Scoring Adults' Secure Base Use And Support

Overview of the Secure Base Scoring System (SBSS)

Judith A. Crowell   Helen S. Pan   Yuan Gao

Dominique Treboux   Everett Waters

State University of New York at Stony Brook

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Introduction

Bowlby (1969/82) conceptualized infant-parent attachment as a control system that evolved to ensure the safety and well-being of a child. He hypothesized that the attachment system plays an important role in human life "from the cradle to the grave" (Bowlby, 1977), thereby laying the foundation for studying attachment beyond infancy. The Secure Base Scoring System focuses on behavioral components of the attachment system within an adult partnership. It is hoped that the scoring system will advance the study of the link between attachment behaviors and mental representations of attachment, and of attachment behaviors across age and different attachment relationships, thus addressing critical issues in attachment theory.

In essence, the relationship with an attachment figure (AF) provides an individual a sense of security or safety regarding the self, and confidence in the availability of the AF and the predictability of the relationship. When this security if threatened, an individual feels anxious and distressed, and seeks physical and psychological proximity to the AF to be assured that all is well. Thus reassured of the availability and support of the AF, the individual can then confidently explore, that is engage in other activities, play, work, etc.

Ainsworth used direct observational methods to study infant-parent interactions (Ainsworth, Blehar, Waters, & Wall, 1978). By assessing the infant's careseeking behaviors and the AF's complementary secure base support behaviors, she established secure base behavior as a core phenomenon of the attachment system. As the study of the attachment system moved to include adults, there was a shift to the study of representations of attachment beyond infancy. For example, Main and colleagues (1985) developed the Adult Attachment Interview and its scoring system as a means to capture an adult's state of mind with respect to early attachment experiences with parents. The scoring system outlined here represents a return to the use of direct observational methods to examine the quality of the attachment system in adult partnerships.

The scoring system is intended to be analogous to that for infant-parent attachment behaviors (Ainsworth, Blehar, Waters, & Wall, 1978). Partners in adult relationships are hypothesized serve as secure base users and secure base supporters with each other. Therefore, it is proposed that the components in an effective infant-parent attachment system are present in the attachment system between partners. Unlike the infant-parent relationship where the infant usually seeks and the parent provides the care, an adult-adult relationship is reciprocal in nature. Hence at any time, either partner can play the role of the secure base or the secure base user.

It is assumed that the attachment system in adults is activated by danger or distress just as it is in the infant-parent dyad. The infant is guided by the parent in the development of attachment behavior as to when and how to act (Waters, Kondo-Ikemura, Posada & Richters, 1991); couples may also evolve a pattern of attachment which is the product of their relationship and the attachment experiences they have had in the past. For Secure Base Scoring, the couple engages in a semi-structured interaction and discusses a topic on which they disagree. This situation is assumed to present a potential danger/distress situation with the chance of arousing attachment behavior in one or both partners and placing the other partner into a position of having to respond.

The adult behaviors scored are intended to be analogous to attachment behaviors involved in secure base and safe haven interactions observed between infants and parents. In the infant-parent dyad, a secure infant explores away from the caretaker establishing contact intermittently. If the infant becomes distressed, he/she signals the caregiver, approaches, seeks contact/comfort/reassurance, is comforted, and returns to exploration. For the adult in the care-seeking role, four scales are designed to measure the quality of attachment behavior: 1) strength and clarity of initial distress signal, 2) maintenance of a clear distress signal, 3) approach to attachment figure, e.g., apparent expectation that the partner will be responsive, and 4) ability to be comforted. A summary secure base use score is a composite of these ratings.

Guidelines for scoring an adult's secure base support behaviors are based on research on maternal sensitivity, accessibility, acceptance, and cooperation (Ainsworth et al., 1978). Serving as a secure base, a parent supports the infant's exploration and contact maintenance, is aware of the presence of danger, responds to the infant's signaling/distress, correctly interprets the infant's signal, and offers effective reassurance, that is, the parent is comforting to the infant and allows him/her to return to exploration. For the adult providing care, four scales assess the quality of the responses: 1) interest in partner or "promotion of exploration", 2) recognition of distress, 3) interpretation of distress, and 4) responsiveness to distress. In addition, a summary score of secure base support behavior is given.

Optimally the behavior of the individuals reflects this secure base scenario or script. There is a clear indication of the belief that the relationship is a partnership, a team, or a working unit that has as its function the emotional

and physical security and well-being of each partner, the couple, and their family. This concept is evident in the individual's behavior and verbalizations regardless of the distress level manifested.

Procedure

1. **The first step in scoring the videotaped session is to watch the couple's 15-minute interaction in its entirety.**

   Note when key exchanges occur and the nature of these exchanges. Establish the topic(s) of disagreement, and which partner is initiating the concerns when. It is often true that one person may initiate a concern, but the other will raise a counter concern. These topics of concern should be recorded.

2. **Next, the scorer determines if the conflict is attachment-related.**

   The Attachment Scale is intended to help the scorer sort through the attachment- and non-attachment-related aspects of the discussion, and to rate the degree to which attachment concerns are explicitly discussed. The topic of discussion is also noted.

   Attachment-related conflicts are based on concerns or worries that pose a threat to the well-being of the relationship, the self, and/or the attachment figure. An attachment topic is <u>not</u> merely one that is important to the couple, e.g., buying a house. For a topic to be attachment-related, feelings of security are raised. In many cases the topic of discussion is explicitly attachment related, for example, issues of warmth and affection, or time together. Issues about other family members, in-laws or children often directly connect to concerns about support and availability of the partner. NOTE: With young couples prior to marriage (Crowell, Gao, Treboux, Fyffe, Lawrence-Savane and Waters, 2000), the correlations between AAI security and behavior were higher for couples who discussed an attachment related topic (e.g., warmth and affection, time together) as opposed to those who didn't.

   The individual in the careseeking role (secure base user) requests support, assistance, reassurance or comfort from the partner (e.g., "It really upset me when ...", "It means the whole world to me to be able to ...", "you aren't there for me...", "I'd like to feel some (warmth/ enthusiasm) from you when you see me at the end of the day...") and the caregiver offering to ease the partner's attachment anxieties by being available, and providing support and care (e.g., "You have a problem with ... Don't worry about that. I'll be there ...", "It will be okay. We'll work on it together ..."). This type of conversation explicitly illustrates the attachment system.

   A topic is also inferred to be attachment-related if the partners seem to avoiding an explicit mention of an attachment need, yet it appears obvious to the rater that issues of love, trust, support, and cooperation are at the heart of the discussion. For example, a partner asks for less involvement and more distance in the relationship, or down-plays a concern, or counters the partner's attachment needs (e.g., "It's stupid to worry about that ...", or "that's your business", "or "you know, I'm too busy/tired to be affectionate..."). These responses may occur even before the partner has explicitly stated a need.

The following topics are indicators or potential indicators that attachment related content is in play:

   a) Concerns about separation, lack of emotional closeness/intimacy, jealousy, or not spending enough time together.

   b) Doubts about whether the partner can be counted on or trusted to be available and supportive in times of need. That is, if necessary, will the partner put the careseeker's or the relationship's needs above the individual's own needs? Financial concerns can fall into this category.

   c) Discussions of how to deal with problems that could seriously threaten the couple's ability to continue to function together as a responsible unit in the world, e.g., the soundness of the couple's finances, or the employment (or lack thereof) of one of the partners.

   d) Less serious arguments about how the partners as a team manage a life together, e.g., who should and when to do household chores so each is free to engage in other activities, how to deal with in-laws and relatives so their feeling and thoughts are respected, and the choice of the kind of recreational activities.

The following possible threats to the physical and psychological well-being of the self might activate an individual's attachment behavior.

e)   Concerns about perceived physical danger, e.g., health concerns, fear for personal safety because of violence in the neighborhood.

f)   Requests that the partner be accepting of the careseeker, e.g., siding with the careseeker instead of parents or friends, on key issues that affect the careseeker's self concept.

g)   Soliciting support in pursuit of a personal goal that is crucial in an individual's development of the self.

h)   Needs to re-negotiate attachment roles with the partner as the careseeker faces changes in attachment with others, e.g., death of a parent, or birth of a child.

i)   Seeking to establish emotional equilibrium, i.e., to be relieved from distress, anxiety, or worries that do not concern the relationship. (Although this kind of careseeking behavior is theoretically possible, the nature of our task makes it less likely.)

The following possible threats to the physical and emotional well-being of the partner might stimulate an individual's secure base support behavior.

j)   Concerns about perceived danger to the partner's health or safety.

k)   Attempts to "teach" the partner to use the caregiver as a secure base/safe haven, i.e., instructing the partner to use a secure base.

l)   Efforts to help the partner to develop a stronger self concept, i.e., working with the partner to boost his/her confidence, or berating the partner about their inadequacies.

m) Although it is obvious from the list above that some topics have high attachment relevance, any topic can potentially arouse attachment behavior. The basis for determining whether a topic is attachment-related depends on whether the concern is expressed as threatening to the well-being of the relationship, self, or partner.

Attachment-related discussions may be indicated by statements that show the individual has a relational focus, (i.e., statements are framed as "we") or an atypical or jarring individual ("i.e., "you" or "I") focus. For example, "How can we work it out?" shows the desire to be a team, to work together on the attachment conflict. However, statements such as "What I do on my time has nothing to do with you," and "Until we get married, my finances are none of your business" suggest a belief that that they are not or should not be a team. It strongly suggests rejection or avoidance of an important attachment issue.

The relation between the explicitness of the attachment topic and the couple's security status is of empirical interest. It could be that a delay or absence of such directness even though they hover around a topic that many couples would render as relational represents an avoidance strategy. Alternatively, an underlying felt security may render the need for discussing attachment unnecessary.

3.   Once it is determined whether the concern is attachment-related or not, the scorer should note the "ownership" of the problem, i.e., who is expressing the concern.

If more than one such topic is noted, then record when all of these moments begin as well as the "ownership" of the concerns. The topic may or may not match the proposed topic for disagreement set up by the researcher and announced at the beginning of the tape. If the topic changes, keep track of all topics discussed. Thus at this point, the coder should have list of who initiated each topic and all topics discussed by the couple, and should have identified those that are attachment related.

4.   For all interactions, the scorer attempts to score both partners on the scales below.

a)   In some cases, throughout the interaction one partner is only in the care-seeking role while the other is only in the caregiving role. Score each individual in the relevant role. IT SHOULD BE NOTED THAT THIS IS NOT THE USUAL SITUATION. In most cases (about 85%) a responding partner will at least briefly raise a counter concern or desire which puts them in the position to be scored also a secure base user, and the original secure base user is cast in the role of responder.

b) At times, roles shift within the course of the discussion as the partners take on the care-seeking role on successive topics. Each individual's behavior in both roles needs to be assessed.

c) In the situation where the two partners are asking for each other's cooperation on the same attachment topic (e.g., one partner asks the other to be more responsible fiscally and the other partner expresses a need for help on that) or both partners are discussing comparable solutions to a problem (e.g., one partner thinks to be considerate of their relatives' feelings, they should spend their holidays with one set of parents while the other thinks they should visit the other set of parents), score both partners as using a secure base and providing secure base support.

d) In cases where one partner takes on a secure base role in instructing the other partner on how to request for help (e.g., "If going to the U.S. Open is really important to you, you need to let me know. I will rearrange my schedule to be with you.") or trying to change an undesirable trait of the partner (e.g., indecisiveness, inability to stand up to a parent, fiscal irresponsibility), this partner is to be scored as a secure base supporter because s/he is trying to tell the partner that s/he is an available resource during times of distress or need. The individual should also be scored as a secure base user as s/he is trying to gain cooperation from the other partner who is in the role of a caregiver.

f) A "Can't Rate" code should be given for each scale only if the subject has not expressed any concern about an issue of his/her own.