

ATTACHMENT SCRIPTS ACROSS CULTURES: EVIDENCE FOR A UNIVERSAL SCRIPT

Lisa M. Rodrigues, Diana P. Wais, Ana Zevallos, & Raquel R. Rodrigues

State University of New York at Stony Brook

Poster presented at SRCD 2001, Minneapolis, Minnesota

Attachment Scripts Across Cultures: Evidence for a Universal Script

Approximately fifteen years ago, attachment research took a turn toward cognition and issues of representation (Main, Kaplan, & Cassidy, 1985). The adult attachment interview was developed in order to tap into individuals' internal working models and the coherence of their attachment representations. Furthermore, an empirical link was established between security classifications on the interview and the adult's relationship with their child suggesting that working models directed the individual's interactions with their child. More recent findings have established a link between early attachment assessments at 12 – 18 months with the strange situation and security in early adulthood as assessed by the interview (E.Waters, Merrick, Treboux, Crowell, & Albersheim, 2000).

In this empirical context, the nature of attachment working models and how they develop is critical for understanding these findings and for suggesting mechanisms responsible for the cognition-behavior connections that have been reported. Bretherton (1991), for example, has proposed that attachment scripts are the cognitive building blocks of attachment representations. In support of this hypothesis, H. Waters, Rodrigues & Ridgeway (1998) reported that narrative techniques designed to tap into children's attachment scripts revealed that secure children are able to produce more coherent, more elaborate attachment-relevant narratives. Similar narrative techniques with adults should reveal similar patterns as well if attachment scripts are the cognitive building blocks of attachment representations.

In seeking evidence of attachment scripts in adults, Part I of our study introduced a narrative technique designed to obtain attachment relevant stories from adults. Four prompt word outlines were developed to guide story productions about attachment relevant scenarios, two mother/child scenarios (Baby's Morning, The Doctor's Office) and two adult/adult scenarios (Jane and Bob's Camping Trip, The Accident). Forty U.S. participants produced stories from all four of

the attachment story prompts (see Table 1 for the story word prompts). The participants were women who were in their mid-twenties, married for 4-5 years. All were long-term participants of the Stony Brook Relationship Project (E. Waters/J. Crowell) and had previously been assessed using the Adult Attachment Interview (AAI).

Narrative Assessment Procedure. Participants were asked to use the columns of words to frame a story, going from left to right. The prompt words were only a guide and elaborations were welcome. After reviewing each outline and the participant indicated that they were ready, a tape recorder was turned on and the generated passage recorded. Participants did not have difficulty in understanding the prompt word procedure, or in following the implied story line.

Secure Base Script Scoring. Scriptedness was defined in terms of a prototypic attachment script in which the secure base (mom/partner) helps the individual (character in story) deal with some distress and helps to get things back to normal. Table 2 presents a more detailed description of the secure base script and the type of passage content that was scored as script-relevant. Table 2 contains several examples of Baby's Morning from very scripted to less secure base content to no evidence of a secure base script. There is also an example of a highly scripted version of Doctor's Office. Table 3 presents the seven point scale that was used to rate all of the attachment narratives, both those from the U.S. sample and those from Switzerland, Zimbabwe, and Peru. Table 4 presents examples of well-scripted "Baby's Morning" and "Doctor's Office" from the three cultures outside the U.S.

Results

In Part I of the study attachment narratives were collected from an American sample and scored on a 1-7 scale of scriptedness. These scores were then correlated with coherence scores from the Adult Attachment Interview (AAI) producing a strong positive connection between scriptedness and AAI coherence scores (see top of Table 5). Furthermore consistently high

correlations across all of the attachment narratives indicated that the secure base script served as a generalized script that was easily applied to a wide range of attachment scenarios. This range included mother/child narratives and adult/adult narratives (see the bottom of Table 5).

Part I established the secure base script as an important component of attachment representations in our American sample. The purpose of Part II was to determine whether this script could be found in attachment narratives produced in other cultures. As some of the examples show in Table 4, individuals from a wide range of cultures, from Europe to Africa to South America could successfully produce coherent, well-organized narratives from our prompt word outlines. Two independent raters scored each set of stories from each of the cultures on scriptedness. Alpha reliabilities for the averaged scores ranged from .86 to .96 for the narratives across all four cultures (including the U.S. sample) indicating good agreement on scriptedness. In all of the different cultural samples we obtained scriptedness scores that ranged from 1 to 7. Mean scores were in the 3-4 range & standard deviations were comparable as well.

Thus, in response to the question: Do women in other cultures produce similar variations in their interpretations of the story lines from obvious secure base scriptedness to stories noticeably lacking in secure base content? – The answer is “yes.”

Now for our second question: Do women who produce well-formed secure base scripts in one narrative, produce well-formed secure base scripts in other attachment narratives , as demonstrated in the U.S. sample? The answer is once again “yes.” Correlations among the different attachment narratives was consistently high across all the cultures (see Table 6).

These findings indicate that the secure base script is very robust across many different cultures. We did adapt our scriptedness scoring to some degree to match cultural variations. African and South American stories tended to introduce more family members into the narratives, probably because extended families play a more important role in their daily lives. Nonetheless the

difference between well-scripted and not, is clear in those cultures as well. Thus our study represents strong evidence of the universality of a generalized secure base script across cultures, consistent with a key postulate of attachment theory, that attachment relationships across cultures are organized around secure base behavior. Thus, it's not surprising that we find evidence of a secure base script in attachment narratives across cultures.

References

- Bretherton, I. (1991). New wine in old bottles. In M. Gunnar & L. A. Sroufe (Eds.), Concepts of self. Minnesota symposia on child psychology. Vol. 23. (pp. 1-34). Hillsdale, NJ: Erlbaum.
- Main, M., Kaplan, N. & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), Growing Points of attachment theory and research. Monographs of the Society for Research in Child Development, 50 (1-2, Serial No. 209), 66-104.
- Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (in press). Attachment stability in infancy and early adulthood: A 20-year longitudinal study. Child Development.
- Waters, H.S., Rodrigues, L.M., & Ridgeway, D. (1998). Cognitive underpinnings of narrative attachment assessment. Journal of Experimental Child Psychology, 71, 211-234.

Table 1: Narrative Prompt Word Outlines and Sample Narratives

A. Baby's Morning

mother	hug	teddy bear
baby	smile	lost
play	story	found
blanket	pretend	nap

B. The Doctor's Office

Tommy	hurry	mother
bike	doctor	toy
hurt	cry	stop
mother	shot	hold

C. Jane and Bob's Camping Trip

Jane	tent	campfire
Bob	wind	shadow
bags	collapse	sounds
hurry	upset	hug

D. The Accident

Sue	wait	home
road	Mike	dinner
accident	tears	bed
hospital	doctor	hug

Table 2 Definition of a Secure Base Script and Sample Attachment Narratives from the U.S.

I. Definition of a Secure Base Script

The prototypic secure base script describes a sequence of events in which the caregiver (1) supports the child's exploration, (2) remains available and responsive and serves as a resource as necessary; (3) the child encounters an obstacle or threat and becomes distressed; (4) either the child retreats to the caregiver or the caregiver goes to the child; (5) the difficulty is resolved or removed; (6) proximity and/or contact with the caregiver effectively comforts the child; (7) the child (possibly with the caregiver's assistance) returns to constructive play (or ends play comfortably and makes a transition to another activity).

II. Secure Base Script Content (Adult Attachment Narratives)

Once again, we broadly define a prototypic secure script as one in which the secure base (mom/partner) helps the individual (character in story) deal with some distress and helps to get things back to normal. In more positive scenarios, the goal of the secure base is to facilitate exploration, promoting positive experiences. Stories organized around a secure base script will have:

- 1) *the secure base helping to select and implement strategies for getting things back to normal and defusing the emotional distress, when that is possible, or avoiding distress altogether by facilitating transitions to other activities (for a baby or child) and providing explanatory frameworks to help understand the situation (for young child)*
- 2) *the secure base reconfiguring the person's representation to focus on more positive aspects, thereby diffusing the negative emotion. This often involves pointing out the "bright" side of a situation, e.g., we'll certainly talk about this trip for years to come.*
- 3) *an interpersonal focus, that is, a sensitivity to and awareness of the other person's psychological/emotional state. The content of secure base narratives focuses on the interaction between the two individuals rather than simply describing the sequence of events in the story. The secure base responds to requests, cues from child/partner, modifying their own behavior as a consequence. There is give-and-take, with each partner making their own unique contribution to the situation, activity, but working together "as a team." There is also emotional give-and-take with an expressed emotion in one leading to an emotional response in the other.*

Baby's Morning – Rich Secure Base Content

The brand new mother woke up to her little baby's cry. And she went running into the baby's room to see what was wrong. And actually, the baby was crying with happiness cause she was playing in her crib and she was playing with the brand new toy that her father had given her. The blanket that was generally around the baby was tied over the toy, and the baby was actually pretending that this doll was her little baby. So she was hugging it, and her mom just smiled, cause she thought this was so cute. The little baby, Sarah, wanted to give her mom a hug also. So she reached up and gave her mom a really big hug. And this made her mom smile even more. So then she wanted to hear a story. And the story was 'Goldilocks and the three bears.' And Sarah started laughing because her mom would pretend to be each of the bears. So she would say, "Oh, I'm Papa Bear," in this low and deep voice, "and whose been sleeping in my bed." And Sarah thought this was the funniest thing cause her mom had this really deep Papa Bear voice and then she'd have the little Baby Bear voice., "Oh, someone's been sleeping in my bed, and she's still there." So the little Sarah was very happy with her mom's story. And she played for most of the day while her mom watched her and played with her. And she had her favorite gift from her big brother was a teddy bear that was lost and she couldn't find it anywhere. She looked up and down the stairs and she looked in her room, and she looked in her brother's room, but she couldn't find it anywhere. But her mom said, "Well, let's think really hard. If I was a teddy bear where would I be?" And they thought, and they thought and they thought. "I know, I know, it would be in my bed." So Sarah went running up the steps, toddling up the steps, and there they found the teddy bear, laying in her bed where she had left him. So she was so tired that her mom said, "Why don't we both lay down for a little nap?" And Sarah and her mom took a nap for the rest of the afternoon.

Baby's Morning – Some Minimal Secure Base Content

Early one morning, the father went to pick up the baby from the crib. Brought him in to the mother, laid the baby in the bed with the mother and went off to work for the day. The mother and the baby spent some time nursing, then they were laying in bed, playing. Playing peek-a-boo with the little blanket. Lots of hugs. Trying to get the baby to smile, the mother was telling her little stories and pretending she disappeared behind the blanket, she would reappear, and the baby would give big smiles for that. They then got up, left the bed and went into the kitchen and they found the baby's, one of the baby's favorite toys, the teddy bear. They played with the teddy bear for a little while, pretending they were feeding the teddy bear while the mother fed the baby her breakfast and shortly after that the baby went in for a nap.

Baby's Morning – Matter of Fact Presentation of Events, No Psychological/Emotional Emphasis

It was morning time when the mother heard her baby crying. She went to get the baby, fed her breakfast, and then they proceeded to play on the baby's favorite blanket. The mother loved the baby, she hugged it, she smiled with it, she read it stories. The mother pretended that she was a teddy bear, and she would hug the baby and sing it songs. One day the teddy bear got lost. The mother looked all over for it. The baby was crying. But when the mother found the teddy bear, the baby was ready for her nap.

Baby's Morning – No Secure Base Script, Mother is Focus of Story

I'd like to explain what my morning is like. Since I'm a working mother, it's kind of difficult for me to get the baby ready in the morning. A lot of times he wants to play, so it really takes up a lot of time in doing my routine. But what I usually do is I try to wrap him up in the blanket, and give him a big hug and then off we go to the babysitters. I try to smile a lot as I'm dropping him off, and as he's getting older now, we're trying to make up stories about where I'm going, and I try to explain to him where I go to work, and what I do. And a lot of times I have to pretend that I'm not leaving. And we have to distract him a little bit, so that I can get out of the house. And the other day, it was so traumatic because I had dropped off his teddy bear with him, and then when she, the babysitter, gave him back to me, we couldn't find the teddy bear. So we thought it was lost but maybe some of the other kids had taken him home. Luckily we were able to find him. So once the teddy bear was found, everything was good, and I was told that now that he's able to take his nap better, because without the teddy bear, during the day he wouldn't sleep, so his nap time was kind of messed up. So this is how baby's morning goes with me.

The Doctor's Office – Rich Secure Base Content

Tommy was really excited. He got this mountain bike that he had been wanting for ever and ever and ever. And he had worked so many summers cutting the lawn that he was able to save up and buy his new bike. So this is the first day that Tommy was able to ride it. He gets on his bike and he's going over moguls, and through the woods. All of a sudden, he hit a big tree stump and he fell off and he hurt his leg. It hurt so much. So Tommy was in the middle of the woods, he wasn't sure what to do. And he said, "I have to get to my mother. I have to hurry up and get home to my mother. So Tommy, very carefully, got back on his bike and started to pedal. But it still hurt him a lot. So when he got home, Tommy said, "Mom, I think I hurt my leg." And his mother looked at it and said, "Oh, I think we're gonna have to take you to the doctor." And Tommy started to cry out, "No, not the doctor. He's probably gonna give me a shot. I don't wanna shot mom, please, please." But Tommy's mother said, "No, I think we're gonna have to take you to the doctor." So they went to the doctor's office, and yep, he needed a tetanus shot, because part of the bike had scraped his leg. So, Tommy was such a big boy, though, that he made his mother proud, and said, "Okay, I'll be really good mom I promise." And his mother was so happy with him that she said, "Okay, we'll go to the toy shop and we'll be able to pick up a toy that you might like as a reward for being so good." So, Tommy started running as fast as he could to the toy shop. And his mother yelled, "Stop right there. Don't cross the street." So Tommy waited for his mother. And he took her hand, and his mother held his hand. And they went to the toy store. Tommy picked out the toy that he wanted, a brand new bike. He picked out his brand new bicycle and he left the store holding his mother's hand.

Table 3 Secure Base Script Rating Scale

- 1.** These are the very best examples of secure base content in the narrative. There is a rich interplay between the two principle characters. There is a great deal of attention to the psychological state of the other, and the “secure base” is very responsive to that psychological state. Important to the secure base script is the resolution of the problem/distress with a return to normalcy.
- 2.** These narratives fall short of the richness of secure base content that is evidenced in stories ranked “1”. Nonetheless, these stories to contain a reasonable amount of secure base content.
- 3.** These narratives have a medium amount of secure base content, but not as much elaboration as those that are ranked “1” or “2”.
- 4.** These narratives have some secure base content, but not very much. Thus, they are weak on secure base content, but there is no odd content contained in the story either.
- 5.** These narratives seem mostly event-related stories, in which what is happening is presented, with very little commentary on the give and take between with the characters, or on the psychological content of the story.
- 6.** These are event-related as well, but so brief as to seem disjointed. Also included in this category are narratives that contain some odd content that is inconsistent with a secure base script. The intrusion of this content however is not as consistent or pervasive as the narratives that are scored “7.”
- 7.** These narratives are theme-based variations that come across as quite peculiar interpretations of the implied story line. Not only is the secure base script not recognized, but a quite different script is in its place. The narratives can be quite detailed, with content generated consistent with the odd interpretation of the story line. These are not that common.

Narratives that have significant “odd” content, but fall short of a complete theme-based variation also receive a “7.”

Table 4 Well-Scripted Attachment Narratives from Switzerland, Zimbabwe, and Peru**From Switzerland: Baby's Morning**

One morning the mother woke up and heard that her baby called for her. So she went to the baby's room and she couldn't see the child. And so she said "What is this?" Until she suddenly realized that under the covers something was moving. Then two little hands came out under the cover, and the baby looked out of the cover, and started to giggle and laugh very much. The mother was a bit surprised because she thought, "Oh now this child is starting to hide below the covers," but she played along in the game, and so they started to play "Hide and Seek" under the cover. And the mother gave the baby a little kiss. And the baby smiled very cutely at the mother. Then the mother sat on the edge of the bed and started telling the little baby a little story, namely, she told him how the day was going to go, all the things that they were gonna do together, all the things that they were gonna live through in that day. So and now it's time to get up and your teddy bear and your toys are already waiting for you. So she took the child out, and she changed its diaper and she put its clothes on and she took it to the breakfast table. At the breakfast table the mother said "So, now we pretend that we are in a restaurant. We will eat breakfast nicely together and when we finish the bread then we will go and look for the teddy bear." After the breakfast they went to the playroom and they looked and looked and looked for the teddy bear but he was nowhere to be found. And the child was already all sad and started to cry very much, and the mother said "You don't have to be sad, we will find the teddy bear." And all of a sudden the mother thought "Maybe this child had the teddy bear in the bed." And so she looked under the covers, and who was there hidden under the covers, like the baby in the morning, the teddy bear, and he looked out under the cover. And the mother said "Look at who comes out of here. This is your teddy bear." And she just left the teddy bear in the bed because it was almost time for a nap.

From Switzerland: The Doctor's Office

And he drives up and down in the courtyard. The mother is in the house but she has the window open so that she can hear Tony in case something happens or he needs her. All of a sudden she hears a cry. She runs to the window and looks out. Tony fell down. She runs outside into the courtyard in order to see if something happened. She sees that he has hurt himself and is bleeding very strongly on his head. Tony cries very much and at first does not let the mother see what happened. But after she managed to calm him down a little bit she can look what happened and sees that it's quite serious and that they have to go to the doctor because maybe it has to be stitched up. She packs everything up and drives with the car to the doctor. Tony is very excited and cries still. At the doctor's office they don't have to wait and can go straight into the practice room. Tony is very afraid, especially when he realizes that he will receive an injection. The mother tries to calm him down as good as she can, and after a couple of minutes it is possible to give him an injection. After the wound is stitched up they leave the doctor's office and the mother praises Tony for being so brave. So that the pain goes over even more quickly the mother promises to buy Tony a toy. After he himself gets to choose a toy he can slowly calm down and stops crying. After that they drive back home, but at home the mother still has to hold Tony for a long time so that he really can calm down completely.

From Zimbabwe: Baby's Morning

My morning began really beautifully because my little Chanel, my first child gave me the most gorgeous smile of her life. I shall never ever forget that. I was ecstatic. Unfortunately, her dad wasn't there, so I got on the phone, and I quickly called him up and said "Guess what? Your daughter smiled at me today." It was such a toothless and a beautiful smile, I shall never ever forget. I then decided that I was going to play with my baby because she smiled, so I was there tickling her and playing with her: absolutely lost with the awe of her smile. I gave such a hug, because it just meant so much to me to see my baby smile because I felt that she recognized her mom, and that smile was especially for me. Then I decided that I was going to go on the side of the room and pretend I wasn't there, and just said "Chanel, Chanel." And again, I got that lovely smile from her. While she gurgled and I tickled her, and I think that that got her a bit tired too. Then I decided that since she smiled, I was going to make that quite an important event of the day, so I went up and I took this huge, lovely yellow teddy bear of hers, and I said "Chanel, can you see this teddy bear? And do you know who I am? I'm your mother. And that's your teddy bear. And we're going to name the teddy bear "Smiley", because you smiled for the first time." And I found that that day was just something that was going to be memorable and cherished for the rest of my life. Then my life got tired of smiling, like everyone does, and I said "I'm going to read you a story quickly." I read her a story, and she dozed off and then I took the blanket, and covered her. It was a pink blanket, I still remember, with a pink border. And my baby went to sleep, taking a nap for the day. And that was the perfect baby's morning any child could have given to me as a mother.

From Zimbabwe: The Doctor's Office

Christmas was approaching and Matthew asked Father Christmas for a bicycle. So we bought him one and left it by the tree. On Christmas day he woke up and found his bicycle. He was so excited he wanted to ride it straight away. We explained to Matthew that it takes time to learn how to ride and that we would teach him a little each day. Sergio held the bike so that Matthew wouldn't lose his balance. After a few goes up and down the driveway, we thought we would let him try himself. Sergio let the bike go and Matthew went by himself. As he went towards the gate he started to lose balance. I called to Sergio, "Hurry up and catch him." He ran but Matthew kept going. I shouted "Stop Matthew" but he rode straight into the gate. We ran to see if he was alright. He lifted up his head and blood was pouring out. My heart sank to my stomach. We lifted him up but by this stage he was in terrible pain and crying out loud, "Mommy it hurts." I tried to comfort him but he wouldn't stop. We wiped the blood clean but it was a deep cut so it kept bleeding. So we got in the car and took him to our doctor. The doctor saw us straight away. We went into her office and sat down. I was holding Matthew in my arms. She explained that she had to stitch up the cut. She asked me to hold his arm tightly so she could give him a shot. Matthew screamed but a few minutes later began to calm down. I chose some toys from the toy box in her office and tried to amuse Matthew so that the doctor could stitch his cut. He was so good and the doctor managed very successfully. Four stitches later we went home, and Matthew slept for two hours. He was totally exhausted. He had been such a brave boy. I hope that our next Christmas will be better than this one.

From Peru: Baby's Morning

It is time for siesta; mommy and the baby go to the little bed because it is time for the baby to go to sleep for him to go to sleep. But the baby would not sleep without his teddy bear, without his teddy bear that he was given when he was born by his friend, the neighbor. She gave it to him. In any case, the baby starts to play and play among the blankets since he is not feeling sleepy. He hugs his mommy, smiles at her and want her to tell him a story. Uhmmm ... uhmmm, but the baby has lost his teddy bear somewhere in by the blankets. I don't know where he might have dropped it, maybe underneath the bed and he can't fall asleep. I must find ... his teddy bear so he could fall asleep peacefully because he can't sleep without his teddy bear. He has to hug the teddy bear in order for him to fall asleep. Mommy looks for the teddy bear all around and she finds it somewhere laying underneath the bed since the baby was playing so much with the blankets that he dropped it. Well, now that the baby has his teddy bear, he hugs it. Then they go underneath the blankets together. He smiles. Now the baby is so happy because he had found his teddy bear. Mommy starts to tell him a story of his family and this is how the baby starts to fall asleep little by little. And finally he falls into a profound sleep, because this baby would not fall asleep with mommy telling him a story and without his teddy bear. For him to fall asleep, he must have these two things. These are important to him and it is like this that he falls asleep. The little baby takes a happy siesta and gets up all happy because he has had his sleep.

From Peru: The Doctor's Office

A certain day Pedro was playing in the park and decided to ride his bike. After riding around and around, he started to feel a pain in his stomach and he went running to his mother to tell her what was happening. The mommy decided to go to the doctor in a hurry to find out what her son had. Suddenly, when the doctor was examining Pedro, he saw the shot and he began to cry because he was scared of the shot. He was afraid it would hurt. And then his mom took care of him. She caressed him and gave him a toy so that he would stop crying. And she told him that if he let them give him the shot that the pain would go away. Pedro let them give him the shot and his mother held him. And immediately after the pain stopped, Pedro realized that it was best for him to have gone to the doctor with his mother and he knew that she did it for his own good.

Table 5**Part I: U.S. Sample (N=40) Correlations between secure base scriptedness & coherence (AAI)**

	Coherence	IQ
Mother/Child Attachment Stories		
Scriptedness	$r = .52, p < .001$	$r = .25, \text{ ns}$
Adult/Adult Attachment Stories		
Scriptedness	$r = .50, p < .001$	$r = .17, \text{ ns}$
Attachment Composite Scores		
Scriptedness	$r = .54, p < .001$	$r = .23, \text{ ns}$

Part II: Correlations Between Secure Base Scriptedness Across Attachment Stories (U.S.)

	Scriptedness
Mother/Child Attachment Stories (Baby's Morn & Doc's Office)	$r = .83, p < .001$
Adult/Adult Attachment Stories (Camping Trip & Accident)	$r = .61, p < .001$
Attachment Composite Scores (correlation between the child & adult stories)	$r = .71, p < .001$

Table 6 - Correlations between secure base scriptedness across attachment stories

Swiss Sample (N=24)

Mother/Child Attachment Stories	$r = .71, p <.001$
Adult/Adult Attachment Stories	$r = .60, p <.01$
Attachment Composite Scores (correlation between the child & adult stories)	$r = .68, p <.001$

Zimbabwe Sample (N=24)

Mother/Child Attachment Stories	$r = .76, p <.001$
Adult/Adult Attachment Stories	$r = .51, p <.01$
Attachment Composite Scores (correlation between the child & adult stories)	$r = .79, p <.001$

Peru Sample (N=24)

Mother/Child Attachment Stories	$r = .68, p <.001$
Adult/Adult Attachment Stories	$r = .41, p <.05$
Attachment Composite Scores (correlation between the child & adult stories)	$r = .68, p <.001$