documented in an anthology edited by Cassidy & Shaver (1999)), but Bowlby (1988) contended that impactful interactions with significant others throughout life have the effect of updating a person's attachment working models. Moreover, although attachment style is often conceptualized as a global orientation toward close relationships, there are theoretical and empirical reasons for believing that working models are part of a hierarchical network of complex, heterogeneous, and both generalized and context- and relationship-specific attachment representations (Mikulincer & Shaver, 2003). In fact, research indicates that (a) people possess multiple attachment schemas (e.g., Baldwin *et al.*, 1996; Pierce & Lydon, 1998) and that (b) actual or imagined encounters with supportive or non-supportive others can activate particular attachment orientations (e.g. Mikulincer *et al.*, 2001), even if they are incongruent with a person's usual, more general attachment style.

Findings from studies of attachment processes in adulthood have been summarized in a model of the functioning and dynamics of the attachment system in adulthood (Mikulincer & Shaver, 2003). According to this model, the monitoring of experiences and events, whether generated internally or through interactions with the environment, results in activation of the attachment system when a potential or actual threat is encountered. This activation is manifest in efforts to seek and/or maintain actual or symbolic proximity to external or internalized attachment figures. Once the attachment system is activated, a person automatically (either consciously or unconsciously; Mikulincer *et al.*, 2002) asks whether or not an attachment figure is sufficiently available and responsive. An affirmative answer results in normative functioning of the attachment system, characterized by mental representations of attachment security and consolidation of security-based strategies of affect regulation (Shaver & Mikulincer, 2002). These strategies generally alleviate distress, foster supportive intimate relationships, and increase both perceived and actual personal and social adjustment.

Perceptions of attachment figures as unavailable or insensitive result in

attachment insecurity, which compounds the distress already aroused by an appraised threat. This state of insecurity forces a decision about the viability of proximity seeking as a protective strategy. When proximity seeking is appraised as viable or essential – because of attachment history, self-concept, temperament, or contextual cues – people adopt *hyperactivating attachment strategies*, which include intense appeals to attachment figures and continued reliance on them as a source of safety and support. Hyperactivation of the attachment system involves increased vigilance to threat-related cues and a reduction in the threshold for detecting cues of attachment figures' unavailability – the two kinds of cues that activate the attachment system (Bowlby, 1973). As a result, even minimal threat-related cues are easily detected (if not simply imagined), the attachment system is chronically activated, psychological pain related to the unavailability of attachment figures is exacerbated, and doubts about one's ability to attain safety and a sense of security are heightened. These concomitants of attachment-system hyperactivation account for many of the well-documented psychological correlates of attachment anxiety (see Mikulincer & Shaver (2003) for a review).

Appraising proximity seeking as unlikely to alleviate distress results in the adoption of *attachment-deactivating strategies*, manifested in avoidance or denial of stimuli and events that activate the attachment system and determination to handle distress alone (a stance that Bowlby (1969/1982) called 'compulsive self-reliance'). These strategies involve dismissal of threat- and attachment-related cues, suppression of threat- and attachment-related thoughts and emotions, and repression of threat- and attachment-related memories. These tendencies are further reinforced by a self-reliant attitude that decreases dependence on others and discourages acknowledgment of personal faults or weaknesses. These aspects of deactivation account for the well-documented psychological manifestations of avoidant attachment (again, see Mikulincer & Shaver (2003) for a review).

## The caregiving system and its interplay with the attachment system

According to Bowlby (1969/1982), the caregiving system is designed to provide protection and support to others who are either chronically dependent or temporarily in need. It is inherently altruistic in nature, being aimed at the alleviation of others' distress, although the system itself presumably evolved because it increased the inclusive fitness of individuals by making it more likely that children and tribe members with whom the individual shares genes would survive and reproduce (Hamilton, 1964). Within attachment theory, the caregiving system provides an entrée to the study of compassion and altruism, and understanding this system provides a foundation for devising ways to increase people's compassion and effective altruism (Gilbert, Chapter 2).

'Caregiving' refers to a broad array of behaviors that complement an interaction or relationship partner's attachment behaviors or signals of need. The set-goal of such behaviors is reduction of the partner's suffering (which Bowlby (1969/1982) called providing a 'safe haven') or fostering the partner's growth and development (which Bowlby called providing a 'secure base' for exploration). In its prototypical form – that is, in the parent–child relationship – the set-goal of the child's attachment system (proximity that fosters protection, reduction of distress, safety, and a secure base) is also the aim of the parent's caregiving system. Signals of increased protection and security on the part of the person who needs help deactivate the helper's caregiving system. If we extend this conceptualization to the broader realm of compassion and altruism, the aim of the caregiving system is to alter the needy person's condition or situation so that signs of increased safety, well-being, and security are evident (Gilbert, Chapter 2).

Beyond explaining this complementarity between the attachment system of the support-seeker and the caregiving system of the support-provider, Bowlby (1969/1982) also delineated the psychodynamic interplay between these two systems *within* the person who assumes the role of caregiver or attachment figure. In his view, because of the urgency of threats to the self (especially during early childhood), activation of the attachment system was thought to inhibit activation of other behavioral systems and thus interfere with certain non-attachment activities. This process was clearly demonstrated in Ainsworth *et al.*'s (1978) research on the inhibition of children's exploration in a laboratory Strange Situation when an attachment figure was asked to leave the room. The same kind of inhibition often occurs in caregiving situations (Kunce & Shaver, 1994) if a potential caregiver's own well-being is threatened. Under conditions of threat, adults generally turn to others for support and comfort rather than thinking first about being support providers. At such times they are likely to be so focused on their own vulnerability that they lack the mental resources necessary to attend compassionately to others' needs for help and care. Only when relief is attained and a sense of attachment security is restored can people easily direct attention and energy to other behavioral systems. A relatively secure person can perceive others not only as sources of security and support, but also as human beings who need and deserve comfort and support.

In short, the aim of the caregiving system is more likely to be achieved when a person is secure enough to allow for a focus on someone else's needs. This ability to help others is a consequence of having witnessed and benefited from good caregiving on the part of one's own attachment figures, which promotes the sense of security as a resource and provides models of good caregiving (Collins & Feeney, 2000; Kunce & Shaver, 1994). Thus, we undertook our research on caregiving by hypothesizing that people who are dispositionally secure, or whose level of security has been contextually increased, would be more motivated and able to provide care for others. That

is, attachment-figure availability and the consequent activation of the sense of attachment security would foster engagement in caregiving activities. In contrast, attachment insecurities and worries can interfere with the activation of other behavioral systems, including caregiving.

Securely attached people's interaction goals and positive models of self and others also foster empathic compassion and the reduction of personal distress. Such people's comfort with closeness and interdependence (Hazan & Shaver, 1987) facilitates approach to others in need, because in order to be comforting and helpful a care provider typically has to accept other people's needs for closeness, sympathy, and temporary dependency (Lehman *et al.*, 1986). A secure person's mental representations of available and caring others may make it easier to construe a distressed partner as deserving of sympathy and compassion, and so may motivate the secure person to provide comfort and support to a needy other. Moreover, the secure person's positive models of self may help to maintain emotional equanimity while addressing a partner's needs, a task that can otherwise generate a great deal of tension and personal distress (e.g. Batson, 1987). Positive models of self also sustain a sense of control and confidence in one's ability to cope with a partner's distress, reduce one's own distress, and free resources to provide effective support.

Insecurely attached people may be less inclined to feel empathy and compassion toward a distressed partner. Whereas an anxious person's egoistic focus on personal threats and unsatisfied attachment needs may draw important resources away from altruistically attending to a partner's needs, an avoidant person's lack of comfort with closeness and negative models of others may interfere with altruistic inclinations and inhibit compassionate responses to a partner's plight. This does not mean, however, that anxious and avoidant people, although both are conceptualized in attachment theory as insecure, will react in the same way to a partner's distress. Whereas the anxious person's hyperactivating strategies may intensify the experience of personal distress without resulting in effective compassion, the avoidant person's deactivating strategies may encourage feelings of disdain or pity and decrease the inclination to provide assistance.

Anxiously attached people may become emotionally overwhelmed in response to a partner's distress. Their hyperactivating strategies may facilitate the associative reactivation of self-focused worries and increase attentional focus on both the partner's suffering and the self's personal distress. Despite their focus on the partner's suffering, anxious people's lack of self–other differentiation (Mikulincer & Horesh, 1999) may prevent them from reacting with compassionate altruistic care. (There is a similar distinction in Buddhist psychology between effective and ineffective empathic compassion (Dalai Lama, 1999).) Batson (1991) claimed that compassion involves self–other distinctiveness and a corresponding ability to distinguish between the other person's welfare and one's own. Anxious people seem to blur this distinction.

Avoidant people's deactivating strategies may encourage emotional detachment from a partner's plight and inhibit the engagement in compassionate, altruistic care. For avoidant persons, a distressed partner can act as a mirror that makes salient the self's own weaknesses and vulnerability to life's adversities. Deactivation may require suppression of the sense of vulnerability and distancing of the self from the source of distress. As a result, avoidant people may defensively attempt to detach themselves from the suffering of others, feel superior to others who are distressed, thereby feeling less weak and vulnerable themselves ('I am immune to such misfortunes') and experiencing disdainful pity for the suffering partner. In some cases, negative models of others and associated hostile attitudes toward them may even transform pity into contemptuous gloating – actual enjoyment of others' bad fate.

## Empirical evidence concerning the interplay between the attachment and caregiving systems

### *Parental caregiving*

Before reviewing findings from our own research on adult caregivers and care recipients, we should indicate briefly that our basic hypothesis had already received support in studies of parental responsiveness to children's needs. Belsky *et al.* (1984), for example, found that secure and avoidant mothers did not differ in their level of involvement with their infant under most circumstances, but avoidant mothers responded much less supportively than secure mothers when their infants were distressed and needed maternal support. This and similar studies suggest that avoidant adults find it difficult to respond to another person's vulnerability and urgent calls for help.

In a study of mothers who had maltreated their children – a study that also included each mother's husband or lover – Crittenden *et al.* (1991) found that more than 90 per cent of the adults (both women and men) were insecure according to the Adult Attachment Interview (AAI; George *et al.* (1985); see Hesse (1999) for a recent overview), a measure of memories of childhood attachment experiences with parents. In a non-abusing control group, matched for socioeconomic status (SES), the proportion of insecure parents was dramatically lower, 60 per cent, suggesting that parents' own insecure attachment is a major cause of their poor provision of care to their children.

Crowell & Feldman (1988) administered the AAI to mothers of preschoolers and observed the mothers interacting with their children in a series of semi-structured teaching tasks. The secure mothers were warmer, more supportive, and more helpful toward their child than the insecure mothers. In a subsequent study, the same researchers (Crowell & Feldman, 1991) administered the AAI to 45 mothers of preschoolers and observed their behavior in a laboratory separation–reunion session. The secure mothers were more affectionate with their children and prepared them better for the

separation. They left the room with little anxiety and quickly established closeness upon reunion. Insecure mothers, whether avoidant or anxious, did not prepare their child well for the separation and failed to reestablish closeness upon reunion. The anxious and avoidant mothers differed in their emotional reactions to leaving their child alone: Avoidant mothers showed little distress whereas anxious mothers were very agitated and found it difficult to leave the room. (As shown below, this same kind of personal distress, which interferes with effective compassion, is characteristic of anxious adults that are called upon to help a fellow adult in need.)

In a study of attachment antecedents of maternal sensitivity, Haft & Slade (1989) administered the AAI to mothers of 9-to-23-month-old infants and videotaped interactions between mother and child, later coding the tapes for a mother's noticing of and attunement to her child's affects and needs. Secure mothers were more attuned to their babies than insecure mothers. Moreover, secure mothers attuned to both positive and negative affect and were consistent in reacting to their baby's experiences. Avoidant mothers did not attune to negative affect, seeming to ignore it, whereas anxious mothers attuned inconsistently to both positive and negative affect. Cohn *et al.* (1992) conducted a similar study but included both mothers and fathers of preschool children. Parents that were classified as insecure based on the AAI were less warm and supportive and provided less helpful structure when interacting with their child. Interestingly, insecure mothers who were married to secure husbands interacted more positively with their children than insecure mothers who were married to insecure husbands, suggesting that a mother's parenting behavior is influenced by both her own attachment dynamics and the secure or insecure context provided by her husband. As we explain below, the same kind of dual influence – from both dispositions and contexts – is evident when adults are called upon to provide care to other adults. Similar findings have been reported in other studies of parental sensitivity (see van IJzendoorn (1995) for a review of nine such studies, all based on the AAI as a measure of parental attachment orientation).

In two independent studies, Rholes *et al.* (1997, Study 1) and Rholes *et al.* (1995) showed that the association between attachment security and parental caregiving can also be observed when adult attachment style is measured by self-report scales. In Rholes *et al.*'s (1997) study, college students who were not parents completed scales tapping their desire to have children, their perceived ability to relate to children, their expectations about child rearing (warmth, disciplinary strictness, parental aggravation with the child, and encouragement of independence), and the satisfaction they expected to derive from caring for their own infants. Attachment avoidance was inversely related to desire to have children, perceived ability to relate to children, expected warmth in child rearing, and satisfaction from caring for infants. Attachment anxiety was inversely related to perceived ability to relate to children and expected warmth in child rearing. Both avoidance and anxiety

were positively associated with expected disciplinary strictness and the tendency to be aggravated by children. In a sample of mothers of preschool children, Rholes *et al.* (1995) found that mothers who scored higher on self-report scales of attachment anxiety and avoidance were less supportive toward their preschool child during problem-solving interactions.

In short, both interview and questionnaire measures of adult attachment style relate to a variety of measures of parental caregiving, in line with our general hypothesis that secure attachment is a prerequisite for, or at the very least an important foundation for, the provision of sensitive and responsive care to children.

### Caregiving in romantic relationships

To extend the construct of caregiving to romantic and marital relationships, Kunce and Shaver (1994) constructed a self-report questionnaire that assesses caregiving behaviors in such relationships. They found that secure individuals were more sensitive to their partners' needs, reported more cooperative caregiving, and described themselves as more likely to provide emotional support than insecure individuals. Moreover, whereas avoidant people's deactivating strategies led them to maintain distance from a needy partner (restricting accessibility and physical contact), anxious people's hyperactivating strategies led them to report high levels of overinvolvement with partners' problems and a pattern of compulsive, intrusive caregiving. These findings have been replicated using other self-report scales and behavioral measures (e.g. Carnelley *et al.*, 1996; B.C. Feeney & Collins, 2001; J.A. Feeney, 1996; J.A. Feeney & Hohaus, 2001; Fraley & Shaver, 1998). In a recent study, J.A. Feeney & Hohaus (2001) found that high scores on both attachment anxiety and avoidance were associated with less willingness to care for a spouse, and this association was mediated by a person's sensitivity to his or her spouse's signals of need (as measured by Kunce & Shaver's (1994) scales). This pattern of association was replicated for wives and husbands.

The link between attachment security and sensitive caregiving has been further documented in observational studies by B.C. Feeney & Collins (2001), Simpson *et al.* (1992), Rholes *et al.* (1999), and Simpson *et al.* (2002), who videotaped heterosexual dating couples while one partner waited to endure a stressful task. Overall, as compared to insecure participants, those high in attachment security spontaneously offered more comfort and reassurance to their distressed dating partner. Moreover, participants that were relatively secure and whose dating partners sought more support provided more support, whereas secure participants whose partners sought less support provided less. This finding indicates sensitive responsiveness: secure participants recognize their partners' worries and vulnerabilities and try to be especially warm and supportive. In contrast, more avoidant participants provided less support, regardless of how much support their partner actually sought.

The association between attachment security and sensitive caregiving in a romantic relationship was also observed in Collins & B.C. Feeney's (2000) laboratory study, in which dating couples were videotaped while one member of the couple disclosed a personal problem to his or her partner. Findings for participants who were given the role of a caregiver (listening to a partner's disclosure of a personal problem) revealed that higher scores on attachment anxiety was associated with provision of less instrumental support and lower responsiveness, and more negative caregiving behaviors toward the distressed partner. Collins & B.C. Feeney (2000) also found that whereas caregivers that were high on attachment anxiety tended to provide relatively high levels of support only when their partners' needs were clear, more securely attached caregivers tended to provide relatively high levels of support regardless of whether their partner's support-seeking needs were overtly and clearly expressed. Caregivers' attachment insecurities were also found to negatively bias their appraisal of support giving: caregivers that were less secure (higher on attachment anxiety and avoidance) evaluated their support as even less helpful than it actually was.

The findings of the studies summarized above generally corroborate our hypothesis that avoidant people's deactivating strategies block activation of the caregiving system, because empathic responsiveness to others' needs entails emotional involvement, acknowledgement of others' distress, and acceptance of the closeness that an empathic reaction implies. The demands of caregiving work against the goal of deactivating strategies – to distance a person from all sources of suffering and all kinds of closeness to others (Mikulincer & Shaver, 2003). Moreover, anxious people's hyperactivating strategies also interfere with caregiving, because the anxious person is likely to be preoccupied with his or her own vulnerability and emotional arousal. This self-focus and lack of security interferes with full attention to and accurate appraisal of other people's needs.

The discovery of reliable links between adult attachment orientations and caregiving behavior in both parent–child and romantic partner relationships led us to explore the possibility that attachment security, whether assessed as an individual-difference characteristic or enhanced experimentally, would be associated with compassion and empathy beyond the realm of well-established close relationships. This research is discussed in the following section.

## Attachment security, compassion, and altruism

Even before we began our series of studies, there were hints in the literature that attachment security would be associated with empathy and altruistic caregiving more broadly. In a study of preschoolers, Kestenbaum *et al.* (1989) reported a positive association between secure attachment to mother and empathic responses to other children's distress, as assessed by both teacher

ratings and direct observations of children's social interactions. In a study of adults, Soerensen *et al.* (2002) found that attachment security, assessed with multiple questionnaires, predicted a person's preparation for caring for older relatives, suggesting that secure adults are care-oriented even before care is explicitly called for. Priel *et al.* (1998) found that securely attached high school students (as identified by a brief attachment scale) were perceived by peers (assessed through a sociometric rating procedure) to be more approachable and supportive than their insecure classmates. In addition, securely attached students were more likely than insecure students to engage in reciprocal supportive relationships.

In a recent laboratory study, Westmaas & Silver (2001) examined the association between attachment style and reactions to a confederate of the experimenter who had been diagnosed with cancer. As expected, participants who scored low on attachment avoidance (and hence were relatively secure on that dimension) behaved more supportively toward the confederate than participants who scored high on this dimension. In addition, participants who scored high on attachment anxiety (and thus were relatively insecure on that dimension) reported greater discomfort while interacting with the confederate than participants who scored low on this dimension.

Although these studies consistently reveal an association between attachment security and empathic, compassionate reactions to others' needs, they are correlational in nature and do not necessarily indicate that a sense of attachment security was active while people were responding to others' needs. Recently, a number of investigators, including ourselves, have adopted an alternative research strategy that is more appropriate for testing causal predictions about the effects of attachment security on compassion and altruism (e.g. Mikulincer & Arad, 1999; Mikulincer & Shaver, 2001; Pierce & Lydon, 2001). Using well-validated priming techniques – for example, subliminally exposing study participants to security-related words (love, hug, close) or leading participants through a guided imagery scenario in which they feel safe and secure, these researchers have contextually activated representations of attachment security and assessed their psychological effects in well-controlled experimental settings.

Overall, these studies indicate that contextual activation of the sense of having a secure base leads people to respond more like people who are dispositionally secure. For example, Mikulincer & Shaver (2001) found that contextual activation of attachment security (for example, via subliminal exposure to proximity-related words or conscious imagination of a security-enhancing experience) led to less negative reactions to out-group members. People whose momentary sense of security was heightened were more willing to interact with a member of a potentially threatening out-group (for example, an Israeli Arab who had written a derogatory essay about the study participants' own secular Jewish Israeli in-group), were less threatened by the social and economic threats of a recent immigrant group (Russian Jews),

and were less discriminatory toward homosexuals. In these studies, security enhancement completely eliminated in-group/out-group differences that were evident in unprimed control groups and groups of participants who received positive-affect (but not attachment-related) primes. This provided dramatic evidence for a potentially useful application of security-enhancement procedures.

Following this line of research, Mikulincer *et al.* (2001) conducted five studies to examine the effects of chronic and contextually activated attachment security on compassionate responses towards others' suffering. In these studies, dispositional attachment anxiety and avoidance were assessed with the Experience in Close Relationships scale (ECR; Brennan *et al.*, 1998), and the sense of attachment security was activated in one of several ways: asking participants to recall personal memories of supportive care, having them read a story about one person's provision of care for another, having them look at a picture of a supportive interaction, or subliminally exposing them to proximity-related words. These conditions were compared with the activation of neutral affect, positive affect, and attachment insecurities. The dependent variables included reports of compassion and personal distress in reaction to others' suffering, and the accessibility of memories in which participants felt compassion or distress in reaction to others' suffering.

Across all five studies, enhancement of attachment security, but not simple enhancement of positive affect, strengthened compassion and inhibited personal distress in reaction to others' distress. Both scores of dispositional attachment anxiety and avoidance were inversely related to compassion, and higher scores of attachment anxiety were positively related to personal distress in response to another's suffering. This is one of several examples of findings that paralleled earlier studies of attachment and parenting, and attachment and caring for a romantic partner: anxiety appears to increase self-preoccupation and a form of distress that, while possibly aroused via empathy, fails to facilitate provision of care to the needy person. In effect, anxious people seem to quickly occupy the role of needy person themselves, thereby disrupting compassion for a needy other.

The enhancement of attachment security affects not only specific cognitive and behavioral reactions but also broader value orientations. In a series of three studies, Mikulincer *et al.* (2003a) examined the effects of chronic and contextually activated security on the endorsement of two self-transcendent values, benevolence (concern for close others) and universalism (concern for all humanity). The values were measured either with standardized scales (Schwartz, 1992) or by asking study participants to spontaneously list their own values. Dispositional attachment anxiety and avoidance were assessed by the ECR scale (Brennan *et al.*, 1998), and the sense of security was enhanced by asking participants to recall personal memories of supportive care or by exposing them unobtrusively to a picture of a supportive interaction. Findings revealed that both lower attachment avoidance scores and contextually

activated attachment security were associated with heightened endorsement of self-transcendent values.

In an attempt to examine more directly the contribution of attachment security to altruistic helping behavior, we (Mikulincer *et al.*, 2003b) recently assessed individual differences in engagement in voluntary altruistic activities, such as caring for the elderly or donating blood, as well as altruistic behavior in a laboratory setting. In the first stage of this project, we conducted a questionnaire-based, correlational study at three different locations (Bar-Ilan University, Israel; University of California, Davis; and the University of Leiden, in the Netherlands) and asked participants to complete (a) the ECR scale, (b) a scale designed specifically for this project, listing different volunteer philanthropic activities (for example, teaching reading, counseling troubled people, providing care to the sick) and tapping the number of philanthropic activities a participant volunteered for and the time he or she devoted to them, and (c) the Volunteer Functions Inventory (VFI; Clary *et al.*, 1998), measuring the extent to which participants volunteered for either selfish, egoistic reasons (self-protection, career promotion, ego-enhancement, achieving a sense of togetherness that benefits the self) or more altruistic reasons (other-focused values, achieving a more mature understanding of the world and the self). In addition, participants completed scales tapping self-esteem, perceived social support, and interpersonal problems in order to explore competing explanations for the results focused on representations of self and others or on the quality of a person's relational functioning.

The results were highly similar in all three countries. Avoidant attachment was consistently and strongly associated with engaging in fewer volunteer activities and being involved for less altruistic reasons. Attachment anxiety was not directly related to engaging in volunteer activities, but it was associated with more egoistic reasons for volunteering, another indication of the anxious individual's focus on self. Because security is defined in terms of low scores on both the avoidance and anxiety dimensions, we can definitely conclude, as predicted by our main hypothesis, that people with a chronic sense of attachment security are more inclined to engage in volunteer activities, devote more time to helping others, and volunteer for more altruistic reasons. They are, in other words, predisposed to be compassionate and altruistic, and not only in terms of states of mind but also in terms of real-world behavior. Our analyses of alternative explanations indicated clearly that the association between attachment styles and volunteering is not explicable in terms of other factors, such as self and other representations or problems in interpersonal functioning. Both attachment style and volunteering were correlated with these alternative explanatory variables, but the independent contributions of these variables were essentially nonexistent when the two attachment dimensions were included in regression analyses. These studies therefore paved the way for experimental studies in which we enhanced attachment security and examined the effects on compassion and altruism.

To examine the actual decision to help or not to help a person in distress, we created a laboratory situation in which study participants (college undergraduates who previously completed the ECR scale as a measure of attachment style in a different setting with a different experimenter) could watch one another via a video intercom while one of them performed some aversive tasks and the other merely observed. Both people were connected to polygraphs so that autonomic arousal could be measured. Actual participants in the study were always placed in the observer role, and the person undergoing the aversive experiences was, unbeknown to the actual participants, a confederate appearing on a videotape. The actual participants thought the purpose of the study was to assess the stress (autonomic arousal) levels of two people, one undergoing aversive experiences and the other observing the suffering.

As the study progressed, the videotaped confederate became increasingly distressed by the aversive tasks, finally becoming quite upset about the prospect of having to pet a large, live tarantula in an open-topped glass tank. After a short break in the procedure, supposedly to allow the confederate to calm down, and after being told that the other person refused to continue performing the aversive tasks but would be willing to exchange roles, the actual participant was given an opportunity to take the distressed person's place, in effect sacrificing self for the welfare of another.

In this study, participants were randomly divided into three conditions according to the type of representations that were primed immediately before the scenario just described: representations of attachment security (the name of a participant's security-providing attachment figure) or attachment-unrelated representations (the name of a close person who does not function as an attachment figure, the name of a mere acquaintance). This priming procedure was conducted at either a subliminal level (rapid presentation of the name of a specific targeted person) or a supraliminal level (asking people to recall an interaction with the targeted person). At the point of making a decision about replacing the distressed person, all participants completed brief measures of compassion, personal distress, and willingness to take the other person's place. Results indicated that security enhancement, by subliminal or supraliminal priming of representations of a security-provider figure, decreased personal distress and increased participants' compassion toward and willingness to actually take the place of a distressed other. Dispositional attachment avoidance was related to lower compassion and lower willingness to help the distressed person, thus corroborating the results of our questionnaire study of volunteering. Dispositional attachment anxiety was related to heightened personal distress, but not to either compassion or willingness to help, which also fits well with the questionnaire study.

Thus, across the questionnaire study of volunteering to help others in everyday life and the experimental study of willingness to reduce another person's distress by taking the person's place in a stressful situation, attachment security was associated with greater compassion, greater willingness to

help, and greater participation in altruistic activities. Avoidant attachment was related to lower levels of compassion, helping, and volunteering. Anxious attachment was associated with heightened personal distress that did not translate into greater willingness to help, and when an anxious person actually volunteered to help others in real life, it was often for self-protective or self-enhancing rather than other-focused reasons. All of these results support the hypothesis that attachment security provides a solid foundation for compassion and altruism, or stated the other way round, that insecurity interferes with compassion and helping. As we were led to expect by attachment theory, motivation for caregiving and the ability to provide sensitive, responsive care are conditional upon a certain degree of attachment security. This security may come from a combination of sources: having been treated supportively as a child, being involved in security-enhancing close relationships in adulthood, being able to call upon mental representations of being cared for, or being influenced by a security-enhancing context. Further research is needed to determine precisely how various experiences, perhaps including psychotherapy, serious meditation training, participation in ethically oriented groups, and various forms of study, enhance a person's sense of security and thereby foster compassion and altruism.

## Attachment, compassion, and compassion fatigue in therapeutic settings

### *Contributions of therapists' and clients' attachment security to the therapeutic process*

Bowlby (1988), who worked all his adult life as a psychotherapist in addition to being an influential scholar and theorist, drew parallels between the parent–child relationship and the relationship between a therapist and his or her clients. When therapy goes well, the therapist provides a safe haven and secure base for the client, creating a protective environment that allows the client to explore problems, conflicts, feelings, and memories. As the therapeutic relationship deepens, it becomes possible for the client to reassess and restructure perceptions of this particular relationship, which then becomes a model and testing ground for other close relationships. Bowlby noticed, of course, that a client's feelings and behaviors toward the therapist are affected by attachment working models, which allowed him to reconceptualize transference in attachment-theoretical terms. Less emphasized was the likely possibility that the therapist's own attachment orientation and past attachment experiences and injuries might affect the therapeutic alliance and the problems that sometimes arise within it. This possibility has since been documented by Dozier (e.g. Bernier & Dozier 2002; Dozier & Tyrrell, 1998), Mallinckrodt (2001), and Pistole (1999), among others.

The conditions for establishing attachment and caregiving bonds are

implicit in most therapy situations. Clients usually enter therapy when they are feeling distressed, vulnerable, and needy, and the initial session is likely to be characterized by feelings of extreme susceptibility to harm or humiliation. Anxiety and vulnerability activate the attachment system and cause most clients to wish to receive responsive care from what Bowlby called a 'stronger, wiser other' (Bowlby, 1969/1982). The therapist is likely to seem, and hopefully to be, stronger and wiser because of both professional training and the unilateral focus in this particular setting on the client's concerns (Rogers, 1951). The therapist notes facial and postural expressions, vocal qualities, and verbal comments indicating distress and signaling a need for care, safety, and guidance. As the therapist responds to these signals with interventions that comfort and guide the client, the client may begin to feel more secure and increasingly attached to the therapist. The therapist may feel rewarded by noticing the client's increased sense of comfort and security, a major reward for continued caregiving.

In order for this kind of working alliance, or attachment relationship, to be established, several dispositions and skills must come into play (Mallinckrodt, 2000, 2001). Among the important dispositions are the client's and the therapist's attachment styles. A therapist who is secure is likely to be able to focus on the client's problems, remain open to new information, and maintain compassion and empathy rather than be overwhelmed by personal distress. A therapist who is insecure is less likely to be able to empathize accurately and keep personal distress and problems from interfering with compassion. Being secure allows the therapist to acquire and apply different skills, both simple ones, such as maintaining appropriate eye contact and following the client's personal narrative, and more complex skills such as gradually transforming a professional acquaintanceship into an intimate therapeutic relationship (Mallinckrodt, 2000, 2001).

In recent years, studies have shown that a therapist's sense of attachment security affects therapeutic processes and outcomes. Sauer *et al.* (2003) reported, for example, that although clients of more anxious therapists (as assessed by a self-report attachment measure) felt that they had a better working alliance after the first session, this effect was gradually reversed over time. In a study in which therapists listened to taped client narratives, Rubino *et al.* (2000) found that more anxious therapists (assessed with a two-dimensional, self-report measure of attachment) tended to respond less empathically to clients' narratives. However, Mohr (2002) reported that therapist–client similarity in attachment insecurity seemed to weaken the negative effects of the therapist's attachment anxiety or avoidance. Specifically, therapists who scored relatively high on both anxiety and avoidance were more likely than secure therapists to view positively their sessions with clients who exhibited a similar form of insecurity. Moreover, therapists who scored high on avoidance but low on anxiety exhibited less hostile countertransference in sessions with clients who were also rather avoidant.

In a similar study, Rozov (2002) found that secure therapists created better therapeutic alliances. However, therapists who scored high on avoidance and low on anxiety had better working relationships with clients who held a similarly dismissive attachment style (a finding contradicted by other studies and therefore not yet well understood; see Dozier & Tyrell (1998); Tyrrell *et al.* (1999)). Rozov (2002) also found that therapists who scored high on anxiety and low on avoidance created poorer therapeutic alliances in general, and especially poor ones with secure clients.

A *client's* attachment style also has important effects on the therapeutic process. Sauer *et al.* (2003) found that secure clients established better working alliances with their therapists. In related studies, Satterfield & Lyddon (1995, 1998) found that clients that felt they could depend on others to be available when needed were more likely to establish a secure personal bond (perhaps a secure attachment) with their therapist, and Kivlighan *et al.* (1998) reported that client security (defined as being comfortable with intimacy) moderated the association between counselor expertise and the client–therapist working alliance. Similar benefits of client security have been noted even in studies involving more severely pathological patients (Dozier, 1990). Greater patient attachment security was associated with better treatment compliance, whereas avoidant tendencies were associated with rejection of treatment providers, less self-disclosure, and poorer use of treatment. Korfmacher *et al.* (1997) created an intervention program for low-SES, high-risk mothers of infants and found that mothers who were classified as secure on the AAI were more involved in the intervention and accepted more forms of treatment than those who were less securely attached.

Although most of the studies mentioned so far suggest that a client's attachment security is an asset in the therapy process, greater *improvement* may sometimes occur in insecure clients, who presumably have more to gain than secure clients from therapy (Meyer & Pilkonis, 2002). Rubino *et al.* (2000) reported that therapists were more deeply involved with highly anxiously attached clients and reacted more empathically to them than to less anxious clients. (Whether this ability of the more anxious clients to pull for therapist empathy and involvement actually resulted in better therapeutic outcomes cannot be determined from this study.) Hardy *et al.* (1999) reported that therapists tended to respond to anxiously attached clients by 'reflecting their emotions and concerns,' but to avoidant clients by offering cognitive interpretations.

These early studies, while based on a variety of different methods and not all producing identical conclusions, generally suggest that attachment security is beneficial to both therapists and clients and that one important benefit of successful therapy is the enhancement of a client's sense of attachment security. More research is needed to flesh out these early indications of the importance of attachment processes in therapeutic settings, and to discover how they are related to compassion.

### *The therapist's need for a safe haven and secure base*

Therapists obviously experience a great deal of stress while attempting to help troubled clients. They therefore need a safe haven and secure base outside the therapy situation, in relationships with supervisors, consulting therapists, marital partners, friends, and spiritual advisors (Carifio & Hess, 1987; Hess, 1987; Holloway, 1994). Needless to say, it would be dangerous and destructive for a therapist to reverse roles and attempt to meet attachment needs by relying on clients for comfort, safety, and support – a process that attachment researchers have identified as dysfunctional when it occurs in the context of disturbed parent–child attachment relationships.

Attachment theory is useful for thinking about the ways in which the interpersonal characteristics of therapists and their supervisors affect supervision (Pistole & Watkins, 1995). A secure foundation provides the supervisee with sufficient safety so that he or she feels confident relying on the supervisor in times of need. Neswald-McCalip (2001) discussed the example of supervisees who were working with suicidal clients. When confronted with this kind of crisis, an insecure therapist whose working model of attachment figures is one of unavailability is less likely than a more secure therapist to trust a supervisor or seek support. More secure therapists are likely to view supervisors as available and trustworthy. A good supervisor will provide the needed sense of security that allows the supervisee to explore feelings and possible treatment strategies, and to benefit from this increased security when extending compassion to a suicidal client.

In their work with counseling supervisees, Pistole and Watkins (1995) found that a secure supervisory alliance 'serves to ground or hold the supervisee in a secure fashion' (p. 469). The relationship provides supervisees with security or safety by letting them know (a) 'they are not alone in their counseling efforts, (b) their work will be monitored and reviewed across clients, and (c) they have a ready resource or beacon – the supervisor – who will be available in times of need' (p. 469). At present, attachment-oriented research on therapists' relationships with supervisors is scarce. This would be a fruitful arena in which to test theory-based supervisory strategies and their effects on both supervisees and clients.

### *Attachment processes and compassion fatigue*

Psychotherapists who work with special populations such as victims of terrorism, abused children, disaster survivors, dying clients, and severely disturbed patients sometimes neglect their own needs for care while focusing on the extreme needs of their clients (Figley, 2002). While epitomizing the compassion we would generally like to foster, this kind of work can easily result in emotional depletion and professional burnout (Skovholt *et al.*, 2001), sometimes called compassion fatigue. This unpleasant condition is

marked by withdrawal and isolation from others, inappropriate emotionality, depersonalization, loss of pleasure in work and perhaps life more generally, loss of boundaries with dying patients, and a sense of being overwhelmed (Rainer, 2000).

Research has shown that lack of social support is a major factor in burnout (e.g. Davis *et al.*, 1989; Eastburg *et al.*, 1994). Among the various kinds of social support that a person might experience in the workplace, the kind provided by a supervisor is probably the most important (Constable & Russell, 1986). Meeting one's own needs for relief, empathic understanding, and support renewed is an important prerequisite for continuing to serve as an attachment figure for needy others.

To some extent, however, more secure people can also soothe themselves by relying on mental representations of past experiences of being supported by good attachment figures (Mikulincer & Shaver, in press). They can do this partly by recalling how they felt when they were well taken care of, and partly by viewing themselves as having internalized some of the efficacious and loving qualities of their attachment figures. In a secure individual, these two kinds of mental representation seem to become mentally available as soon as threats or stresses activate the attachment system. Beyond a certain point, however, it may be necessary for almost everyone to have tangible care provided by a compassionate, loving caregiver. For therapists, some of this care can come from good supervisors. Some of it may also have to come from friends and family.

## Concluding comments

Attachment theory and research provide good leads for fostering effective compassion in therapists, therapy clients, parents, and human beings more generally. Unlike 'selfish gene' theories (e.g. Dawkins, 1976), which discourage us from imagining that evolution equipped *Homo sapiens* with a capacity for compassion and care, attachment theory suggests that the same caregiving behavioral system that evolved to assure adequate care for vulnerable, dependent children can be extended to include care and concern for other people in need, perhaps even compassion for all suffering creatures – an important Buddhist ideal. Research clearly indicates that the condition of the attachment behavioral system affects the workings of the caregiving system, making it likely that heightening attachment security will yield benefits in the realm of compassionate caregiving.

Research on attachment and caregiving suggests several ways to encourage this move toward attachment security and effective compassion. One is to care for children in ways that enhance their sense of security, which, besides having many benefits for the children themselves, makes it much more likely that they will be good parents and neighbors and generous citizens of the world in later years. Another way to heighten a person's sense of security is to

have him or her regularly recall times when beneficial support was provided, or to imagine similar situations, perhaps even ones depicted in religious stories or other inspiring works of art (Oman & Thoresen, 2003). Once a person has benefited from another's care, or deliberately imagined and emulated the kinds of care and concern for others exhibited by supportive parents, Jesus, the Buddha, or Gandhi, merely calling these exemplars to mind seems to have security-enhancing effects, as does exposure to pictures and drawings of examples of loving kindness. Many of these procedures probably foster compassionate caregiving in two ways, by enhancing a person's sense of security and providing models of good caregiving.

When we consider therapeutic settings in particular, additional considerations arise. A therapist is likely to perform better if he or she is relatively secure, but the task of listening attentively and compassionately, hour after hour, to narratives of pain, abuse, in humanity, and insecurity is likely both to erode compassion and to increase personal distress and to insecurity. From time to time, therefore, therapists should be allowed to occupy the role of the needy, dependent person and seek compassionate support from skilled supervisors as well as other professional and nonprofessional attachment figures. It seems unlikely that anyone can sustain security and vitality in the face of continual pain and suffering without at least occasional reliance on stronger, wiser others.

Our research has demonstrated that key constructs, propositions, and principles of attachment theory apply beyond the realm of close relationships to social life more generally. People who are relatively secure in the dispositional sense or are induced to feel secure in a particular context are less threatened than insecure people by novel information and in-group/out-group differences, and are more willing to tolerate diversity, more likely to maintain broadly humane values, and more likely to offer tangible help to others in need. It seems likely, therefore, that the earth would be a more compassionate place if a larger number of people were helped to become secure, both dispositionally and in the varied contexts of their daily lives.

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