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Pathways to earned-security: The role of alternative support figures

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This study explored the kinds of relationship experiences associated with earned-security, i.e., the extent to which mothers who report early negative relationship histories with their parents are later able to form a secure working model of attachment (indicated by the ability to speak clearly and coherently about these histories). Mothers from a low-risk sample (N = 121) expecting their first child completed the Adult Attachment Interview (AAI), which was used to assess earned-security retrospectively using the stringent definition recommended by Main and Hesse (Hesse, 2008; Main, Goldwyn, & Hesse, 2002), as well as to identify alternative support figures. Participants also completed self-report measures of depressive symptomatology, questionnaires concerning their experiences in therapy, and later, when their babies were 12 to 15 months old, the Strange Situation procedure. Sixteen mothers were classified as earned-secure (25% of those classified as secure-autonomous and 13% of the whole sample). Women who were earned-secure (vs. insecure and continuous-secure) reported significantly higher levels of emotional support, but not instrumental support, from alternative support figures. They also spent more time in therapy than did insecure and continuous-secure women and were more likely to form secure attachments with their infants than insecure women. These findings were obtained even after controlling for depressive symptoms.

Keywords: earned-secure AAI status; adversity; attachment security; continuous-secure

Introduction

An increasing body of prospective longitudinal research has confirmed a robust relation between insecure attachment in infancy and later deficits in social and emotional competence during childhood, adolescence, and adulthood (Sroufe, 2005; Thompson, 2008). Thus, understanding the extent to which individuals can change from an insecure early attachment in infancy to a secure state of mind in adulthood (termed earned-security), and the factors that might promote such change, is important both for expanding the validity-base underpinning attachment theory and for designing effective clinical interventions. Earned-secure adults, who recall unloving parent–child relationships during childhood but who currently have secure representations of attachment, have been found to parent as supportively as

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continuous-secure parents, who have secure representations of attachment and recall positive parenting (Pearson, Cohn, Cowen, & Cowen, 1994; Phelps, Belsky, & Crnic, 1998). However, recent data from the Minnesota Longitudinal study revealed earned-secure adults were not significantly more likely than continuous-secure adults to have experienced insecure attachment or negative parenting in their early years (Roisman, Padron, Sroufe, & Egeland, 2002), leading to a controversy over the concept of earned or acquired security. How can we speak of “earned” security when it appears security may have prevailed in the childhood lives of adults with this designated AAI status? Although prospective assessment of earned-security is clearly preferable, given the importance of investigating predictors of earned-security and the dearth of longitudinal studies that would permit prospective assessment, it seems premature to abandon retrospective assessment of earned-security. In the present study, we use the stringent definition of earned-security proposed by Main and Hesse (Hesse, 2008; Main et al., 2002) to increase the likelihood that participants classified retrospectively as earned-secure did in fact experience unloving parenting. The primary goal of the present study is to identify pathways by which individuals with earned-secure AAIs may have been able to transform their representations of attachment and form secure attachment relationships with their own infants.

Before exploring the experiences that might influence the transformation from an insecure to secure working model of attachment, it is important to clarify the concept and measurement of earned-security. Based on use of the Adult Attachment Interview (AAI) to assess attachment security in adulthood (Main et al., 2002), adults are considered “earned-secure” if they describe negative relationship experiences with their primary caregivers during childhood, yet are able to talk about these experiences openly and coherently. However, because the conceptualization and criteria used to define earned-security in past research has varied, the correlates of earned-security are not well understood.

In the first empirical paper published on earned-security, the definition of earned-security used by Pearson et al. (1994) required that at least one parent score below five on the nine-point loving parent scale and above five on the nine-point neglecting parent or rejecting parent scales. Phelps et al. (1998) and Roisman et al. (2002) used the same criteria; but Paley, Cox, Burchinal, and Payne (1999) classified adults as earned-secure if they had scores less than 5 on the loving scale or above 5 on the neglecting, rejecting, or role-reversing scales with one parent. Thus, all of the definitions of earned-security used in past research leave open the possibility that if individuals had one unloving parent and one loving parent, they could draw upon the relationship with the more loving parent to overcome negative early relationship experiences with the other parent. Main and Hesse (Hesse, 2008; Main et al., 2002) recommend that only individuals classified as secure-autonomous on the AAI who received a score of 3 or below on the AAI parental loving scale for both parents should be classified as earned-secure. They argue that “scores of 3 are assigned when a parent is seen by the coder as providing instrumental attention and assistance during childhood, without indices of actively loving behavior ... In contrast, these indices of actively loving behavior must be present in mild form for scores of 5, which is considered sufficiently loving or ‘good-enough’ parenting” (Main et al., 2002, p. 586). The current study is the first to examine correlates of earned-security using these more rigorous criteria.

The primary reason that previous studies have used less rigorous criteria for defining earned-security is because too few adults fall into the earned-secure group based on Main et al.’s (2002) stringent criteria (e.g., only three did in Roisman et al.’s
study). Given the added stress of parenting in poverty environments in high-risk samples like the Minnesota Longitudinal sample, the possibility for positive change is limited, and the number of true earned-secure participants is likely to be very low. For example, in an earlier study using the Minnesota Longitudinal sample (Sroufe, Egeland, & Kreutzer, 1990), children who showed positive adaptation throughout infancy (e.g., secure attachment and positive parenting at 12 and 18 months) but poor adaptation as preschoolers were compared with children who showed poor adaptation from infancy through preschool. The authors stated, "Ideally, we also would have compared children functioning well throughout with children functioning poorly in the early assessments and then doing well during the final assessments of the preschool period. Unfortunately, the latter group is represented with insufficient frequency in our poverty sample to allow such an analysis (N = 3). Generally, we have downward drift in our sample" (Sroufe et al., 1990, p. 1368). Given such downward drift, without outside intervention, the possibility of attaining earned-security in high-risk samples may be highly unlikely.

In contrast, individuals from a middle-SES background, who have not had to suffer from the severe hardships that accompany poverty, may be more likely to encounter positive experiences later in life that help them overcome negative parenting and become earned-secure as adults. Findings from the Adverse Childhood Experiences (ACE) study indicate that the prevalence of child abuse and early family dysfunction in the largely middle-SES samples is far more common than has been generally assumed (Felitti et al., 1998). More than half of the ACE California sample of over 17,000 largely middle-SES adults reported some type of abuse or family dysfunction: 11% reported physical abuse, 12% psychological abuse, 22% sexual abuse, 26% substance abuse in the family, and 13% domestic violence. Thus, given that research indicates that adverse parenting might be expected for at least 25–30% of a middle-SES sample, and a middle-class environment should afford more opportunities to promote positive change, we used a middle-class sample in the present study to investigate factors that may promote positive change in attachment representations. Knowledge about such factors can then be applied to interventions aimed at high-risk as well as low-risk samples.

Relationships with alternative support figures (adults other than parents who provide support for children) are expected to be one important medium through which children may overcome negative experiences with their parents. Past research has shown that people who were physically or sexually abused during childhood were able to break the cycle of abuse and provide adequate care for their children if they had formed a close relationship with a non-abusive adult or had participated in therapy for at least two years (Egeland, Jacobitz, & Sroufe, 1988). If individuals with unloving parents are able to internalize healthy relationship strategies learned from alternative support figures, perhaps these new strategies will transcend their negative working models from childhood. Therefore, the primary goal of the present study is to identify the characteristics of the alternate support figures of earned-secure adults.

One such characteristic may be the type of support provided by alternate support figures. The AAI classification system distinguishes between instrumental or task-oriented support and emotional support from caregivers (Main et al., 2002). Instrumental support includes buying presents or driving children to activities. Emotional support is characterized by emotional availability, for example, a parent who listens, comforts, and reassures a child who is upset about problems at school or a parent who shows unconditional love through physical affection. Main et al. (2002)
suggest that children whose caregivers respond to their children’s emotional needs with sensitivity and comfort are considered loving, whereas those who provide only instrumental support are considered unloving. Hence, we expect that instrumental support alone from an alternative figure is not likely to help children overcome negative childhood experiences with their own parents. Instead, emotional support from alternative support figures is a more likely pathway to earned-security. This is the first study to empirically examine whether adults with negative childhood experiences are more likely to be classified as secure (vs. insecure) if they experienced emotional (vs. instrumental) support from an alternative support figure.

Moreover, attachment theory supports the idea that a single highly supportive figure is more important than having multiple adequate figures (Bowlby, 1973). Thus, this study will explore the quality of support received from alternative support figures, both individually and as a whole, as well as the number of alternative figures who provided support for the participants. We anticipated that earned-secure and continuous-secure women will recount greater emotional support from a single alternative support figure and greater emotional support on average from multiple figures than will insecure women. Additionally, we expect that earned-secure, insecure, and continuous-secure women will not differ in their reports of the number of alternative support figures they had or the amount of instrumental support they received from alternate support figures.

Whether or not alternative support figures are associated with the family may also influence the extent to which they are able to provide effective support. An alternative support figure associated with the family might be a relative, such as a grandparent, older sibling, or step-parent. Or, the alternative support figure may be someone unassociated with the family, such as a friend’s parents, a teacher, or a neighbor. It is possible that alternative support may be more readily available from within the family because relatives have greater access and may be more likely to take an interest. If the relative is able to respond with sensitivity to the child’s needs, this special attention may be the answer for earned-secure individuals. Alternatively, from a family systems point of view, alternative support figures associated with the family may be more likely to perpetuate and enforce individuals’ negative working models of close relationship because they are part of the same unloving system. Consistent with family systems theory, we expect that earned-secure women will be more likely than insecure and continuous-secure women to recall receiving emotional support from alternative support figures who are not associated with their families of origin.

The age at which children receive support from alternative support figures may also influence individuals’ ability to transform their internal working models. According to attachment theory, over time the internal working model becomes increasingly resistant to change (Bowlby, 1973). Thus, the sooner children with unloving parents come in contact with alternative support that fulfills their need for comfort when they are distressed, the more likely they are to transform their working models. Therefore, we hypothesize that earned-secure women are more likely than insecure and continuous-secure women to receive above-average emotional support from an alternative support figure by age 12.

As noted earlier, people who experienced child abuse were more likely to break the cycle of abuse and provide supportive parenting to their own children if they participated in therapy for at least two years (Egeland et al., 1988). One reason for the effectiveness of long-term therapy may be that the therapist acts as an alternative
support figure. Developing a trusting relationship with a therapist takes time and allows individuals (on the way to an earned-secure status) to feel worthy of care and develop more positive views of themselves. A second related reason for the effectiveness of long-term therapy may be that therapists help their patients rework their working models of attachment by facilitating the patient's ability to engage in reflective functioning. Reflective functioning (RF) refers to one's ability to reflect on one's own experiences so as to make inferences about the mental states of oneself and others (Fonagy, Steele, Steele, Higgitt, & Target, 1994; Steele & Steele, 2008). In a study of 26 mothers who were judged to have suffered high deprivation during childhood based on their childhood experience scores on the AAI and an independent childhood life-events survey, Fonagy et al. (1994) compared the attachment security of infants whose mothers were low \( n = 16 \) versus high \( n = 10 \) on RF. All but one of the infants whose mothers were low on RF had infants who were insecurely attached, whereas all of the infants whose mothers were high on RF were secure, indicating that high RF may be an important pathway to earned-security for individuals with adverse childhood experiences. Given that much of therapy is aimed at enhancing patients' ability to reflect on their own mental states and to understand and interpret the mental states of others, long-term therapy is likely to be another possible pathway to earned-security. Thus, it is expected that earned-secure women will have spent more time in therapy than insecure or continuous-secure women.

Finally, we will also examine the quality of earned-secure individuals' attachment relationships with their own children. Impressive longitudinal studies have shown that women classified as secure-autonomous in the AAI are more likely than insecure women to have securely attached infants (Fonagy, Steele, & Steele, 1991; Ward & Carlson, 1995). Previous research on earned-security has indicated that earned-secure mothers are just as likely as continuously-secure mothers to have secure attachment relationships with their infants (Pearson et al., 1994; Phelps et al., 1998). However, these studies used the less stringent definition of earned-security that leaves open the possibility that mothers classified as earned-secure had at least one loving parent and, thus, may not have had such adverse childhood experiences. This study is the first to examine whether earned-secure mothers, defined using the more stringent criteria recommended by Main et al. (2002), are just as likely as continuously-secure mothers to have securely attached infants.

In sum, the primary aim of the present study is to examine the characteristics of alternative support figures that facilitate earned-security, as well as the role of therapy in facilitating earned-security. Specifically, this study will examine (1) the type of support (instrumental vs. emotional) offered by alternative support figures of earned-secure adults, (2) whether or not number of support figures (as opposed to quality of support) predicts earned-security, (3) whether alternative support figures of earned-secure adults are more likely to be associated with the family or unassociated with the family, and (4) the age when earned-secure adults report receiving support from alternative support figures. In addition, this study will examine the relationship of amount of therapy received to earned-security and whether the infants of earned-secure mothers are more likely to have secure or insecure attachments compared to the infants of continuous-secure mothers. Finally, to better ensure that the adults defined as earned-secure did indeed overcome unloving parenting in their own childhood, a more rigorous definition of earned-security will be used. Even using a more rigorous definition of earned-security, it is
still possible that the actual relationship histories of earned-secure individuals were positive, but that they reconstruct their pasts in a negative light because of temperamental factors, depression, or other biases. Roisman and colleagues (2002) found that a pre-existing depressed state may predispose secure adults to reconstruct negative childhood relationships with parents. Therefore, the present study will control for depression at the time of the AAI interview.

Method

Participants

As part of a longitudinal study investigating the transition to first-time parenthood, 125 couples in the Austin area were recruited during the mother's third trimester of pregnancy through birthing classes, public service announcements on the radio, newspaper ads, and flyers distributed to maternity stores. The median family income was $30,45,000 (US). Most families (51%) reported family earnings between $30,000 (US) and $60,000 (US). However, 9% reported family earnings at the poverty level, 17% had earnings just above poverty, and 23% reported earnings above $60,000 (US) (the highest level). Couples were offered $150 in savings bonds for their children. They also received bimonthly newsletters with updates on the research project, t-shirts for their children, audiotapes of lullabies, and videotapes of their parent-child interactions. The mean age for women was 29.4, with ages ranging from 16 to 41 years old. Participants were predominantly Caucasian (85%) and included 8% Hispanic, 3% African American, and 4% other or bi-racial. The sample for this study consists of 113 infant–mother pairs. By the 12 or 15 month visit, 12 families dropped from the study (eight had moved, two were too busy to participate, and two could not be located). The 113 participants did not differ from the entire sample on any demographic variables. The number of subjects will be indicated for each analysis.

Procedure

Data for this study was part of a larger longitudinal study following families over seven years beginning during the prenatal period. The present study includes data collected from the prenatal and 12 or 15 month visits. During the prenatal visit in the University laboratory, expectant mothers completed a demographic questionnaire, the Center for Epidemiological Studies Depression Scale (Radloff, 1977), the Mental Health Survey (Riggs & Jacobvitz, 2002), and the Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1985/1996). When infants were 12 or 15 months old, the quality of infant–mother attachment relationship was assessed using the Strange Situation Procedure (Ainsworth, Blehar, Waters, & Wall, 1978). Because infant attachment status was assessed with both mothers and fathers, half of the mothers (and fathers) participated with their infant in the Strange Situation at 12 months and the other half were assessed at 15 months, in counterbalanced order.

Measures

Adult attachment classification

The Adult Attachment Interview (AAI) (Main et al., 2002) is a semi-structured interview designed to assess adults' current states of mind regarding the influence of
early relationships with parents and the influence of trauma (loss of important persons or abuse). The recorded interviews lasted 60 to 90 minutes and were transcribed verbatim. Five scales of childhood experience and seven scales of current state of mind are coded from the AAI. Of the five childhood experience scales, four code unloving experiences, and the fifth scale is an overall loving scale (which takes into account scores on the other four scales plus positive experiences). The four unloving scales are: rejection, neglect, role reversal, and pressure to achieve. Each of the scales is rated separately for the interviewee’s childhood experiences with mother and with father. Scores for the childhood experience scales are based on what the coders believe is the probable experience, not the literal content of what the subject says happened.

In addition, coders also assign scores to seven scales assessing current state of mind. Of these, six code incoherent discourse and the seventh scale is an overall coherence scale (which takes into account scores on the other six scales plus coherent discourse). The six incoherent scales are: idealization, lack of recall, derogation, fear of loss, involving anger, and passivity.

Adults were classified as secure, dismissing, preoccupied, or unresolved. The overall AAI classification is based on the configuration of the current state of mind scale scores and overall indices that define the classification groups, not on memories of childhood experiences. For the present study, unresolved and cannot-classify transcripts were first placed in their best-fitting category of secure, dismissing, or preoccupied. Then, mothers in the dismissing and preoccupied groups were collapsed into one insecure group.

Two certified coders, who attended an Adult Attachment Institute and achieved high inter-rater reliability on 30 transcripts with Mary Main and Erik Hesse, rated the interview transcripts for the mothers. (The primary coder attended the workshop taught by Mary Main, and the secondary coder attended the workshop taught by Deborah Jacobvitz.) The distribution of classifications for mothers in the present study were as follows: 47% secure-autonomous (n = 55), 17% dismissing (n = 20), 9% preoccupied (n = 10), 25% unresolved (n = 29), and 2% cannot classify but not unresolved (n = 2). One coder coded all of the transcripts and the second two coders independently coded 50% of the transcripts (n = 60). A third certified coder resolved disagreements. Exact agreement on the five-way classification was 78% (k = .83). After placing unresolved and cannot classify mothers into their best-fitting primary classification, the percent agreement rose to 85% (k = .86).

The current study utilized the nine-point mother and father loving scales as well as the AAI major classifications to sort subjects into one of three groups: earned-secure, insecure, or continuous-secure. Earned-secure individuals had a major classification of secure-autonomous on the AAI and received scores of 3 or below on both mother and father loving scales. Insecure individuals had a major classification of dismissing or preoccupied. Continuous-secure individuals were classified secure-autonomous on the AAI and receive at least one score of 4 or above on the mother or father loving scales.

The AAI has shown good test-retest reliability over a period of two months (Bakermans-Kranenburg & van IJzendoorn, 1993), as well as over a year and a half (Fonagy et al., 1991). The independence of AAI classifications from social desirability bias (Bakermans-Kranenburg & van IJzendoorn, 1993), memory (Sagi, van IJzendoorn, Scharf, Koren-Karie, Joels, & Mayseless, 1994), and intellectual ability (Steele & Steele, 1994) has been established.
Instrumental and emotional support. Coders evaluated the AAI for alternative support figures primarily by coding information in answer to the key question “Were there any other adults to whom you felt close, like parents, as a child?” If participants said yes, interviewers probed by asking for three adjectives to describe the relationship further. In addition, the entire interview was reviewed for any additional evidence of alternate support figures. A coding system was developed for this study in which all alternative support figures were rated on two seven-point support scales, instrumental and emotional support, in which a 7 indicated high support. The instrumental and emotional support scales are modifications and expansions of Mary Main’s nine-point loving scale, which assesses both instrumental and emotional support on one scale. Instrumental support was defined as operational, tactical, or task oriented activities, for example, playing games or painting fences with the child. Emotional support was defined as being emotionally available, for example, providing a safe place for the child when things are bad at home. Two researchers double coded 56% of the transcripts; the kappa for emotional support was .64, and the kappa for instrumental support was .74. Emotional support scores were assigned based on the scores given by the first coder (after determining reliability with the second coder).

Every figure named by the participant or identified as an alternative support figure by the coders was coded on both the instrumental and emotional support scales. For analysis purposes, participants who did not have an alternative support figure were given a 1 for both emotional and instrumental support. Four variables were created and used in this study: the average instrumental support received by the participant from all figures, the average emotional support received by the participant from all figures, the highest instrumental support received from the figure who was most instrumentally supportive, and the highest emotional support received from the figure who was most emotionally supportive.

Type of alternative support figure. In coding the AAI for alternative support figures, coders noted who was providing the subject with support. First, all figures were identified; these individuals included grandparents, friends’ parents, siblings, stepparents, teachers, relatives other than grandparents, neighbors, church mentors, parents’ friends, people for whom the participant babysat, and a small minority of other figure types. Next, figures were sorted into two categories: those associated with the family and those not associated with the family.

Age support was received. In coding the AAI for alternative support figures, coders noted the ages at which the participant received support from each alternative support figure. Coders created three binary, yes-no variables for each alternative support figure to determine when the child received support from that figure: support received between ages birth to 12, 13 to 15, and 16 to 18 years. These three age variables were coded for each alternative support figure.

Amount of therapy. During the prenatal visit, the total number of hours that mothers had spent in therapy during their lifetime was determined using the Mental Health Survey (Riggs & Jacobowitz, 2002). This survey is a self-report measure designed to assess participants’ personal histories and family histories of psychotherapy and mental health. Participants were asked to provide information about the start and end dates of time they spent in therapy during their lifetime. For those
subjects who participated in psychotherapy/counseling, follow-up questions requested information on the type of therapy (i.e., individual, couple, group, or family). Psychotherapy/counseling was defined as a formal arrangement with a professional counselor, psychologist, or psychiatrist. Responses indicating that prior counseling was in the context of a self-help group, such as Alcoholics Anonymous, were excluded.

Infant attachment classification. When infants were 12 or 15 months old, infant–mother attachment was assessed using the Strange Situation Procedure (SSP). During this 25-minute procedure, infants experience a series of brief separations and reunions designed to increasingly heighten stress. Based primarily on the infants’ reunion with the parent, the SSP is first coded for major attachment classification: secure (B), insecure-avoidant (A), or insecure-resistant (C). Infants were classified as secure if they used their parent as a secure-base, seeking comfort when distressed by a brief separation and if the comfort received successfully reduced their distress, such that they explored and played again. Infants were classified as avoidant if they avoided proximity or eye contact with the mother upon reunion and as resistant if they mixed proximity-seeking with angry resistance. Infants whose behavior in the SSP showed a mix of behaviors were designated as “cannot classify.” In addition, the Strange Situations were coded on a nine-point Likert-type disorganized/disoriented (D) scale (Main & Solomon, 1990). This scale assessed apprehensive, trancelike, or sequential or simultaneous contradictory behavior occurring anytime in the presence of the parent. Infants were designated as disorganized in addition to their best-fitting major classification if they scored above 5 on a nine-point disorganization scale. If infants were assigned a score of 5, the coder decided whether the behavior warranted placement into the disorganized category.

Classification of organized (secure, avoidant, and resistant) attachment was based on Ainsworth et al.’s (1978) coding system, and classification of disorganized attachment was based on Main and Solomon’s (1990) system. Two coders who had successfully completed SSP training workshops coded all of the videotapes. Interrater reliability for the three-way classification (A, B, and C) was $k = .79$, $p = .00$. Because the disorganized (D) category was coded later, one additional trained coder rated all of the Strange Situations on the D scale and a second coder rated 45 (40%) videotapes on the D scale. Interrater reliability was high ($k = .95$, $p = .000$). Coders were blind to scores on all other measures, including the Adult Attachment Interview.

The Center for Epidemiological Studies Depression Scale (CES-D). The CES-D is a 20-item structured self-report scale assessing current depressive symptomatology in the general population (Radloff, 1977). Respondents are instructed to answer items with reference only to the past week. Items were chosen from previously validated depression scales and include depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance.

The CES-D has been shown to have high internal consistency as well as excellent concurrent and discriminate validity (Radloff, 1977). The CES-D has discriminated psychiatric inpatients from general population samples and was able to distinguish among levels of severity within patient groups. Because the CES-D is explicitly intended to measure current levels of depression, the level of reported
symptomatology is expected to vary over time, thus lowering test-retest correlations. However, Radloff was able to demonstrate adequate test-retest reliability \((r = .54)\) for subjects reporting no negative environmental stressors.

**Results**

**Descriptive statistics**

In this sample, 13\% \((N = 16)\) of individuals were classified as earned-secure, 48\% \((N = 58)\) were continuous-secure, and 39\% \((N = 47)\) were classified insecure. Thus, 25\% of the secure-autonomous mothers in our sample were defined as earned-secure using Main et al.'s rigorous criteria. Descriptive statistics for the other study variables are presented in Table 1.

Table 1 shows that quality emotional and instrumental support from one figure was often higher than the emotional and instrumental support received, on average, across figures.

**Emotional and instrumental support from an alternative support figure**

The first hypothesis was that, after controlling for depression, earned-secure and continuous-secure women would recount greater emotional support from a single alternative support figure than insecure women. For each participant, the emotional support score for the one alternative support figure who provided the highest amount of emotional support was used for this analysis. Participants who did not have an alternative support figure were given a score of 1 on emotional support. An ANCOVA confirmed that even after controlling for depression, earned-secure, continuous-secure, and insecure women differ in the quality of emotional support they recall having received from a single alternative support figure, \(F(3, 109) = 7.97, p < .01\) (see Table 2). Least significant differences (LSD) post hoc analyses confirmed that coders gave higher ratings on emotional support for earned-secure \((p < .01)\) and continuous-secure \((p < .05)\) women as compared with insecure women. In addition, coders gave higher ratings on emotional support for earned-secure as compared with secure women \((p < .01)\).

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>(SD)</th>
<th>(N)</th>
<th>Min</th>
<th>Max</th>
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<td>6</td>
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<tr>
<td>Quality of Instrumental Support(^a)</td>
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<td>7</td>
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<tr>
<td>Average Instrumental Support(^b)</td>
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<td>1</td>
<td>32</td>
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</tbody>
</table>

\(^a\)Quality of emotional support is the highest level of emotional support received from an alternative support figure.

\(^b\)Average emotional support is the average level across all alternative support figures.
The next hypothesis was that, after controlling for depression, earned-secure and continuous-secure women would report greater emotional support on average than insecure women. The emotional support received from all of the alternative support figures for each participant was averaged for this analysis. Participants who did not have an alternative support figure were given a score of 1 on emotional support. An ANCOVA showed that even after controlling for depression, earned-secure, continuous-secure, and insecure women differ in the average amount of emotional support they recall having received from their alternative support figures, $F(3, 109) = 6.31$, $p < .01$ (see Table 2). LSD post hoc analyses showed that coders gave higher ratings on emotional support for earned-secure women as compared with continuous-secure ($p < .01$) and insecure ($p < .01$) women. Note that this result is slightly different than hypothesized, as continuous-secure and insecure women did not differ in the amount of emotional support they received on average.

It was also hypothesized that, after controlling for depression, earned-secure, continuous-secure, and insecure women would all be rated similarly on the amounts of instrumental support received from both a single alternative support figure and on average. Two ANCOVAs were run, one using the instrumental support scores of the single alternative support figure who provided the highest amount of instrumental support as the dependent variable, and the second using the average amount of instrumental support received from all support figures as the dependent variable. Participants who did not have an alternative support figure were given a score of 1 on instrumental support. ANCOVA analyses showed that, even after controlling for depression, coder ratings of instrumental support did not differ significantly for earned-secure, continuous-secure, and insecure women regarding the quality of instrumental support ($F(3, 109) = 1.77$, $p = .16$) or average amount of instrumental support ($F(3, 109) = 1.83$, $p = .15$) received from their alternative support figures (see Table 2).

### Table 2. Quality of support, average amount of support, and number of support figures.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Earned-secure</th>
<th>Insecure</th>
<th>Continuous-secure</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>Quality of Emotional Supporta</td>
<td>4.33, $N = 15$ (1.73)</td>
<td>2.20, $N = 44$ (1.49)</td>
<td>2.99, $N = 54$ (1.71)</td>
<td>7.97**</td>
</tr>
<tr>
<td>Average Emotional Supportb</td>
<td>3.48, $N = 15$ (1.31)</td>
<td>2.01, $N = 44$ (1.29)</td>
<td>2.42, $N = 54$ (1.28)</td>
<td>6.31**</td>
</tr>
<tr>
<td>Quality of Instrumental Supportc</td>
<td>3.47, $N = 15$ (2.16)</td>
<td>2.74, $N = 44$ (2.11)</td>
<td>3.06, $N = 54$ (1.99)</td>
<td>1.77</td>
</tr>
<tr>
<td>Average Instrumental Supportd</td>
<td>3.08, $N = 15$ (1.34)</td>
<td>2.60, $N = 44$ (1.87)</td>
<td>2.77, $N = 54$ (1.60)</td>
<td>1.83</td>
</tr>
<tr>
<td>Number of Support Figures</td>
<td>2.19, $N = 16$ (1.56)</td>
<td>1.46, $N = 46$ (1.57)</td>
<td>1.70, $N = 57$ (1.24)</td>
<td>1.60</td>
</tr>
</tbody>
</table>

Notes: Means are from ANCOVAs, except for Number of Support Figures whose means are from a one-way ANOVA. Means with different subscripts significantly differ from each other according to planned comparisons, $p < .05$.

aQuality of emotional support is the highest level of emotional support received from an alternative support figure.

bAverage emotional support is the average level across all alternative support figures.

c$p < .05$; **$p < .01$. 


Table 2 reveals that earned-secure women received significantly higher mean levels of emotional support from both a single quality figure as well as on average from all figures as compared to insecure and continuous-secure women. Compared to insecure women, continuous-secure women received greater emotional support from a single quality figure, but did not differ in their emotional support on average from all figures.

It was also expected that earned-secure, insecure, and continuous-secure women would not differ in the number of alternative support figures they reported. An ANOVA confirmed this hypothesis, $F(2, 116) = 1.60, \ p = .21$ (see Table 2).

The alternative support figure's association with the participant's family

This paper also explored the relationships of the alternative support figures who provided the highest amount of emotional support to the participant's families. A 2 X 3 chi-square was run to determine whether earned-secure, insecure, and continuous-secure women differ in their recollections of receiving emotional support from alternative support figures who are not associated with their families versus associated with their families. Contrary to the hypothesis, earned-secure women were no more likely than insecure or continuous-secure women to recall receiving emotional support from alternative support figures who are not associated with their families ($\chi^2 (2, N = 88) = 3.43, \ p = .18$). As shown in Table 3, frequencies of emotional support were very close to the expected frequencies and did not differ according to whether or not alternate support figures were related to the family.

The age at which emotional support is received from alternative support figures

We hypothesized that among the mothers who received above-average levels of emotional support, earned-secure women would be more likely than insecure and continuous-secure women to receive this support by age 12. To test this idea, we first calculated the mean level of emotional support received from support figures across the entire sample. Mothers who received above this mean level of emotional support from at least one alternative support figure were identified. The average amount of emotional support received from all figures, across all participants in this study, was 2.40 on a seven-point scale. Participants who received scores of emotional support that were all below the average for every support figure were excluded from the analysis. Put another way, participants must have received support rated above 2.40 from at least one alternative support figure to be included in the analysis. This emotional support score was then used in a 2 X 3 chi-square to determine whether earned-secure, insecure, and continuous-secure women differ in their recollections of

<table>
<thead>
<tr>
<th></th>
<th>Earned-secure</th>
<th>Insecure</th>
<th>Continuous-secure</th>
<th>Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated with participant's family</td>
<td>7 (9.9)</td>
<td>21 (20.4)</td>
<td>34 (31.7)</td>
<td>62</td>
</tr>
<tr>
<td>Not associated with participant's family</td>
<td>7 (4.1)</td>
<td>8 (8.6)</td>
<td>11 (13.3)</td>
<td>26</td>
</tr>
<tr>
<td>Column Totals</td>
<td>14</td>
<td>29</td>
<td>45</td>
<td>88</td>
</tr>
</tbody>
</table>

$\chi^2 (2, N = 88) = 3.43; \ p = .18$. 
receiving above-average emotional support from alternative support figures by age 12. The chi-square shown in Table 4 reveals that frequencies of recalling above-average emotional support were close to expected frequencies and did not differ between the three age groups ($\chi^2 (2, N = 58) = 1.75, p = .42$).

**Hours in therapy as a pathway to earned-security**

The total number of hours participants have spent in therapy was also considered as a potential pathway to earned-security. It was hypothesized that, after controlling for depression, earned-secure women would spend more time in therapy than insecure or continuous-secure women. An ANCOVA confirmed that even after controlling for depression, earned-secure, insecure, and continuous-secure women differed in their time spent in therapy ($F(3, 116) = 2.91, p < .05$; see Table 5).

As shown in Table 5 and confirmed by an LSD post hoc analysis, earned-secure women spend more time in therapy than both insecure ($p < .05$) and continuous-secure ($p < .01$) women.

**Parenting as a measure of competence**

It was hypothesized that earned-secure and continuous-secure women would be more likely than insecure women to have securely attached infants. A 3 X 3 chi-square analysis confirmed this prediction ($\chi^2 (4, N = 106) = 23.68, p < .001$; see Table 6).

Table 6 indicates that earned-secure and continuous-secure women are more likely than insecure women to have securely attached infants; insecure women had considerably fewer secure infants than expected, whereas earned- and continuous-secure women had considerably more secure infants than expected.

Table 4. The age at which emotional support is received from alternative support figures.

<table>
<thead>
<tr>
<th></th>
<th>Earned-secure</th>
<th>Insecure</th>
<th>Continuous-secure</th>
<th>Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support provided age 12 or before</td>
<td>11 (10.3)</td>
<td>14 (12.9)</td>
<td>25 (26.7)</td>
<td>50</td>
</tr>
<tr>
<td>Support provided after age 12</td>
<td>1 (1.7)</td>
<td>1 (2.1)</td>
<td>6 (4.3)</td>
<td>8</td>
</tr>
<tr>
<td>Column Totals</td>
<td>12</td>
<td>15</td>
<td>31</td>
<td>58</td>
</tr>
</tbody>
</table>

$\chi^2 (2, N = 58) = 1.75, p = .42$.

Table 5. Total number of hours in therapy.

<table>
<thead>
<tr>
<th></th>
<th>Earned-secure (N = 16)</th>
<th>Insecure (N = 47)</th>
<th>Continuous-secure (N = 57)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>22.56 (46.85)</td>
<td>6.12 (20.33)</td>
<td>4.24 (11.26)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Means are from an ANCOVA. Means with different subscripts significantly differ from each other according to planned comparisons, $p < .05$.

*p < .05
Table 6. The infant security status of the children of earned-secure, insecure, and continuous-secure women.

<table>
<thead>
<tr>
<th>Infant Security Status</th>
<th>Earned-secure</th>
<th>Insecure</th>
<th>Continuous-secure</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant</td>
<td>0 (1.8)</td>
<td>12 (6.1)</td>
<td>3 (7.1)</td>
<td>15</td>
</tr>
<tr>
<td>Resistant</td>
<td>1 (3.6)</td>
<td>17 (11.8)</td>
<td>11 (13.7)</td>
<td>29</td>
</tr>
<tr>
<td>Secure</td>
<td>12 (7.6)</td>
<td>14 (25.2)</td>
<td>36 (29.2)</td>
<td>62</td>
</tr>
<tr>
<td>Column Total</td>
<td>13</td>
<td>43</td>
<td>50</td>
<td>106</td>
</tr>
</tbody>
</table>

$\chi^2 (4, N = 106) = 23.68; p = .000$.

Discussion

The primary aim of this study was to explore possible pathways to earned-security by examining the role of alternative support figures and therapy in predicting whether individuals who recall unloving childhood experiences are insecure or earned-secure as adults. This study suggests two potential pathways by which individuals overcome memories of unloving parental relationships: emotional support from an alternative support figure and time spent with a therapist. In addition, even when using more stringent criteria to define earned-security, we found that earned-secure mothers were as likely as continuous-secure mothers to have securely attached infants.

As predicted, emotional support received from an alternative support figure was far more important than receiving instrumental support in predicting women's abilities to overcome memories of negative relationships with parents. Mothers who recalled alternative support figures who provided emotional support recounted that these support figures were able to listen to them when they were upset and help them when they were distressed. Thus, the earned-secure adults were more likely than insecure adults to feel that their alternative support figures would be available to care for them when needed.

Alternative support figures who were judged to provide only instrumental support, on the other hand, only were reported to engage in activities with the interviewee during childhood. Perhaps the reason these alternative support figures engaged in these activities is because they cared for and loved these children; however, from the child’s point of view, only receiving task-oriented support may not help them feel loved and cared for when they felt vulnerable. This is consistent with Collins and Sroufe’s (1999) idea that secure infants bring forward into new relationships the capacity for vulnerability. It is important that alternative support figures come through for children in their moments of need and vulnerability. These children learn that they are worthy of love and are able to develop trust.

Data from this study further suggests that the quality of support received from an alternative support figure is more important than the number of figures. A single quality figure, or multiple quality figures, who care for and love children in times of need may be able to help these children learn to trust. While it is possible that support from more people is better, our data suggest that it is more important that, on average, the support was of high quality (e.g., comforting the child when distressed).
Data from this study did not support the family systems perspective that emotional support from alternative figures is more beneficial when it comes from outside of the family system. It seems that both family members and acquaintances from outside of the family can offer support. One explanation is that family members have more contact with and may be more likely to take an interest in their younger relatives. While it is still possible that alternative support figures who are associated with the family may reinforce the current family patterns, it is clear that support from inside the family can also be beneficial. Thus, both support from outside and inside the system can offer insecure children love during times of distress. Our data suggest that the extent to which these support figures offer emotional support is more important than whether or not they are family members.

According to attachment theory, individuals are more flexible to change in their early years. Thus, we expected that earned-secure individuals, who were able to overcome memories of unloving childhood, would have met their alternative support figures while young. Contrary to prediction, however, the age at which adults recalled having experienced support was unrelated to their adult attachment status. One reason may be that not only did earned-secure individuals receive quality emotional support before age 12, but quality support for all groups was received before age 12. It may be that younger children look for support from other adults, whereas teenagers may be more likely to seek support from peers. Another possible explanation for this finding is that participants may have been more likely to name alternate support figures they have known for a long time, making it more likely for support to extend into childhood.

While alternative support figures may provide emotional support during the childhood years, adults who seek support may turn to a therapist. We found that earned-secure women spent more hours in therapy than did insecure and continuous-secure women. The number of hours spent in therapy is important because it takes time to form rapport and a trusting relationship, which are needed to transform the internal working model. Our findings lend additional support to the idea that therapy can help individuals coherently reframe negative childhood experiences (Egeland et al., 1988). Like alternative support figures, therapists listen to clients who are distressed, and they are available to provide empathy and care when needed. These components are crucial in teaching earned-secure individuals to trust. In addition, therapy may help adults revise their working models of attachment by helping them learn to engage in reflective functioning (Fonagy et al., 1994; Steele & Steele, 2008). Learning to better reflect on their own internal states and those of others may enable adults who experienced unloving parenting to gain more insight into why their parents behaved as they did and understand that their own negative self views came from feeling unloved.

Several studies have shown that secure mothers have securely attached infants (Fonagy et al., 1991; Ward & Carlson, 1995). Although it is possible that continuous-secure women are driving this result, when singled out, earned-secure women are also more likely than insecure women to form a secure attachment relationship with their infants. This finding is consistent with other studies showing that retrospective earned-secure adults are more likely than insecure adults to form secure attachments with their infants (Pearson et al., 1994; Phelps et al., 1998; Roisman et al., 2002), even though a more rigorous definition of earned-security was used in the present study.
A key contribution of this study is its use of the rigorous definition of retrospectively defined earned-security recommended by Main and Hesse (Hesse, 2008; Main et al., 2002). The only women defined as earned-secure in this study were those judged by trained observers as showing no evidence of having even one parent who showed any degree of loving behavior. Use of this stringent definition should greatly decrease the chances that our retrospectively defined earned-secure subjects actually had secure attachments and loving parenting. Still, the retrospective nature of this study remains a major limitation. Future longitudinal studies should examine the extent to which the AAI experience scales accurately reflect prospectively-obtained measures of actual childhood experiences. In fact, the AAI experience scales have been little used in research, despite recent calls for more research on dimensional scoring of AAIs (Bakermans-Kranenburg & van IJzendoorn, 2009).

Another limitation of this study is that the sample was predominantly Caucasian, middle class, and women only. Larger and more diverse samples are needed to explore the extent to which the results of this study generalize to the population. Also, while participants were specifically asked about alternative support in the AAI, interviewers did not always probe for the age at which support was received. Thus, data concerning age of support was difficult to extrapolate at times. Future studies involving support from alternative figures should include a standardized set of questions that include the age at which the participant received the support.

It is also important to explore personal factors that may contribute to the resilience of earned-secure individuals. Perhaps there are qualities about earned-secure persons that prompt them to seek out alternative support or therapy. For example, earned-secure individuals may have above average analytical abilities and/or openness to new experiences. Future studies should examine the role of IQ or personality factors. In addition, future research should further explore how therapy may facilitate earned-security. Specifically, how does the extent to which therapy that provides emotional support and/or facilitates patients' reflective functioning relate to the effectiveness of the therapy in transforming patients' working models?

This research has critical implications for the emotional development of children. Future studies are needed to replicate the ideas presented in this paper, as they provide direct support to programs like Big Brother Big Sister. These programs might consider how to best match children with an alternative support figure so that children from unloving homes have a chance to experience the emotional support they need to have a brighter future.

References


