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# *Alternative Caregiving Figures and their Role on Adult Attachment Representations*

Maria Zaccagnino, Martina Cussino, Rachel Saunders, Deborah Jacobvitz and Fabio Veglia

**Background:** The present work represents the first Italian study investigating whether and how mothers who describe unloving experiences with both parents during childhood could become more secure as adults (termed earned-secures).

**Method:** The sample consisted of 94 women from northern Italy. All the subjects were administered the Adult Attachment Interview (AAI) and fill in a screening test evaluating depressive symptoms.

**Results:** No significative differences were found regarding depressive symptomatology across the different attachment classifications. The majority of the samples (84%) remember an important alternative support figure during childhood (before 12 years old). Earned-secures significantly differ from continuous-secure and insecure groups ( $F = 27.202$ ;  $p \leq 0.01$ ) on the amount of the emotional support from the main alternative support figure and on the average amount of emotional support across alternative support figures ( $F = 10.44$ ;  $p \leq 0.01$ ). The majority of alternative support figures (80%) were grandparents.

**Conclusions:** A corrective emotional experience allows the subject to work through his negative childhood experiences and acquire modalities of interaction that enable him/her to function more effectively in the world. The clinical implications of this study will be discussed. Copyright © 2012 John Wiley & Sons, Ltd.

## INTRODUCTION

This paper replicates and extends an American study (Saunders, Jacobvitz, Zaccagnino, Beverung, & Hazen, 2011) that examined whether, and how, mothers who recount unloving experiences with both their parents can become secure and the extent to which these early unloving experiences compromise the quality of care these mothers give their own children.

The attachment theory developed by Bowlby (1969, 1973, 1980, 1988) fits in well with the concept of continuity and discontinuity in the development of mental representations of the self and of the self in relation to others, representations that start to take shape in children as a result of repeated emotional experiences with attachment figures. The knowledge a child derives from contact with

attachment figures is, from infancy, progressively incorporated into the Internal Working Models, higher-order control processes in the service of effective adaptation (Bowlby, 1969; Zimmermann, 1999). These models are thus the result of processes of internalization of relationships in the course of a child's development; put another way, they are sets of memories and expectations that define the child's perception of the self and of others (i.e. his parents and their response to his needs for proximity) (Bowlby, 1969). So, working models of attachment as a structure for self-regulation within the person develop from a primarily behaviour-regulating function into an evaluative and predictive function. With growing cognitive development working models develop from procedural, sensorimotor schemata (Case, 1996; Crittenden, 1990) as 'pre-conscious' interaction rules into social scripts and explicit knowledge concerning context-specific emotional states and their causes (Zimmermann, 1999).

Although attachment processes have been studied primarily in infancy, they remain critical also in other

phases of the life span, even though they may change in organization (Ammaniti, Van Ijzendoorn, Speranza, & Tambelli, 2000; Cicchetti, Cummings, Greenberg, & Marvin, 1990; Sroufe, 1979). Now, there is a growing interest in the transformation, development, function and outcomes of different attachment organization across the life span (Ainsworth, 1989, 1991; Cassidy & Shaver, 1999; Greenberg, Cicchetti, & Cummings, 1990; Greenberg, Siegel, & Leitch, 1983; Main, Kaplan, & Cassidy, 1985).

The characteristics of child-attachment figure interactions are translated into a series of mental representations that become the template for future interpersonal interactions. Childhood attachment experiences thus form a model for the development of the idea of the self and of subsequent relationships, thereby conferring continuity on the perception of the self in social interactions (Bowlby, 1973; Sroufe, 1979; Sroufe & Fleeson, 1986; Urban et al., 1991). Past research on children has shown that there is an association between problematic care-giving (including institutional upbringing and child maltreatment) and attachment insecurity and psychopathology (Greenberg, 1999; O'Connor et al., 2003; Rutter, 2006). In contrast, secure attachment in childhood and adulthood is typically associated with a history of involvement in supportive and sensitive care giving relationships (Cairns, 2002; Mikulincer & Shaver, 2007). Ainsworth's assumption that attachment security would pave the way towards later positive outcomes was also confirmed by later research, which documented that secure attachment predicted a number of positive developmental, relational and social outcomes across infancy and childhood (see Carlson & Sroufe, 1995 for a review).

Even though it is becoming clear that the attachment style established in infancy remains substantially stable (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000), empirical evidence suggests that changes are possible and, as Bowlby (1973) suggested, significantly associated with a subject's development over time and with negative and positive life events (Thompson, 2000; Weinfield, Sroufe, & Byron, 2000). Indeed, it has been demonstrated that some subjects who reported negative childhood experiences are later able to interpret and recount these experiences in a coherent and integrated way. Several authors have used the term 'earned-secure' to describe the attachment status of these subjects (Pearson, Cohn, Cowan, & Pape Cowan, 1994; Phelps, Belsky, & Crnic, 1998; Roisman, Padron, Sroufe, & Egeland, 2002).

However, Roisman, Fortuna, and Holland (2006) hypothesized that earned-security versus continuous-security as assessed retrospectively may largely reflect mood-related processes associated with valenced recollections of one's past experiences. Since the empirical link already demonstrated between earned-security and self-reported depressive symptomatology (Pearson et al., 1994; Phelps et al., 1998; Roisman et al., 2002), the authors went

on to demonstrate that a brief mood induction procedure facilitated secure adults' exploration of either sad or happy memories, with implications for objective coders' overall judgments about the quality of their early experiences. So much of the variation in self-reported life experience may more appropriately be attributed to current and chronic mood states. Anyway, the authors themselves argued that it is nonetheless possible that it is in fact early attachment experiences that typically contribute to individuals being more or less susceptible to the kinds of chronic mood states that bias adults towards negative or positive attributional states. Moreover, many questions remain unanswered about retrospectively defined earned-secures, including their ability to produce coherent discourse about their childhood experiences while demonstrating that they are highly effective parents (Pearson et al., 1994; Phelps et al., 1998) and romantic partners (Paley, Cox, Burchinal, & Payne, 1999; Roisman et al., 2002).

The internal representation of the self and of the self in relation to others, which is the basis on which a child's internal working models are constructed, determines the direction in which he will develop, socially and emotionally. However, as Sroufe (1988) pointed out, internal working models are also active constructions forged over time and thus liable to change and evolve, but, as children develop, they become less flexible and less susceptible to change. With regard to significant childhood experiences, it is believed that early particular negative experiences become permanently imprinted in an individual's mental representations of the self and of the self in relation to the world (Pearson et al., 1994). These ideas underpin a series of interesting studies (Egeland, Carlson, & Sroufe, 1993; Pearson et al., 1994; Roisman et al., 2002; Saunders et al., 2011; Zaccagnino, Cussino, Saunders, Jacobvitz, & Veglia, 2011), which showed that internal working models can be altered, promoting an improvement on the quality of the internal representation of the self and of the self in relation to others, maybe following a marked and enduring change in the type of care a child receives in the wake of major changes in his parents' circumstances (e.g. improvement in the quality of environmental support), or as a result of his interaction with another significant attachment figure (Crittenden, 1988; Fraiberg, Adelson, & Shapiro, 1975; Main & Goldwyn, 1985/1991/1994; Phelps et al., 1998; Saunders et al., 2011). In adulthood, discontinuity in relational experiences, and, particularly, an improvement in self-perception, in terms of increased security in interpersonal relationships, can play a role, thanks to the establishment of secure subsequent relationships, such as those built through one-to-one therapy or marriage (Egeland, Jacobvitz, & Sroufe, 1988; Saunders et al., 2011). Corrective emotional experiences broaden the individual's scope for interpreting affective bonds, allowing him to build up his self-image and to arrive at an adaptive reformulation of his mental representation

of himself in relation to others. They are thus crucial factors because they allow the individual to learn that the negative relational model developed in childhood does not correspond to his present situation in which, for example, he encounters availability, sensitivity and responsiveness in his relationships with others.

Clinical and developmental theories stress that reflective functioning allows a coherent perspective on childhood and the availability of emotional support are both factors critical in breaking the intergenerational cycle of dysfunctional care (Bowlby, 1988). People who were inadequately cared for in childhood but who manage not to perpetuate the negative pattern with their own children do, in fact, seem to have a clear awareness that the problems they had as children have influenced the way they are and could potentially influence the way they behave as caregivers (Cook, Jacobvitz, Jin, & Hazen, 2006; Miljkovitch, Pierrehumbert, Bretherton, & Halfon, 2004; Pearson et al., 1994; Phelps et al., 1998). In fact, these individuals seem to have developed an integrated and coherent perspective on their own difficult childhood experiences (Egeland et al., 1988; Fonagy & Target, 2001; Main & Goldwyn, 1985/1991/1994). Furthermore, adults who succeed in breaking the intergenerational cycle are found to have received, in childhood and/or adulthood, consistent emotional support from at least one significant figure (e.g., an alternative attachment figure, psychotherapist and spouse) (Cook et al., 2006; Egeland et al., 1988; Fonagy & Target, 2001; Saunders, Jacobvitz, Zaccagnino, Loch, & Hazen, 2006).

It has been suggested that this evolution of internal working models towards security can be considered a form of 'resilience', a term generally defined as the ability to overcome adversity (Egeland et al., 1993). The idea that an individual who has been exposed to significant risks can nevertheless develop along a positive trajectory fits in with this definition (Luthar, Cicchetti, & Becker, 2000); many recent studies consider 'resilience' an interactive process that can manifest itself at any time in the course of life through an interaction of constitutional and experiential factors in the context of a supportive environment (Cicchetti, Rogosch, Lynch, & Holt, 1993; Egeland et al., 1993). This growing attention to 'resilience', rather than personality traits, has fueled the hope that many individuals might, with the advantage of protective environments, be capable of adapting positively to adversity (Luthar et al., 2000). The novel experience of prompt and attentive care can have a protective function (Bowlby, 1988), especially in children exposed to risk (e.g., maltreatment, seriously inadequate caregiving and mental illness in caregivers). It is believed that responsive care can help a child adjust his emotional responses and begin to trust in the supportive presence of others; that through repeated experiences with a sensitive and responsive caregiver, he can begin to see himself as lovable and deserving

of care, and feel, to a degree, able to master his environment (Fonagy, Steele, Higgitt, & Target, 1994). In short, responsive care experiences early in life can exert protective effects in specific risk situations (Rutter, 1979) and have a positive impact on the adaptive outcome (Cicchetti et al., 1993; Sroufe, 1979).

A good reflective function seems to be another crucial factor favouring the possible revisiting and reformulating of childhood mental representations (Fonagy, Steele, Moran, Steele, & Higgitt, 1991). According to Fonagy, one of the defining qualities of the human mind, given its eminently interpersonal nature, is, precisely, its capacity to take into account its own state and the mental state of others. This ability to reflect upon thoughts and feelings is constructed through an intersubjective process between child and parent, child and adult, and child and siblings. The effectiveness of the reflective function determines not only a coherently structured identity but also the quality and coherence of the *reflective part of the self*. This capacity to interpret other people's actions is crucially linked to the child's capacity to label and give meaning to his own experience. Since mentalization is a process shaped by a child's experience, on the basis of his relationships with his parents, of the extent to which his own mental states are 'reflected upon and understood', the emergence and complete development of the reflective function depends on how accurately the parent perceives and communicates 'understanding of the child's intentional stance' (Fonagy & Target, 1997, 2001). This is why Fonagy believes that this capacity can fully emerge only in the presence of secure attachment: in the context of a secure or contained relationship, the child's affective signals are received and interpreted by the caregiver, who has the capacity to reflect upon the mental states underlying the child's distress (Fonagy et al., 1991). A somewhat simplistic restatement of the findings might go like this. Secure attachment history of the mother permits and enhances her capacity to explore her own mind and liberates and promotes a similar enquiring stance towards the mental state of the new human being who has just joined her social world. The mother's capacity to hold her baby and her mental states in mind, namely maternal reflective functioning plays a vital role in the intergenerational transmission of attachment (Fonagy & Target, 1997, 2005; Fonagy et al., 1991; Slade, Grienemberger, Bernbach, Levy, & Locker, 2005). This stance of open, respectful enquiry makes use of her awareness of her own mental state to understand her infant, but not to a point where her understanding would obscure a genuine awareness of her child as an independent being. The awareness of the infant in turn reduces the frequency of behaviours that would undermine the infant's natural progression towards evolving its own sense of mental self through the dialectic of her interactions with the mother (Fonagy & Target, 2005). In this way, the child is able to find 'himself



in the other as a mentalizing individual'. The caregiver's capacity to read the child's mind encourages the 'secure' attachment that, in turn, offers a relatively stable basis for acquiring full understanding of other people's states of mind (Fonagy & Target, 2005). Fonagy and coworkers argue that the reflective function, despite being a developmental acquisition, is nevertheless never completely attained and stabilized, a view that Slade et al. (2005) confirmed in a subsequent study, thereby probably bridging the famous 'gap' in the intergenerational transmission of attachment identified by van Ijzendoorn (1995) (cited in Slade et al., 2005).

The aim of this article is to make a contribution to the literature on 'earned security', and in particular to shed light on the mechanisms and factors that could influence an individual's capacity to broaden his outlook and, as a result, review his self-image and his mental representation of others and of himself in relation to others—a process that would allow him to improve his position on the security continuum (Roisman, Fraley, & Belsky, 2007). This paper replicates and extends the American study of Saunders et al. (2011) on a sample of 125 couples, which investigated the role of alternative support figures in mothers changing their attachment *state of mind*. Consistent with the findings in this study, we hypothesize for the current sample that the presence of alternative support figures in childhood (individuals, other than parents, who provide support and guidance for children and/or for adults) allow subjects who describe negative childhood experiences with both parents to show a secure *state of mind* in adulthood. Furthermore, considering the findings of Roisman et al. (2006) linking depressive symptoms to 'earned-security' classification, the subjects recruited for the present study were asked to fill out a screening test, measuring depressive feelings and behaviours, in order to control mood when assessing childhood experience and current state of mind. We assume that depressive symptoms do not influence the experience scale scores of the AAI (George, Kaplan, & Main, 1984/1996, 1985), but it is in fact early attachment experiences that typically contribute to individuals being more or less susceptible to the kinds of chronic mood states that bias adults towards negative or positive attributional states.

## METHOD

### Sample

Subjects were recruited through collaboration by some kindergartens of Northern Italy who have actively participated in the diffusion and collection of legal consent to research participation by mothers of children attending the schools. The sampling criteria were Italian-speaking women. Of the 137 mothers fulfilling the criteria, 94 (68%)

agreed to participate. The participating women did not differ from the women that refused to participate with respect to demographic characteristics, such as age and level of education ( $p > 0.08$ ), nor from women from the same age group living in northern Italy.

The sample consisted of 94 predominantly middle-class women from northern Italy, with an average age of 33.5 years [range 21–53; standard deviation (SD) = 5.58]. They were recruited on the basis of their willingness to give their written informed consent to take part in the research, following careful explanation of its aims and of the procedures involved. Of the total sample, 70.1% were married, 10.3% lived with a partner, 17.2% were single, and 2.3% were separated. The sample population was well educated: 45.5% had been educated to high school level and 34.1% were graduates. A total 80% of the sample had children, all aged between 12 and 72 months (mean = 34.95 months; SD = 11.93).

### Procedures

The AAI (George et al., 1985) was administered individually to the participants in the school where they were originally recruited, and the interviews were audiotaped. All the participants filled in a demographic information questionnaire and the Center for Epidemiologic Studies Depression (CES-D) Scale, a self-report instrument to screen for depression (Radloff, 1977).

### Assessment Instruments

- *Adult Attachment Interview* (George et al., 1984/1996, 1985)

The AAI is a semi-structured interview that consists of open-ended questions designed to assess an individual's overall understanding of his/her childhood attachment experiences with his/her parents, and of their effects on current relationships.

Attachment interviews are transcribed verbatim and coded for two general types of information: the individual's childhood experiences and the individual's state of mind with regard to attachment.

The rater reviews the transcripts, infers the individual's probable experience in childhood and then assigns ratings (from 1 to 9, absent or very low to high levels of the quality considered). The most frequent experience scales used include loving, rejection and neglect.

The rater then considers the transcript to assess the individual's current state of mind with regard to attachment. The AAI transcripts were analysed and coded by the first author who was trained in the Main and Goldwyn AAI coding system (Main & Goldwyn, 1985/1991/1994) by D. Jacobvitz and N. Dazzi and had been certified as highly reliable by Drs. M. Main and E. Hesse. A random set of

47 AAIs (50%) was independently double coded by the second author, also trained in the Main and Goldwyn AAI coding system (Main & Goldwyn, 1985/1991/1994) by D. Jacobvitz and N. Dazzi and had been certified as highly reliable by Drs. M. Main and E. Hesse. The inter-rater agreement for the three-way classification (F-Ds-E; U forced into the best-fitting organized categories) was 90% ( $\kappa=0.81$ ,  $p < 0.01$ ) and for the four-way classification (F-Ds-E-U) was 86% ( $\kappa=0.76$ ,  $p < 0.01$ ). The coders resolved the differences in coding by discussion, and the consensus classification was used for the data analysis.

In our study, interviewers were trained to probe on the question 'Were there any adults who were like parents to you as a child?' (interviewers probed much like they would for experience with mother and father—they asked for three adjectives to describe the relationships, subjects may have had with important other adults) that explores the role played in the subject's childhood (in terms of care, support and comfort in times of distress) by individuals other than the parents (alternative support figures). This question has been edited by University of Texas' research group, under the supervision of Prof. Jacobvitz. Two rating scales (Saunders et al., 2011) ('Emotional Support Scale', 'Instrumental Support Scale') were used to evaluate the role of alternative support figures. This question aimed only to explore subject's childhood relationship with alternative support figure. As regard, the early childhood experiences with both mother and father, they were asked for five adjectives as the standard protocol requires. All transcripts were coded by M.Z. (trained and certified as reliable by D. Jacobvitz and R. Saunders), who had no knowledge of the classification or any information about the interview, and 50% of the interviews, randomly selected, were also coded by R.S., author of the scale. Inter-rater reliability was 90% ( $\kappa=0.80$ ;  $p \leq 0.001$ ) on the 'Emotional Support Scale', and 87% ( $\kappa=0.85$ ;  $p \leq 0.002$ ) on the 'Instrumental Support Scale'.

Information regarding the participants' alternative support figures was coded in relation to the following variables:

- instrumental support received from alternative support figures;
- emotional support received from alternative support figures;
- type of alternative support figure (e.g., grandparent, friend's parent, neighbour etc); and
- age at which support was received from alternative support figure.

After identifying secure and insecure transcripts, the secure/autonomous group was further subdivided into earned-secures and continuous-secures. 'Earned-secures' were defined as participants who produced coherent discourse during the AAI but whose parents scored 3.5 or below on the loving scale. We applied a stricter definition

of earned-security; indeed we considered unloving relationships with both parents to be a necessary component of its definition (Cook et al., 2006).

- *The Reflective Self-function Scale (RF Scale)* (Fonagy, Target, Steele, & Steele, 1998)

The RF Scale was rated by M.Z., who had received training to reliability in RF Scale administration and coding from Prof. P. Fonagy and Prof. M. Target and is a reliable RF coder.

This scale (Fonagy & Target, 1997; Fonagy et al., 1991; Fonagy et al., 1998) was devised to rate concept of reflective functioning on the basis of responses to the AAI (Main et al., 1985). The scale provides a working definition of full or high versus low reflective self-functioning, strategies for identifying and rating passages of text for the presence or absence of reflective processes, and finally strategies for arriving at an overall global rating. The global rating is a judgement of the text of the whole interview and not an arithmetic average of the ratings for the passages transcribed.

- *The Center for Epidemiologic Studies Depression Scale* (Radloff, 1977)

The CES-D Scale is one of the most common screening tests for helping an individual to determine his or her depression quotient. This quick, 20-item self-administered test measures depressive feelings and behaviours during the past week. The CES-D has acceptable psychometric properties including adequate convergent validity and criterion validity (it discriminates between the general population and inpatient populations). Scores of 16 and above on the CES-D are considered clinically significant.

### *Statistical Analysis*

Frequency analysis was used to test nominal and categorical variables' distribution; Chi-square test was used to test nominal and categorical variables.

T-tests for independent variables and analysis of variance were used to test interval, and ratio variables normally distributed. Finally, Pearson correlation coefficient is used to test association between interval, and ratio variables normally distributed.

The distribution of AAI classifications in the sample was compared with the data reported by Bakermans-Kranenburg and van IJzendoorn (2009) in their paper on the first 10000 AAI. In particular, we considered the European sample distribution reported in Table 2 of Bakermans-Kranenburg and van IJzendoorn (2009).

Analysis were considered statistically significant if  $p \leq 0.05$ .

The study procedures were supervised, and are guaranteed, by FV. Statistical analysis using the Statistical Package

for Social Sciences, Chicago, Illinois, USA (SPSS) program was carried out by M.Z. and supervised by F.V. D.J. was consulted on the study design, measurement and AAI coding strategy, and also contributed to the writing of the report.

## RESULTS

The subjects' AAI classifications were not found to be associated with any family demographic variables including age, family status, education and income.

### *Distribution of AAI Classifications in the Sample*

When considering the threefold distinction, 54 subjects (57%) were classified as secure/autonomous, 35 (37%) as dismissing, and five (6%) as preoccupied. Instead, when the unresolved status was included as well, 48 (51%) were found to be secure/autonomous, 26 (28%) dismissing, five (5%) preoccupied and 15 (16%) unresolved. As regards, the distribution of the secure, insecure and 'earned-secure' statuses in the sample, 35 (37%) were classified as secure/autonomous, 40 (43%) as insecure and 19 (20%) as 'earned-secure'. As regards, the percentage of continuous-secures and 'earned-secures' among the secure classification (threefold distinction), the continuous-secures numbered 35 (65%) and the 'earned-secures' 19 (35%).

Considering separately the subclassifications within the secure groups, the continuous-secure subjects were predominantly F2 (39.4%) and F3 (39.4%), whereas the 'earned-secures' were predominantly F2 (31.3%) and F4 (37.5%).

The difference between the distributions of AAI classifications in our sample and the European sample (Bakermans-Kranenburg & van IJzendoorn, 2009) is not significant ( $\chi^2=4.98$  (3);  $p>0.05$ ). However, our sample showed a percentage of unresolved higher than the European average (12%,  $N=476$ ). These data are in line with the recent studies that emphasize how the insecurity, especially related to unresolved grief and trauma, is increasing in the non-clinical samples (Rutter, 2008). Moreover, comparing the distribution of our sample with the European sample, we found a lower percentage of subjects classified as Entangled (5% versus 11%). There are no Italian studies to refer in order to explain this low rate of preoccupied status. This may be a result of higher social class status that could have allowed experiences of therapy and support, and improve their level of coherence on reflecting on childhood experiences. The low rate of preoccupied status could also explain that, strangely, when we change classification based on a four category coding, several secure and dismissing subjects move to unresolved, instead of usual samples were preoccupied subjects are likely to be unresolved.

### *Depressive Symptoms*

We found no significant differences in depressive symptoms (CES-D) across the different attachment classifications ( $F=3.85$   $p=NS$ , included the distinction between 'earned-secures' and continuous-secures, Table 1) and across the experience scales on the AAI ( $F=4.32$   $p=NS$ ).

### *Differences between AAI Experience Scale Scores*

The mean AAI rating scale scores recorded in each of the three security groups (continuous-secure, 'earned-secure' and insecure) are shown in Table 1.

The inferred experience mean values derived from the transcripts of interviews with insecure subjects were similar to those derived from interviews with 'earned-secures', the only differences that emerged being increased experience of role-reversal with the father ( $T=-1.510$ ;  $p\leq 0.05$ ) in the first group, and of role-reversal with the mother ( $T=1.981$ ;  $p\leq 0.05$ ) in the second. These data remain unclear. Further research are needed in order to clarify the different role of mother and father, of earned-secures subjects, in caregiving and role-reversal.

Instead, it is important to underline how the 'earned-secures' differed from the continuous-secures, the former reporting more rejection from the father ( $T=2.138$ ;  $p\leq 0.05$ ) and more maternal neglect ( $T=2.409$ ;  $p\leq 0.05$ ).

Table 1. Adult Attachment Interview Classification and CES-D Scale: means and range

Adult Attachment Interview Scales	Insecure (N=40)	Earned-secures (N=19)	Continuous-secures (N=35)
Loving (Mother)	3.3 (2-6.5)	3 (2-3.5)	4.9 (2-8)
Loving (Father)	3.3 (2-6.5)	2.6 (2-3.5)	4.1 (2-8)
Rejecting (Mother)	3.3 (2-6.5)	3 (2-3.5)	2 (2-8)
Rejecting (Father)	4.8 (2-6.5)	5.7 (2-6.5)	1.5 (2-8)
Neglecting (Mother)	3.8 (2-6.5)	4.8 (2-5.5)	1.6 (2-8)
Neglecting (Father)	3.3 (2-6.5)	3.3 (2-3.5)	2.5 (2-8)
Role-reversal (Mother)	3.3 (2-5)	4.7 (2-6)	2.5 (1-4)
Role-reversal (Father)	4.5 (2-6)	2.3 (2-4)	1.5 (1-3)
Coherence	3 (1-4)	6.3 (6-7)	6.8 (6-8)
Unresolved loss	4	2.5	3
Or trauma	(1-7)	(1-6)	(1-6)
CES-D	11 (0-30)	14 (3-25)	8 (0-18)
CES-D $\geq 16$	9/40 (22.5%)	5/19 (26.3%)	2/35 (5.7%)



In general, the accounts given by the 'earned-secures' indicated early experiences that were as difficult as those of the insecure.

As suggested by Bakermans-Kranenburg and van IJzendoorn (2009) in their paper on the first 10 000 AAI, we also report the data from continuous AAI scales, coherence and unresolved loss or trauma, where we did not find any differences between 'earned-secures' and continuous-secures (Table 1).

### Reflective Function

As shown in Table 2, the 'earned-secures' were the highest-scoring group on the RF Scale (mean = 5.5; SD = 1.3), and their scores differed significantly ( $F = 25.102$ ;  $p \leq 0.01$ ) from those of the continuous-secure (mean = 4.5; SD = 1.2) and insecure groups (mean = 3.5; SD = 0.3).

### Alternative Support Figure

The majority of the sample (84%) recalled the presence of an important alternative support figure during their childhood.

Although the presence of alternative support figures was greater among the 'earned-secures' (94.4% versus 81.8%

Table 2. Reflective Function Scale scores of mothers classified by security

	Continuous-secures	Earned-secures	Insecures	ANOVA (df = 2.91)
RFS Score (mean; SD)	4.5(1.2)	5.5(1.5)	3(0.9)	25.102**

\* $p \leq 0.05$

\*\* $p \leq 0.01$

continuous-secures and 81.4% insecure), there emerged no statistically significant differences between the three groups ( $\chi^2 = 1.799$ ;  $p = \text{NS}$ ).

### Amount of Instrumental and Emotional Support Received from Alternative Support Figures by Mothers Classified as Continuous-secure, 'Earned-secure' or Insecure

Table 3 shows the mean scores recorded on the emotional and instrumental support rating scales in the three groups.

#### Instrumental Support

No differences in instrumental support scores were found between the three groups, either when considering a main alternative support figure ( $F = 0.86$ ;  $p = \text{NS}$ ) or when considering the average across several alternative support figures ( $F = 0.76$ ;  $p = \text{NS}$ ).

#### Emotional Support

The 'earned-secures' significantly differed from the other two groups ( $F = 27.202$ ;  $p \leq 0.01$ ) in the amount of emotional support received from the main alternative support figure (i.e., the individual, among those the subject considers important alternative support figures during childhood, who obtained the highest score on the Emotional Support Scale) and also in the amount received from different alternative support figures (i.e., the average across them) ( $F = 10.44$ ;  $p \leq 0.01$ ).

No differences emerged between secure and insecure subjects ( $T = 0.33$ ;  $p = \text{NS}$ ) either in the support received from the main alternative support figure or in the average amount of emotional support received.

Table 3. Mean emotional and instrumental support: rating scale scores of mothers classified by security

Support from alternative attachment figure	Insecure	Earned secure	Continuous secure	ANOVA(df = 2.91)
Emotional support Main figure	2.1 (1.1–3.1)	4.9 (3.5–6.3)	2.7 (1.4–4)	27.202**
Emotional support Average across figures	2 (1–3)	4.1 (2.9–5.3)	2.3 (1.2–3.4)	10.44**
Instrumental support Main figure	3.3 (2–4.6)	3.9 (2.6–5.2)	3.5 (2.1–4.9)	0.86
Instrumental support Average across figures	3 (2.7–3.3)	3.3 (2.1–4.5)	3.1 (1.8–4.4)	0.76

\* $p \leq 0.05$

\*\* $p \leq 0.01$

### *The Relationship of Alternative Support Figures to the Participants' Families*

A very high proportion of the alternative support figures (87.5%) were related to the family, mainly (80%) grandparents, with no differences emerging across the three groups ( $\chi^2 = 0.127$ ;  $p = \text{NS}$ ). Of the 'earned-secure's' in our sample, 88.2% (versus 89% of the continuous-secures and 84% of the insecure) had received support from members of their own family, whereas only 11.8% had been supported by alternative attachment figures from outside the family.

### *Age when Receiving Support*

The majority of the subjects (98%) who received support from an alternative support figure did so before the age of 12 years. Even though more of the 'earned-secures' recalled experiences of receiving supportive care before the age of 6 years (64.7% versus 41.9% secures and 34.9% insecure), no significant differences were found between the three groups ( $\chi^2 = 7.509$ ;  $p = \text{NS}$ ).

## DISCUSSION

It is perhaps important to begin by pointing out that this is the first Italian study dealing with 'earned security', with the factors that may increase the likelihood of a reformulation of the internal working model, and with the repercussions of some of these aspects on a subject's subsequent relationship with his or her own offspring.

On the basis of the data collected to date, it is possible to draw some important conclusions.

First of all, the finding that a high percentage of subjects classified as 'earned-secure' on the AAI reported having formed, in childhood, a strong emotional bond with an individual other than their parents seems to be particularly significant. Research has, in fact, highlighted the important role played by alternative attachment figures in childhood, showing them to be a factor capable of favouring a reviewing of the subject's previous relationship experiences (Cook et al., 2006; Egeland et al., 1988; Fonagy & Target, 2001; Pearson et al., 1994; Saunders et al., 2011). In the present study, the concept of 'earned security' is considered in terms of an extension of the individual's range of relational models that, in turn, allows a re-elaboration, in the direction of increased security, of the subject's current mental representations. In short, the accepting and supporting environment created by alternative attachment figures may be conducive to the creation of a broader view of relational models that may allow the subject to reformulate his internal working model and move towards a more secure status.

We can also affirm, in accordance with the findings in the American sample (Saunders et al., 2011), that it is the quality of the support provided, and particularly the emotional support (understood as openness, warmth and empathic responsiveness to the child's needs), that emerges as one of the key factors allowing an evolution towards increased security. Conversely, in our study too, the instrumental support provided and the number of alternative attachment figures did not emerge as particularly important factors (Bowlby, 1969).

It is also worth noting that, of the various significant figures in the lives of the subjects included in our sample, grandparents are the ones that emerge as the main source of corrective emotional experiences and as the ones able, in some ways, to compensate for inadequate parental care. This finding might prompt us to dwell upon the importance that the extended family still has in Italian life. Reflecting on the findings of this study, another important aspect is the influence that parents exert throughout the life of their child, and thus also during their child's transition from the status of son/daughter to that of husband/wife, and to that of parent. Another surprising finding is the fact that the quality of intergenerational relationships within a family can be susceptible to change, so much, so that a point can even be reached at which it is possible to break the cycle of intergenerational transmission of insecure attachment styles. Hence, even within a single nuclear family, there can exist not only scope for perpetuation and consolidation of the established relational models but also the potential and the resources to modify, and even break, cycles of dysfunctional interpersonal relations. It would therefore be interesting to identify the factors in an individual's life that can modify his/her capacity to offer a child (when that child is his/her grandchild) sensitive and responsive care, and how these factors work. We feel that there are probably two aspects that come into play: first, a grandparent will probably not feel, towards a grandchild, the same degree of anxiety and sense of responsibility that a parent feels; second, it is possible that the grandparent's store of wisdom, fruit of personal experience, together with a reviewing of his/her own parental experience, could trigger a desire to make up for 'mistakes' felt to have been made in the past. It must be underlined that this is the only point on which the present study differs from the research conducted in the USA: indeed, in the American setting, people from outside the family (family friends, teachers and other adults involved in the life of the child) were far more likely to fulfil the role of alternative attachment figures, whereas in Italy the extended family is perceived to have a fundamental, indeed 'exclusive', role in supporting the nuclear family and providing children with alternative significant figures.

Although there were no significant differences on the age when receiving support from alternative support

figures, it should be reiterated that in these subjects (as in the American sample), the relationship experience with other significant adults assumed particular importance in childhood: in fact most of the participants' memories of such experiences dated back to their early years of life, up to the age of around 12 years.

A further aim of this study was to evaluate whether possible personal factors, such as depressive symptoms, can influence the classification of subjects as 'earned-secures' (Roisman et al., 2006). The subjects recruited for the present study were thus asked to fill in a screening test to identify possible depressive symptoms (CES-D Scale). However, we did not find any influence of such symptoms on the final AAI classification, above all in terms of evolutions towards a more or less secure status ('continuous-secure' and 'earned-secure'). Therefore, our hypothesis is that it is in fact early attachment experiences that typically contribute to individuals being more or less susceptible to the kinds of chronic mood states that bias adults towards negative or positive attributional states (Roisman et al., 2006). However, it is necessary to underline that the lack of an association between depressive symptoms and the 'earned-secures' classification may be due to the reported low number of earned secure subjects showing depressive symptoms ( $N=2$ ).

The results of the administration of the Reflective Self-function Scale showed that the 'earned-secure' women recorded higher reflective functioning scores than all the other groups of women, including the continuous-secures. This suggests that 'earned-secures' are better able to reflect upon mental states, both their own and those of others; the reflective function is thus a protective factor favouring the development of positive well-being (and thus an evolution towards increased security). It is also important to point out that reflective functioning seems to play a reciprocal role: first, new, corrective emotional experiences, such as those with alternative attachment figures, seem to create the basis for more effective reflective functioning; second, since the reflective function allows us to appreciate the mental states of others and gives us new, broader and more effective keys for interpreting their behaviours, this allows us to extend and enrich our own store of mental representations of attachment. Good reflective functioning leads to more secure attachment, which in turn favours improvement of reflective functioning (Fonagy et al., 1991). In particular, the broadening of outlook prompted by new, emotionally sustaining experiences, provides scope, through a re-elaboration of past experiences, for a reorganization of the subject's internal working model in the direction of security, leading to the acquisition of more positive and effective ways of relating to others and particularly to subsequent generations; in this way, it becomes possible to break the dysfunctional cycle of intergenerational transmission of insecure attachment styles.

On the basis of these results, we suggest that future studies might seek to explore in more depth a series of important aspects.

It would be interesting to collect more in-depth data on certain aspects of relationships with alternative attachment figures (for example, analysing the point, in a subject's life, at which such a relationship was most crucial and how long the relationship itself lasted). It would thus be interesting to consider what might be the impact of the period of life in which a certain relationship is experienced, and important to be able to investigate whether (and how) a supportive emotional experience early in life, compared with a similar experience in adulthood, might differently determine an evolution of the internal working model towards greater openness and autonomy, i.e., towards a more secure status. Moreover, it might be interesting to examine whether the results found in the Italian context can be extended to other figures (family friends, teachers and other adults involved in the life of the child) in societies with less access to grandparents and extended families, as the study of Saunders et al. (2011) in the American sample reveals.

The results of our study could have important clinical implications too, since they show that a corrective emotional experience, stemming from a ready, loving and responsive relationship, allows the subject to work through his negative childhood experiences and acquires modalities of interaction that enable him to function more effectively in the world. In this regard, it is significant that empirical evidence (Daniel, 2006; Dozier & Bates, 2004; Saunders et al., 2011; Steele, Steele, & Murphy, 2009) indicates that psychotherapy may also be a key factor favouring the acquisition of new representations of the self and of others that, shedding a new light on past experiences, allow a reformulation of previously established mental representations. This suggestion strengthens the hypothesis that change and evolution, in the sense of the acquisition of more effective ways of relating to the self and to the world, are possible in adulthood, too: the internal working model may, to an extent, be modified and shaped by new experiences throughout the course of an individual's life. An important future line of research, also from the perspective of clinical intervention, may thus be to analyse the role of psychotherapy in enabling the subject to work through negative past experiences and attain a state of greater well-being, in relation to the self-image and the image of the self in relation to the world.

Furthermore, since some studies (Cook et al., 2006; Paley et al., 1999) have shown that 'earned-secure' as opposed to insecure women also interact more effectively with their spouses, it could be worth evaluating, in our sample too, the possible emergence of positive attachment styles in the women's relationships with their partners: this might enable us to establish whether the scope for acquiring more effective ways of relating to others extends to all their



significant relationships, or whether it instead concerns only their relationship, as parents, with their children.

Finally, since some studies (Roisman et al., 2002) have reported gender-related differences in this area of study (e.g., different percentages of 'earned-secures' and continuous-secures in men versus women), it could be interesting to compare the results of our study with those of sample of men, matched for age and social-economic conditions with the present sample of women, in order to identify similarities and differences between the two groups.

At last, we believe, also on the basis of the data collected, that it is perhaps more correct to consider security not in terms of discrete categories but rather as a continuum (Roisman et al., 2007) characterised by different degrees and levels of security/insecurity through which the internal working model can evolve towards security; in other words, to consider the transition towards security as the progressive acquisition of a broader outlook that enables the individual to review and reformulate his mental representations of past experiences in the light of corrective emotional and relational experiences and through better use of personal resources, such as the reflective function.

To sum it up, according to a lifespan approach, positive relationships and experiences at different ages could lead to a normalization of attachment security, representing protective factors able to break the dysfunctional cycle of intergenerational transmission of insecure attachment.

The concept of 'earned security', here reformulated as an extension of the subject's relational models that opens up the prospect of a re-elaboration of mental representations towards greater security, is highly appealing as it provides, in contrast to a deterministic view, an optimistic perspective on emotional development and human potential. In fact, it raises many doubts over the continuity of attachment and, encouragingly, offers hope to individuals who have had difficult experiences in childhood, in particular suggesting that there is no absolute determinism in intergenerational transmission, and thus that they may be able to care adequately for their own children in spite of their early negative experiences.

## LIMITATION

One limitation of the study is its correlation design: to test a factual influence of alternative attachment figure on the development of secure attachment, further longitudinal studies are needed. Moreover, we do not have any demographic information about past adversity of the subject. Also, further longitudinal studies are needed to specify adequately different alternative attachment figures and the age at which the subject received the support. Another limitation of our work is that we assess attachment representation, alternative attachment relationships and

reflective function using the same instrument (the AAI) and it may cause confound of variables. Although according to our aims, the AAI remains the most validated and reliable instrument to assess the mentioned concepts.

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