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Psychometric Properties of the Brief Accessibility, Responsiveness, and Engagement Scale in a Community Sample of Turkish Adults

Objective: *The current study explored the psychometric properties of the Brief Accessibility, Responsivity, and Engagement (BARE) scale in a sample of Turkish adults in ongoing committed relationships (N = 509).*

Background: *The sense of safety that results from accessibility, responsiveness, and engagement in a romantic relationship predicts more positive expectations and affect about one's partner, as well as better emotion regulation and communication skills in a relationship. However, there are no studies investigating the measurement of these behaviors in the context of Turkish culture.*

Method: *The data for this study were collected through either social media and online listservs or three college campuses in Istanbul from November 2016 to June 2017. Participants were 27.26 (SD = 9.82) years old on average and mostly women (82.9%, n = 422), and approximately one quarter were married (23.4%, n = 121).*

Results: *Results showed that the BARE scale demonstrated good internal and test–retest reliability, as well as adequate concurrent and discriminant validity. Confirmatory factor analysis supported the 12-item structure of the BARE scale, but there was no support for the 2-item by six-subscale structure in the Turkish sample. Due to the high overlap between the BARE Self and Partner subscales, the scale appears to be a single-factor measure when used in the Turkish context with a community sample of adults in romantic relationships.*

Conclusion: *Further research is needed to test the BARE scale's psychometric qualities among distressed and clinical samples, using reports of both partners.*

Attachment is a lasting and deep emotional bond that connects one person with another (Bowlby, 1969). Attachment security is formed during infancy and is characterized by secure or insecure styles (i.e., avoidant or ambivalent) or disorganized patterns in children's responses to separation from their primary care providers (Ainsworth, et al., 1978). Attachment to the primary caregiver in the early years is associated with attachment in adult relationships and the cognitive, emotional, and behavioral components of those relationships (Mikulincer, et al., 2002).

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Attachment security influences the satisfaction and quality of romantic relationships. Individuals with secure attachment styles tend to have long, stable, and satisfying romantic relationships compared with individuals with insecure attachment styles, who report lower satisfaction, more frequent breakups, conflict, and intimate partner violence in their relationships (Mikulincer & Shaver, 2007). Attachment security, as assessed in the Adult Attachment Interview (AAI), is found to be related to less negative affect, more respect, and more open communication in couple interaction (Wampler et al., 2003). Nevertheless, attachment security is not stable over time; increasing empirical evidence shows that attachment security can be relationship- and partner-specific (Epstein et al., 2005; Feeney, 2003).

Attachment security in adulthood is measured through two distinct dimensions: anxiety and avoidance (Mikulincer & Shaver, 2007). The levels of anxiety and avoidance affect how the person deals with distress. Individuals who are low on both anxiety and avoidance tend to regulate their affect effectively in times of relational distress. In contrast, individuals who score high on either dimension tend to either deactivate (avoidance) or hyperactivate (anxiety) their attachment system to cope with relational distress (Cassidy & Kobak, 1988).

These behavior patterns also affect attributions, expectations, emotions, and behaviors in adult relationships (Hazan & Shaver, 1987). Individuals with high attachment anxiety worry more about whether their partner will be available and responsive to meet their needs. Individuals high in attachment avoidance have difficulty trusting their partner and focus on protecting their independence and seeking emotional distance. Therefore, partners' affect regulation strategies also are affected by their attachment security. In adult relationships, deactivation is mostly characterized by suppressing attachment needs, avoiding emotional engagement with the partner, and redirecting the focus to other things (Fraley, 2002). Hyperactivation, in contrast, reveals itself in pursuing the partner to get attention and love and may be perceived by the partner as being clingy or even aggressive (Fraley, 2002).

In a meta-analysis based on 73 previous studies, different effects of anxiety and avoidance on relationship quality were examined (Li & Chan, 2012). It was found that both anxiety and avoidance were detrimental to the cognitive, emotional, and behavioral aspects of relationship quality. However, avoidance was more negatively associated with general satisfaction, connectedness, and support, whereas anxiety was more positively associated with conflict in relationships.

Maternal sensitivity, defined as the degree of accessibility and responsiveness, has been found to be one of the critical behaviors of attachment figures that promote an infant's sense of safety (Bowlby, 1969). Johnson (2008) suggested that secure relationships in adulthood also are characterized by these attachment behaviors. Accessibility in adult relationships refers to partners' ability to stay emotionally open to each other even when they feel insecure. Responsiveness is defined as partners' accepting and tuning in to each other's emotions. Johnson (2008) mentioned engagement as the third attachment behavior; it entails partners reaching out in comforting and soothing ways to each other, with these behaviors associated with bonding moments. The sense of safety that results from accessibility, responsiveness, and engagement in the romantic relationship predicts more positive expectations and affect about the partner, as well as better emotion regulation and communication skills in a relationship (Cobb et al., 2001; Feeney, 2003). Unfortunately, to date, no studies have investigated whether these behaviors are indicative of secure attachment in cultures other than individualistic cultures, such as the Turkish culture.

Assessment of Attachment in Adulthood

Attachment security in adulthood is examined using different methods (self-report, interview, and observational) that mostly focus on assessing individuals in terms of categories of attachment styles. Hazan and Shaver (1987) used a categorical approach where individuals choose one of three types of adult attachment style after reading descriptive paragraphs (secure, avoidant, and preoccupied). In subsequent versions, continuous attachment scores were computed (e.g., Fraley et al., 2000). One of the most frequently used approaches is the AAI, which focuses on the developmental aspect of attachment style by assessing extensive narratives of early attachment with parents (George

et al., 1985). Alexandrov et al., (2005) developed the Couple Attachment Interview based on the AAI. The Adult Attachment Behavior Q-Set aims to code couple interaction to classify their behaviors in terms of attachment style (Wampler et al., 2004).

These classification systems are essential in helping couples therapy practitioners to assess and conceptualize romantic relationships in terms of attachment. However, those measures mostly focus on internal representations of individuals and disregard the perceived interactions between the partners and the reports of attachment behaviors that facilitate attachment bonding in relationships. To foster couple bonding in therapy, it is vital to understand how couples perceive their attachment behaviors in the relationship, as well as those of their partners.

Development of the Brief Accessibility, Responsiveness, and Engagement Scale

The Brief Accessibility, Responsiveness, and Engagement (BARE) Scale (Sandberg et al., 2012) was developed to assess key attachment behaviors among adults in committed romantic relationships. The measure uses Johnson's (2008) operational definitions of accessibility, responsiveness, and engagement (ARE). The BARE was designed as a 12-item, systemic self-report measure that can be easily used by clinicians and guide them to work on specific couple attachment behaviors in therapy by having both partners complete the assessment.

The original study of BARE was conducted in a community sample of 1,459 adults. The measure had good internal and test–retest reliability as well as good construct and concurrent validity (Sandberg et al., 2012). The study showed that high ARE subscale scores were related to secure attachment and predicted relationship stability, satisfaction, and positive communication among couples. In 2016, Sandberg and colleagues tested the BARE with a clinical sample and found that the measure was a reliable and valid tool for assessing the couple's attachment in a clinical sample as well. The measure predicted couples' relationship satisfaction and also successfully discriminated between clinical or nonclinical groups (Sandberg, Novak, Davis, & Busby, 2016).

Current Study

Attachment needs are universal (van IJzendoorn, 2008); however, attachment behaviors and the meanings attached to them differ between parent–child and couple relationships and among different cultures (Rothbaum, Rosen, Ujiie, & Uchida, 2002). For example, for Turkish couples, attachment avoidance rather than attachment anxiety predicts relationship satisfaction (Sümer & Yetkili, 2018). A possible explanation for this finding is that the behaviors related to attachment anxiety and dependence are more culturally congruent in collectivistic cultures. Studies suggest that the categorization of attachment styles may also be culture-specific. It was found that a three category (secure, anxious, and avoidant) rather than a four-category (secure, anxious-ambivalent, fearful-avoidant, and dismissive-avoidant) division of attachment was more discriminatory in the Turkish culture (Sümer, 2006). Therefore, the current study used a three-category division.

Discomfort with contact, inaccessibility, and not being attuned to a child's needs are associated with avoidant attachment in Turkish parents, whereas positive affect, emotional warmth, and sensitivity seem to be related to secure attachment. Even though these findings are not surprising, emotional warmth also is found to be associated with guilt induction and overprotection in parenting (Sümer & Kağıtçıbaşı, 2010). Such processes indicate that parenting behaviors identified as detrimental in one culture may function differently in others, suggesting that parenting behaviors may have culture-specific implications (Selçuk et al., 2010; Sümer & Kağıtçıbaşı, 2010).

Similarly, expressions of accessibility, responsiveness, and engagement may be culture-specific also. In collectivistic cultures, compared with individualistic cultures, relationship satisfaction is based on mutual accommodation, absence of conflict, and loyalty (Rothbaum et al., 2002). Therefore, there is culturally based disapproval of verbal sharing of emotions as well as the direct expression of wants (Rothbaum et al., 2002). Turkey shows aspects of both individualism and collectivism in its cultural norms (Hofstede, 1980; Kağıtçıbaşı, 1996) and has a complex cultural structure in which different geographic, religious, and socioeconomic segments of the society have different relational structures.

For example, Kağıtçıbaşı's (1996) family change theory proposes that middle-class urban families in Turkey can be categorized as having a family model of psychological interdependence. This family model promotes autonomous-related self-construal and values both closeness and agency of family members. Parents in these families place importance on unitedness and harmony as values transmitted from the previous generation while adapting themselves to the next generation by emphasizing autonomy, direct communication, and democracy in the family (Akyıl et al., 2014). Although emotional expression and speaking about emotions are still not valued in Turkish culture (Kağıtçıbaşı, 2000), with social change, positive emotional expression in families has increased (Sunar, 2002). A qualitative study explored newly married Turkish couples' experiences in transmitting coupleship from their parents, and the findings revealed a fundamental generational transformation (Bağcı, 2016). The current generation of Turkish couples differentiated themselves from their parents in terms of the value they attached to creating a couple identity in which closeness, communication, and drawing boundaries to the outside world were emphasized. Moreover, unlike their parents, these couples developed reciprocity by expressing their love for each other and trying to solve problems using empathy rather than ignoring or blaming the partner.

Given the limited research on attachment behavior patterns specific to Turkish culture, our goal is to examine whether a commonly accepted tool for assessing attachment behaviors (the BARE scale) could be useful in research and clinical practice with a Turkish sample. The cultural variability necessitates research to see how certain constructs may apply to specific cultures.

The present study aimed to adapt BARE and assess its psychometric qualities in a community sample of Turkish adults in romantic relationships. In an attempt to increase the variability of age and relationship length and status in the data, participants were recruited through social media, online portals, and university campuses. Although attachment security is relatively stable in adulthood (Klohnen & Bera, 1998), there is some evidence that as couples' transition to marriage, their conflict regarding jealousy and religious issues decrease. In contrast, their sex life and communication worsen (Epstein et al., 2005). Therefore, it is essential to explore attachment behaviors and BARE in the Turkish culture in a community sample of adults with varying ages and relationship status (dating or engaged/married).

METHODS

Phases of the Psychometric Study

The current study was conducted in four phases, compliant with suggestions and guidelines of Sousa and Rojjanasrirat (2010). The first phase focused on the translation and back-translation of the scale, followed by obtaining approval of the developer of the original scale (Dr. Sandberg). Two bilingual translators separately translated the English version of the BARE scale to Turkish. The two translations of the original scale were compared, their differences were resolved, and translators agreed on one revised Turkish version. This version was sent to two other independent bilingual translators, who back-translated it to English separately and again decided on one final version. Final approval was obtained from the developer of the original BARE scale (Dr. Sandberg), who agreed that the items in the back-translated English version retained their original meanings.

In the second phase, a small pilot study was conducted by the first author to test the feasibility and acceptability of the Turkish version of the BARE scale in a small community sample. The pilot study sample included 51 Turkish-speaking participants who were in exclusive romantic relationships, engaged, or married. The participants rated whether the instructions, scale items, and the response format of the scale were clear by answering yes–no questions. As suggested by Sousa and Rojjanasrirat (2010), if an item was rated as unclear by 20% of the participants, the first author reevaluated and revised it. Of 12 items, eight were rated as vague due to their sentence structure and word use. They were edited by either removing the double negatives (discussed further later in the article) or using lay terms. For example: "It's easy for my partner to catch my attention" was changed to "It's easy for my partner to catch my interest."

In the third phase, the first author formed an expert panel of 10 mental health professionals (90% female, mean age 43.1 years). All experts had either master's- or doctoral-level clinical training and had an average of 9.6 years of experience in couple and family research. The experts

reviewed the clarity of the scale (instructions, response format, and items) in yes–no format. They also rated the face validity of each item (the extent to which a given item appeared to be relevant to the construct that it intends to measure) on a Likert scale from 1 to 4 with response categories of 1 = *not relevant*, 2 = *unable to assess relevance*, 3 = *relevant but needs minor alteration*, and 4 = *very relevant and succinct*. If an item was rated as 1 (*not relevant*) or 2 (*unable to assess relevance*) by at least eight experts, it was reevaluated and revised by the first author. The expert committee argued that reverse items 1, 2, 5, 7, 8, and 11 were confusing because negative statements were hard to rate in Turkish in terms of frequency. This concern also was raised about the reverse items in the English literature (van Sonderen et al., 2013). Thus, negative items were framed as positive statements to make the questions more concise and easier to understand for Turkish participants (e.g., "It's difficult for me to open up my secrets to my partner" was changed to "I can tell my secrets to my partner"). The translators approved the final version of the scale before data collection started.

The fourth phase of the study focused on the evaluation of the psychometric quality of the BARE Scale Turkish version in an urban community sample of adults in committed romantic relationships ($N = 509$). The committed relationship was defined as an exclusive romantic relationship that could be serious, exclusive dating; being engaged; or being married. The definition was part of the consent form as an inclusion criterion. Regardless of their relationship length, all adult participants who declared being in a committed relationship were invited to participate in the study. A subsample of 42 participants (approximately 10% of the sample) was randomly selected from the participant pool. Participants were administered the BARE scale for the second time 4 weeks later to examine the test–retest reliability of the measure. The test–retest sample size was determined by using other scale adaptation studies as reference points (Arzu et al., 2016; Dag, 1991). The current article reports the findings of the fourth phase of the BARE psychometric study.

Participants

The characteristics of the sample are available in Table 1. In the total sample, participants were on average 27.26 ($SD = 9.82$) years old and mostly women (82.9%, $n = 422$). Approximately one quarter of participants were married (23.4%, $n = 121$), 21 (4.1%) were engaged, and 365 (72%) were in a committed relationship (in an exclusive romantic dating relationship or cohabitating, but not married). The median relationship length in the total sample was 2 years (range: up to 6 months to more than 20 years). Overall, 111 participants (22.2%) were in a relationship of up to 6 months; 51 (10.2%), 6 to 12 months; 124 (24.8%), 1 to 2 years; 96 (19.2%), 3 to 5 years; 60 (12%), 6 to 10 years; 29 (5.8%), 11 to 20 years; and 29 (5.8%), more than 20 years. Of 509 participants, two (.4%) had a middle school degree, 286 (56.2%) had a high school degree, 94 (18.5%) had a college degree, and 127 (24.9%) had a graduate degree.

There were several demographic differences between subsamples (Table 1). Chi-square analysis suggested that the participants in the Internet sample (Study 2) included a significantly higher proportion of female, χ^2 (2) = 6.99, $p = .03$, and married, χ^2 (1) = 131.87, $p = .000$ participants, as well as participants with a higher education level, χ^2 (3) = 392.23, $p = .000$, than their counterparts. The Study 2 sample also was significantly older, t (505) = –18.15, $p = .000$, and had been in their relationship for longer period of time, χ^2 (6) = 136.08, $p = .000$, than the college student sample (Study 1).

Measures

All measures in the current study were selected to match the measures of Sandberg and colleagues' (2012) original BARE psychometric study. A survey package consisted of a demographic form that included questions about the participants' gender, age, education level, romantic relationship type (exclusive dating, engaged, married), and length of the romantic relationship (range: up to 6 months to more than 20 years).

The Relationship Happiness Questionnaire (RHQ) was developed by Fincham and Bradburry (1987) and was adapted to the Turkish population by Tuterel-Kışlak (2002). The RHQ is a 6-item scale measuring participants' global judgments on love, happiness, relationship satisfaction, relationship commitment, and seriousness of relationship problems (sample item: When all aspects considered, how satisfied are you with your relationship?). The participants

Table 1. *Demographic Characteristics of the Study Samples*

Demographics	Total sample $N = 509$	Sample 1: college students $n = 253$	Sample 2: Internet sample $n = 256$
Gender n (%)			
Male	87 (17.1)	54 (21.3)	33 (12.9)
Female	422 (82.9)	199 (78.7)	223 (87.1)
Age, M (SD)	27.26 (9.82)	21.08 (2.48)	33.42 (10.52)
Relationship status, n (%)			
In a committed relationship,[a]	365 (72)	245 (96.8)	120 (47.2)
Engaged	21 (4.1)	3 (1.2)	18 (7.1)
Married	121 (23.9)	5 (2)	116 (45.7)
Relationship length, n (%)			
≤6 months	111 (22.2)	74 (30.1)	39 (15.1)
6–12 months	51 (10.2)	37 (15)	14 (5.4)
1–2 years	124 (24.8)	83 (33.7)	42 (16.3)
3–5 years	96 (19.2)	47 (19.1)	50 (19.4)
6–10 years	60 (12)	4 (.8)	56 (21.7)
11–20 years	29 (5.8)	1 (.2)	28 (10.9)
>20 years	29 (5.8)	0	29 (11.2)
Education level,[b] n (%)			
Elementary/middle school	2 (.4)	0	2 (.8)
High school	286 (56.2)	253 (100)	33 (12.9)
College	94 (18.5)	0	94 (36.7)
Graduate degree	127 (24.9)	0	127 (49.6)

Note. [a]*Committed relationship* refers to being in an exclusive romantic relationship with a partner. [b]Highest degree completed.

rated their responses on a Likert scale from 1 to 7, with 1 indicating a low score and 7 indicating a high score on that dimension (i.e., overall satisfaction item: 1 = *very dissatisfied* vs. 7 = *very satisfied*). The scale has good convergent validity with Sternberg's (1986) Triangular Love Scales, and high internal reliability ($\alpha = 0.87$) and test–retest reliability (.90; Fletcher et al., 1990). The Turkish version of the scale also had high reliability ($\alpha = 0.80$ internal reliability; 0.86 test–retest reliability) and convergent validity with Locke and Wallace's Marital Adjustment Test in a community sample of married couples (Tuterel-Kışlak, 2002). In the current study, Cronbach alphas for the RHQ were .85 for both samples.

Attachment anxiety and avoidance were assessed by the Experiences in Close Relationships—Revised Questionnaire (ECCR; Fraley et al., 2000). This scale was specifically chosen as an attachment scale for this study because it is a widely used and well-validated scale to assess adult attachment style in Turkey. This choice was made even though the instrument was not the one used by Sandberg and

colleagues (2012). Among the three Likert-type assessment tools (Relationship Questionnaire, Relationship Scales Questionnaire, and ECCR) that have been translated to Turkish, ECCR is found to be more robust in differentiating the attachment dimensions: secure, anxious, and avoidant (Sümer, 2006).

The 36-item ECCR is rated on 7-point Likert-type scales (1 = *strongly disagree* to 7 = *strongly agree* with two 18-item subscales (attachment anxiety and attachment avoidance). Higher scores indicate higher attachment anxiety or higher attachment avoidance. The Anxiety subscale consists of experiences characterized by anxious attachment style, such as fear of abandonment, eagerness to please others, and difficulty trusting one's partner (sample item: I worry that romantic partners won't care about me as much as I care about them.). The Avoidance subscale involves questions signifying avoidant attachment, such as being reserved in relationships, preference for alone time, and being scared of intimacy (sample item: I prefer not to show a partner how I feel deep down.). The ECCR has been adapted and validated

in multiple countries, such as Greece, Romania, Czechoslovakia, Italy, France, and China, and has demonstrated sufficient reliability and validity (Kaščaková et al., 2016). The Turkish version was adapted by Selçuk et al. (2005) using a college student sample ($N = 256$), and internal reliability of the Anxiety and Avoidance subscales were high, with Cronbach's alphas of 0.86 and 0.90, respectively. In the current study, Cronbach's alphas were .89 for the Anxiety subscale and .90 for the Avoidance subscale.

The BARE scale is a 12-item scale, designed to measure attachment behaviors in couple relationships (Sandberg et al., 2012). This self-report scale was developed based on Johnson's (2008) couples relationship research. The respondents are asked to rate themselves and their partners on accessibility, responsiveness, and engagement using a Likert scale ranging from 1 to 5. Two questions are designated to each construct, one for respondents to rate themselves and the other to rate their partners. The response categories are $1 = never$, $2 = rarely$, $3 = sometimes$, $4 = usually$, and $5 = always$. Sandberg et al. (2012) reported that the Cronbach's alphas of BARE scale ranging between 0.66 and 0.85 and test–retest scores having Cronbach's alphas ranging between 0.60 and 0.75 for the self and partner scores in a community sample. The confirmatory factor analysis (CFA) yielded a two-factor model for self and partner. Concurrent validity was established with the BARE scale being strongly correlated with scales measuring relationship satisfaction, relationship stability, and positive communication for both self and partner. Furthermore, BARE scale discriminated between high and low relationship satisfaction couples, the engagement scale being particularly powerful for this discrimination (Sandberg et al., 2012).

Procedure

Data were collected from a community sample of adults in exclusive romantic relationships from November 2016 through June 2017. College students ($n = 253$) were recruited through three urban private university campuses in Istanbul, Turkey. The students filled out the paper questionnaires in exchange for extra course credit from introductory psychology courses open to students from all majors. The community sample of older adults ($n = 256$) was recruited through social media (e.g., Facebook)

and professional listservs and participated in the online study voluntarily. The rationale for including two samples came from earlier studies on romantic relationships in Turkey. Studies have shown that relationship status and age, compared with other demographics in Turkey, are more likely to predict relationship satisfaction (e.g., social class, education level; Demirli Yıldız, Çokamay, & Artar, 2017). Therefore, we wanted to see whether our results would differ across these two groups.

To be eligible for the study, participants had to be fluent in Turkish, older than 18 years, and in a committed relationship, defined as being in an exclusive romantic relationship that could be serious and exclusive dating, being engaged, or being married. Of note, there was no minimum cutoff for relationship length to participate in the study. Eligible participants who signed an informed consent form continued with the survey in Qualtrics. The survey took 10 to 15 minutes to complete. Study procedures were approved by the Institutional Review Boards of all authors' affiliated universities.

Data Analysis

The initial analysis focused on examining demographic characteristics of the participants and distributions of study variables (means, standard deviations, and median) in the full sample, as well as comparison of the two subsamples by chi-square analyses and independent-samples t tests. In addition, multivariate analysis of variance was computed (using the full sample) to compare participants' BARE scale and subscale scores by age (18–25 years and 26 and older), gender (male or female), marital status (married or engaged and exclusive romantic relationship, not married), and relationship duration (6 months–2 years and longer than 2 years). Of note, relationship duration was coded in median split.

Test–retest reliability of the BARE scale was analyzed with Pearson correlation coefficients and intraclass correlation coefficients (ICCs) using a two-factor mixed-effects model and type consistency at a 95% confidence interval (CI). The internal consistency of the scale item was assessed via intercorrelations and Cronbach's alphas. A series of measurement models were run to examine the factor structure of the BARE scale. After the exploratory factor analysis using principal components varimax rotation,

we ran a CFA using structural equation modeling (SEM) with AMOS version 24 software (Arbuckle, 2016). By using CFA, the factor structure of the BARE scale was examined through a series of measurement models. Models were tested for the 12-item, one-factor structure of the BARE scale (SEM1); the six-item structure of the BARE Self subscale (SEM2); the six-item structure of the BARE Partner subscale (SEM3); the three-factor structure of BARE Self subscale with two-item indicators (SEM4); three-factor structure of BARE Partner subscale with two-item indicators (SEM5); and the first- (SEM6) and second- (SEM7) order measurement models. To account for potential cross-loadings among items, interitem correlations were run, and items with a Pearson correlation coefficient greater than $r = .40$ were noted. Measurement errors of those items were correlated in the SEM measurement models. For all models, comparative fit index (CFI), normed fit index (NFI), incremental fit index (IFI), and Tucker-Lewis index (TLI) $> .95$ and root mean square error of approximation (RMSEA) $< .06$ indicated an acceptable model fit to the data (Brown, 2015; Hu & Bentler, 1999).

To assess concurrent validity, we used two sets of analyses. First, we ran bivariate correlations between the BARE scale and subscales and relationship happiness, satisfaction, commitment, attachment anxiety, and attachment avoidance. Second, we conducted a discriminant analysis to examine whether the BARE scale and subscales differentiated between participants with high versus low scores in satisfaction, commitment, attachment anxiety, and avoidance. Three models were run with the BARE scale, the Self subscale, and the Partner subscale predicting group membership separately. Participants whose scores were a half standard deviation above the mean were coded as the "high group," and participants whose scores were a half standard deviation below the mean were coded as the "low group" on that relationship outcome variable. This coding procedure complied with the suggestions in Sandberg et al.'s (2016) article.

Results
Preliminary analysis

We present means, standard deviations, and medians of the BARE scale and study variables for the total sample and subsamples in Table 2. Independent samples t tests revealed that college students participating in Study 1 reported significantly higher BARE Self subscale, $t(507) = 3.19$, $p = .002$; BARE Partner subscale, $t(507) = 5.54$, $p = .000$; total BARE scores, $t(507) = 4.79$, $p = .000$; and higher attachment anxiety (ECRR Anxiety), $t(507) = 3.0$, $p = .003$, than Internet survey respondents in Study 2. Subsamples did not differ in their relationship happiness (RHQ score), $t(507) = -.235$, $p = .81$, or attachment avoidance (ECRR Avoidance), $t(507) = .66$, $p = .51$.

Because the subsamples varied by gender, age, relationship status, and relationship length, we ran an additional multivariate analysis of variance test with the aforementioned between-level variables and three dependents variables (BARE total scale and Self and Partner subscales), using the full sample (see Table 3). Analysis revealed that women had significantly higher scores in BARE total, $F(1, 502) = 5.18$, $p = .023$ and BARE Self, $F(1, 502) = 13.34$, $p = .000$ scale scores than did men. But, BARE Partner scale scores did not vary by gender, $F(1, 502) = .91$, $p = .34$. There also were differences across age groups. Participants who were 26 years of age and older reported significantly lower BARE total, $F(1, 502) = 15.96$, $p = .000$, BARE Self, $F(1, 502) = 12.0$, $p = .001$, and BARE Partner, $F(1, 502) = 15.82$, $p = .000$ scores than did participants who were 18 to 25 years old. Scores did not vary by relationship status (married/engaged vs. others) or relationship length with one exception: Those in long-term relationships (more than 2 years) reported significantly lower BARE Self scores, $F(1, 502) = 5.66$, $p = .018$.

Reliability Analysis

Pearson correlation coefficients for the test–retest reliability were .79 and .86 for the BARE Self and BARE Partner scales, respectively ($p < .001$). In addition, the average ICC was .867, 95% CI [.75, .93], for the BARE Self subscale and .91, 95% CI [.84, .95], for the BARE Partner subscale. The mean between-test variation for BARE Self subscale was $-.45 \pm 1.61$, and the F test was nonsignificant, $F(41, 1) = 2.34$, $p = .13$. Further, the mean between-test variation for the BARE Partner subscale was $-.52 \pm 2.36$ with a nonsignificant F test, $F(41,1) = 2.07$, $p = .16$. Nonsignificant

Table 2. *Means, Standard Deviations, and Bivariate Correlations of BARE Total, Self, and Partner Scales and Common Relationship Quality Outcomes*

	Total sample $N = 509$		Sample 1: college students $n = 253$		Sample 2: Internet sample $n = 256$		1	2	3	4	5	6	7	8
	M (SD)	Median	M (SD)	Median	M (SD)	Median								
1. BARE total score	51.23 (6.42)	52	52.57 (5.38)	53	49.90 (7.07)	51	1							
2. BARE Self subscale score	25.93 (2.99)	26	26.35 (2.71)	27	25.51 (3.20)	26	.92***	1						
3. BARE Partner subscale score	25.3 (3.84)	26	26.23 (3.10)	27	24.39 (4.26)	25	.95***	.76***	1					
4. Relationship satisfaction	5.34 (1.29)	6	5.40 (1.14)	6	5.29 (1.43)	6	.66***	.63***	.61***	1				
5. Relationship commitment	6.02 (1.25)	6	5.94 (1.18)	6	6.09 (1.32)	7	.48***	.56***	.37***	.56***	1			
6. RHQ total score	5.5 (.99)	5.66	5.49 (.85)	5.5	5.51 (1.13)	5.75	.70***	.71***	.62***	.86***	.75***	1		
7. ECRR Anxiety score	3.45 (1.04)	3.39	3.59 (1.01)	3.55	3.31 (1.06)	3.17	-.35***	-.29***	-.37***	-.35***	-.21***	-.36***	1	
8. ECRR Avoidance score	2.49 (.95)	2.33	2.52 (.87)	2.33	2.46 (1.03)	2.28	-.58***	-.62***	-.48***	-.49***	-.44***	-.55***	.42***	1

Note. BARE = Brief Responsivity Accessibility and Engagement Scale; ECRR: Experiences in Close Relationships—Revised; RHQ = Relationship Happiness Questionnaire.

*$p < .05$; **$p < .01$; *** $p < .001$.

Table 3. *Multivariate Comparison of BARE Scale and Subscale Scores and Relationship Variables by Gender, Age, Relationship Status, and Length*

	Gender		Age		Relationship status		Relationship length	
	Male	Female	18–25	≥26	Married/engaged	Not married	6 months –2 years	>2 years
	$n = 87$	$n = 422$	$n = 305$	$n = 202$	$n = 144$	$n = 365$	$n = 223$	$n = 286$
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
BARE Total	50.08 (6.27)	51.47 (6.44)*	52.43 (5.71)	49.40 (7.02)***	49.57 (6.92)	51.88 (6.12)	50.84 (6.44)	51.53 (6.41)
BARE Self	24.95 (3.32)	26.13 (2.89)***	26.94 (2.84)	25.28 (3.13)**	25.42 (3.16)	26.13 (2.91)	25.96 (3.93)	25.90 (3.05)*
BARE Partner	25.13 (3.53)	25.34 (3.90)	26.09 (3.29)	24.12 (4.28)***	24.15 (4.12)	25.76 (3.63)	24.89 (3.91)	25.63 (3.76)

Note. BARE = Brief Responsivity Accessibility and Engagement Scale. Multivariate analysis of variance *F*-test values are reported in the text.

*$p < .05$; **$p < .01$; ***$p < .001$.

Table 4. *Confirmatory Factor Analysis Findings: Fit Indices for SEMs With and Without Measurement Error Correlations*

Model name	Model Explanation	χ^2		NFI	TLI	CFI	RMSEA
SEM1[a]	BARE Total with 12 observed items	480.12	$p = .00$	.83	.78	.85	.13
SEM1[b]		143.59	$p = .00$	.95	.94	.96	.07
SEM2[a]	BARE Self with six observed items	49.42	$p = .00$	.93	.86	.94	.09
SEM2[b]		13.19	$p = .07$	.98	.97	.99	.04
SEM3[a]	BARE Partner with six observed items	55.17	$p = .00$	.96	.92	.97	.10
SEM3[b]		37.28	$p = .00$	.97	.93	.98	.09
SEM4[a]	BARE Self with three latent subscales	12.58	$p = .05$	.98	.97	.99	.05
SEM4[b]		6.77	$p = .08$	.99	.96	.99	.05
SEM5[a]	BARE Partner with three latent subscales	31.82	$p = .00$	.98	.93	.98	.09
SEM5[b]		4.68	$p = .20$	1.00	.99	1.00	.03
SEM6[a]	BARE Self and Partner	471.49	$p = .00$	.83	.78	.85	.13
SEM6[b]	First-order measurement model	210.20	$p = .00$	.93	.90	.94	.09
SEM7[a]	BARE Self and Partner	358.50	$p = .00$	.87	.81	.89	.11
SEM7[b]	Second-order measurement model	204.98	$p = .00$	.93	.89	.94	.09

Note. BARE = Brief Responsivity Accessibility and Engagement Scale; SEM = structural equation model; SEM1 = 1 × 12 items model; SEM2 = 1 × 6 items model—Self; SEM3 = 1x × 6 items model—Partner; SEM4 = 1 × 3 × 2 items model—Self; SEM5 = 1 × 3 × 2 items model—Partner; SEM6 = 2 × 6 items model; SEM7 = 2 × 3 × 2 items model. Fit indices: CFI = comparative fit index; NFI = normed fit index; RMSEA = root mean square error of approximation; TLI = Tucker-Lewis index. [a]Original model. [b]Full model with error terms correlated with one another, controlling for shared error between highly correlated items.

analysis of variance indicated that total BARE subscale scores were not statistically different between assessments, and findings were consistent across measurements. Regarding internal reliability, Cronbach's alphas of the BARE Self and Partner subscales and the total scale were .76, .86, and .89, respectively. In sum, our analysis demonstrated that BARE total scale and BARE Self and Partner subscales had good reliability in the current sample.

Validity Analysis

Construct validity. The initial step to test for construct validity was to examine the factor structure of the scale via exploratory factor analysis using principal component analysis with varimax rotation. Results indicated a two-factor structure, accounting for 76.81% of the variance. Therefore, BARE Self and Partner subscales were maintained for further analysis in the CFA. Results of all measurement models and model fit indices (CFA results) are summarized in Table 4. Overall, the models with correlated measurement errors had a better fit to the data than the original models. SEM BARE Total model confirmed that 12 items loaded to one factor, suggesting that indicators were associated with the total score. As shown in Figure 1, standardized regression coefficients of items ranged from .38 to .77 and were significant at $p = .000$, $\chi^2(44) = 143.59$; NFI = .95; IFI = .96; TLI = .94; CFI = .96; RMSEA = .067. In addition, the SEM Self model confirmed that the

FIGURE 1. MEASUREMENT MODELS TESTING THE 12-ITEM STRUCTURE OF THE BRIEF RESPONSIVITY ACCESSIBILITY AND ENGAGEMENT SCALE (BARE) TOTAL SCALE.
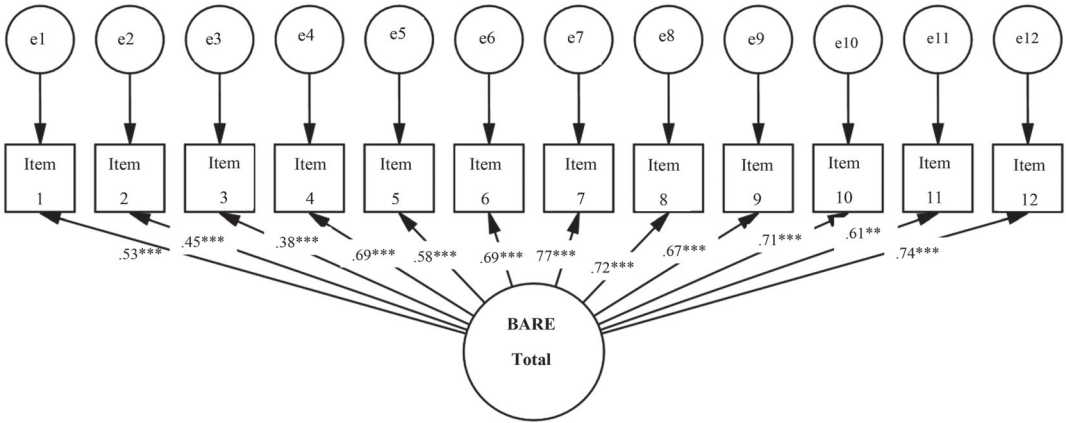
Note. e = error term; correlations between error terms are not shown, ***$p < .001$. Model fit indices: $\chi^2(44) = 143.59$, $p = .000$; normed fit index = .95; incremental fit index = .96; Tucker-Lewis index = .94; comparative fit index = .96; root mean square error of approximation = .067.

Accessibility, Responsivity, and Engagement subscales with two indicators were associated with BARE Self subscale, $\chi^2(3) = 6.76, p = .08$; NFI = .99; IFI = .99; TLI = .96; CFI = .99; RMSEA = .05. Similarly, the SEM Partner model confirmed that the three-factor structure for the BARE Partner subscale, $\chi^2(3) = 4.68$, $p = .19$; NFI = .99; IFI = .99; TLI = .96; CFI = .99; RMSEA = .033. In sum, both the Self and Partner models indicated acceptable fit with the data. Additionally, indicators for items in the BARE Self and Partner models were significant, with coefficients ranging from .44 and .82 and from .70 to .83, respectively ($p < .001$).

Of note, covariance among the Accessibility, Responsivity, and Engagement subscales were unusually high in both the Self and Partner measurement models (Figures 2 and 3). Given the high covariances among subscales, we ran additional analysis testing first- and second-order measurement models to examine the covariance between BARE Self and Partner subscales. Alternative models indicated poor fit (Table 4) and high covariance between the aforementioned latent variables (Pearson's *r*s .91 and .99, respectively). These results suggest that the BARE Partner and Self subscales were not distinctive from one another in our sample. Given the high overlap between these subscales, the BARE appears to be a single-factor, 12-item scale in the current sample. We recommend

using the BARE scale (12 items only) or one of the Self or Partner subscales (six items only) in relationship research with a community sample of Turkish adults.

Concurrent validity. Bivariate correlations between BARE scores and key relationship outcomes (relationship satisfaction, relationship commitment, relationship happiness, and attachment anxiety and avoidance) are presented in Table 2. Overall, BARE total score and Self and Partner subscale scores were significantly associated with all key relationship outcomes, $p < .001$. For instance, BARE total score was positively associated with relationship happiness ($r = .70$) and negatively associated with attachment anxiety ($r = -.35$) and avoidance ($r = -.58$).

Series of discriminant classification analysis were conducted using BARE total score only (Model 1) and BARE Self subscale only (Model 2) and BARE Partner subscale only (Model 3) to predict whether adults in romantic relationships were in a low or high satisfaction, commitment, and attachment anxiety and avoidance groups (Table 5). Wilks's lambdas and chi-square tests for the discriminant analyses were significant at $p < .001$ for all relationship outcomes, indicating that the BARE scale and subscales differentiated between high versus low groups. BARE scale and subscales correctly predicted group membership above chance (50%) in all models. For

FIGURE 2. MEASUREMENT MODELS TESTING THE THREE-FACTOR STRUCTURE OF THE BRIEF RESPONSIVITY ACCESSIBILITY AND ENGAGEMENT SCALE (BARE) SELF SUBSCALES AND ITEMS.
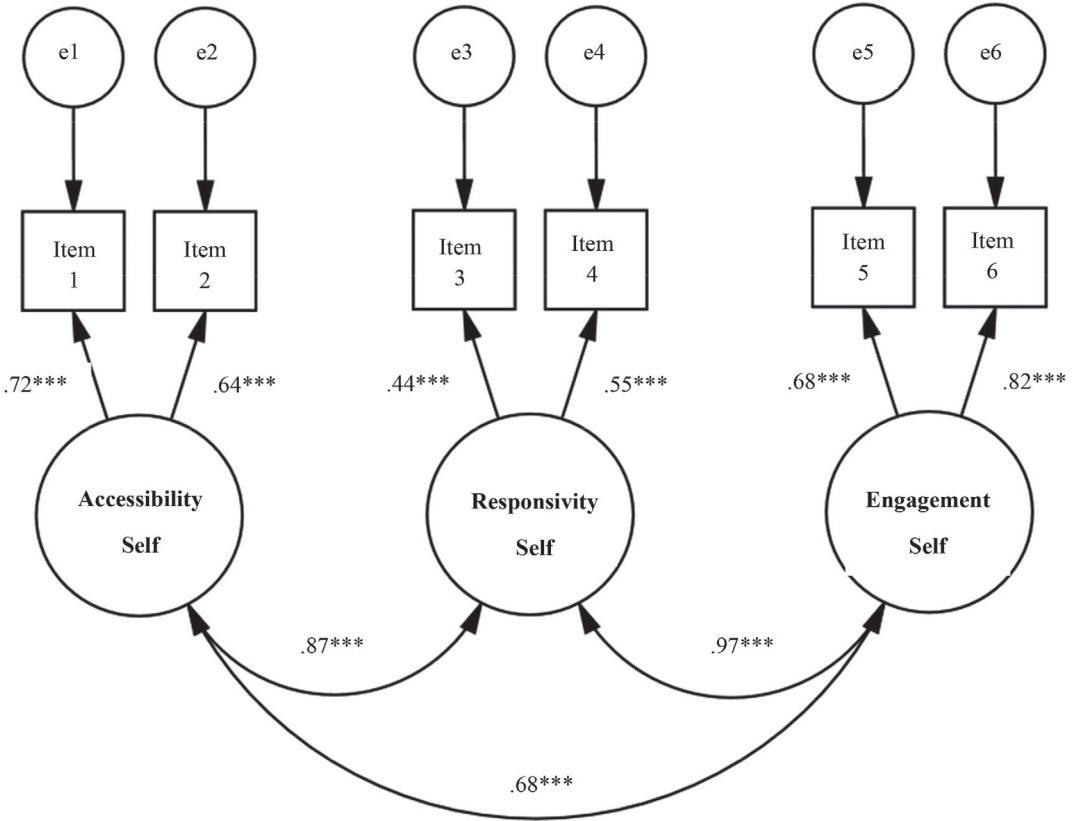
Note. e = error term; correlations between error terms are not shown, ***$p < .001$. Model fit indices: $\chi^2(3) = 6.76$, $p = .08$; normed fit index = .99; incremental fit index = .99; Tucker-Lewis index = .96; comparative fit index = .99; root mean square error of approximation = .05.

instance, BARE Total predicted 83.2% of the relationship satisfaction group membership and 72.8% of the relationship commitment group membership. The percentage of correctly classified groups was low for attachment anxiety (65.1% in Model 1, 63.2% in Model 2, and 63.8% in Model 3) but was relatively high for predicting attachment avoidance (72.5% and higher for all models).

DISCUSSION

The goal of the current study was to examine the psychometric qualities of the BARE scale in two community samples of Turkish adults. Overall, the scale has shown adequate internal and test–retest reliability, as well as good

construct and concurrent validity. Our findings support the applicability of the BARE scale to assess self-reported attachment behaviors and associated relationship variables among Turkish adults in committed relationships.

The current study confirms that the BARE scale has good psychometric properties with adequate reliability and validity as proposed by Sandberg and colleagues (2012, 2016) and provides empirical support for Johnson's (2008) conceptual definitions of attachment behaviors. Findings indicated that accessibility, responsivity, and engagement were related, and not distinct, constructs of attachment behaviors in committed romantic relationships. As such, attachment behaviors in relationships in Turkey show a coherent pattern in which partners look

FIGURE 3. MEASUREMENT MODELS TESTING THE THREE-FACTOR STRUCTURE OF THE BRIEF RESPONSIVITY ACCESSIBILITY AND ENGAGEMENT SCALE (BARE) PARTNER SUBSCALES AND ITEMS.
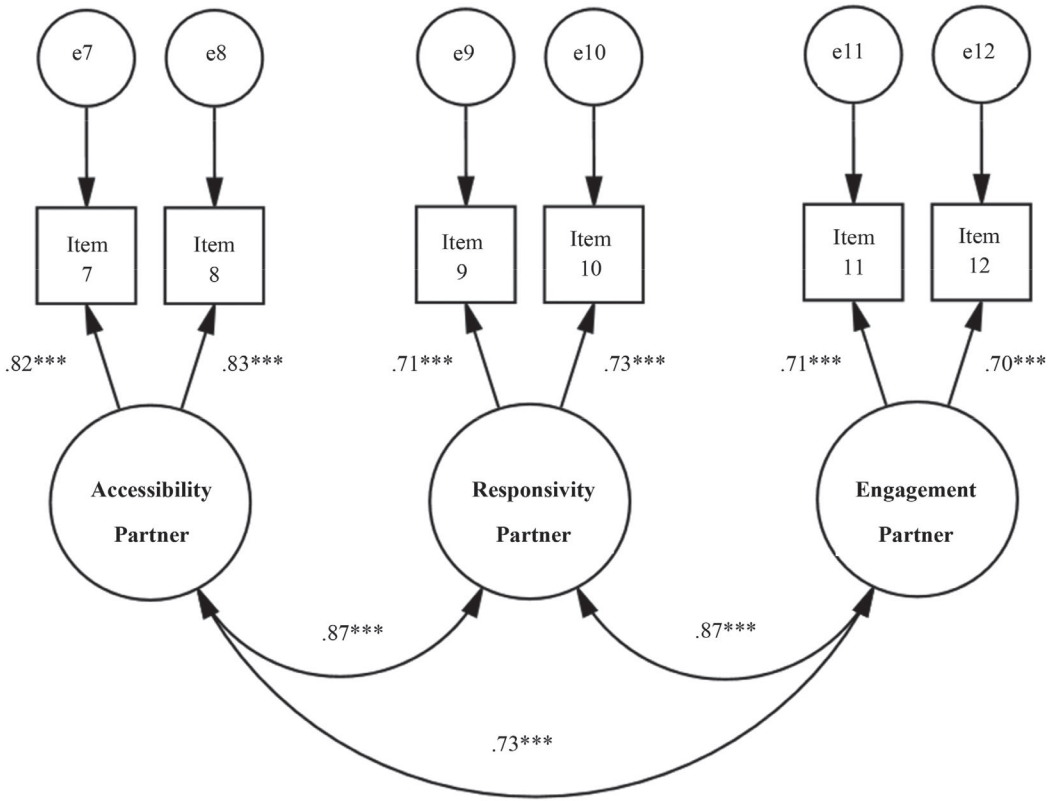
Note. e = error term; correlations between error terms are not shown, ***$p < .001$. Model fit indices: $\chi^2(3) = 4.68, p = .19$; normed fit index = .99; incremental fit index = .99; Tucker-Lewis index = .96; comparative fit index = .99; root mean square error of approximation = .033.

for shared time, emotional availability, and open communication. This study also indicates the need to investigate culturally specific attachment behaviors in Turkey. Culturally relevant attachment behaviors were previously investigated in Turkish parent–child interactions (i.e., Sümer & Kağitçibaşi, 2010; Sümer, Sakman, Harma, & Savaş, 2016), yet less is known about adult attachment processes. Findings from parent–child interactions indicate that self-reported attachment behaviors in the Turkish culture (characterized by high autonomy and high relatedness; Kağitçibaşi, 2005) may show different patterns from those of Western cultures (characterized more by high autonomy and low relatedness; Sümer & Kağitçibaşi, 2010).

Although the three-factor structure of each scale had a good fit with the data, it is noteworthy

that the covariances between the BARE Self and Partner subscales were high, with standardized coefficients ≥.90. Such high covariance indicates a large proportion of shared variance between them. In contrast to studies in the U.S. context, BARE Self and Partner subscales have high overlap with one another, and the BARE appears to be a 12-item, single-structure scale in the Turkish context. This could be expected because both samples were drawn from community samples that were less likely to be distressed about relationships. Busby et al., (2001) indicated that the difference between how one partner rated self and the other is an essential indicator of relationship satisfaction. In that case, the overlap between the Self and Partner subscales could be due to our sample consisting of participants who were satisfied with their

Table 5. *Discriminant Class Analysis Testing Concurrent Validity of BARE Total and Grand Scales to Predict High Versus Low Groups in Relationship Outcomes*

	High vs. low relationship satisfaction ($n = 382$)			High vs. low relationship commitment ($n = 372$)			High vs. low attachment anxiety ($n = 307$)			High vs. low attachment avoidance ($n = 424$)		
	Λ	χ^2	C	Λ	χ^2	C	Λ	χ^2	C	Λ	χ^2	C
Predictors in the model												
Model 1: BARE total only	.60	192.79	83.2	.80	81.14	72.8	.85	47.55	65.1	.69	154.05	78.5
Model 2: BARE Self only	.64	172.04	80.9	.72	118.83	77	.89	35.95	63.2	.66	177.17	81.1
Model 3: BARE Partner only	.64	168.08	80.6	.89	43.06	67.5	.86	45.83	63.8	.77	107.35	71.5

Note. *High* refers to half standard deviation above the mean; *low* refers to half standard deviation below the mean of that variable. Participants whose scores fell within a half standard deviation around the mean were not recoded and therefore are not included in the analysis. BARE = Brief Responsivity Accessibility and Engagement Scale; C = percent of originally grouped cases correctly classified in the discriminant function; Λ = Wilks's lambda.

relationships. Prior research suggests that adults in satisfactory relationships, compared with ones in dysfunctional relationships, make similar attributions for their partner's and their own behaviors, set similar standards for relationships, and are more likely to be tuned in to their partner's needs and (Epstein et al., 2005; Mikulincer & Shaver, 2008; Sümer & Cozzarelli, 2004). As such, adults in functional relationships may have a balance of give-and-take in the relationship and perceive themselves and their partners similarly. Further research is needed with a clinical sample of adults in committed relationships to explore whether a similar trend is observed.

Another potential explanation of the overlap between the BARE Self and Partner subscales (as well as accessibility, responsiveness, and engagement subscales of each) is the role of cultural nuances in language, as well as translation of the original scale to Turkish. In an attempt to make the items easier to understand, we avoided using double negatives. Translation of BARE in this manner may have shifted the meanings of certain items, despite our efforts.

As hypothesized, BARE scores were correlated with higher relationship happiness, commitment, and satisfaction. This finding is consistent with the previous research suggesting that accessibility, responsiveness, and engagement in romantic relationships are associated with better relationship outcomes, even more than attachment styles (Cobb et al., 2001; Feeney, 2003; Sandberg et al., 2017). This association could be interpreted in both ways: Attachment style can be a relationship outcome, rather than a predictor

of relationship satisfaction or happiness—that is, participants who are more satisfied in their relationships may be more likely to engage in accessibility, responsiveness, and engagement behaviors (Cozzarelli et al., 2003), indicating a positive sentiment override (Gottman & Levenson, 2002); however, the converse could be true.

Further, there were several differences between the two samples. Participants in Sample 1, who were college students, rated their attachment behaviors more favorably but had higher attachment anxiety than the participants in the Internet sample (of Study 2). This finding was expected because individuals with higher attachment anxiety tend to rate themselves higher in self-disclosure, emotional expressiveness, reliance on others, and use of others as secure base and caregiving (Bartholomew & Horowitz, 1991). College students' experience of higher attachment anxiety could be due to a low level of commitment in the dating relationship or that anxious attachment is more common in the Turkish culture (Sümer & Yetkili, 2018). Additionally, the link between attachment behaviors (accessibility, responsivity, and engagement) and relationship outcomes was high in the Internet sample. Given the demographic differences between the study samples (i.e., among the Internet sample, participants were older, more likely to be married, and their relationships were of longer duration), the findings indicate that age, marital status, and relationship duration may play a role in assessment of one's self and one's partner's attachment behaviors. Further

research should explore whether the BARE scale has more specificity and selectivity to detect attachment behaviors among older and married adults.

The BARE scale and subscales performed especially well to differentiate high versus low satisfied and high versus low avoidant attached individuals. The BARE scales also performed adequately in differentiating high versus low anxious attached individuals. This finding was expected because attachment avoidance has been consistently found to be a more significant predictor in relationship satisfaction in Turkish culture (Sümer & Yetkili, 2018). Anxious attachment behaviors, as identified in Western research, are often displayed by securely attached individuals in more collectivistic societies, including Turkey (Sümer & Yetkili, 2018). Furthermore, in the original Sandberg et al. (2012) study, the authors noted that the BARE scale predicted group membership for relationship satisfaction and avoidance, but not for relationship anxiety. Regarding reliability analysis, the Turkish BARE scale's and subscales's Cronbach's alphas, test–retest Pearson coefficients, and ICCs were compatible with the scores reported in the original Sandberg et al. (2012) study. Those results imply that the BARE is a good instrument that can be used with confidence in its reliability and validity.

Limitations and Strengths

Several limitations of the study should be noted while interpreting the findings. First, both study samples were drawn through snowball and convenience sampling. Therefore, the samples were not nationally representative of the Turkish population. The current sample was predominantly women and highly educated. These sample characteristics indicate a need for future research to use a more balanced sample to test whether the BARE operates similarly by gender and education level.

Further, participants were recruited through the community and were not a clinical population. Research on adult attachment and romantic relationships has suggested that clinical samples of couples and adults are more distressed than those in the general population (Pielage, Luteijn, & Arrindell, 2005), and BARE scale norms and standards may differ between clinical and community samples (Sandberg et al., 2012). Also, attachment behaviors were assessed via

self-report of one of the partners, and there was no use of observational measures of actual attachment behaviors or self-reports of the other partner. Therefore, the study may not fully capture the dyadic relational processes between the romantic partners. Future research should examine the psychometric properties of the Turkish BARE in more diverse samples by using self-report of both partners and observations on their interaction patterns.

Despite those limitations, the current study is a significant contribution to romantic relationship research. Sandberg and colleagues (2012) called for cultural adaptation of the BARE in different settings and contexts. The findings demonstrate that the BARE scale can be used to assess self-reported attachment behaviors among adults in the Turkish context, a culture that is quite different from that in which the measure originated. In addition, the current study adds to the existing literature by demonstrating the link between relationship happiness and attachment behaviors in two community samples.

Implications for Practice and Future Research

The Turkish version of BARE offers a gateway to assess factors contributing to attachment security and relational satisfaction and commitment in relationships. The BARE is the first scale in Turkish that allows participants to rate themselves and their partner's attachment behaviors. By collecting dyadic data from both partners, researchers may use the BARE to identify the dynamics of couples' interactional cycle in nonclinical cases. Our findings also indicate that combined use of self and partner subscales of accessibility, responsiveness, and engagement may be used to assess self-reported relationship satisfaction, commitment, attachment avoidance, and anxiety. Thus, BARE can be used as an assessment tool in community samples to determine where adults in romantic relationships stand in these areas and points of intervention. Of note, this scale was found to be particularly helpful in assessing attachment avoidance rather than attachment anxiety using partner ratings. Even though adults with high attachment avoidance are less likely to express themselves openly (Johnson, 2008), the BARE scale showed good validity to assess such self-reported avoidance. We suggest that several couple therapy models, mainly emotionally

focused couple therapy and integrative behavioral couples therapy, can make use of this scale to assess partners' perceived interactional positions and attachment anxiety and avoidance, although further research is warranted with clinical samples. Future studies should test the BARE with clinical samples to explore whether the scale correctly classifies dyads into high and low satisfaction and commitment groups and whether it helps to differentiate between anxious and avoidant attached partners.

Conclusions

In conclusion, BARE is a short, easy-to-administer, and concise scale that can be used with Turkish adults to assess self-reported attachment anxiety, avoidance, and relationship happiness, satisfaction, and commitment. BARE can be used in both research and community settings. Further testing with clinical samples and couples is necessary.

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