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INTRODUCTION

The Attachment Script Assessment: Introduction of a coding system to evaluate deactivation, hyperactivation, and anomalous content

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ABSTRACT

Although research on adult attachment has yielded insight into the legacy of attachment for functioning in adulthood, methodological challenges persist in the assessment of adult attachment. The Adult Attachment Interview (AAI) offers a rich assessment of secure, insecure, and unresolved states of mind. However, it is resource intensive to administer and code. Attachment Script Assessment (ASA) offers a resource-effective alternative to the AAI. However, the ASA coding system only yields a single, security-like dimension: secure base script knowledge. Here, we introduce a complementary coding system for the ASA to assess attachment deactivation (i.e. script characterized by limited interpersonal connection and minimization of attachment problems/emotions), hyperactivation (i.e. script in which attachment-relevant problems and negative emotions are heightened), and anomalous content (i.e. script in which attachment problems contain elements of fear and/or disorientation); and we discuss the conceptual convergence of these scripts with corresponding patterns of attachment insecurity and disorganization.

KEYWORDS

Attachment script assessment; adult attachment; adult attachment interview; attachment insecurity; attachment representations

Over 35 years of research has yielded insights into the significance of adult attachment representations for adjustment across developmental domains, including parent–child relationships, romantic relationships, and developmental psychopathology (Dagan et al., 2018, 2020; Feeney, 2008; Verhage et al., 2016). Despite the wealth of knowledge gained, methodological challenges in assessing adult attachment persist. The Adult Attachment Interview (AAI; Main et al., 1985), the original gold-standard measure of attachment representations, captures rich variation in individual differences in adults' states of mind with respect to attachment, including patterns of insecurity (dismissing and preoccupied states of mind) and disorganization (unresolved states of mind with respect to loss/ trauma). However, the AAI presents some conceptual and methodological challenges, including distance between AAI state of mind scales and underlying attachment representations, as well as being time- and resource-intensive.

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The Attachment Script Assessment (ASA), developed by H. S. Waters and Rodrigues-Doolabh (2004) as a narrative assessment of adults' awareness of and access to a secure base script, has provided a more time- and resource-efficient alternative to the AAI to more closely align with the theorized content and nature of attachment representations (H. S. Waters & Waters, 2006). Despite these advantages, the ASA coding system does not assess patterns of insecurity or disorganization. As attachment researchers aim to study increasingly large samples and a growing range of interdisciplinary outcomes, the field requires a narrative-based measure that can efficiently assess these individual differences. To this end, we developed a novel coding system for the ASA to assess patterns of insecurity (i.e. deactivation, hyperactivation) and disorganization (i.e. anomalous content; Groh & Haydon, 2021). In this special section, we present this coding system, as well as evidence for its convergent, discriminant, and predictive validity.

Overview of the Attachment Script Assessment

A central feature of attachment theory is the prediction that early experiences with caregivers become internalized as cognitive-affective mental representations or working models, that guide future behavior (Bowlby, 1973). Because the field of cognitive psychology was still in its infancy, Bowlby was unable to fully articulate the architecture of attachment working models. However, there have been considerable advances in cognitive psychology, particularly with regard to mental representations. Bretherton (1987) was the first to note the relevance of event schemas to Bowlby's ideas regarding attachment representations. Event schemas are enduring cognitive structures that summarize commonalities (e.g. main character(s), causal chain of events, resolution) across a class of events (e.g. going to a restaurant) and provide a script for how events unfold (Nelson, 1986; Schank, 1982). Waters and colleagues (H. S. Waters & Rodrigues-Doolabh, 2001; H. S. Waters & Waters, 2006) extended these ideas to attachment mental models and proposed that experiences of secure base support in childhood are represented in memory as secure base scripts. Specifically, a history of consistent secure base support in which attachment needs are recognized and effectively responded to inform a well- developed secure base script characterized by understanding that attachment figures may be relied on in times of need and will provide competent support to navigate problems. Alternatively, if support was inconsistent, incompetent, or ineffective, secure base scripts are less well-configured and less accessible.

To assess variation in access to a secure base script, Waters and colleagues developed the Attachment Script Assessment (H. S. Waters & Rodrigues-Doolabh, 2004), a word- prompt procedure in which individuals develop generic attachment narratives using word sets pertaining to children's (*Baby's Morning, Doctor's Office*) and adults' (*The Accident, Jane & Bob's Camping Trip*) relationships. Narratives are evaluated on a 7-point scale for secure base script knowledge (SBSK) reflecting the extent to which a clear, well-defined secure base script is present (i.e. attachment problem occurs, there is a signal for help, effective help is offered by attachment figures, and problem is resolved).

In the 20 years since its introduction, the ASA has been increasingly used by attachment researchers, and a growing body of research demonstrates its strong psychometric properties. Supporting its convergent validity, ASA SBSK is moderately correlated with AAI coherence (r = .46; Coppola et al., 2006). SBSK also demonstrates adequate test–retest reliability (r = .54;

Vaughn et al., 2006), and is associated with a range of attachment-relevant outcomes (T. E. Waters & Roisman, 2019). Further, evidence from large-scale longitudinal studies supports the retrodictive validity of the ASA, indicating that sensitive caregiving from mothers and fathers in childhood predicts higher levels of SBSK in adulthood (Steele et al., 2014).

The ASA also offers some benefits over the AAI. At the conceptual level, AAI coders evaluate narratives along several state of mind and inferred experience scales and make inferences from these evaluations regarding the quality of underlying mental representations (Hesse, 2008). Thus, there is considerable conceptual distance between what is captured by the AAI scales and underlying attachment representations (H. S. Waters & Waters, 2006). The ASA, informed by research in cognitive psychology on mental representations and how repeated experiences are stored in memory as scripts, directly assesses attachment-relevant scripts. At the practical level, the AAI is time- and resource- intensive (Table 1). Thus, individuals who become reliable coders and use the AAI in their research programs are typically well-funded researchers who are already committed attachment theorists. Relative to the AAI, the ASA is more time- and resource-effective. As such, the ASA offers additional appeal as it has the potential to increase the accessibility of attachment methods and encourage greater use of attachment measures beyond labs already engaged in attachment research.

Assessing insecure and disorganized scripts in the Attachment Script Assessment

Despite evidence supporting the validity of the ASA and its considerable conceptual and practical advantages, the coding system suffers from a key limitation. Unlike most gold-standard measures of attachment, individual differences in insecurity and disorganization cannot be evaluated using the ASA coding system (Table 1). This represents a significant limitation, given that these patterns are central to attachment theory, research, and

Table 1. Comparison of Adult Attachment Interview and Attachment Script Assessment.

Coding System	Security Coding System	Insecurity Coding System	Disorganization Coding System	Practical Considerations
AAI (Main et al.; 2003–2008)	Yes: Secure/ Autonomous	Yes: Dismissing Preoccupied	Yes: Unresolved Loss/Trauma	• ~10 hrs to transcribe • ~3 hrs to code • $2,600 and 1.5 years for training/reliability certification
ASA Secure Base Script Knowledge (H. S. Waters & Rodrigues-Doolabh, 2004)	Yes: Secure Base Script Knowledge	No	No	• ~1 hr to transcribe • ~15 min to code • Training/reliability exercises completed within two months, historically at no cost
ASA Deactivation, Hyperactivation, Anomalous Content (Groh & Haydon, 2021)	No	Yes: Deactivation, Hyperactivation	Yes: Anomalous Content	• No additional transcription • ~10 additional min to code • Training/reliability exercises completed within two months, historically at no cost

clinical practice. Further, as attachment research leverages larger samples and becomes increasingly interdisciplinary, the field needs a time- and resource-effective narrative

attachment measure that assesses not only attachment security, but also patterns of insecurity and disorganization.

We developed a supplemental coding system for the ASA to capture variation in attachment insecurity and disorganization that manifests across the lifespan, including: (1) deactivation, (2) hyperactivation, and (3) anomalous content (Groh & Haydon, 2021; Table 1). In line with the expectation that repeated experiences of secure base support are stored in memory as secure base scripts, we argue that repeated caregiving experiences that inform deactivating, hyperactivating, and disorganized attachment are stored in memory as scripts. Thus, extending H. S. Waters and Waters (2006) theorizing that inconsistent, incompetent, and/or ineffective care contributes to lower SBSK in which secure base scripts are less well configured and less accessible, we propose that repeated experiences of distinctive forms of insensitive caregiving inform well configured, accessible insecure and disorganized attachment scripts, respectively, characterized by deactivation, hyperactivation, and anomalous content (Table 2; coding system available at: https://asainsecurecoding.weebly.com). Below we introduce the coding system for evaluating deactivating, hyperactivating, and anomalous scripts in the ASA. In addition, we present evidence of each script in example narratives produced from the Doctor's Office prompt. Examples of narratives from other prompts may be found in supplementary materials.

Focusing first on deactivation, attachment deactivation arises from a history of caregiving experiences in which attachment signals and needs were rejected or ignored, contributing to a tendency to minimize their expression to maintain proximity to

Table 2. Key elements of deactivation, hyperactivation, and anomalous scripts.

Deactivation Script
1. Attachment partners engaged in activities that lack interpersonal connection
2. Potential problem is minimized
3. Expression of negative emotion is restricted
4. No bid for help or bid is rejected
5. Instrumental help may be offered by attachment partner or another character
6. Help that addresses emotional needs is not offered, or if offered, such help is rejected
7. Problem is unresolved
8. Attachment partners re-engage in activities that lack interpersonal connection
Hyperactivation Script
1. Attachment partners engaged in activity
2. Problem occurs; severity of problem is exacerbated
3. Bid for help includes heightening of negative emotion
4. Bid for help is detected
5. Response is ineffective at resolving and/or exacerbates problem/negative emotions
6. Problem is unresolved
7. Negative emotion persists
8. Attachment partners do not fully re-engage in activity
Anomalous Script
1. Attachment partners are physically or psychologically separated
2. Problem occurs
3. Problem creates fear, disorientation, and/or dissociation
4. May or may not be a bid for help, absence/presence of which exacerbates fear, disorientation, and/or dissociation
5. Response, if offered, is ineffective
6. Problem is unresolved

7. Fear, disorientation, and/or dissociation persists
8. Attachment partners do not re-engage in activity

caregivers (Cassidy, 1994; Kobak et al., 1993; Main, 1990). Overtime, these repeated caregiving experiences become internalized as representations characterized by expectations that (1) attachment needs should not be expressed (and if they are, they will be rebuffed) and (2) attachment figures cannot be relied on to provide support that addresses attachment needs. Key elements of the deactivation script are detailed in Table 2. Similar to SBSK, narratives are rated on a 7-point scale for the extent to which they are organized around a deactivating script. Narratives receive high scores on deactivation if there is limited interpersonal connection between attachment partners; omission of attachment-relevant problems/emotions, or if expressed, minimization of attachment-relevant problems/emotions; and lack of help provided by the attachment figure that addresses instrumental *and* emotional needs, leaving the problem unresolved. Table 3 presents a sample narrative scoring high on deactivation. The story begins with Tommy and his mother engaged in an activity without interpersonal connection. Tommy gets hurt, and the mother provides instrumental help by taking him to the doctor. However, help is not provided that addresses Tommy's emotional needs, which are left unaddressed. The severity of the problem is minimized. Tommy's expressions of negative emotion are repeatedly minimized and rejected. Tommy and his mother resume interaction; however, there is a lack of interpersonal connection.

Attachment hyperactivation arises from inconsistent or ineffective caregiver responses to attachment signals and needs, contributing to heightened expression of attachment

Table 3. Example narratives illustrating deactivation, hyperactivation, and anomalous content.

Example Narrative Scoring High on Deactivation
Tommy starts to learn how to bike. He went to the park to practice with his mom. Because this was his first time, he got hurt accidentally. Then his mom got very nervous. She hurried him to see a doctor, but Tommy screamed and screamed. The doctor said "This doesn't need a shot. This is pretty trivial. I just need to take care of the wound." But Tommy still cried and screamed. Mom couldn't stand him, and said "Can you stop crying? If you stop crying, mommy can buy you a toy later. Hmm, to comfort you. Can you no longer cry?" Tommy finally stopped crying. Yeah, he stopped crying. Then he went shopping at the department store with his mom.
Example Narrative Scoring High on Hyperactivation
Ok so Tommy doesn't know how to ride a bike but all the other kids on his street are riding bikes and so Tommy decides one day he's just gonna get on his bike and teach himself how to ride a bike. So all these boys are outside and Tommy's like trying to ride this bike, can't ride this bike and all the boys wanna go and do their bikes on these hill things. So Tommy's like oh I can do it too. So Tommy goes, his bike's really wobbly. He tries to go down one of these hills and he wipes out and he's got this huge cut down his leg. So he's freaking out and he runs back to his mom and it's bleeding and so his mom like cleans it up or whatever and his mom notices it's really deep. So she's like oh my goodness it's bleeding a lot like we should probably take you-take you to the doctor. So she hurries and gets him in the car. She bandages up his leg and it's bleeding a lot and Tommy's freaking out. And so his mom gets him in the car and they get to the doctor. Tommy's bawling and he's making a scene because it hurts so bad. So they get into the doctor's office and the doctor tells him, "OK, we're gonna have to give you some stitches. I'm gonna give you this shot to numb it. It's gonna help." So Tommy hates shots so he doesn't like that idea but his mom convinces him like it's gonna make you feel better. So he gets the shot and they stitch him up. He gets a couple of stitches and he's good to go but he's still so upset he doesn't like that he has stitches. Now he can't ride his bike anymore with his friends. And so on the way home his mom told him, well when he was getting stitches his mom told him "If you're really brave and you're really good then I'll let you get a toy on the way home." So they stopped at Target and they picked him up a toy. So his mom told him he can play with his toy while all the other

boys ride their bikes. So now Tommy's like happy but he's still upset because he can't ride his bike but now he has this toy.

Example Narrative Scoring High on Anomalous Content

Tommy had been riding his bike one morning when he took it off a rather large jump and ended up hurting himself. His mother was nearby hearing him yell, saw him, and hurried him to the doctor. He had been crying on his way there. Then after the doctor looked at him, decided that he was gonna need a shot of pain medicine. His mother at first offered him a toy to try to calm him down. However when that did not work she immediately stopped what she was doing to hold him down. The doctor gave him the shot after which he jumped out ran to the car jumped into the car with his mother's keys started the car and then drove himself home at high speed to get away from both his mother and the doctor.

signals and excessive focus on attachment needs to elicit a response from caregivers. Over time, such caregiving experiences become internalized as an expectation that attachment-related distress must be exacerbated to signal attachment needs and support offered by attachment figures may be ineffective at addressing attachment needs (Cassidy, 1994; Kobak et al., 1993; Main, 1990). Key elements of the hyperactivation script are detailed in Table 2. As with deactivation, narratives are rated on a 7-point scale for their organization around a hyperactivating script. Narratives receive high scores on hyperactivation if the problem that occurs is exacerbated; the bid for help includes strong expression of negative emotion; the response from the attachment partner is ineffective at resolving and/or exacerbates the problem and feelings of negative emotions; the problem is unresolved; and negative emotion persists. Table 3 presents a sample narrative scoring high on hyperactivation. Specifically, Tommy gets hurt and his bid for help includes a strong expression of negative affect. The severity of the problem is exacerbated and the mother's response heightens Tommy's negative emotions. In addition to the initial problem, multiple subsequent problems occur. Tommy's distress is described in strong terms and repeated several times. The mother's response is ineffective. Although Tommy and his mother engage in another activity, the problem and negative emotion persist.

Disorganization arises from a history of anomalous caregiving, including frightening, threatening, dissociative, disrupted, and/or abusive parenting, and reflects a breakdown in an organized attachment strategy (Hesse & Main, 2006; Madigan et al., 2006). Over time, repeated experiences of anomalous caregiving might become internalized as expectations that the expression of attachment needs and/or the attachment figure's response will include elements of fear, danger/threat, chaos, and/or disorientation. The key elements of a disorganized script – referred to as anomalous content – are detailed in Table 2. Narratives are rated on a 7-point scale for the presence of anomalous content, and receive high scores if there is physical or psychological distance between attachment partners; the problem that occurs creates fear, disorientation, and/or dissociation; the bid for help or absence of the bid maintains or exacerbates such states; the problem is unresolved; and fear, disorientation and/or dissociation persist. Table 3 presents a sample narrative scoring high on anomalous content. Specifically, Tommy gets hurt and yells, a bid that signals fear. The mother hears Tommy yell, but does not see what happened, also contributing to a sense of fear. Tommy's mom takes him to the doctor and attempts to calm him, but her response is ineffective. The mother holds Tommy down, suggesting that Tommy is so dysregulated that he must be restrained, creating a sense of chaos and a new source of fear. Tommy then flees from his mother at a high speed. Ultimately, the problem is unresolved and feelings of fear persist.

Overview of special section

In addition to presenting this complementary coding system to SBSK for the ASA to assess deactivation, hyperactivation, and anomalous content, we present evidence for its validity in a series of three papers drawing on samples of young adults, families, and romantically involved couples. Groh, Haydon, and Caldo (this issue) present evidence for the empirical convergence of the ASA coding system with patterns of insecure and unresolved states of mind in the AAI, as well as evidence for the predictive significance of the ASA scripts for autonomic physiological responding to an attachment-relevant challenge. Next, Groh and colleagues (this issue) provide evidence for both stability of ASA deactivation, hyperactivation, and anomalous content over a two-year timespan and their predictive significance for mothers' parenting behavior and physiology. Haydon and Groh (this issue) demonstrate the predictive significance of the ASA scripts for romantic relationship functioning assessed across multiple levels of analysis, including reported relationship satisfaction, observed conflict behavior, and autonomic physiological responding during conflict discussions.

A key feature of these studies is the inclusion of autonomic physiological measures selected because they are implicated in emotional responding to challenge in ways that might elucidate the distinctive motivational strategies underlying specific patterns of insecure and disorganized attachment. Importantly, in this series of papers, we report on individuals' autonomic physiological responding within three contexts posing unique attachment-relevant challenges, including an individual attachment- relevant challenge (i.e. discussing attachment-relevant themes in the context of the AAI and ASA; Groh, Caldo, & Haydon, this issue), an interpersonal attachment-relevant challenge between hierarchical (e.g. mother-child) relationship partners (Groh et al., this issue), and an interpersonal attachment-relevant challenge between egalitarian (e.g. romantic partners) relationship partners (Haydon & Groh, this issue). The strength of this series of studies is that they evaluate the predictive significance of the novel coding system for autonomic physiological responding in a diverse set of attachment- relevant contexts representative of the literature on the psychophysiology of adult attachment. However, because these contexts are typically featured in separate literatures, it is important to note that the complexity of links between attachment and autonomic physiological responding cannot be reduced to simplistic predictions that a given attachment pattern is associated with one parameter or pattern of physiological responding. Instead, in understanding how attachment is tied to autonomic physiological responding, it is important to consider: (1) the context in which physiological responding is assessed (e.g. nature of the stressor; presence/type of interaction partner); (2) what pattern of physiological responding would be considered (mal) adaptive given the context, and (3) how specific attachment patterns might be related to responding in a given context. This framework for understanding how attachment is associated with autonomic physiological responding to attachment-relevant challenges is employed in each of the reports comprising this special section.

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