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Responding to the needs of others: The caregiving behavioral system in intimate relationships

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ABSTRACT

The caregiving behavioral system has been identified as a vital component of adult attachment bonds, but until recently it has received relatively little attention in the adult attachment literature. In this article, we review recent theoretical and empirical developments on caregiving dynamics in adult intimate relationships, focusing on normative processes and individual differences. In doing so, we discuss the factors that facilitate or impede responsiveness in couples, and the importance of responsiveness for the development and maintenance of secure relationships. We conclude by discussing some key directions for future research.

KEY WORDS: attachment • caregiving • couples • responsiveness • social support

People of all ages are most likely to thrive when they have significant people in their lives who are responsive to their needs and deeply invested in their welfare. Just as children look to parents for protection and nurturance in response to threat or uncertainty, romantic partners look to one another for support and care during times of adversity and personal challenge. However, despite the importance of caregiving in intimate relationships, adult attachment researchers have focused primarily on the attachment (care-seeking) behavioral system and have devoted much less attention to

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understanding the caregiving system. As a result, we know a great deal about how people regulate and express their attachment needs, but comparatively little about how they respond to the needs of others, or about the ways in which the caregiving and attachment systems are intertwined in intimate relationships. Fortunately, adult attachment researchers are beginning to explore caregiving processes in greater depth, resulting in advances in theory, measurement, and methods. Our goal in this article is to share some of these new developments and to identify directions for future research. We begin with a brief overview of the conceptual framework that underlies much of our work, followed by highlights from our ongoing program of research on caregiving in couples. We then discuss key directions for future research.

The caregiving behavioral system

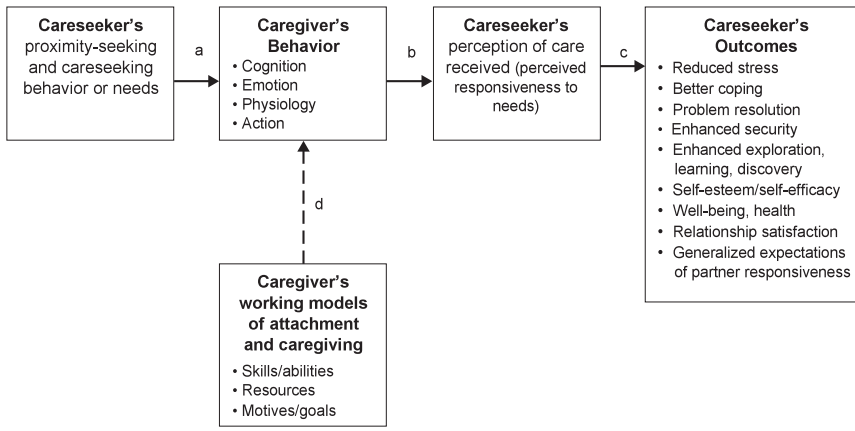
Attachment theory proposes that human beings are born with the capacity to develop caregiving behaviors aimed at providing protection and care to others in need (Bowlby, 1982, 1988). According to the theory, these behaviors are organized by a caregiving behavioral system that functions to promote the health and well-being of offspring and other communal partners. From a normative perspective, the caregiving system alerts individuals to the needs of others and motivates them to provide protection, comfort, and assistance to those who are dependent upon them or temporarily in need (Collins & Feeney, 2000; George & Solomon, 2008; Hazan & Zeifman, 1999; Kunce & Shaver, 1994; Shaver, Mikulincer, & Shemesh-Iron, 2009).

Attachment theory postulates that caregiving serves two major functions: (1) to meet the dependent partner's need for security by responding to signals of distress or potential threat (providing a *safe haven*); and (2) to support the attached person's autonomy and exploration when not distressed (providing a *secure base*). Furthermore, the theory assumes that a caregiver's ability to respond effectively to these needs plays a pivotal role in determining the quality of the attachment bond that develops between a caregiver and his or her attached partner (Ainsworth, Blehar, Waters, & Wall, 1978). Secure attachment bonds are most likely to develop when caregivers are sensitive to their partner's needs, accepting of their partner's dependence, cooperative in their caregiving efforts (rather than controlling or intrusive), and consistently available when needed (both physically and emotionally).

Caregiving in intimate relationships

One goal of our work has been to elaborate on Bowlby's and Ainsworth et al.'s ideas concerning the caregiving behavioral system and to provide an integrative framework for studying caregiving dynamics in couples. Figure 1 provides a simplified representation of this framework, in which we

FIGURE 1
Prototypical Caregiving Interaction



conceptualize caregiving as a dyadic process that involves one partner's careseeking efforts and the other partner's caregiving responses. Here we provide an overview of key features of our approach as a backdrop for our brief empirical review to follow (for elaboration, see Collins & Feeney, 2010; Collins, Ford, Guichard, Kane, & Feeney, 2009; Feeney & Collins, 2004).

Normative processes

The top portion of Figure 1 depicts a prototypical caregiving interaction, which may involve safe haven or secure base dynamics. The caregiving process is set into motion when a careseeker's attachment (or exploratory) system is activated, motivating him or her to seek or desire proximity and care. The careseeker's behavior or needs should then mobilize the partner's caregiving responses (path *a*), including cognitive, affective, physiological, and behavioral responses. Next, the careseeker's subjective perception of care received will be grounded, at least to some degree, in actual features of the caregiver's behavior (path *b*). Caregiving behaviors that are interpersonally sensitive and appropriately responsive to the careseeker's needs should be perceived as supportive, whereas insensitive (e.g., critical, controlling) and unresponsive (e.g., neglectful, over-involved) behaviors should be viewed as unsupportive (Collins, Ford, et al., 2009). Finally, perceptions of effective care should result in immediate (and long-term) benefits for careseekers (path *c*) including improved health and well-being and better relationship functioning (including feelings of trust and relationship security).

Individual differences

Although caring for others is a universal human tendency, people clearly differ in their willingness and ability to respond sensitively to the needs of others. Thus, our theoretical framework assumes that normative caregiving dynamics will be modulated by the caregiver's *skills and abilities* (including

caregiving beliefs, expectations, and action tendencies), *resources* (including cognitive and self-regulatory resources), and *motives* (felt responsibility for others, altruistic versus egoistic motivation); see Figure 1, path *d*. These factors are presumed to be integrated into *working models of caregiving*, which are thought to be linked, developmentally and behaviorally, to working models of attachment (Collins, Ford, et al., 2009; George & Solomon, 2008; Kunce & Shaver, 1994; Shaver et al., 2009).

The link between the attachment and caregiving behavioral systems can be conceptualized in terms of distal and proximal influences (Collins, Ford, et al., 2009). With respect to distal influences, because individuals first learn about *giving* care in the context of their own experiences of being cared for by attachment figures, it is reasonable to assume that internal working models of attachment (which guide the regulation of personal distress) will shape internal working models of caregiving (which guide the regulation of a significant other's distress and emerge later in development). In terms of proximal influence, Bowlby (1982, 1988) suggested that it is only when attachment needs have been met that individuals can turn their attention to other behavioral systems, such as caregiving. Thus, caregiving may be impaired if a caregiver's own feelings of security are currently threatened (which may deplete resources and activate egoistic or self-protective motives). In addition, because an intimate partner is both a target of care and a source of one's own care and security, caregiving behavior may sometimes operate *in the service* of current attachment needs; and these needs are often incompatible with good caregiving. Hence, attachment security (whether chronic or temporary) should facilitate responsive caregiving, whereas insecurity should impede it. (See also Shaver et al., 2009.)

New developments in research on caregiving

We now turn to a brief review of our ongoing research program on caregiving processes in couples, with an emphasis on current projects. Our empirical work focuses primarily on safe haven support processes, support in response to stress or adversity (see Feeney & Van Vleet, 2010, for research on secure base support processes). We organize our review around the framework shown in Figure 1.

Normative processes

Mobilization of caregiving behavior in response to partner needs (Figure 1, path a). Consistent with attachment theory, and our theoretical framework, a number of *observational* studies show that caregiving behavior is normatively activated in response to the needs of an attached partner, and that greater needs are associated with increased caregiving efforts (Collins & Feeney, 2000; Collins, Kane, Guichard, & Ford, 2010; Fraley & Shaver, 1998). To provide more definitive evidence for these normative processes we have also experimentally manipulated the careseekers' level of distress

to examine its causal effects on the caregiver's motivation and behavior (Feeney & Collins, 2001; Ford, Collins, & Guichard, 2010). In these studies, when caregivers were led to believe that their partners were highly distressed, they experienced more empathic concern, were more mentally focused on their partner, and increased their behavioral support efforts. These findings clearly indicate that caregivers modulate their support efforts in line with their partner's needs by deploying greater cognitive, emotional, and behavioral resources when their partner is in greater need of support and care.

Subjective perceptions of care received (Figure 1, path b). Our theoretical framework assumes that a careseeker's subjective perceptions of the care he or she receives (the degree to which it is judged to be caring, helpful, and well intended) depends heavily on objective features of the caregiver's behavior. Consistent with this assumption, our laboratory studies in which caregiving quality is either experimentally manipulated (Collins & Feeney, 2004b) or coded by independent raters (Collins & Feeney, 2000) show that subjective perceptions of support are grounded, to a large extent, in the quality of care that is actually provided.

In a more recent study, we have shown that careseekers are also highly attuned to *non-verbal* signs of their partner's responsiveness during stressful situations (Kane, McCall, Collins, & Blascovich, 2010). In this study, we used virtual reality technology to create a stressful cliff-walking task for one member of the couple; we then manipulated the presence and non-verbal attentiveness of his or her romantic partner. Partner (caregiver) behavior was programmed to be either attentive/responsive or inattentive/neglectful. Participants perceived the attentive partner as more caring and responsive to their needs, and they reported feeling safer and more comfortable in the presence of the attentive partner compared to the neglectful partner. In addition, when participants crossed the cliff in the presence of a neglectful partner, they were more vigilant of their partner's behavior (i.e., they kept their partner in their field of view for a greater percentage of the time), suggesting that they were monitoring their partner for signs of responsiveness, which may have consumed resources needed for the task.

As these results suggest, the nature and *quality* of the caregiver's behavior is clearly consequential. Just as a child's sense of emotional security is rooted in the parent's emotional availability and responsiveness to the child's needs, adults are similarly attuned to their partner's responsiveness, and they are most likely to feel comforted when their partner's support behavior is offered in a generous manner and is appropriately contingent on their needs. In addition, our virtual reality study shows that mere presence is not enough; in order for careseekers to use their partner as an effective safe haven and secure base, caregivers must show that they are emotionally available and attuned to the careseeker's needs.

Outcomes associated with responsive care (Figure 1, path c). Attachment theory highlights the benefits of responsive care not only for individual

health and well-being, but also for the development and maintenance of happy and secure relationships. Consistent with these ideas, we have found that small acts of caring (or neglect) can have immediate effects on well-being and relationship functioning. For example, when discussing personal worries, care-recipients experience immediate improvements in emotional well-being (increases in positive mood) when their partner provides responsive support (Collins & Feeney, 2000). In addition, in a daily diary study of couples, couple members report feeling happier and more secure (more loved and valued) on days when their partner provided more responsive support, and these effects lingered the next day (Jaremka, Collins, & Kane, 2010).

We have also used experimental methods to show that caring support can have immediate causal effects on the recipient's well-being and relationship functioning. For example, in our virtual reality study (Kane et al., 2010), participants who crossed the cliff in the presence of an attentive/responsive partner reported lower anxiety during the task (compared to those who crossed the cliff alone). In addition, those who had been exposed to an inattentive/neglectful partner kept greater *physical* distance between themselves and their partner during a subsequent, unrelated task in the virtual world. This finding suggests that unresponsiveness may lead people to withdraw from their partner, which, over time, may erode psychological as well as physical closeness between partners.

In another recent study, we explored the impact of responsive support on physiological stress reactivity (cortisol) and relationship outcomes (Collins, Jaremka, & Kane, 2010). In this study, we manipulated caring support (support versus no support) in the context of a stressful speech task. Compared with those who received no support from their partner, participants who received responsive support had lower cortisol levels, experienced more rapid emotional recovery, felt more loved by their partner, felt emotionally closer to their partner, and had an increased desire for proximity. Responsive support also increased general perceptions of partner responsiveness, suggesting that responsive care provided care recipients with diagnostic evidence concerning their partner's likely responsiveness to needs in the future (Collins & Feeney, 2004a).

Taken together, these findings suggest that small acts of kindness can buffer individuals from stress, promote well-being, and enhance relationship security. At a broader level, they suggest that the importance of specific caregiving interactions may extend far beyond the narrow context of a single interaction. Supportive interactions appear to contribute to the development of relationship-specific expectations, which may then shape subsequent interactions.

Consistent with this idea, we have found that *relationship-specific* expectations of partner responsiveness regulate care-seeking behavior in couples (Collins, Kane, et al., 2010). For example, in one study, we measured perceived partner responsiveness (PPR), a relationship-specific working model, prior to a stressful laboratory task. During the laboratory task, participants high in PPR sought more support from their partner and desired greater

proximity to their partner as their level of stress increased, whereas those low in PPR sought less proximity as their stress increased. We obtained similar effects in a diary study of daily stressors. These findings suggest that secure relationship-specific working models regulate attachment behavior, giving people the confidence to reach out to their partner for care, especially under conditions of increased threat to the self. (See also Davila & Kashy, 2009.)

Individual differences in caregiving

The majority of studies on caregiving in intimate relationships have focused on attachment style differences in caregiving patterns (Figure 1, path d). Self-report and observational studies have consistently shown that secure adults have a more effective caregiving style than do insecure adults (e.g., Carnelley, Pietromonaco, & Jaffe, 1996; Feeney & Collins, 2001; Kane et al., 2007; Kunce & Shaver, 1994; Simpson, Rholes, & Nelligan, 1992). In addition, there is some evidence that chronic differences in caregiving skills (e.g., knowledge about how to support others), resources (e.g., self-focus), and motives (e.g., egoistic versus altruistic motives for helping) can help explain why people with different attachment styles differ in the way they care for their partners (Feeney & Collins, 2001, 2003).

If sensitivity and responsiveness to needs are key components of effective caregiving, then different patterns of effective (and ineffective) care are most likely to be observed in laboratory paradigms that afford caregivers the opportunity to modulate their behavior in response to their partner's changing needs. To examine this idea, we created a laboratory paradigm for studying responsiveness by manipulating the caregiver's belief that his or her partner was either extremely distressed (high need for support) or not at all distressed (low need for support) about an upcoming task. If caregivers are responsive to their partner's needs, they should, and do, show a normative increase in caregiving effort in response to greater need (Ford et al., 2010, Study 1; Feeney & Collins, 2001). However, this normative increase is much more characteristic of secure than insecure caregivers. Compared with secure caregivers, insecure-anxious caregivers tend to be out of synch with their partner's needs. They fail to increase their support behavior in response to their partner's need, and show high levels of empathy, mental distraction, and partner focus regardless of their partner's level of distress (a pattern of over-involvement). Insecure-avoidant caregivers show a pattern of relative neglect. Regardless of their partner's level of need, they feel less empathy and compassion, report less partner focus during their own task, and are less behaviorally supportive. Insecure caregivers also show negative emotional reactions to their partner's distress (Ford et al., 2010, Study 2). For example, as their partners become more distressed, insecure-anxious caregivers become more self-focused and report feeling angry and frustrated, whereas insecure-avoidant caregivers become more tense and angry (see also Rholes, Simpson, & Orina, 1999). Taken together, these findings highlight the important link between the attachment and caregiving behavioral systems.

Directions for future research

Attachment researchers have made significant progress in understanding caregiving processes in intimate relationships, but there are many exciting avenues for future work. Here we highlight a few topics that we view as especially promising.

First, research is needed on how caregiving processes contribute to the development and maintenance (or deterioration) of secure attachment bonds in adulthood. This calls for a shift in focus from individual differences in attachment styles to relationship-specific attachment quality. We have shown that romantic partners are highly attuned to signs of responsiveness, and that responsive care leads to immediate, short-term improvements in felt security for care recipients. But how do these processes operate over time and contribute to the development of relationship-specific working models of attachment? Does a relationship-specific sense of security depend on the degree to which one's partner serves as a reliable safe haven and secure base, and are relationship-specific insecurities linked to specific patterns of non-optimal caregiving?

Along similar lines, more attention should be devoted to normative safe haven (and secure base) processes in couples. How exactly does responsive (and unresponsive) care regulate felt security (both psychological and physiological) in times of adversity, and are these dynamics related to long-term health outcomes? It is also important to explore the consequences of caregiving on care providers. Does tending to the needs of a loved one enhance feelings of security for care providers, and does it confer other psychological or even physiological benefits (or costs) that promote (or impair) the caregiver's own health and well-being? Laboratory work combined with longitudinal work would be especially helpful in answering these questions.

Finally, a broader conceptualization of caregiving behavior is needed in future studies. Most studies assess explicit or conscious support behaviors, but caregivers are likely to engage in a variety of implicit or non-conscious behaviors (e.g., proximity seeking, eye gaze) that reflect their motivation to respond to their partner's needs, and their mobilization of resources to support this effort. In addition, if caregiving behavior is regulated by a coordinated behavioral system that evolved to protect the welfare of offspring and other communal partners, then a complete understanding of the caregiving system must include an understanding of the physiological regulatory systems that support it. Attachment scholars have recognized the importance of understanding the biological underpinnings of attachment bonds in humans (Diamond, 2001; Diamond & Fagundes, 2010; Sbarra & Hazan, 2008), but these efforts have focused almost exclusively on the attachment system; theoretical and empirical work on the caregiving system is noticeably absent. Examining the physiological concomitants of caregiving has the potential to deepen our understanding of normative caregiving processes and to help explain individual differences in caregiving patterns. Along similar lines, research on the neural mechanisms involved in care-

giving could offer important insights concerning the normative functioning of the caregiving system, individual differences in caregiving, and the interplay of the attachment and caregiving systems in adulthood.

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