

## ADAPTIVE SELF-CONCEPT MEDIATES THE WELL-ESTABLISHED RELATIONSHIP BETWEEN ATTACHMENT AND SELF-CARE\*

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This study utilized the adaptive self-concept model to investigate the role of attachment anxiety and avoidance in self-care functioning. Specifically, the study explored how attachment insecurity contributes to self-care both directly and indirectly through clarity, openness, self-distance, non-rumination, and modifiability of the self-concept. The mediation model was tested using path analysis with 320 participants drawn from established adulthood, a life stage spanning ages 30–45, marked by intersecting career, relational, and caregiving demands. The Experiences in Close Relationships–Revised Short Form (ECR-RS), the Adaptive Self-Concept Questionnaire (ASCQ), and the Self-Care Questionnaire (SCQ) were used to collect data. The results supported a simplified model that included partial mediation and accounted for nearly 65% of the variance in self-care. Self-concept clarity emerged as the dominant contributor to the adverse effect of attachment insecurity on self-care capacity. In contrast, modifiability of the self-concept did not mediate the link between attachment and self-care. The findings reinforce the notion that individuals who experience high attachment anxiety and avoidance are more likely to engage in various forms of self-neglect and hazardous behaviors. They also provide insight into the specific aspects of the self-concept at play between attachment dimensions and self-care. Further studies could clarify the extent to which the adaptive self-concept may be a target for interventions to improve individuals' ability to care for themselves.

**Keywords:** attachment anxiety; attachment avoidance; self-care; adaptive self-concept

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Self-care refers to the experience of one's self and life as being of value, accompanied by acquired patterns of reaction that serve to protect these values. The idea of self-care is not new, as psychology has long been interested in understanding self-protective and self-destructive motivational forces driving an individual's behavior (e.g., Freud, 1915). For example, many theories from different schools of psychological thought offer concepts such as the will to live and the need for security and assign them a fundamental place in the personality structure (e.g., Frankl, 1992; Maslow, 1954).

The conceptualization of self-care employed in this study integrates notions taken from psychodynamic approaches. Its roots can be traced back to Freud's (1915) theory, which suggests that functions relating to self-preservation, self-protection, and survival belong to the ego or self-preservative drive. This idea was further articulated by Hartmann (1958), who stressed that self-preservation primarily depends on ego functions developed through maturation and learning and serving adaptation. In his proposal, the organizing/synthesizing function of the ego operates to reconcile the objectives of different parts of the psychic apparatus with the demands of the environment, distant goals with immediate ones, and momentary gratifications with the primary goal of survival, development, and protection of the self. Anna Freud (1963) further argued that the development of the ego functions requires simultaneous narcissistic cathexis toward one's self and body. Only then are self-control and protection from threats likely to occur. The narcissistic cathexis is a response to the primary caregiver's (usually the mother's) libidinal cathexis. This idea was further developed in self psychology and object-relations theories, which assert that the natural life-oriented potential develops in relationship to the mothering parent through mechanisms of fusion, omnipotence, internalization, and gradual separation. These processes constitute the conditions for forming the representation of the "good object." The role of primary caregivers in object-relations theories is described in various ways—they are to provide a sufficiently good holding (Winnicott, 1960), a symbiotic relationship (Mahler, 1963), and an achievable attachment figure (Bowlby, 1982)—in essence, to ensure optimal care and optimal frustration. In the presence of an empathetic caregiver and optimal stimulation, transformative internalizations occur, allowing the child to maintain the signaling function of fear and develop protective and caregiving functions (Kohut, 1971; Tolpin, 1971).

Krystal (1978) and Khantzian and Mack (1983) presented detailed views of self-care based on observations of individuals suffering from addictions and psychosomatic disorders. These authors surmised that at the root of be-

haviors that are dangerous or manifest a lack of concern for one's well-being lies a functional deficit in the capacity for self-preservation and self-care, resulting from faulty early relationships with significant others. Khantzian and Mack (1983) find self-care to be a complex phenomenon that binds normative and caring, as well as affective and cognitive aspects. According to them, the self-care syndrome consists of seven factors necessary to realize the self-preservation drive and ensure safe development:

- a libidinal investment in caring and valuing oneself and its psychological derivative—a sufficiently positive self-esteem to feel worthy of protection;
- the capacity to anticipate danger and respond to its anxiety cues;
- the ability to control impulses and forgo pleasures that bring harmful consequences;
- pleasure in mastering inevitable situations involving risk or in which dangers are appropriately measured;
- knowledge of the outside world and oneself sufficient for survival;
- sufficient assertiveness and aggressiveness to be capable of active protection;
- certain relational skills, especially the ability to recognize people and relationships that are supportive or at least non-threatening to one's quality of life.

This list, supplemented by internalized soothing and gratification functions, as outlined by Krystal (1978), became the basis for subsequent operationalizations of the self-care construct, including the one used in this study (Pilarska & Suchańska, 2021, 2022; Suchańska, 1998; Suchańska et al., 2019).

The theoretical search points to the attachment relationship as the base of the capacity for self-care. The fundamental element of self-care is recognizing the self as valuable enough to be worthy of protection, which is only possible within a well-functioning early relationship with a caregiver. Krystal (1978) most clearly expressed the importance of early maternal care, proposing a model of an intrapsychic block that prevents the use of natural vital functions. According to the author, “early mothering is experienced as permission to live” (Krystal, 1978, p. 177). Trauma caused by parental dysfunction makes it difficult to create an autoerotic substitute for the parent and to internalize the caregiver's functions. On the intrapsychic level, a barrier is formed against the parental object-representation, which inhibits the integration of these functions and the exercise of self-help, self-soothing, or self-comforting. This “walling-off” leads to perceiving the caregiver as the sole source of satisfac-

tion or the feeling that life's protection remains in the hands of external objects: parents, doctors, or fate. The blocking of the self-care potential is accompanied by an affective disturbance involving dedifferentiation, deverbaling, and resomatization of emotions. Emotions no longer serve a signaling function and cannot be used in self-regulation.

Empirical data gathered so far confirm that problems with self-care are linked to avoidance of closeness and anxiety of abandonment by attachment figures (Pilarska & Suchańska, 2021; Suchańska et al., 2019). Such results align with the idea that secure attachment lays a foundation for developing self-care abilities. The current study, however, was particularly interested in what individual characteristics may support this initial self-care capital. The attachment system operates through internal working models of self and others acquired primarily in early childhood (Bowlby, 1982). These representations are shaped by caregivers' sensitive responsiveness and gradually abstracted into generalized beliefs and expectations about others' availability and the worthiness of the self. Once established, they provide a cognitive-affective structure that organizes self-related processing and mentalization in close interpersonal relationships (Fonagy & Target, 1997). This framing encourages a focus on the self-concept.

To comprehensively assess the possible role of the self-concept in contributing to the self-care capacity, this study utilized the recently proposed model of the adaptive self-concept (ASC; Jankowski et al., 2022a). The adaptive self-concept is an umbrella construct that represents various properties of the self-concept as examined from the individual's perspective. Drawing on James's (1890) classical distinction between the subjective and objective self, Jankowski et al. (2022a) aimed to identify both processual (i.e., related to self-awareness) and structural (i.e., related to self-knowledge) aspects that determine whether the self-concept serves adaptive purposes. Results from a series of studies supported five axial dimensions of the ASC, namely: clarity of the self-concept (i.e., the belief in certainty, stability, and coherence of self-knowledge), non-ruminative self-awareness (i.e., the ability to avoid anxiety-driven self-reflection), self-distance (i.e., the ability to take a meta-perspective on oneself), openness to self-relevant information (i.e., willingness to self-explore), and modifiability of the self-concept (i.e., the belief in the possibility of a change within the self; Jankowski et al., 2022a). The different aspects of self-knowledge and self-awareness are considered interdependent. A specific way of thinking about oneself may manifest in a certain organization of the self-concept (e.g., a tendency to ruminate may result in low clarity

of the self-concept); conversely, a certain form of self-knowledge may promote specific ways of thinking about oneself (e.g., a stable and certain self-knowledge may enable greater self-distance).

The ASC model can be placed within a broader context of factors influencing the basic attributes of the adaptive self-concept and the functions these attributes serve in self-regulation and interpersonal relationships (Jankowski & Bąk, 2020). Regarding integrative frameworks such as McCrae and Costa's (1999) or McAdams and Pals' (2006) model of personality, the adaptive self-concept can be situated at the level of characteristic adaptations. Like other characteristic adaptations, the ASC is shaped by biologically based basic tendencies, such as those captured by the Big Five model, and by environmental and cultural influences to which the person must adapt. The latter factors are particularly relevant to the current study. Jankowski and Bąk (2020) stress that whether or not the self-concept develops adaptively depends strongly on the quality of relationships with significant others. They point to two theories that highlight these dependencies, i.e., the self-determination theory (Deci & Ryan, 2000) and the attachment theory (Bowlby, 1982). Empirical evidence supports this notion by showing, among others, the relationship of attachment with self-concept clarity and ruminative self-focus (Lanciano et al., 2012; Proccaccia et al., 2014; Wu, 2009). These findings suggest the shared line of development of the adaptive self-concept and self-care in early relationships with caregivers.

As one of the most crucial adaptations, the self-concept determines the quality of functioning in other areas, such as self-regulation and interpersonal relationships, thereby influencing the individual's psychological well-being (Jankowski & Bąk, 2020). Indeed, previous research found links between the ASC aspects and various indices of social adjustment and effective self-regulation (Jankowski et al., 2022a). An important aspect of optimal self-regulation is behavioral control over one's safety and development, which falls within the scope of self-care. In this way, the present study fits with the contextual model of the ASC that captures secure attachment as a prerequisite for developing the adaptive self-concept and considers optimal self-regulation as its primary outcome. This model includes the indirect influence of attachment on self-care through the ASC. Thus, the study's main hypothesis states that the dimensions of the adaptive self-concept explain, at least partially, the relationship between attachment and self-care in adulthood.

## METHOD

### Participants

A total of 371 established adults completed the survey. Established adulthood is a developmentally unique yet underresearched life stage when adults navigate the challenges of advancing their careers, maintaining relationships, and raising children. These overlapping responsibilities can lead to heightened stress but also offer rewards such as a stronger sense of self and greater social and professional confidence (Mehta & Arnett, 2023).

Fifty-one participants were identified as carelessly or inattentively responding via the long string index and Mahalanobis distance (Meade & Craig, 2012). The final data set consisted of 320 participants (55% women) aged 30 to 45 ( $M = 37.46$ ,  $SD = 4.53$ ). Among the participants, 25% had primary education, 22% had vocational education, 26% had secondary education, and 27% had higher education. Their places of residence included rural areas (26%), towns of up to 50,000 inhabitants (24%), cities of up to 200,000 inhabitants (21%), and larger cities with populations exceeding 200,000 (29%).

### Measures

The study used the Experiences in Close Relationships–Revised questionnaire (ECR-R; Fraley et al., 2000) in its Polish short form (ECR-RS; Lubiewska et al., 2016), the Adaptive Self-Concept Questionnaire (ASCQ; Jankowski et al., 2022a), the Self-Care Questionnaire (SCQ; Pilarska & Suchańska, 2021), and a demographic form containing questions about gender, age, education, and place of residence. All measures were validated in previous studies and possess good psychometric properties. In the current study, the reliabilities of these measures were within acceptable levels (Table 1).

The ECR-RS was used to assess the adult attachment dimensions of anxiety and avoidance. The ECR-RS consists of 16 items on a 7-point scale spread across two 8-item scales. Higher scores indicate greater anxious or avoidant attachment.

The ASCQ is a 25-item tool designed to assess the five ASC facets: clarity of self-concept, openness to self-relevant information, self-distance, non-ru-

mination, and modifiability of self-concept. Each item is rated on a 6-point scale, and higher scores indicate more adaptive self-beliefs.

The SCQ contains 34 items, rated on a 5-point scale, which relate to manifestations of self-care across multiple dimensions: valuing oneself and one's life, resisting harmful temptations, readiness and initiative to face life's challenges, assertiveness and defense of one's rights, belief in the availability and accessibility of social support, interpersonal trust and relational failures, mindful awareness of internal states, and self-soothing ability. Both the individual dimensions and the overall score on the instrument are useful. Only the overall score was used here to maintain parsimony in the mediation model; this decision was further supported by the high intercorrelations among SCQ subscales reported in validation studies (Pilarska & Suchańska, 2021). The higher the score, the greater the level of self-care.

### **Procedure**

The survey was conducted online. An attempt was made to balance the participants across demographic characteristics. Participants completed the questionnaires described above, presented in fixed order, along with one additional measure not related to the present report. The survey was anonymous and voluntary. Participants were recruited via Ariadna, a nationwide research panel in Poland. Compensation was offered as panel points exchangeable for material rewards or e-vouchers, with the number of points proportional to survey length and difficulty and credited upon completion.

### **Data Analysis**

Basic descriptive analysis of the data collected was carried out along with normality tests. Preliminary analyses also included intercorrelations among the main variables and associations between them and demographic covariates. A path model was then tested. The model stated that attachment-related anxiety and avoidance were direct predictors of self-care and that anxiety and avoidance each related to facets of the adaptive self-concept, which were also direct predictors of self-care. In line with the conventional rule of thumb (e.g., Kline, 2016; Marsh et al., 2005), the model's fit was considered adequate when the root mean square error of approximation (RMSEA) and the stand-

ardized root mean square residual (SRMR) values were below 0.08, and the comparative fit index (CFI) and Tucker–Lewis Index (TLI) values exceed 0.90. The significance of indirect and total effects was estimated by the bootstrapping method, with 5,000 resamples based on 95% confidence intervals (CIs). Using the *semPower* package in R (Moshagen & Bader, 2024), post-hoc power was calculated as 0.93, confirming that the sample size was sufficient to achieve an acceptable fitting model with a significance level of  $\alpha = 0.05$ .

## RESULTS

Normality tests were performed prior to further analyses. The skewness and kurtosis of all the main variables were within acceptable ranges (skewness from  $-0.46$  to  $0.28$  and kurtosis from  $-0.74$  to  $1.78$ ). However, the data distribution violated the assumptions of normal distribution in Kolmogorov–Smirnov tests for all the variables except for attachment avoidance ( $p = 0.055$ ) and, consequently, the assumptions of multivariate normality. To accommodate non-normality, non-parametric tests were conducted, and the maximum likelihood estimator with robust standard errors (MLR) was utilized.

Summary statistics and preliminary correlations are displayed in Table 1. Small positive associations were obtained between participants' age and clarity of the self-concept and non-rumination. Concerning gender differences, men reported slightly higher non-rumination than women. No other relationships with demographic variables emerged; all effect sizes were small ( $r \leq 0.17$ ). Self-care was strongly negatively correlated with attachment-related anxiety and avoidance, while it was strongly to weakly correlated positively with all aspects of the adaptive self-concept. The pattern of correlations between attachment and the adaptive self-concept was interesting. Both attachment dimensions were related to lower clarity, but this link was significantly stronger for anxiety. Additionally, anxiety was associated with a greater propensity to ruminate about oneself, a stronger belief in fixed personality traits, and a higher openness to new information about the self. In contrast, avoidance was linked to a lower ability to adopt a meta-perspective and lower openness to self-relevant information.

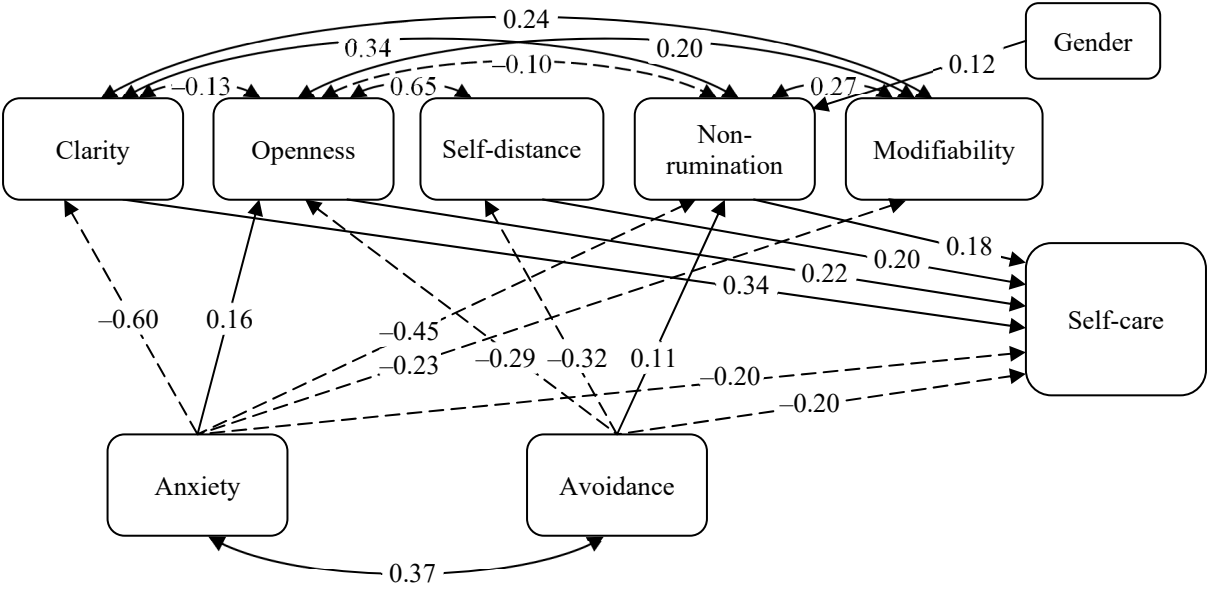
**Table 1**  
*Descriptive Statistics, Correlations, and Reliability of Key Variables*

Variable	<i>M</i> ± <i>SD</i>	1	2	3	4	5	6	7	8
1. ANX	29.98 ± 11.41	–							
2. AV	23.73 ± 8.07	0.35***	–						
3. CRT	17.84 ± 4.55	–0.60***	–0.30***	–					
4. OPN	19.78 ± 4.06	0.12*	–0.27***	–0.17**	–				
5. DST	20.21 ± 3.52	–0.01	–0.34***	0.02	0.62**	–			
6. NRM	14.83 ± 4.45	–0.41***	–0.01	0.44***	–0.20***	–0.05	–		
7. MOD	15.59 ± 3.22	–0.18***	–0.01	0.29***	0.03	–0.12*	0.35***	–	
8. SC	113.32 ± 16.83	–0.55***	–0.51***	0.57***	0.25***	0.34***	0.33***	0.16**	–
Age	37.46 ± 4.53	–0.01	–0.03	0.12*	–0.05	0.00	0.13*	0.01	0.02
Gender	–	–0.09	0.03	0.05	–0.08	–0.04	0.17**	0.01	0.00
Education	–	0.04	0.11	0.06	0.10	0.09	0.09	0.04	0.15
Residence	–	0.10	0.13	0.12	0.13	0.12	0.04	0.13	0.10
$\alpha$	–	0.93	0.87	0.82	0.83	0.77	0.82	0.66	0.90

*Note.* ANX = attachment anxiety, AV = attachment avoidance, CRT = clarity of self-concept, OPN = openness to self-relevant information, DST = self-distance, NRM = non-rumination, MOD = modifiability of self-concept, SC = self-care. Associations among study variables and demographic variables are reported as effect sizes *r*.

\*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ .

**Figure 1**  
*The Trimmed Model with Standardized Coefficients*



*Note.* All reported beta coefficients are standardized. Solid and broken lines represent positive and negative values, respectively (all significant at  $p < 0.05$ ).

Next, a path analysis was used to test the hypothesized model. Age and gender were included as covariates. After fitting the saturated model, non-significant paths were constrained to zero, one by one, using higher  $p$  values as the criteria. In total, four regression paths among the main variables were removed, including paths from attachment anxiety to self-distance, from attachment avoidance to clarity and modifiability, and from modifiability to self-care, before arriving at the final parsimonious model. The final model fit the data well,  $\chi^2(22) = 23.58$ ,  $p = 0.370$ , CFI = 0.998, TLI = 0.996, RMSEA = 0.016, SRMR = 0.043, and explained 64.7% of the variance in self-care and from 5.4% to 36.4% of the variance in the adaptive self-beliefs. The model is presented in Figure 1.

Regarding the direct effects in the model, attachment-related anxiety and avoidance were both direct negative predictors of self-care. Negative effects were also identified of anxiety on clarity of the self-concept, the ability to inhibit rumination, and a belief in self-modifiability, while a positive relationship was found between anxiety and openness to self-relevant information. Avoidance was negatively related to openness and self-distance, while its effect on non-rumination was positive. In turn, four aspects of the ASC—clarity, openness, self-distance, and non-rumination—were positive predictors of self-care.

Three indirect effects of anxiety on self-care were found (1): negative indirect via clarity,  $\beta = -0.21$ , 95% CI  $[-0.278, -0.142]$ ; (2) negative indirect via non-rumination,  $\beta = -0.08$ , 95% CI  $[-0.128, -0.041]$ ; and (3) positive indirect via openness,  $\beta = 0.04$ , 95% CI  $[0.010, 0.073]$ . Pairwise comparisons of indirect effects showed that the indirect effect through clarity was stronger than that through non-rumination,  $\Delta\beta = 0.13$ , 95% CI  $[0.041, 0.213]$ , and openness  $\Delta\beta = 0.17$ , 95% CI  $[0.098, 0.243]$ , but neither non-rumination nor openness could be deemed a stronger mediator than the other,  $\Delta\beta = -0.05$ , 95% CI  $[-0.094, 0.004]$ . Moreover, three indirect effects of avoidance on self-care were identified: (1) negative indirect via openness,  $\beta = -0.07$ , 95% CI  $[-0.120, -0.026]$ ; (2) negative indirect via self-distance,  $\beta = -0.06$ , 95% CI  $[-0.114, -0.017]$ ; and (3) positive indirect via non-rumination,  $\beta = 0.02$ , 95% CI  $[0.000, 0.046]$ . Pairwise comparisons revealed that none of the three indirect effects differed from one another. The contrasts were: openness vs. self-distance,  $\Delta\beta = 0.00$ , 95% CI  $[-0.066, 0.087]$ ; openness vs. non-rumination,  $\Delta\beta = 0.05$ , 95% CI  $[-0.002, 0.102]$ ; self-distance vs. non-rumination,  $\Delta\beta = 0.04$ , 95% CI  $[-0.015, 0.101]$ .

The total effects of attachment anxiety and avoidance on self-care were negative,  $\beta = -0.45$ , 95% CI [-0.523, -0.379] and  $\beta = -0.31$ , 95% CI [-0.407, -0.218], respectively. Approximately 56.2% of the total anxiety effect was explained by pathways going through the ASC, with the path involving clarity being the largest contributor to the adverse effect of anxiety on self-care (45.9%). The total negative effect of anxiety was slightly attenuated by the positive pathway through openness (7.9%). In sum, greater anxiety was associated with deficits in self-care directly and via decreasing stability and certainty of self-knowledge and reducing the ability to inhibit rumination. However, anxiety was also related to higher self-care via increasing openness. The ASC mediated around 34.5% of the total avoidance effect, with 21.0% and 20.0% of the total effect attributable to openness and self-distance, respectively. The positive pathway through non-rumination slightly attenuated the total negative effect of avoidance (6.6%). That is, heightened avoidance contributed to problems with self-care directly and via decreasing openness to self-relevant information and reducing the ability to adopt a meta-perspective. The opposite effect of avoidance also occurred, where the greater the avoidance, the greater the self-care due to decreased rumination.

## DISCUSSION

The current study aimed to verify whether the adaptive dimensions of the self-concept are part of the mechanism explaining the relationship between attachment and self-care in adulthood. The conceptual framework for this study was derived from the literature on self-care, which places attachment as central in the development of self-care (e.g., Khantzian & Mack, 1983; Krystal, 1978), as well as the model of the adaptive self-concept (ASC), developed by Jankowski and Bąk (2020), which depicts secure attachment as foundational in facilitating the ASC development and outlines efficient self-regulation as the effect of the ASC. As expected, adults with greater attachment anxiety and avoidance were deficient in self-care, which aligns with previous research (Pilarska & Suchańska, 2021; Suchańska et al., 2019) that highlights the detrimental effects of insecure attachment on self-regulation. Moreover, as expected based on the ASC model, the adaptive self-beliefs were implicated in the processes that link insecure relationship experiences to impaired self-protective functioning.

More specifically, the presence of attachment anxiety predicted an uncertain and unstable self-concept, along with a tendency to ruminate about oneself and a sense of having little control over one's attributes. This pattern of relationships aligns with the hyperactivating strategies underlying anxiety. Individuals who fear rejection and abandonment are unable to maintain a balanced self-awareness, become easily overwhelmed by negative emotions and thoughts, and tend to focus more on others than on themselves (Arriaga & Kumashiro, 2019; Mikulincer & Shaver, 2016). Hence, they are not able to effectively use their own experiences to develop a clear self-concept. Somewhat less obvious was the finding that anxiety positively, although weakly, predicted openness to new information about oneself. To better understand this effect, it is worth noting that openness emphasizes a passive, receptive acquisition of information rather than an active, cognitive transformation of self-knowledge (Jankowski et al., 2022a). Due to over-dependence on others and ineffective defenses, anxious individuals may be open to self-relevant information but may lack sufficient resources to process it (Mikulincer & Arad, 1999; Mikulincer & Orbach, 1995).

Attachment avoidance predicted a diminished capacity for decentering and avoidance of self-relevant information. These effects can be understood by considering deactivation strategies and compulsive self-reliance of avoidant individuals. Such tendencies encourage turning one's attention away from the intrapsychic world and avoiding new information as it may threaten one's self-confidence (Mikulincer & Arad, 1999). Since these persons present as emotionally detached from others (Mikulincer & Orbach, 1995), one could expect them also to hold a distanced perspective on the self. The present finding reinforces the notion that avoidant people's defensive armor hampers the use of self-distancing as an underpinning of mindfulness (Stevenson et al., 2017). This line of reasoning also offers an explanation for the finding that avoidance predicted, to a small extent, the ability to inhibit rumination. In everyday life, avoidant persons are typically good at suppressing unwanted thoughts and cutting off feelings (McWilliams & Holmberg, 2010).

In general, a characteristic feature of anxious individuals' self-concept was confusion, associated with decreased clarity and non-rumination, whereas avoidant persons' self-concept was marked by rigidity, associated with decreased self-distance and openness. The weakening of these aspects of the ASC was predictive of impaired self-care. The observed links between the ASC facets and self-care align with theoretical assumptions and empirical evidence. As outlined by Jankowski et al. (2022a), adaptive self-concept brings

epistemic (e.g., the preservation of a coherent self-concept) and pragmatic (e.g., successful negotiation of relationships) benefits. Thus, poorly defined self-knowledge and biased processing of self-related information impede realistic assessment and adequate regulation of one's behaviors and interactions with others. Numerous studies confirm positive associations of the ASC dimensions, particularly clarity, non-rumination, self-distance, and openness, with effective self-regulation, emotion regulation, quality of interpersonal relationships, and various aspects of hedonic and eudaimonic well-being (Janowski et al., 2022a). Although the ASC is defined as a cognitive construct, it also relates to self-evaluation and emotional self-experience. For example, self-concept clarity has been repeatedly shown to go hand in hand with high self-esteem (Campbell et al., 1996; Weber et al., 2023). In this context, it is worth recalling that the self must be loved and valued enough to be cared for (Khantzian & Mack, 1983).

Converging empirical evidence and clinical observation further situate these findings within contemporary psychoanalytic approaches. Research on self-concept clarity, rumination, and mindfulness in both clinical and nonclinical samples suggests that the capacity to maintain coherent self-views and observe internal experience with reflective distance is related to the quality of internal object relations (e.g., Kovács et al., 2021; Marszał & Górska, 2015). In support of this link, Ellison and Levy (2012), in their examination of the factorial structure of the Inventory of Personality Organization, derived from Kernberg's model of personality organization (Kernberg & Caligor, 2005), found that the factor Instability of Self and Other, cautiously interpreted as a general dimension, was strongly associated with indices of self-concept clarity. Importantly, Kernberg (2012) explicitly relates mindfulness to the process of containing thoughts and feelings and to identification with a loving parental introject. From this perspective, the ASC facets may be understood as cognitive-metacognitive expressions of underlying psychological structures, particularly identity consolidation, that support accurate self-esteem and adequate self-regulation. For example, the ASC may provide individuals access to thoughts that help neutralize painful emotions, which might otherwise be manifested through emotion dysregulation. Consistent with this view, self-concept clarity has been shown to buffer against the effect of negative affect on self-injury risk in both borderline and anxious outpatients (Scala et al., 2018). Of note, the ASC construct itself does not incorporate unconscious determinants of basic self-beliefs derived from internalized object relations.

Interestingly, the weak bivariate relationship between modifiability of the self-concept and self-care was further diminished in the path analysis. While these results align with Jankowski et al.'s (2022a) findings of modifiability and self-regulation being largely independent, they also suggest that the ASC facets might intervene or influence each other when affecting self-care. Certainly, further research is needed to clarify the role of self-modifiability in various manifestations of the adaptation process.

It is also important to note that the attachment–self-care relationship was partially independent of the influence of the ASC, meaning that insecure attachment serves as a risk factor for deficits in self-care through additional mechanisms other than hindering the development of adaptive self-beliefs. These could include attachment's impact on self-to-self relating, for example, in the form of self-compassion. There is a nuanced difference between attachment anxiety and avoidance, perhaps due to the different models of the self and others, with anxiety more consistently linked to lower self-compassion (Huang & Wu, 2025). Another way in which attachment insecurity may influence self-care is through willingness and ability to depend on others, whereby anxious individuals are likely to seek support intensely and overtly, while avoidant adults experience difficulties seeking help and support in stressful situations (Mikulincer & Shaver, 2016).

Lastly, by highlighting how basic self-beliefs may help explain self-care disparities across attachment orientations, the present findings bear some practical implications. Specifically, they raise the possibility that the adaptive self-concept represents a proximal psychological mechanism linking attachment insecurities with less concern for one's own safety and development. Preliminary evidence, such as that presented by Scala et al. (2018), supports this account. In this sense, the cognitive and metacognitive aspects of self-concept emerge as promising targets for clinical intervention. Accordingly, therapeutic approaches addressing maladaptive self-beliefs and biased processing of self-relevant information (e.g., cognitive-behavioral therapy, mentalization-based therapy) may help improve self-care in insecurely attached individuals (Herrmann et al., 2024; Roepke et al., 2011).

While the study provides insights into the mechanisms underlying the effect of attachment on self-care, several limitations should be acknowledged. First, the sample comprised a homogeneous age group of established adults. Given that previous studies on the ASC surveyed primarily young adults (Jankowski et al., 2022a, 2022b), this study's focus on older individuals offered the opportunity to appraise the ASC as important across all ages. However,

the extent to which the findings generalize to other populations remains questionable. Second, this study's cross-sectional design and self-report nature preclude a confident inference of causality. Longitudinal studies could investigate the dynamic relations between attachment, adaptive self-concept, and self-care at both the between-person and the within-person levels.

In sum, the findings indicate that attachment anxiety and avoidance are associated with the capacity for self-care partially through adaptive features of the self-concept, most notably clarity, non-rumination, self-distance, and openness. Framing these features as the interface between early relational experiences and adult self-regulatory functioning underscores points of integration between contemporary psychoanalytic and social-cognitive models. Indeed, both perspectives converge on conceiving personality as a dynamic system of cognitive and affective units that organize behavioral patterns (Kernberg & Caligor, 2005; Mischel & Shoda, 1995). This view emphasizes the role of cognitive representational processes in personality. Importantly, the descriptive character of the ASC model permits different explanations of adaptive self-beliefs, whether grounded in information processing or affectively charged attachment experiences (e.g., Jankowski & Bąk, 2020; Kernberg, 2012). The latter interpretation aligns with the psychoanalytic standpoint adopted here, according to which the adaptive self-concept reflects the self-aspect of identity. Beyond this integrative attempt, the study revisits the conceptual roots of self-care and contributes to efforts to translate earlier theoretical traditions into the language of contemporary academic psychology.

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