

Attachment, caregiving in couple relationships, and prosocial behavior in the wider world

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According to attachment theory, a sense of attachment security (confidence that others will be available and supportive when needed) facilitates the functioning of the caregiving behavioral system and the empathic provision of care to suffering others. In this article we review what has been learned during the last decade about attachment-related individual differences in caregiving within couple relationships and prosocial behavior in the wider world. We begin with a brief account of attachment theory and the dynamic interplay of the attachment and caregiving behavioral systems. We then review findings from correlational and experimental studies showing that attachment security has positive influences on noticing and reacting favorably to the suffering of romantic partners and strangers.

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One common theme of humanistic and ‘positive’ psychological theories is the importance of compassion and prosocial behavior. Most people have probably had the intuition that if only a person could feel less threatened, safer, and more secure, he or she would have lower need for defenses and greater openness to noticing and reacting favorably to others’ suffering. This idea was articulated by John Bowlby [1–3] in his books about attachment theory, and it has been empirically supported by numerous studies examining the influences of individual differences in *felt security* [4] on caregiving and prosocial behavior. In this article, we review studies examining attachment-related variations in what Bowlby called caregiving within couple relationships and prosocial behavior in the wider world.

Attachment theory: basic concepts

According to Bowlby [2], human beings are born with a psychobiological (neural) system (the *attachment behavioral system*) that motivates them to seek proximity to protective others (*attachment figures*) in times of need. Interactions with supportive attachment figures create a core sense of attachment security — a sense based on expectations that key people will be available and responsive in times of need — and result in the formation of positive mental representations of self and others. When attachment figures are not supportive, however, a sense of security is not attained and negative mental representations are formed [1].

In pursuing these ideas in studies of adults, researchers have focused on a person’s *attachment orientations* — systematic patterns of relational expectations, emotions, and behaviors that result from a particular history of interactions with attachment figures [5,6,7*]. These orientations can be conceptualized as regions in a continuous two-dimensional space [8,9*]. One dimension, attachment-related *avoidance*, reflects the extent to which a person distrusts others’ intentions and defensively strives to maintain behavioral and emotional independence. The other dimension, attachment-related anxiety, reflects the extent to which a person worries that others will not be available in times of need and anxiously seeks love and care. People who score relatively low on both dimensions have a strong sense of security. A person’s general attachment orientation should be viewed as the top node in a complex network of attachment representations, some of which apply only to specific people and relationships and others of which apply only in certain relational contexts [10,11**]. These more specific mental representations can be activated by actual or imagined encounters with supportive or unsupportive others even if they are incongruent with the dominant attachment orientation [12,13*].

The caregiving system and its interplay with the attachment system

According to Bowlby [2], the caregiving behavioral system was crafted by evolution to provide protection and support to others who were either chronically dependent or temporarily in need. At the dyadic level, the caregiving system complements a relationship partner’s attachment behaviors in times of need. In its prototypical form — that is, in the parent–child relationship — the activation of the child’s attachment system automatically activates the parent’s caregiving system with the aim of restoring the child’s felt security and terminating the child’s

attachment behaviors. Extending this conceptualization to the wider social world, the aim of the caregiving system is to restore the felt security of distressed others by providing empathic and responsive care.

Bowlby [2] also discussed the interplay between attachment and caregiving *within* a person as he or she alternates between needing and providing support. Because of the urgent need to protect oneself from threats, attachment-system activation inhibits many non-attachment activities, including caregiving. Under conditions of threat, adults generally turn to others for support rather than thinking first about providing support to others. Only when they feel reasonably secure themselves can people easily direct full attention to others' needs and provide effective support. Moreover, secure attachment is closely related to optimism and feelings of competence in coping with distress, to comfort with closeness and dependence, and to positive views of others [11^{••}], which facilitate approaching and helping needy others even if this prosocial action causes some personal distress [14[•],15,16^{••}].

Although both attachment anxiety and avoidance reflect a lack of security, different psychological mechanisms may underlie their effects on caregiving. In a number of studies, Batson [17] found that lack of empathic responsiveness can be due either to lack of prosocial motivation or to the arousal of interfering personal distress and self-focused worries. People scoring high on attachment-related avoidance have negative views of others and are uncomfortable with closeness and expressions of need and dependence [10], which in turn can lead to a decrease in prosocial motivation [15,16^{••}]. People scoring high on attachment anxiety have difficulties in emotion regulation and tend to be easily distressed in a self-focused, ruminative way [10], so they may react to others' suffering with empathic personal distress but not with effective helping [15,16^{••}]. Moreover, they sometimes use caregiving as a means of satisfying their own unmet needs for approval and reassurance, and this self-centered motivation can result in insensitive and intrusive caregiving efforts [15,16^{••}].

Studies of attachment and caregiving in romantic relationships

The first study to examine the link between attachment and caregiving within romantic relationships was conducted by Kunce and Shaver [18], who developed a Caregiving Questionnaire to assess four dimensions of caregiving. Two correlated dimensions assess responsive caregiving: proximity maintenance to a needy partner and sensitivity to a partner's needs. A third dimension — controlling caregiving — measures the extent to which a caregiver fails to respect a partner's ability to solve the problem at hand. The fourth dimension — compulsive caregiving — concerns over-involvement with a partner's pain and a tendency to experience personal distress.

Using this scale with dating or married couples, several studies have revealed that more secure people score higher on responsive caregiving and lower on compulsive caregiving [e.g., 18–21]. Whereas more avoidant people score lower on proximity maintenance and sensitivity, more anxious people score higher on compulsive caregiving.

There is also evidence concerning attachment-related differences in the motives for providing support within couple relationships [e.g., 22,23]. Whereas more secure adults tend to endorse more altruistic reasons for helping (e.g., to reduce a partner's suffering), more avoidant people report egoistic reasons (e.g., to receive something explicit in return). Although attachment-anxious adults tend to endorse altruistic reasons for helping, they also report egoistic reasons reflecting unmet needs for security (e.g., to gain a partner's approval).

Attachment-related variation in caregiving has also been explored in laboratory studies of actual caregiving behavior [e.g., 24–27]. For example, Collins and Read [24] videotaped dating couples while one partner disclosed a personal problem to the other (the 'caregiver'). More secure caregivers were coded (by independent judges) as more supportive during the interaction regardless of whether a partner's needs were clearly expressed or not. Similar individual differences have been observed when people are exploring personal goals and disclosing them to their spouse [23,28]. Specifically, more secure people are more likely to support their spouse's exploration (as coded by independent judges), which in turn facilitates the spouse's actual exploratory behavior. Whereas more avoidant people are less responsive to their spouse, more anxious people are more likely to interfere with their spouse's explorations.

There is also evidence that the experimental priming of a temporary sense of security, which can be accomplished either subliminally (with security-related words or images) or supraliminally (e.g., using guided imagery procedures), can improve care provision and counteract barriers to responsive caregiving [29^{••},30]. Specifically, security priming (as compared to neutral priming) causes research participants to be more responsive to their dating partner (as coded by independent judges) when the partner is either disclosing a personal problem or exploring personal goals. Moreover, security priming can override the detrimental effects of cognitive fatigue on responsiveness under both the personal problem and goal exploration conditions. However, in such studies, security priming fails to buffer the detrimental effects of a self-worth threat on responsiveness to a distressed partner. Perhaps a self-worth threat activates negative self-representations (a proxy of anxious attachment), thereby arousing self-focused worries that distract caregivers from attending to a partner's needs.

Studies of attachment and prosocial behavior in the wider world

Attachment insecurities are also negatively associated with prosocial tendencies in the wider context of caring for suffering strangers. For example, avoidant attachment has been found to be associated with less empathic concern, less inclination to help a distressed person, and less willingness to take responsibility for others' welfare [e.g., 31–33]. Anxious attachment has been found to be associated with heightened personal distress when witnessing others' distress and a compulsive effort to help others even when they do not wish to be helped [e.g., 34–36].

However, there are specific conditions under which attachment insecurities do not interfere with prosocial behavior. For example, Ein-Dor and Orgad [37] found that more attachment-anxious people acted prosocially when a real danger threatened them and their group. In their study, participants were led to believe that they had accidentally activated a computer virus that erased everything on an experimenter's computer and were asked to alert the relevant computer technicians to the incident. On their way, they were presented with four decision points where they could choose either to delay their warning or continue directly to the technicians' office. Attachment-anxious individuals were less willing to be delayed on their way to deliver a warning message. This finding fits with the 'sentinel' mental script found to be characteristic of attachment-anxious individuals [38], which may cause them to act prosocially in a dangerous situation by rapidly communicating the threat to others. Kogut and Kogut [33] also found that attachment-anxious people tend to help others when they can identify with the help receiver and feel connected with him or her, perhaps thereby satisfying unmet needs for merger and love.

There is also evidence that the link between attachment-related avoidance and unhelpfulness can be mitigated in specific relational contexts. For example, Richman *et al.* [39] found that when highly avoidant participants were convinced that helping would not increase closeness to the help receiver or affect their own emotions, they helped others as much as less avoidant participants. That is, reducing avoidant people's fears of becoming more intimate with a needy other allows them to act more prosocially.

Another line of research has involved experimentally priming the sense of security, showing that security priming heightens prosocial feelings and behavior toward needy people [40–44,45*,46]. In one of these studies [44], participants were exposed to security or neutral priming, watched a confederate while she performed a series of increasingly aversive tasks, and were given an opportunity to help her by taking her place. Whereas more

avoidant people reported less compassion and lower willingness to replace the distressed person, more attachment-anxious people reported more personal distress. More important, security priming decreased personal distress and increased participants' compassion and willingness to replace the distressed confederate.

In two additional studies, Mikulincer *et al.* [44] examined the hypothesis that security priming could override egoistic motives for helping, such as one's own mood-enhancement and empathic joy, and would result in genuinely altruistic helping. Indeed, findings indicated that expecting to improve one's mood by means other than helping or expecting not to be able to share a needy person's joy after helping reduced compassion and willingness to help in the neutral priming condition, but failed to affect these reactions in the security priming condition. In fact, security priming led to heightened prosocial tendencies even when there was no egoistic reason for helping.

Conclusions

In line with Bowlby's theorizing, the reviewed studies indicate that attachment security and two major forms of insecurity (attachment anxiety and avoidance) are closely associated with prosocial motives, emotions, and behavior. The connections between attachment and prosociality have been demonstrated in the laboratory and in the community, using both correlational and experimental research designs. It is now important to branch out in new directions. First, studies should examine times and situations in which secure attachment fails to promote prosocial behavior and the conditions that may favor prosocial behavior among insecure people. Second, research should examine how cultural settings and values moderate the link between attachment and prosocial behavior. Third, because of the growing emphasis on physiological and neurological underpinnings of attachment, it will be important to explore further how the brain and hormones mediate links between attachment orientations and prosocial behavior. Finally, future studies should test the efficacy of ecologically valid forms of security enhancement as a means of fostering compassion and prosocial behavior in a world plagued by international, interethnic, and interpersonal conflicts and violence.

Conflict of interest statement

Nothing declared.

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- of special interest
- of outstanding interest

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