CHAPTER 9

Attachment

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Attachment theory and research can help provide a much needed developmental perspective on personality pathology. In addition, attachment theory highlights the interpersonal dimensions of personality difficulties, both as an important aspect of personal adaptation and as a social context in which pathology may develop. Although attachment research has tended to focus on early childhood functioning and adult close relationships, the theory was developed to provide an understanding of personality development, emotional regulation, and psychopathology. Attachment theory provides a useful framework for understanding personality pathology independent of any claims of continuity between childhood and adult attachment orientations. But the more exciting and controversial implication of the theory is that attachment patterns and associated patterns of adaptation established in the family of origin tend to be carried forward into adulthood. To quote Bowlby (1988b), a key hypothesis of the theory is that "variations in the way these [attachment] bonds develop and become organized during the infancy and childhood of different individuals are major determinants of whether a person grows up to be mentally healthy" (p. 2). Therefore, consideration of the various forms that insecure attachment can take may help clarify the pathways leading to forms of personality pathology.

In this chapter, we first provide an overview of attachment theory and research, including a discussion of attachment and child psychopathology and the application of attachment theory to adult relationships. We describe one model of individual differences in attachment in some detail, the two-dimensional four-category model of adult attachment (Bartholomew & Horowitz, 1991). Next, we discuss continuity of attachment, with particular attention to the conceptualization of continuity in attachment orientation and the mechanisms that may mediate such continuity. We then apply this understanding of attachment to adult personality pathology, including links between attachment and dimensional models of personality disorder and between attachment and particular personality disorders. Finally, we discuss the potential implications of an attachment perspective on personality pathology for intervention.

ATTACHMENT THEORY

Attachment theory, to quote Bowlby (1977), is "a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others" (p. 201). The theory was originally developed by Bowlby to explain the extreme emotional distress that follows unrelenting separation from, or loss of, particular others (Bowlby, 1973, 1980, 1982). Bowlby proposed that the attachment behavioral system, an innate motivational system, has evolved in order to maintain proximity between children and their caregivers. The attachment system is proposed to have "its own internal motivation distinct from feeding and sex, and of no less importance for survival" (Bowlby, 1988a, p. 27). The system is hypothesized to promote the survival of young children by ensuring that they maintain proximity to a caregiver (the attachment figure), especially under conditions of threat (Bowlby, 1973, 1980). The attachment system is organized homeostatically: It is especially prone to activation when children are afraid, hurt, ill, or tired. Under such conditions, children will emit attachment behaviors such as crying, clinging, and following to establish contact with the attachment figure. If caregivers are successful in providing a sense of security, children's anxiety will be relieved and their attachment behavior will be terminated. This is the safe haven function of attachment relationships.

Although the goal of the attachment system is maintenance of proximity with the attachment figure, from the perspective of the attached individual, the goal is the regulation of a sense of felt security (Sroufe & Waters, 1977). More recent formulations view the attachment system as functioning continuously to provide a so-called secure base, a sense of security which facilitates children venturing from the proximity of the caregiver to explore the environment. Perceptions that others are available and willing to provide support in the event that such help is needed enables individuals to attempt demanding or potentially stressful undertakings.

The quality of early attachment relationships is seen as rooted largely in the history of interactions between infants and their primary caregivers (or attachment figures). Especially crucial is the degree to which infants can rely on their attachment figures as sources of security and support. Based on a laboratory procedure called the Strange Situation designed to observe infant exploratory and proximity-seeking behavior under conditions of increasing stress, Ainsworth, Blehar, Waters, and Wall (1978) identified three distinct patterns of attachment organization—secure, ambivalent, and avoidant. Secure infants confidently explore their environments under nonthreatening conditions, and when distressed, they seek contact with their caregivers and are readily soothed and reassured by that contact. This pattern of interaction suggests that secure infants perceive their caregivers to be reliable sources of protection and security. In contrast, infants showing anxious-resistant or ambivalent attachment patterns are less confident in their exploration, show a mix of contact seeking and angry resistance when distressed, and are not readily comforted. Finally, infants showing avoidant patterns of attachment actively avoid contact with their caregivers when distressed. Thus, neither ambivalent nor avoidant infants appear to successfully use their caregivers to gain security when distressed or to provide a secure base for exploration.

Extensions of Ainsworth's model have involved the addition of attachment categories: Crittenden (1988) identified an avoidant/ambivalent pattern, for children who exhibit a combination of ambivalence and avoidance, and Main and Solomon (1990) identified an disorganized/disoriented pattern, for infants who show contradictory or disoriented behaviors, reflecting an inability to maintain a consistent strategy for handling stress in the Strange Situation.

Attachment theory proposes that the caregiver's sensitivity to the infant's signals is of fundamental importance in the development of a secure attachment. Ainsworth (1973) found that mothers of securely attached infants tended to be consistently responsive, mothers of ambivalent infants tended to be inconsistent and inept in dealing with their infants, and mothers of avoidant infants tended to be cold and rejecting toward their infants. Subsequent research suggests that maternal responsiveness is related to infant ambivalence, and maternal intrusiveness and overcontrol to infant avoidance (Belsky, 1999). However, recent meta-analytic reviews indicate that the associations between parental sensitivity and infant attachment are modest (De Wolff & van IJzendoorn, 1997; Goldsmith & Alansky, 1987), with maternal sensitivity showing stronger associations with security than paternal sensitivity shows (Belsky, 1999).

There has been much attention in the childhood attachment literature to the role temperament may play in influencing child attachment patterns. In a review of the theoretical and empirical literature on the relation between attachment and temperament, Vaughn and Bost (1999) concluded that the two domains should not be considered redundant but, rather, independent or interactive contributors to personality and interpersonal development. A review of 54 published papers indicated only modest and
inconsistent associations between infant temperament and attachment security. When differences between secure and insecure infants (as assessed by the Strange Situation) are examined, parental reports of temperamental difficulty generally do not distinguish the two groups. However, maternal irritability does appear to increase the risk for insecurity later in the first year. And because the temperament assessments often precede the establishment of attachment, this establishes a temporal, though not necessarily causal, association.

These interpretations of this association are outlined and evaluated by Vaughn and Bost (1999). They argue that the extant data do not support the proposition that individual differences in attachment security can be explained by preexisting temperamental differences. The associations between temperament and attachment security are too modest and could be partially explained by common content across assessment instruments (Vaughn et al., 1992). A second, and less direct, interpretation is that difficult temperament may be either an additional stressor for a parent or an independent factor that leads to unfavorable interactions and thus insecurity. For example, a difficult child may elicit suboptimal caregiving in a parent who is under economic, social, and/or psychological stress, thereby increasing the risk for insecure attachment. Some support for this three-stage pathway has been found (Crockenberg, 1981; Susan-Stillman, Kalkoske, Egeland, & Waldman, 1996; van den Boom, 1994). A final interpretation is that individual differences in both temperament and attachment stem from the history of infant-caregiver interactions but are not causally related to each other. This interpretation is consistent with findings that show only modest concordance between temperament reports from different informants and between attachment patterns with mothers and fathers (e.g., Belsky, Fish, & Isabella, 1991; Seifer et al., 1998). In sum, the existing data do not justify any strong conclusions about the nature of the association between temperament and attachment quality. It does, however, seem clear that "temperament need not imply attachment destiny, even in at-risk groups" (Vaughn & Bost, 1999, p. 219).

Bowlby (1973, 1980, 1982) proposed that over time, children internalize repeated interactions with caregivers in internal working models or schemas about the self, close others, and the self in relation to others. Bowlby (1973) describes the basic process through which such internal representations come to be formed:

Confidence that an attachment figure is, apart from being accessible, likely to be responsive can be seen to turn on at least two variables: (a) whether or not the attachment figure is judged to be the sort of person who in general responds to calls for support and protection; (b) whether or not the self is judged to be the sort of person towards whom access and the attachment figure in particular, is likely to respond in a helpful way.

Once adopted, moreover, and woven into the fabric of the working models, the model of the attachment figure and the self are apt to be forward or never to be seriously questioned. (p. 204)

Internal working models are a system of expectations and beliefs about the self and others that allow children to predict and interpret an attachment figure's behavior. These working models become integrated into the personality structure and thereby provide the prototype for later social relations. Throughout the lifespan, these models serve as templates that guide behavior in subsequent relationships and provide a basis for interpretation of later relationship experiences (Bowlby, 1973). If caregivers have been consistently responsive and supportive, children are hypothesized to develop positive expectations of close others and confidence in their own worthiness as someone deserving of support. Such secure models then facilitate the development of secure attachment relationships in adulthood, relationships that provide a safe haven and secure base. In contrast, a family history characterized by various forms of inconsistencies and rejecting caregiving would be expected to give rise to schemas of others as unavailable and rejecting in times of need. Through an active process of construction, these insecure models of process would tend to lead individuals to recreate insecure patterns in their adult relationships.

Attachment and Child Psychopathology

Some attention has been given to problematic childhood attachment in current diagnostic systems. Childhood attachment disorders, as classified by DSM-IV and ICD-10, are comprised of two atypical attachment patterns—a withdrawn or unresponsive style and a disorganized or indiscriminately social style (Zeanah, 1996). It is important to note that these disorders reflect extremely impaired attachment relationships which should be distinguished from insecure but nonpathological attachments. As Zeanah and others have noted, "disordered attachment is not necessarily a disorder of attachment" (p. 42). Though this distinction can be difficult, it is guided by the degree to which children's emotions and behaviors reflect profound disturbances in their feelings of safety and security, placing them at risk for persistent distress or disability.

The substantial body of child attachment research has not been used in the development of the criteria for the diagnostic categories of attachment disorders (Zeanah, 1996). Several problems have been identified in the current classification systems. First, although these disorders are labeled attachment disorders, the criteria focus on general socially aberrant behaviors rather than specific attachment behaviors. Second, an etiological presumption is made that these disorders are due to severe deprivation and maltreatment when it is possible for them to develop in stable but unhealthy relationships not characterized by maltreatment. Third, as attachment disorders are by nature relational, they do not fit well into a classification system that conceptualizes disorders as person-centered.

Lieberman and Zeanah (1995) have proposed an alternative conceptualization of attachment disorders that focuses specifically on the child's attachment behaviors and relationships. Three distinct attachment disorders are defined: nonattachment, disordered attachment, and disrupted attachment. Nonattachment describes infants who have attained a cognitive age of 10 to 12 months but do not exhibit a preferred attachment to anyone. Two subcategories, emotionally withdrawn and indiscriminately social, are also specified to parallel the two subtypes in DSM-IV and ICD-10. Disordered attachment refers to children who are unable to successfully use their caregivers to provide a secure base and safe haven, with the distinction being applied only to those children who are so extremely insecure that they fall within the pathological range. There are three subcategories: with inhibition (children who are clingy and extremely reluctant to explore), with self-endangerment (children who fail to use their caregivers in times of risk), and with role reversal (children who are excessively worried about their caregiver). Although a couple of these subcategories seem to have commonalities with standard insecure categories (e.g., extreme inhibition could be a characteristic of an ambivalent/disorganized style), they do not directly map onto the dominant attachment models. Finally, disrupted attachment describes the grief response of young children who lose their major attachment figure. This category was predicated on the belief that loss of a primary caregiver in infancy is inherently pathogenic (Greenberg, 1999), even if the attachment relationship prior to loss was healthy. Though this proposed system is based on attachment theory and research, empirical validation of the diagnostic categories is needed.

Researchers have typically hypothesized that avoidant attachment will be predictive of the development of externalizing disorders, and that ambivalent attachment will be predictive of the development of internalizing disorders (e.g., Rabin, Hymel, Mills, & Rose-Kranson, 1991). Greenberg (1999) reviewed the empirical literature on the role of infant attachment in later maladaptation. Some research has confirmed links between avoidance and later conduct problems and between ambivalence and later anxiety disorders (e.g., Renken, Egeland, Marvin, Mangeldorf, & Strauf, 1980; Warren, Huston, Egeland, & Strauf, 1997). However, Greenberg (1999) concluded that there is not yet clear evidence of specific links between forms of insecurity and particular disorders. Rather, it may be that attachment insecurity is an important nonspecific risk factor for various childhood disorders.

Attachment in Adult Relationships

Bowlby strongly maintained that the attachment system continues to operate throughout the lifespan and that how an individual's attachment behavior becomes organized within his [sic] personality . . . [determines] the pattern of affectional bonds he [sic] makes during his [sic] life (Bowlby, 1980, p. 41). Hazan and Shaver (1987) observed that the same attachment dynamics observed between caregivers and young children also characterize adult intimate relationships. Individual differences in adult attachment are expected to be highlighted in romantic relationships, with research suggesting that long-term sexual or romantic partners typically serve as primary attachment figures for one another (Hazan & Zeifman, 1994; Trine &
Individual Differences in Attachment Strategies

Two major lines of research have investigated individual differences in attachment patterns in adulthood. First, Main and colleagues (George, Kaplan, & Main, 1985; Main, Kaplan, & Cassidy, 1985) were interested in how adults' representations of their childhood experiences, or "states of mind with respect to attachment," may affect their childrearing practices, which in turn affect the attachment patterns of their young children. Main initially described three primary adult attachment patterns—a secure autonomous category and two insecure categories, dismissing and preoccupied. These patterns were identified by analyzing how adults grouped by the attachment classifications of their infants in the Strange Situation talked about their childhood family relationships in a semistructured interview, the Adult Attachment Interview (AAI). With this research tradition, trained coders assess individuals' attachment patterns from their transcribed responses on the AAI, with the focus on how individuals discuss their childhood relationships compared to the content of their descriptions. Infants classified as secure in the Strange Situation had caregivers who were free and autonomous with respect to attachment, showing coherence and balance in their interview responses. Infants classified as avoidant had primary caregivers who were dismissing of attachment-related concerns and feelings, and infants classified as anxious had primary caregivers who were anxious and preoccupied with attachment-related issues. Subsequent studies using the AAI have confirmed that parents' attachment classifications are associated with independent assessments of their infants' attachment classifications (see van IJzendoorn, 1995, for a review). Main's system has also been refined and expanded over time. The infant disorganized pattern was found to be associated with caregivers who were unresolved with respect to losses and trauma in their attachment history. Adults who are rated unresolved are also assigned one of the three primary attachment categories. Finally, a cannot-classify category has been added to account for those adults who show aspects of two incompatible attachment strategies, such as preoccupied and dismissing.

In an independent line of work, Hazan and Shaver (1987) extended the childhood attachment paradigm to adult love relationships, speculating that orientations to romantic relationships might be an outgrowth of previous attachment experiences. They developed a brief self-report measure to assess adult parallels of the three infant attachment patterns identified by Ainsworth et al. (1978). Secure adults were characterized by ease of trusting and getting close to others, ambivalent (or preoccupied) adults by anxiety and ambivalence in close relationships, and avoidant adults by disinterest in others and avoidance of closeness in relationships. Responses on this measure, as well as a number of subsequent variations of the measure, have been found to be predictive of a broad range of theoretically relevant measures of individual differences and experiences in close relationships. Responses on this measure, as well as a number of subsequent variations of the measure, have been found to be predictive of a broad range of theoretically relevant measures of individual differences and experiences in close relationships (for reviews, see Shaver & Clark, 1994; Shaver & Hazan, 1993). Although adult attachment as assessed within this tradition is correlated with retrospective reports of childhood experiences with parents, the focus of research has remained on understanding adult intimate relationships from an attachment perspective.

In summary, there have been two distinct approaches to applying attachment theory to adults. These approaches differ in several important ways: in method of assessment (interview vs. self-report), focus on structure versus content, and content domain (family vs. love relationships). However, there is an emerging consensus that two latent dimensions may underlie individual differences in adult attachment, potentially providing a unifying adult attachment framework within which the range of approaches taken to assessing adult attachment may be integrated (Brennan, Clark, & Shaver, 1998; Feeney & Noller, 1996; Griffin & Bartholomew, 1994; Hazan & Shaver, 1994; Shaver & Clark, 1994). One dimension, anxiety, reflects the propensity to experience attachment-related anxiety (including anxiety stemming from fears of rejection, separation, and abandonment). The other dimension, avoidance (or conversely, closeness) reflects the individual's response to attachment anxiety and approach toward attachment figures to seek reassurance or defensive avoidance (which can encompass both emotional and behavioral avoidance). These same dimensions may underlie individual differences in infant attachment (Shaver & Clark, 1994). A secure attachment style stems from low anxiety and the willingness to seek closeness when under stress, with the various insecure patterns showing high anxiety and/or high avoidance.

The dimensions of anxiety and avoidance can also be conceptualized in terms of the content of working models, with the anxiety dimension corresponding to feelings about the self and the avoidance dimension corresponding to feelings about the other. These two conceptualizations are complementary, with each guiding a set of measures of adult attachment. Though Fraley and Shaver (2000) make a compelling argument for the greater utility and parsimony of the functional definition, both conceptualizations are used in the field and are drawn on here in discussing individual differences in adult attachment. Not only may the dimensions of anxiety and avoidance underlie various measures of adult attachment, but Fraley and Waller (1998) further suggest that these dimensions may be sufficient for describing individual differences in adult attachment. They have questioned the meaningfulness of the typological approach, showing that, at least for one self-report measure of attachment, variations in adult attachment can be accounted for by a latent dimensional model and there is no evidence of an underlying taxonomy. However, we have included descriptions of attachment types or patterns for ease of presentation and because previous literature has tended to be based on typological models of attachment. The next section describes the two-dimensional, four-category model of adult attachment (Bartholomew & Horowitz, 1991) in some detail. Though no claim is being made that this is the only way to conceptualize adult attachment, this model has the advantage of being explicitly based on a two-dimensional structure. In addition, attachment patterns defined by this model overlap in largely predictable ways with other approaches to assessing attachment, facilitating the subsequent review of research linking attachment and personality pathology.

The Two-Dimensional, Four-Category Model of Attachment

The two-dimensional, four-category model of attachment (Bartholomew, 1990; Bartholomew & Horowitz, 1991) initially grew out of Bowlby's conceptual analysis of internal working models of self and other to provide a framework for exploring the potential range of adult attachment patterns (see Figure 9.1). Four prototypical attachment patterns are defined in terms of the intersection of two underlying dimensions, the positivity of the self-model and the positivity of the other model. Alternatively, the self-model dimension can be conceptualized in terms of attachment anxiety and the other-model dimension can be conceptualized in terms of avoidance of closeness. In the following description of the two-dimensional model, we incorporate both conceptualizations of the underlying dimensions.

The positivity of the self dimension (on the horizontal axis) indicates the degree to which individuals have an internalized sense of their own self-worth. Thus, a positive self model reflects an internalized sense of self-worth that is not dependent on ongoing external validation. In terms of the attachment behavioral system, a positive self-model facilitates individuals feeling self-confident, rather than anxious, in close relationships. In contrast, a negative model indicates a dependency on others' ongoing approval to maintain feelings of self-worth, and dependency that fosters anxiety regarding acceptance and rejection in close relationships. The positivity of the other dimension (on the vertical axis) reflects expectations of others' availability and supportiveness. In terms of the attachment system, a positive other model facilitates the willingness to seek intimacy and support from close others. In contrast, a negative other model is associated with the tendency to withdraw and maintain a safe distance within close relationships, particularly when feeling threatened.

Each combination of self and other models defines a prototypical attachment pattern, or a particular strategy of regulating felt security.
Etiology and Development

Within close relationships (Bartholomew, Cobb, & Poole, 1997). A heuristic model of the dynamics of the attachment system (see Figure 9.2) will be used to characterize each of four attachment patterns defined by the two-dimensional model. Because of their relevance to personality pathology, particular attention is given to the insecure patterns. For each attachment pattern, we also present a circumplex analysis of the interpersonal difficulties associated with the pattern. From this perspective, interpersonal behaviors are seen as being jointly defined by two dimensions: a vertical dimension of control (dominance to submission) and a horizontal dimension of affiliation (warmth to coldness or distance) (e.g., Kiesler, 1983; Wiggins, 1982).

Maladaptive interpersonal behavior is characterized by a lack of flexibility in moving around the circle in response to situational demands. Interpersonal problems were assessed with the Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno, & Vilaasenor, 1998), a measure of a broad cross-section of interpersonal problems that arise in therapy. A circumplex scoring procedure for the IIP yields eight problem subscales, one for each octant of the Interpersonal Circle (Alden, Wiggins, & Pincus, 1990). The profiles presented have been observed in multiple studies, including both self-reports and reports of knowledgeable others (friends and romantic partners) (Bartholomew & Horowitz, 1991; Bartholomew & Scharf, 1994).

Secure Attachment

Experiences of consistent responsive caretaking in childhood are hypothesized to facilitate the development of both an internalized sense of self-worth and an expectation that others will generally be available and supportive. Secure individuals are characterized by high self-esteem and an ability to establish and maintain close intimate bonds with others without losing a sense of self. They are able to use others as sources of support when needed, and they are likely to form intimate relationships in which both partners act as safe havens and secure bases for one another. The secure pattern is represented by a solid dark line in Figure 9.2: Secure individuals expect their attachment figures to be supportive, facilitating inner security and behavioral competence. Secure attachment is associated with satisfying intimate relationships and high personal adjustment (for a review, see Shaver & Clark, 1994).

As expected, circumplex analysis confirms that secure individuals tend to be well adjusted in the interpersonal domain. They show relatively low levels of interpersonal difficulties, especially according to the reports of their intimates. Moreover, the secure group's profile of interpersonal problems, though somewhat elevated on the warm side of the interpersonal space, is not distinctive. That is, no subscale scores tend to be extreme, indicating flexibility in being able to respond appropriately to specific interpersonal situations.

Attachment Strategies

- Secure
- Preoccupied
- Fearful
- Dismissing

Maintenance of proximity while avoiding intimacy

Attachment behaviors:
- Seeking contact, clinging
- Angry protest

Is the attachment figure available, responsive, supportive?

Feel security, love, confidence

Playful, sociable, exploration-oriented

Preoccupied Attachment

Preoccupied (or anxious-ambivalent) attachment is characterized by the combination of a negative self model and a positive model of others. Preoccupied individuals are preoccupied with their attachment needs and actively seek to have those needs fulfilled in their close relationships. Experiences of inconsistent and insensitive caretaking are thought to contribute to preoccupied attachment. This kind of parenting may lead children to conclude that they are to blame for lack of love from the caretaker. Because past attachment figures are likely to have responded inconsistently to their distress, the preoccupied have learned to express their needs actively and relentlessly in order to maximize their chances of gaining support. The result is an overly dependent style in which personal validation is sought through gaining others' acceptance and approval.

Turning to Figure 9.2, preoccupied individuals are hypervigilant to potential sources of stress or threat. They show high general levels of distress and anxiety (Bartholomew & Horowitz, 1991; Kobak & Sceery, 1988; Mikulincer & Orbach, 1995) and intense negative reactions to external stress (Mikulincer, Florian, & Weller, 1993). They often question the availability of attachment figures, both because they do not expect consistent responsiveness and because their unrealistically high demands for supportiveness are unlikely to be met. When they feel that attachment figures are not responsive, they experience anxiety and respond with high levels of attachment behaviors in an attempt to get their needs for support met (see bold arrow in Figure 9.2). They often express their needs for support in a demanding, intrusive, and/or manipulative manner, overly on potential supporters, and are indiscriminate in self-disclosure and help-seeking behaviors (Bartholomew & Horowitz, 1991; Mikulincer & Nachshon, 1991). These forms of support seeking only alienate potential support providers, leading to further anxiety and frustration and further demands.

Driven by their active attempts to get their attachment needs met, preoccupied individuals demonstrate an intrusive and demanding interpersonal style. In attachment terms, they show exaggerated attachment behaviors, including both emotional displays (especially anger and anxiety) and behavioral displays (at times even resorting to violence, see Bartholomew, Hen-
individuals report chronically high levels of subjective distress (Bartholomew & Horowitz, 1991) and poor-quality intimate relationships (e.g., Bartholomew & Horowitz, 1991; Carnelley, Pietromonaco, & Jaffe, 1994; Scharfe & Bartholomew, 1995). Fearful individuals, similar to the preoccupied, do not expect others to be responsive, giving rise to fear and anxiety. However, opposite to the preoccupied pattern of actively seeking support, they inhibit expressing anxiety and asking for support. Instead, they deal with their anxiety by maintaining a comfortable distance within their close relationships (see dotted arrow in Figure 9.2). They can thereby avoid anticipated rejection of their attachment needs by the attachment figure while gaining some indirect support by not alienating the attachment figure. In extreme cases, fearful individuals may manage their fear of rejection by avoiding close relationships altogether.

Fearful individuals tend to be characterized by interpersonal passivity and difficulty in making their needs known within relationships. A typical quote of a fearful individual is, "I'm incapable of vocalizing my feelings because I'm afraid I'll say something that will ruin the relationship." An example analysis reveals elevations in the lower quadrants of the Interpersonal Circle, especially on problems related to introversion and subassertiveness. Typical items assessing these forms of interpersonal problems are "I'm too afraid of other people and "It is hard for me to confront people with problems that come up." At an extreme, fearful attachment has much in common with the avoidant and dependent personality disorders.

**Dismissing Attachment**

This pattern is characterized by a positive self-model and a negative model of others. Dismissing individuals have managed to maintain a positive self-image and to minimize anxiety by distancing themselves from attachment figures and by downplaying, denying, or denying the impact of negative attachment experiences. It is important to the dismissing to maintain a self-image as independent and not overly reliant on the support of others. Therefore, when these individuals do experience distress, they prefer to deal with that distress on their own rather than seeking support from others. They develop compensatory compulsive self-reliance and emotional control, and a defensive downplaying of the importance of intimate relationships, they become relatively insensitive to potential rejection by others. (For a discussion of the developmental pathways and psychological processes that may give rise to a dismissing orientation, see Fraley, Davis, & Shaver, 1998). Dismissing attachment appears to be a generally successful form of adaptation: Though it is related to low relationship satisfaction (Bartholomew, 1991; Scharfe & Bartholomew, 1995), it is also associated with high self-esteem and low levels of subjective distress and depression (Bartholomew & Horowitz, 1991).

As indicated by the broken line in Figure 9.2, dismissives are learned to defensively detach the attachment system, reducing their tendency to experience anxiety that typically follows from unmet attachment needs. Dismissing individuals downplay the importance of potential stressors, defensively avoiding acknowledgment of distress that could activate the attachment system (Bartholomew, 1990; Mikulincer & Orbach, 1995). This defensive emotional stance is complemented by an avoidant behavioral stance in which they maintain distance within close relationships. Interpersonal problems associated with dismissing attachment are illustrated on the cold side of the Interpersonal Circle. Typical items endorsed by the dismissing are "It is hard for me to feel close to others" and "A lot of people are not worth getting to know." Note that their problems tend to be associated with distance and alienation from others, not necessarily active hostility toward others.

Each of the four attachment patterns described in this model represents a theoretical ideal or prototype, with individuals varying in the degree to which they approximate each prototypical pattern. Thus, participants are rated on their correspondence with each of the attachment prototypes (secure, fearful, preoccupied, and dismissing), resulting in an attachment profile for each individual. In both the childhood and adult attachment fields, it has been common to conceptualize individual differences in attachment in terms of three or more discrete categories. However, such approaches overlook meaningful variation within the attachment categories (Griffin & Bartholomew, 1994b). Most individuals show a complex profile across attachment categories, with both fearful and secure patterns. Two individuals with the same primary attachment patterns will present very differently if they have different secondary or even tertiary strategies. For example, a prototypically preoccupied individual will look quite different from an individual who shows a mix of preoccupied and fearful tendencies or even preoccupied and dismissing tendencies.

Within this model, there are three ways to treat attachment ratings: (1) an attachment profile gives participants' correspondence with each of the attachment prototypes, (2) the best fitting attachment category can be derived from the highest of the four prototype ratings, or (3) ratings of the underlying attachment dimensions of anxiety and avoidance can be derived from linear combinations of the four prototype ratings (e.g., Collins & Read, 1994b; Scharfe & Bartholomew, 1994). Various methods of assessment have also been used, though we recommend the use of in-depth, semi-structured attachment interviews. The Peer Attachment Interview (Bartholomew & Horowitz, 1991) explores individuals' experiences with friends and romantic partners, and the History of Attachments Interview (Henderson, 1998) asks participants for a chronological history of relationship experiences from childhood parent-child relationships to current peer and romantic relationships. In assessing attachment from such interviews, interviewers con- sider both the content of participants' relationship accounts and how participants discuss their experiences (including the coherence of their accounts, defensiveness in discussing difficult experiences, etc.).

Many of the approaches currently being taken to assess adult attachment can be organized within the framework of the four-category, two-dimensional model. Hazan and Shaver's (1987) original categorical measure of three styles of adult attachment yields ratings that correspond quite closely to one of the four attachment patterns defined in the four-category model; secure with secure, ambivalent with preoccupied, and avoidant with fearful (Bartholomew & Shaver, 1998; Brennan, Shaver, & Tobey, 1991). There is no equivalent of dismissing attachment in their origin formulation. Within this research tradition, a number of multi-item self-report measures have been developed to assess dimensions underlying individual differences in adult attachment. Those that assess attachment anxiety and avoidance (or, conversely, closeness) in adult close relationships, such as those measures of Simpson et al. (1992) and Collins and Read (1990), closely correspond to
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The anxiety and avoidance dimensions (Griffin & Bartholomew, 1994a). Connections between the two-dimensional model and the classifications derived from the AAI are somewhat more complex. In the study that looked at these associations, high concordance was found on secure, preoccupied, and dismissing ratings from the two systems (Bartholomew & Shaver, 1998). Unfortunately, this study did not include unresolved or cannot classify categorizations on the AAI. Conceptually, the fearful pattern has no clear equivalent in the AAI system and it was not associated with AAI classifications in the study by Bartholomew and Shaver (1998). But fearfulness is likely to overlap to some degree with a subcategory of preoccupied attachment that contains fearful elements (E3, fearfully preoccupied). Fearfulness may also be associated with a failure to resolve loss or trauma (as suggested, for instance, by Shaver & Clark, 1994). Although the criteria for coding fearfulness and lack of resolution have little overlap, there is evidence of associations between fearfulness and both retrospective reports of childhood abuse (Roche, Runz, & Hunter, 1999; Shaver & Clark, 1994) and the experience of trauma symptoms that may be associated with childhood stress (Alexander, 1993). The cannot classify AAI categorization is reserved for cases that show evidence of two incompatible attachment strategies, such as preoccupied and dismissing. In the four-category scoring system, such individuals would be given relatively high ratings on the two strategies rather than being classified in a distinct category.

Kobak, Cole, Ferenz-Gillies, Fiening, and Gamble (1993) devised a two-dimensional measure of adult attachment security based on responses to the AAI. First, trained coders conduct a Q-sort on an individual’s interview using items drawn from the AAI scoring system. Then the Q-sort results are used to derive ratings of two dimensions, a secure-insecure dimension and a deactivating-hyperactivating dimension. These dimensions are similar conceptually to the diagonals of Figure 9.1 (i.e., 45-degree rotations of the avoidance and anxiety dimensions). The secure-insecure dimension is parallel to the secure-fearful diagonal and the deactivating-hyperactivating dimension is parallel to the dismissing-preoccupied diagonal (see, also Shaver & Hazan, 1993).

In general, different measures of adult attachment show moderate convergence when comparisons are made between measures assessing similar conceptual patterns or dimensions. However, these convergences are considerably attenuated when conceptually noncorresponding categorical systems are compared, when different methods of measurement are compared (such as interviews and self-reports), and when measures focusing on different content domains are compared (such as the parental and romantic relationship domains). (For discussions of the correspondence between different methods of assessing adult attachment see, Bartholomew & Shaver, 1998; Brennan et al., 1998.)

CONTINUITY OF ATTACHMENT ORIENTATIONS

It is not uncommon for those outside the field of attachment to believe that this theory assumes that adult attachment patterns, and even personality as a whole, are primarily determined by experiences with primary caregivers in early childhood, implying strong continuity in attachment organization from infancy to adulthood (e.g., Hendrick & Hendrick, 1994). This is not accurate. Attachment theory is neither a stage model nor a critical period theory. Rather attachment patterns are seen to reflect complex patterns of social interaction, emotional regulation, and cognitive processing that emerge over the course of development and tend to become self-perpetuating throughout adulthood.

Consistent with current conceptualizations of developmental psychopathology (e.g., Rutter, 1994), Bowlby (1980b) conceptualized of continuity in attachment patterns and associated personality functioning in terms of developmental pathways or trajectories: “my hypothesis is that the pathway followed by each developing individual and the extent to which he or she becomes resilient to stressful life events is determined to a very significant degree by the pattern of attachment he or she develops during the early years” (p. 7). Within such a model, early attachment experiences do not directly cause later personality organization and outcomes. Rather, they initiate the child along one of an array of potential developmental pathways. Some of these pathways reflect healthy development, and others deviate in various directions toward less healthy psychosocial outcomes. At each point, an individual’s path is determined by an interaction between the individual (and his or her ability to flexibly respond to stress and challenges) and the environment. At any point in development, more or less favorable experiences will lead the path to deviate toward or away from healthy pathways. For example, the loss of a parent or an increase in marital conflict would tend to shift children toward less desirable paths, whereas an improvement in parenting, psychological intervention, or the support of a secondary caretaker might have the opposite effect.

Although change is possible at any point, the longer an individual follows a given path, the more difficult it will become to shift the direction of that path. Change will be constrained by prior functioning, as patterns of functioning associated with that pathway become increasingly habitual and entrenched with time. As children become older, they gain more influence over their environments (see section “Mechanisms of Continuity”) and, therefore, they are more able to structure their social environments to reaffirm and perpetuate their patterns of adaptation. In Bowlby’s (1988b) words, “during the earliest years, features of personality crucial to psychiatry remain relatively open to change because they are still responsive to the environment. As a child grows older, however, clinical evidence shows that both the pattern of attachment and the personality features that go with it become increasingly a property of the child himself or herself and also increasingly resistant to change” (p. 5).

Attachment insecurity (or, conversely, attachment security) can be conceptualized as a risk (or protective) factor. A risk factor is a particular experience or individual characteristic that increases the probability of or risk of a future undesirable outcome (Kazdin, Kazemian, Kessler, Kupfer, & Offord, 1997). From a risk factor perspective, attachment insecurity would be seen as just one factor which, in concert with others, may contribute to negative outcomes. For instance, Greenberg (1999) proposes a model in which four risk domains are used to understand the development of childhood and adolescent disorders: difficult child temperament, insecure attachment, high family adversity, and ineffective parenting practices. Attachment insecurity would be unlikely to be associated with any given disorder, but the more of these risk factors a given child has, the greater his or her likelihood of manifesting a psychosocial disorder. Extending the model to adulthood, child or adult attachment insecurity could be a risk factor (in combination with other risk factors) for later marital conflict and disruption, for adult difficulties in regulating negative affect, or for a particular personality disorder. Conversely, attachment security can be considered a protective factor that helps buffer responses to stressful experiences that might otherwise be negative for development. Attachment security could act as a protective factor in at least two ways. It could serve as a personal resource that facilitates the capacity of individuals to cope adaptively with adversity without compromising their feelings of security or others.

Attachment security could also serve as an indicator of a relationship resource in that secure attachment is likely to be associated with supportive close relationships (with caregivers in childhood and later with peers) which may provide assistance in difficult times.

Evidence of Continuity

Several longitudinal studies have demonstrated temporal stability of attachment patterns during childhood (e.g., Main et al., 1985; Waters, 1978). As would be expected from a developmental pathways perspective, the stability of the caretaking environment appears to mediate the degree of stability of attachment patterns (e.g., Thompson, Lamb, & Estes, 1982; Vaughn, Egeland, Sroufe, & Waters, 1979). That is, continuity in attachment is stronger when childrearing environments are more stable. Also relevant to the question of continuity is a large body of research indicating that attachment patterns assessed in infancy predict various aspects of emotional functioning, self-concept, and social functioning in a range of settings in later childhood. For example, Waters, Wippman, and Sroufe (1979) found that attachment assessed at 15 months in the Strange Situation predicted Q-sort ratings of social competence and ego strength in preschool classrooms at 3 1/2 years. These few studies to look at the predictability of infant attachment classification over longer periods have also tended to show continuity in developmental adaptation. For example, Elicker, Egeland, and Sroufe (1992) showed that infant attachment type was a robust predictor of a range of measures of emotional and social competence in summer camps at 10 to 11 years of age (including counselor, observational, and interview ratings).
though such findings are impressive, it is important to keep in mind that the obtained associations are generally moderate at best. (For reviews of this literature, see Rothbard & Shaver, 1994; Thompson, 1999; Weinfield, Sroufe, Egeland, & Carlson, 1999.)

To date, only a handful of studies have followed samples from infancy through young adulthood to investigate long-term continuity in attachment patterns, and the results have been somewhat inconsistent. Two studies have found relatively high continuity between security in infancy as assessed in the Strange Situation and security in late adolescence and young adulthood using the AAI (Hamilton, 1998; Waters, Merrick, Trehub, Crowell, & Albersheim, 2000; cited in Crowell, Fraley, & Shaver, 1999). In contrast, two studies have failed to show continuity using similar methods (see Weinfield, Sroufe, & Egeland, 2006, with a high-risk sample; Zimmermann, Frenner, Bambini, Spaiker, & Grossmann, 1997, with a German sample). Fraley (1998) reviewed the studies assessing continuity in attachment security from infancy to young adulthood and found that stability correlations over this period ranged from .50 to .70 (50). He constructed two mathematical models of continuity in attachment and tested which model provided the best fit for the data available. Fraley concluded that though working models of attachment are extremely plastic, these models continue to shape people’s caregiving environments, contributing to an estimated stability correlation of .39 from age 1 to young adulthood. Moreover, he found that samples characterized by family instability, abuse, and other risk factors that might be expected to attenuate stability in the caretaking environment showed considerably less continuity than samples in more stable caregiving environments.

In contrast to the childhood literature, relatively little research has examined continuity in attachment orientations in adulthood. Bowlby (1973) saw the formative period for the development of attachment by children as extending from childhood through adolescence, by which point attachment patterns would be expected to become relatively resistant to change. Therefore, relatively high stability of attachment orientation would be expected in adulthood. Consistent with this expectation, moderate to high stability has been demonstrated in adult attachment over periods of months to a few years (e.g., Kirkpatrick & Hazan, 1994; Scharfe & Bartholomew, 1994). One recent longitudinal study looking at attachment patterns of women avoidantly or securely attached at age 52 suggests reasonable stability in measures of intra- and interpersonal functioning over 31 years (Klohnen & Bera, 1998). Interestingly, using a new prototype measure of working models of attachment with this same sample, Klohnen and John (1998) documented that preoccupation declined over time and security increased.

**Intergenerational Continuity**

In contrast to research investigating continuity of attachment within the individual, a growing body of research focuses on an intergenerational continuity by assessing the concordance of attachment patterns across generations. Although certainly not conclusive, evidence of intergenerational continuity suggests individual continuity over the lifespan. Most of this work has compared parental attachment representations as assessed by the AAI and infant attachment with the same parent as assessed in the Strange Situation. For example, Fonagy, Steele, and Steele (1999) assessed attachment in mothers expecting their first child and, in a follow-up, assessed attachment of their 12-month-old infants in the Strange Situation. Using the concordance between maternal attachment security and subsequent infant security, with infant security and anxious-avoidance (but not anxious-ambivalence) strongly predictable from maternal AAI ratings. In addition, paternal AAI ratings were predictive of infant security in the Strange Situation at 18 months (with the father) but less strongly and consistently so than maternal ratings (Steele & Steele, 1994).

Van IJzendoorn (1995) conducted a meta-analysis of studies comparing attachment classifications in the Strange Situation and infant attachment classifications based on the Strange Situation. Strong associations were found between autonomous parents and secure infants (r = .47), dismissing parents and avoidant infants (r = .45), and preoccupied parents and ambivalent infants (r = .42). Parental responsiveness appears to play a mediating role in this transmission. A combined effect size of r = .34 was found for the association between security of attachment organization and sensitive responsiveness. However, the rest of the correspondence between parents’ and children’s attachment styles remains unexplained, and surprisingly little is known about the mechanisms underlying the intergenerational transmission of attachment.

**Sources of Continuity**

Attachment theory is consistent with a transactional model of development in which the social environment affects individual functioning and, conversely, individuals actively construct their social environments (Sameroff & Chandler, 1975). Within attachment theory, there has been a tendency to focus on internal working models as the key mediator linking experiences in the family and later functioning outside the family. These dynamic cognitive structures are hypothesized to operate largely automatically and outside of conscious awareness. To maintain stability and coherence of their perceptions of the self and of the world (cf. Epstein, 1987), individuals are expected to process social information and to behave so as to obtain feedback which confirms their existing models of themselves and others (see Capan & Elder, 1988; Swann, 1983, 1987). It is precisely because persons select and create later social environments that early relationships are viewed as having special importance (Sroufe & Fleeson, 1986, p. 68).

Working models formed during childhood and adolescence are proposed to be self-perpetuating over time. But they are also expected to be open to change if people experience life events that are inconsistent with their existing models. Thus, attachment patterns are expected to have some trait-like stability, they are also expected to be sensitive to changes in the social environment. In particular, experiences in emotionally significant relationships that contradict earlier relationship patterns may lead to the reorganization and revision of internal models (cf. Ricks, 1985).

The degree to which early experiences predict later social functioning independently of continuity in the social environment is still a controversial question. In the first few years, attachment quality is very much a property of the specific attachment relationship and, therefore, may readily shift if the nature of that relationship changes. Early attachment orientations may tend to be maintained, and be predictive of later outcomes, because the caretaking environment tends to be consistent in quality over time. Thus, early insecure attachment may persist when the conditions that contributed to the insecurity (insensitive parenting, family conflicts, poverty, etc.) persist. Consistent with this perspective, a number of studies have documented lawful discontinuity in functioning over time in childhood when there have been intervening changes in the quality of the parent-child relationship. For example, in the sample of low-income families associated with infants shifting from secure to insecure attachments over a 6-month period (Vaughn et al., 1979). It seems likely, however, that over time attachment increasingly becomes a property of the child as he or she comes to impose established patterns by negotiation with partners outside the family. Therefore, although early attachment orientation may not predict later functioning independently of the intervening environmental influences, neither is the current environment a sufficient explanation of current functioning. In one of the few studies that permit an examination of the role of early experience and subsequent environmental conditions in predicting attachment, Sroufe, Egeland, and Kreutzer (1990) followed a poverty sample from infancy through middle childhood. Children with their early attachment (as shown, in part, by secure attachment at 12 to 18 months), but who showed equally poor adaptation in the preschool period, differed in their later development. Specifically, those children with an early history of secure attachment showed a greater rebound in the early elementary years, even controlling for intermediate and concurrent circumstances.

It is also likely that genetic factors associated with attachment orientations are an important source of continuity in development, though to date there is little evidence of the role of heritable factors in the attachment domain (Vaughn & Boss, 1999). Just one published study has looked at heritability of attachment patterns in infancy using a validated measure of attachment and a twin methodology (Finkel, Wille, & Matheny, 1998). Although the sample size was too small to permit an examination of reliable heritability coefficients, findings suggested a moderate genetic basis for individual differences in infant attachment. One study has examined the heritability of attachment in adulthood, using standard behavioral genetic methods and a twin pair analysis of the four-category model of attachment (Bryson, Lang, Livesley, & MacBeth, 2000). Genetic effects, ranging from 25% to 43%, were found for three of the four attachment patterns: only the dis-
Mechanisms of Continuity

Attachment patterns are proposed to be externalized and maintained through a number of mechanisms, notably the choice of social environments and partners, habitual interaction patterns, and model-driven processing of socially relevant information. The system of expectations and associated behavioral strategies that define working models are assumed to be constructed as a reasonable adaptation to individuals' childcare environments. But they may be more or less effective when applied within the social environments in which adults find themselves and create for themselves.

One potentially important mechanism through which patterns of adaptation may be maintained is selective affiliation, or the selection of social partners who are likely to confirm internal models (see Bartholomew, 1990). Selective affiliation is expected to play a more important role in adult than childhood attachment relationships because adults have greater control over the people with whom they become involved than do children. For example, dismissive individuals may show a preference for preoccupied partners to fulfill their need for psychological distance; preoccupied people tend to desire a pathological level of closeness in intimate relationships. One striking demonstration of selective affiliation was presented by Swann and Pelham (1999): College students with randomly assigned roommates showed a preference for keeping roommates (and maintaining a relationship with roommates) who held concordant views of their self-worth. Notably, students with well-defined negative self-images preferred roommates who also thought poorly of them.

To date, there is no evidence of selective affiliation in initial choice of relationship partners based on attachment orientations. But cross-sectional evidence does indicate nonrandom pairing of romantic partners based on attachment patterns. The most consistent finding has been moderately strong associations between romantic partners on at least one scale related to security of attachment (e.g., Bartholomew, 1997; Collins & Read, 1990; Kirkpatrick & Davis, 1994; Sennchak & Leonard, 1992). However, longitudinal work is needed to examine how adult attachment patterns may affect the initial selection of relationship partners and the development of relationship dynamics over time.

Attachment orientations are associated with habitual patterns of affective and behavioral regulation that will be carried forward into new relationships. On the most general level, highly insecure individuals may simply lack the social skills to take advantage of more positive social opportunities (cf. Rutter, 1988). Specifically, differing interaction patterns may set in motion self-fulfilling interpersonal dynamics, independent of initial partner choice. For instance, when dismissing individuals actively maintain emotional distance in their close relationships, relationship partners tend to respond with greater insecurity and dependency, leading to greater distancing, further insecurity, and so on. Thereby, mutually frustrating positive feedback loops can become established. Complementing research documenting the interpersonal problems associated with various forms of insecure attachment (e.g., Bartholomew & Horowitz, 1991) and the interaction styles associated with adult attachment in daily social activities (e.g., Tidwell, Reis, & Shaver, 1990), a number of studies have observed social behavior in laboratory settings. For instance, Simpson et al. (1992) found that the avoidance dimension of attachment was associated with deficits in seeking and giving support between dating couples in an anxiety-provoking situation. Feeny (1994) found that the underlying dimensions of avoidance and anxiety were related to measures of couple communication and conflict strategies, and Kobak and Hazan (1991) documented associations between a Q-sort measure of security in the marital relationship and observed couple communication. The interpersonal patterns observed in such studies are expected to reflect the high partners' attachment orientations and the dynamics that have evolved within their relationships.

Less well documented is the potential impact of attachment patterns on interaction styles with strangers (or confederates) to examine whether attachment patterns are associated with interaction styles independent of partner choice and relationship histories. One such study assessed whether attachment patterns were predictive of forms of disclosure in initial encounters with social partners (Mikulincer & Nachshon, 1991). As expected, avoidant attachment was associated with low disclosure and negative responses to disclosure by partners and ambivalent attachment was associated with less flexibility of disclosure. This study also suggests that interaction styles associated with habitual interpersonal orientations may elicit feedback from social partners that reinforces existing mental models and interaction patterns (see Swann, 1983, 1987). Such dynamics have been illustrated in work by Downey, Freitas, Michaels, and Khouri (1998), who have shown that women who anticipate rejection in their intimate relationships (i.e., are high on attachment anxiety) tend to be more conflictful in ways during conflict with partners that elicit the very rejecting partner behaviors they fear.

Working models of attachment are also proposed to guide the construal of social information, for example, directing attention to model-consistent information, organizing how new information is filtered and interpreted, and influencing the accessibility of past experiences in memory (Collins & Read, 1994). Through these and other information processing biases (see Swann, 1987), ambiguous social stimuli (arguably virtually all social stimuli) tend to be assimilated to existing working models. Collins and Read (1994) proposed a theory in which working models are conceived of as highly accessible schemas that will be automatically activated in response to attachment-relevant events. Once activated, these models have an impact on social information processing and emotional response patterns, in turn mediating behavioral strategies. Collins (1996) tested and confirmed aspects of this model by investigating how individuals' preexisting working models guide their interpretations of and explanations for hypothetical relationship events. For example, the anxiety dimension of attachment was predictive of a tendency to make negative interpretations of relationship events, including viewing partner behavior as rejecting and unresponsive, and with a tendency to experience emotional distress. In addition, attachment anxiety showed little association with the interpretation of attachment-relevant events, indicating that a general negative response bias or negative emotionality could not account for the findings.
Such rigid response styles tend to be self-perpetuating, as discussed previously in the section “Mechanisms of Continuity.” For example, the fearful attachment strategy of avoiding rejection by avoiding relationships, or not expressing attachment needs within relationships, precludes the possibility of establishing more secure relationships and thereby eventually developing greater trust in others and acceptance of the self. In contrast, secure attachment is associated with flexibility in responding to stress; secure individuals can both depend on others for support and have the internal resources to effectively modulate negative affect (Bartholomew et al., 1997). In addition, inconsistency of insecure attachment strategies (indicating undifferentiated internal models and a lack of organization or even a break down in functioning) may be associated with especially problematic personality profiles.

It is important to remember that attachment theory is concerned with the psychological mechanisms underlying regulation of affect in close interpersonal relationships; it is not a theory of personality disorder. Personality disorder is, of course, usually associated with significant disruption of close personal relationships. However, many important aspects of personality disorder symptomatology (e.g., behavioral impulsivity, disorganization of cognition and perception, even disruption of relationships with strangers and acquaintances) fall outside this realm. Thus, attachment problems will be more relevant to some forms of personality disorder than to others or to some aspects of symptomatology more than others. In addition, based on a pathways perspective, we would not expect a high degree of specificity in the links between forms of insecure attachment and forms of personality pathology.

As insecure childhood attachment is not a disorder per se, adult attachment insecurity is not necessarily associated with adult personality difficulties. Between 25% and 50% of adults are typically categorized as insecure in community samples (Michelson, Kessler, & Shaver, 1997; van IJzendoorn & Bakermans-Kranenburg, 1997). Although these individuals’ insecurity would be expected to be reflected in some challenges in their intimate relationships, many, if not most, insecure adults are expected to be functioning quite adequately even in the interpersonal realm. In contrast, only about 10% to 15% of adults in community samples suffer from personality disorder (Weissman, 1993), as the diagnosis depends on symptoms that result in clinically significant distress or impairment. In short, although the large majority of individuals diagnosed with personality disorders may be insecurely attached (e.g., van IJzendoorn & Bakermans-Kranenburg, 1996), many people with attachment problems will not be diagnosed with personality disorders.

Finally, the nature of the link between attachment problems and personality disorder is unclear. Any theory of personality pathology is likely to undermine intimate relationships, potentially contributing to attachment insecurity. Moreover, attachment insecurity could be a nonspecific indicator of general malfunction. Thus, the co-occurrence of attachment insecurity with a personality disorder in no way indicates that the two are causally connected. However, forms of childhood and adulthood attachment insecurity may be risk factors that are probabilistically associated with specific personality difficulties, even though such insecurity is not inherently pathological.

Connections between Dimensions Underlying Attachment and Personality Disorders

As has been discussed already, it is common for people to display attachment patterns in terms of a number of distinct categories. The categorical model facilitates discussion and some forms of research. Capturing the complexity of attachment, however, requires dimensional measurement models. Dimensional models permit differentiation among people with the same attachment pattern on the basis of extremity or severity, recognize that many people do not have pure or simple attachment patterns, and acknowledge that the boundaries between attachment patterns are not always distinct and rigid. A focus in research on basic dimensions of attachment rather than descriptive categories—genotypes rather than phenotypes—simplifies rather than disorders—is also more likely to result in the identification of underlying causal mechanisms.

The same thing is true of personality disorder. Categorical models have been developed to facilitate communication and treatment decisions in clinical settings. For example, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) describes 10 specific categories of personality disorder, each defined by a set of symptoms/traits. However, substantial heterogeneity within categories and excessive comorbidity of personality disorders has led many to call for the replacement of categorical with dimensional models (Costa & Widiger, 1994; Stuart et al., 1998; Widiger & Frances, 1994; Widiger & Sanderson, 1995).

Dimensional models of personality disorder differ with respect to the nature of the symptomatology on which they focus (i.e., phenotypic or “surface” vs. genotypic or “source” traits), the generality of those traits (i.e., a relatively smaller number of general or “higher- order” vs. a relatively larger number of more specific or “lower-order” dimensions) and the assumed relation among the traits (i.e., independent or “orthogonal” vs. correlated or “oblique” dimensions). Once a model is selected, a variety of statistical methods can be used to obtain a solution. Two models illustrate these differences. The first is the five-factor model (FFM), which originally was developed to describe normal personality but more recently has been applied to personality disorder (for excellent overviews, see Costa & Widiger, 1994; Wiggins, 1996). According to the FFM, five broad, bipolar, orthogonal dimensions are necessary and reasonably sufficient to account for the associations among phenotypic or manifest aspects of personality. One particular version of the FFM (Costa & McCrae, 1992) defines these factors as follows: neuroticism is a tendency to be emotionally unstable and experience negative affect, extraversion is a tendency to be energetic and sociable, agreeableness is a tendency to be warm and nonconfrontational, conscientiousness is a tendency to be responsible and organized, and openness to experience is a tendency to value the exploration of new feelings and ideas over traditionalism. Each broad dimension comprises a number of specific lower-level facet traits (Table 9.1 summarizes this model). The dimensions and their facets have been explicated over the course of decades by numerous investigators via factor analysis of data from tests of normal personality.

The second model is the Dimensional Assessment of Personality Pathology (DAPP) developed by Livesley and colleagues (e.g., Livesley, Jackson, & Schroeder, 1989, 1992; Schroeder, Wormworth, & Livesley, 1994). They chose a “bottom-up” approach, which focuses primarily on lower-level traits and only secondarily on broad, general dimensions. In the DAPP model, 18 oblique dimensions are considered necessary and reasonably sufficient to describe the domain of personality pathology (see Table 9.2). The dimensions were identified through the factor analysis of data from comprehensive measures of personality disorder symptomatology. Subsequent analyses have examined the phenotypic and genotypic structure of the 18 dimensions (Livesley, Jang, & Vernon, 1998), identifying four broad, orthogonal factors.

The DAPP factors parallel those of the FFM in many respects. The DAPP neuroticism and compulsivity factors are isomorphic to the

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**Table 9.1. A Dimensional Model of Normal Personality: The Five-Factor Model as Measured by the Revised NEO Personality Inventory**

<table>
<thead>
<tr>
<th>NEO-PI-R factor and facet scales</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neuroticism</strong></td>
<td>Anxiety, Hostility, Depression, Self-Consciousness, Impulsiveness, Vulnerability</td>
</tr>
<tr>
<td><strong>Extraversion</strong></td>
<td>Warmth, Gregariousness, Assertiveness, Activity, Excitement Seeking, Positive Emotions</td>
</tr>
<tr>
<td><strong>Openness</strong></td>
<td>Fantasy, Aesthetics, Feelings, Actions, Ideas, Values</td>
</tr>
<tr>
<td><strong>Agreeableness</strong></td>
<td>Trust, Straightforwardness, Altruism, Compliance, Modesty, Tendermindedness</td>
</tr>
<tr>
<td><strong>Conscientiousness</strong></td>
<td>Competence, Order, Dutifulness, Achievement Striving, Self-Discipline, Deliberation</td>
</tr>
</tbody>
</table>

Note. NEO-PI-R, Revised NEO Personality Inventory (Costa & McCrae, 1992).
a facet of introversion, would likely be a close marker of the avoidance dimension. Some of the scales of the FFM factor of agreeableness (notably, trust) and the DAPP factor of disagreeableness (notably, suspiciousness) may also show some correspondence with the avoidance dimension, though these FFM and DAPP factors also reflect general assertions in interpersonal relations. In DSM-IV terms, individuals who exhibit high levels of avoidance are most likely to be diagnosed as suffering from avoidant or dependent personality disorder, and those who exhibit high levels of closeness to be diagnosed as suffering from narcissistic, histrionic, and borderline personality disorder.

There have been surprisingly few attempts to examine empirically the general association between dimensions of attachment and personality disorder. One important exception is the study by Brennan and Shaver (1998). In a large college sample, they used self-report measures to assess both personality disorders (the PDQ-R) and adult attachment. Their analysis identified two attachment dimensions corresponding to the diagonals of Figure 9.1. Insecurity (secure vs. fearful) and Defensive Style (distrusting vs. preoccupied). These dimensions link up with corresponding dimensions underlying personality disorders. Insecurity was strongly associated with generalized pathology, with avoidant, borderline, and schizotypal scales loading highly. Defensive Style was associated with dependency/counterdependency, defined by histrionic and dependent personality disorder at one pole and schizoid personality disorder at the other pole.

A third personality disorder dimension, labeled psychopathy, was not associated with attachment. Unfortunately, the different sets of dimensions underlying personality disorders preclude a direct comparison with our conceptual analysis of the dimension linkages between attachment and personality disorder. However, the general conclusion that, at least in part, individual differences in adult attachment and personality disorders share a common underlying structure is consistent with our analysis.

### RELEVANCE OF ATTACHMENT TO SPECIFIC PERSONALITY DISORDERS

As previously mentioned, from a developmentally pathways perspective we would not necessarily expect simple links between forms of attachment insecurity and personality disorders. However, based on previous research and theoretical analysis, we can speculate about the attachment components of some personality disorders. In this section, we first discuss those disorders whose criteria overlap to a considerable degree with the criteria for forms of insecurity, specifically the histrionic, borderline, and avoidant. We then point out how attachment may be helpful in clarifying the covariation between some disorders, focusing on the covariation between the avoidant, dependent, and schizoid disorders. We then discuss the antisocial personality disorder, a disorder that shows considerable heterogeneity in terms of attachment orientation.

### Histrionic Personality Disorder

The key features of the histrionic personality disorder overlap to a considerable extent with a preoccupied attachment orientation. The excessive emotionality and desperate need for attention and reassurance of the histrionic indicates high attachment anxiety, whereas the exaggerated display of emotion and active seeking and demanding of approval from others indicates an approach-oriented strategy of attempting to get attachment needs met. The impressionistic speech of the histrionic is consistent with the preoccupied tendency to idealize (and often derogate as well) relationship partners. However, though many histrionic features are classically preoccupied, other features are not. Notably, the impulsivity and sensation seeking often characteristic of the histrionic are not necessarily characteristic of even highly preoccupied individuals and are not necessarily even attachment related. Conversely, a histrionic pattern is just one form that extreme attachment preoccupation can take.

To illustrate, we provide a attachment analysis of a 32-year-old woman who meets all eight DSM-III-R (American Psychiatric Association, 1987) criteria for the histrionic personality disorder. This woman's presentation is classically histrionic: impressionistic speech, exaggerated emotionality, and extremely seductive behavior. Both of her parents were physically and psychologically unavailable, appearing to have no interest in parenting. As a child she was demanding and oppositional, in an attempt to gain attention and acceptance from her parents. Her efforts only occasionally
Etiology and Development

Attachment

Borderline Personality Disorder

Of the various personality disorders, the borderline has received the most attention from attachment theorists and researchers. This is not surprising given both the prevalence of this disorder and its defining features. Two key features of borderline personality organization are a pattern of unstable and intense interpersonal relationships and frantic efforts to avoid real or imagined abandonment. The affective instability characteristic of the borderline indicates a failure to regulate attachment anxiety effectively. With prominent and persistent suicidal threats and gestures reflecting the deprivation underlying the borderline’s attempts to get attachment needs met, the borderline is further seen as having disturbances in the capacity to maintain a coherent representation of both childhood relationships and current intimate relationships, vacillating between idealization and devaluation. The strong approach orientation implicated in borderline criteria is suggestive of a preoccupied, hyperactivating strategy.

A number of studies have looked at attachment as assessed in the AAI and borderline personality disorder. Unfortunately, the classification systems used in these studies have varied, making comparisons across studies difficult. Patrick, Hobson, Castle, Howard, and Maughan (1994) looked at the attachment patterns of 12 women who met at least seven of the eight DSM-III-R criteria for borderline personality disorder. They found that all women in the group were preoccupied, with a preponderance classified into a preoccupied subcategory (B3) characterized by fearfulness and feelings of being overwhelmed in relationships and attachment figures—a combination of preoccupied and fearful tendencies in the four-category system. As well, the majority of borderlines were seen as unresolved regarding losses and/or trauma they had experienced. Similar associations were found by Fonagy et al. (1996) with a somewhat more diverse clinical sample and by Stalder and Davies (1995) in a sample of women with a history of childhood sexual abuse. Results were more mixed in Roseinstein and Horowitz’s (1996) study of psychiatrically hospitalized adolescents. Preoccupied-focused attachment in the borderline is associated with clinical elevations on borderline traits as assessed by the Millon Clinical Multiaxial Inventory (MCMI), but there was an overrepresentation of preoccupied attachment in borderlines as assessed by DSM-III-R criteria. However, contrary to expectations, 72% of those classified as borderline had a dismissing attachment organization. These authors did not include the AAI cannot-classify category, and they speculate that the heterogeneity within diagnostic groups may reflect the lack of specificity of attachment classifications. They suggest that some patients may show a multiplicity of working models or, in other words, elements of more than one insecure pattern, and that this variation is not captured by the AAI classification system.

Turning to research using non-AAI measures of attachment, Brennan and Shaver (1998) found that both preoccupied and fearful attachment (based on a self-report measure) were associated with borderline personality and avoidant, that the fearful showed the highest levels of personality pathology. In a sample of men in treatment for spousal assault, Dutton, Saunders, Starzomski, and Bartholomew (1994) showed strong associations between borderline personality organization (as assessed by the Self-Report Instrument for Borderline Personality Organization, Oldham et al., 1985) and both preoccupied and fearful attachment. Sack, Sperling, Fagan, and Foelsch (1996) assessed attachment in a sample of borderline patients (almost all of whom were women) using a number of self-report measures of attachment. They found that borderlines were characterized by elevations on three insecure attachment styles defined in terms of dependency and anger (avoidant, hostile, and ambivalent), on avoidant attachment (fearful) based on Hazan and Shaver’s three-category measure, and on continuous measures of various aspects of insecure attachment, including fear of loss, compulsive careseeking, and angry withdrawal. These findings confirm that extreme attachment anxiety is a defining feature of the borderline disorder. They also suggest that borderlines may show both high approach behaviors (careseeking, clinging) and avoidant behaviors (angry withdrawal, devaluation of relationship partners).

We have not looked systematically at the associations between attachment and borderline personality disorder in our work. But it is our impression, from both clinical and nonclinical samples and from previous literature, that the key defining feature of the borderline from an attachment perspective is a pathologizing level of attachment anxiety. The behavioral response to that anxiety may vary somewhat across those diagnosed as borderlines consistent with the heterogeneity in the borderline group. However, several borderline characteristics (intense anger, suicidal or self-mutilating behavior, frantic efforts to avoid abandonment) indicate a predominantly preoccupied, approach-oriented strategy. In some cases, this preoccupation is combined with avoidance when relationships become close, yielding a vacillation between strategies or a lack of organization of strategies. The specific mix of strategies, along with other risk factors, can produce different presentations. In addition, the instability of self-image, relationships, and affect of the borderline suggest a lack of coherence in internal models of the self and others. Such incoherence can be characteristic of extreme insecurity of any form (though, within the four-category model, most often the preoccupied), and it can also reflect a failure to show a consistent strategy to deal with negative affect. Consistent with this expectation, studies using continuous ratings of attachment have found that borderline personality disorder is associated with elevations in multiple forms of insecurity. Unfortunately, the studies assessing borderlines with the AAI have not included the cannot-classify category, which would be expected to be overrepresented if borderlines often show mixed attachment orientations (as suggested by Rosenthal & Horowitz, 1996). We would add that although the cannot-classify category does subsume mixed strategies (such as a preoccupied/dismissing strategies), it does not specify the specific mixture of strategies or the degree to which each is displayed.

From an attachment perspective, it is not surprising that the borderline and histrionic disorders often co-occur (Stuart et al., 1998). Both are characterized by attachment anxiety and an approach orientation. The major difference may be one of extremity. The borderline is expected to show the most extreme levels of attachment-related anxiety, and the approach strategies of the borderline tend to take on more destructive forms than those of the histrionic. In addition, the borderline would tend to show more extreme incoherence of internalized representations of the self and others and, in some cases, may also present an incoherent mix of approach and avoidance strategies.

To illustrate the attachment perspective on borderline personality disorder, we present a 30-year-old man who received the highest possible borderline rating (based on the Personality Disorder Examination; Loranger, 1988). On an attachment interview, he was assessed as showing high preoccupation, with some secondary dismissing characteristics and the lowest possible rating on attachment security. His mother was controlling, dominant, unpredictably abusive, both in private and in public, and, on very
rare occasions, affectionate. As a child, he was terrified of his mother and yet desperate to gain her acceptance. The physical abuse ended when he became bigger than his mother as a teenager and was able to assume a dominant role in the relationship. But he continued to be caught in a typically prescriptive relationship with his mother, characterized by enmeshment and conflict and frustrating attempts to gain her acceptance. His feelings regarding his mother shifted between idealization and derogation, the consequence being a consuming anger for his mother's treatment of him as a child. His father was passive and uninvolved, spending much of his time "drunk and depressed." In contrast to his emotional engagement with his mother, he distanced himself from his father and expressed disdain for his father's weakness and passivity (showing dismissing tendencies). He felt humiliated by his mother's domination of the family and was determined not to feel controlled by another woman. Ironically, to deal with his humiliation, he came to adopt the same interpersonally style as his mother, becoming dominant, controlling, and abusive in his relationships with peers and romantic partners. His intimate relationships, in particular, were marked by extreme attachment anxiety and frantic attempts to gain acceptance and validation. His preoccupation was evidenced in a history of quick involvements (moving in with partners almost immediately), an obsession with partners to the exclusion of other social relations, a vacillation between idealization and derogation of partners, and an inability to consider letting go of one relationship until another had taken its place. His feelings of well-being and self-worth were entirely dependent on the state of his close relationships, resulting in extreme fluctuations in mood. His attachment anxiety became overwhelming when he perceived any threat to a partner's accessibility and acceptance, such as a partner wanting to see independent friends or attending to children. In response to these perceived threats, he attempted to maintain contact with partners and ensure that their attention was focused on his needs by becoming controlling and abusive and engaging in threats of suicide. When this behavior led romantic partners to withdraw from him, he became even more insecure and jealous and increased his attempts to gain their attention and acceptance to increasingly dangerous levels. His strong approach orientation was also evident in a long history of seeking help from others, including individual and group therapy, self-help groups, and religious groups. The extremity of this individual's preoccupied orientation, as shown in a lack of internalized self-worth, an inability to regulate his negative affect, and obsessive and exaggerated attempts to gain attachment needs met in relationships, is consistent with the borderline personality disorder.

Avoidant Personality Disorder

There is considerable overlap between fearful attachment and avoidant personality disorder: a desire for close relationships, a fear of disapproval or censure, and a behavioral strategy of avoiding relationships. The relationship patterns differ, however, in their specificity: fearfulness focuses on functioning in close attachment relationships, and the avoidant focuses on timidity across social contexts. Although temperament may play a significant role in social anxiety in general, difficulties childhood experiences and associated fearful attachment would be expected to contribute to a pathway leading to the avoidant personality disorder (in interaction with other risk factors such as temperamental vulnerability). In particular, rejection by caregivers, unresolved losses, and childhood physical and sexual abuse have been associated with fearfulness (e.g., Rood et al., 1999; Shaver & Clark, 1994).

A 35-year-old male illustrates the attachment viewpoint on avoidant personality disorder. Based on an attachment interview, this man was assessed as having a fearful attachment pattern with some preoccupied features. He described himself as clumsy, awkward, shy, and consumed with loneliness. His family background was characterized by disengagement. When he was in kindergarten, his parents divorced. By this age, he does not understand the reasons behind the divorce because his family refused to discuss it. After the divorce, he became increasingly introverted and started to have problems with severe acne and stuttering. When he was upset, sick, or emotionally hurt, he would withdraw from people and try to deal with his problems on his own, a pattern that continued into adulthood. He never felt able to discuss problems with any of his caregivers, and he does not remember either parent expressing any physical or verbal affection to him. Currently, he has one close friend, but he rarely sees this friend despite his trust his friend enough to discuss personal issues with him, and there is evidence that this friend takes advantage of him in various ways. Despite his lack of satisfying friendships, he does not attempt to make new friends because he fears his overtures will not be reciprocated. Although he has never been involved in a romantic relationship, he is obsessed with meeting a romantic partner. In fact, his lack of a relationship is the major source of distress in his life. He has developed crushes on a number of women over time and is afraid to talk to them or initiate social interactions, presumably because of his fear of being rejected. In some cases, he has written letters expressing his feelings, leading the women to become uncomfortable and distance themselves from him, further contributing to his fears of rejection. Furthermore, the solitary nature of his occupation hinders any opportunities to meet new people.

This case illustrates a prototypical avoidant pattern. But there is considerable heterogeneity of individuals qualifying as avoidant, perhaps indicating problems with the criteria for diagnosis. For example, a 29-year-old man diagnosed as avoidant and high on fearful attachment (based on independent interview measures) presents quite differently. This individual also reported a number of risk factors in his background: loss of his father at 5, loss of his mother at 7, subsequently being raised by strict and emotionally unavailable relatives, attention-deficit/hyperactivity disorder that led to school failure, and severe rejection by peers at school (tied to his school failures and his status as a visible minority). Although some of these factors on its own would necessarily have led to personality pathology, in combination and in interaction (e.g., he had no one he felt he could turn to when being harassed and assaulted at school), his entire history contributed to the development of a distrust of others and the adoption of a self-defensive stance in which he would not risk rejection. He had never established close friendships as a child or as an adult. In contrast to the first case described, this individual did occasionally socialize with acquaintances and he had become involved in two romantic relationships (initiated by his partners). However, in both of his intimate relationships, he had been emotionally and physically abusive toward them, further contributing to his fearfulness.

This latter case highlights some of the potential weaknesses of the current criteria for avoidant personality disorder. As discussed by West and Keller (1994; see also Sheldon & West, 1990), from an attachment perspective, the shift in DSM-III-R is to focus on general social discomfort rather than a desire for, but fear of, dyadic intimacy. Although social discomfort with both close and general social relations may tend to coexist (as in the first case), this is not necessarily the case. An individual may be extremely shy and timid in many social settings but have the capacity to form intimate and secure close relationships. Such a person may still qualify as avoidant but would not have the same level of impairment as an individual with deep fears of intimacy. Conversely, some individuals are relatively comfortable in superficial social situations but fearful of close relationships in which they are vulnerable to rejection. For example, the second avoidant man described was reasonably comfortable, and quite enjoyed, interacting with coworkers and acquaintances, but he was hesitant to let anyone come to know him better, for fear of further rejection. We would propose that the critical features of this disorder are a desire for close relationships, coupled with an extreme fear of disapproval and rejection, leading to avoidance of becoming intimately involved with others.

Covariation of Personality Disorders

The two-dimensional conception of adult attachment differentiation between the tendency to experience attachment anxiety (an internal state) and the behavioral strategies triggered by that anxiety. This distinction may be helpful in clarifying the covariation among some of the personality disorders. In particular, attachment may be helpful in considering the covariation between the avoidant and the narcissistic, dependent and personality disorders, an issue that has generated considerable attention (e.g., Trull, Widiger, & Frances, 1987). From an attachment perspective, the avoidant and dependent would be expected to show high overlap, as they do in DSM (e.g., Trull et al., 1987). Both are defined in terms of attachment anxiety, though the anxiety of the avoidant is shown more in fearfulness of becoming close to others (because of fear of rejection) and the anxiety of the dependent is shown more in fear of separation and discontinuance in a relationship (cf. Trull et al., 1987). The prototypical avoidant would likely score more extremely on the avoidant attachment dimension than would the prototypical dependent, or, in terms of at-
attachment patterns, the dependent would show some preoccupied/approach-oriented tendencies. However, individuals with both disorders take a basically avoidant and passive approach to dealing with their anxiety. Neither directly expressing nor avoiding their attachment needs: The avoidant actively avoids situations in which they are vulnerable to rejection, and the dependent acts in a passive and compliant manner within relationships to avoid rejection and abandonment. We have heard many stories (in conducting attachment interviews) of avoidant individuals who find their way into close relationships, usually with a friend or partner who has actively initiated the relationship, and then shift into a more dependent stance. Though their behavior will look different when in and out of close relationships, their basic personality dynamic remains unchanged. This would be true of the avoidant man described earlier.

In contrast, though the avoidant and schizoid share social withdrawal and behavioral avoidance of close relationships, they would be seen as fundamentally different from an attachment perspective. As previously discussed, the schizoid is uninterested in close relationships, showing a disorder of nonattachment, whereas the avoidant is intensely interested in close relationships but is incapable of initiating these relationships, showing a form of insecure attachment. Some researchers have drawn links between the schizoid and dismissing attachment (Brennan & Shaver, 1998). But we would not expect schizoid individuals to be characterized by dismissing attachment (or vice versa), just as noattached children are not avoidantly attached. Although on some measures of attachment schizoid individuals may be classified as dismissing—because the two constructs do share some features—we feel that this would be a misleading classification. Dismissing individuals do form attachments; they just maintain a comfortable distance within these relationships, presumably in order to defensively avoid the activation of their attachment systems. Though dismissing individuals may be more or less extraverted, they are generally social integrated. Though they downplay the intimacy and support functions of relationships, they would not avoid sexual relations (in fact, they may even use sexual relations as a safe alternative to more intimate relationships; Brennan & Shaver, 1995). And though the dismissing orientation is associated with the tendency to defensively displace negative emotions, and with constricted expression of emotion, it is not associated with the same degree of emotional constriction of the schizoid. Of the many dismissing individuals we have assessed in studies over the years, we have not seen one individual whom we would consider schizoid.

**Antisocial Personality Disorder**

Antisocial personality disorder provides an example of how different developmental pathways (as reflected in different attachment orientations) may lead to phenotypically similar but behaviorally distinct outcomes. There are a number of mechanisms through which a history of insecure attachment could increase the risk of antisocial behavior. Insecure molds may predispose individuals to attribute hostile intent in ambiguous social situations, and they also may interfere with the ability to consider others' perspectives and feelings (whether through an egocentric focus or a disengagement and lack of psychological awareness). In addition, childhood insecurity may tend to make socialization practices less effective, putting the child at risk for being more susceptible to negative influences outside the family. In some cases, the parenting practices associated with insecure attachment, especially physical and emotional abuse, may actually be modeling antisocial behaviors for children.

Most commonly, researchers and theorists have proposed a link between dismissing attachment and externalizing disorders such as antisocial personality disorder. There is some evidence for such a link. Notably, Rosen et al. (1996) studied a group of psychiatrically hospitalized adolescents and found a strong link between dismissing organization (as assessed by the AAI) and both conduct disorder (based on the Structured Clinical Interview for Diagnosis, SCID; Spitzer, Williams, & Gibbon, 1987) and antisocial disorder (based on the MCMI). However, the other studies to look at antisocial behavior from an attachment viewpoint have failed to confirm such a specific link. Allen, Hauser, and Borman-Spurrell (1995) looked at attachment organization (based on the AAI) and criminal behavior in a sample of young adults (some of whom had been psychiatrically hospitalized in adolescence). Criminal behavior was associated with lack of resolution of trauma and dismissing attachment organization, though young adults in the AAI cannot classify category showed the highest rates of criminal behavior. In contrast, van Loozen and Bakermans-Kranenburg (1996) did not find any predictable associations between AAI classifications and personality disorders in a group of seriously disturbed adults. This group showed the full range of insecure attachment patterns (including the unresolved and cannot classify categories), with the dismissing individuals least likely to be diagnosed with a personality disorder. Finally, using a self-report measure of attachment in a nationally representative sample, Meehan et al. (1997) found that anxious-ambivalence and avoidant attachment were both associated with antisocial disorder (as assessed by a structured interview). In sum, it appears that insecurity of attachment is related to antisocial tendencies, though perhaps to a lesser extent in insecurity (as shown in the unresolved category) is more predictive than a specific attachment orientation.

We look at attachment orientations associated with antisocial personality disorder in a sample of men in treatment for assaulting their female partners and were struck by the heterogeneity in their attachment assessments. The majority of men who were diagnosed as antisocial also were diagnosed with one or more additional personality disorders (Hart, Dutton, & Newlove, 1993). Other than a lack of security, there was little consistency in the attachment patterns observed, suggesting that there are multiple pathways to antisocial personality disorder. Men were assessed with the full range of attachment insecurity, with some showing combinations of two insecure orientations (parallel to the cannot classify). Interestingly, the small subgroup of men whose personality problems appeared limited to antisocial (and perhaps sadistic) characteristics were most likely to be predominantly dismissing. In listening to these men's stories, we were impressed by how a dismissing strategy seemed to act as a risk factor for the development of antisocial tendencies. To varying degrees, these men lacked empathy with others and tended to objectify others, characteristics that would make it less unacceptable to hurt to others. They were also distrustful, tending to make negative attributions of others' intentions or behavior, thereby fueling their own hostility. But, of course, the vast majority of dismissing individuals are not antisocial. Therefore, other factors, including genetic dispositions and socialization forces, appear to be necessary for putting these men on a path toward antisocial behavior.

To illustrate, a 27-year-old man who was diagnosed with antisocial personality disorder showed a prototypical dismissing pattern. He had a turbulent childhood, was difficult to raise, and during his adulthood, dropped out or was unaware of any effects his upbringing had on him, and displayed an impoverished understanding of his own feelings and the feelings of others. His family relationships were characterized by emotional disengagement. His mother, a single parent on social aid, was a difficult woman who was ill-prepared for the physical needs of her 8 children and had little energy left over for their emotional needs. She provided only minimal care and supervision of her children, and, though not actively rejecting, she was unresponsive to their attempts to gain attention and support. On multiple occasions his mother sent him away to live with relatives or put him in foster care. He dropped out of school at a young age, clearly alienated from the larger community. His childhood was also permeated with models of threats and violence as the means to assert authority and handle interpersonal conflict. His mother was unnecessarily harsh in her sporadic attempts at discipline, and one older brother was extremely violent toward him (until he was able to physically defend himself as a teenager). He found a sense of belonging and camaraderie in an antisocial peer group, beginning with his criminal career in his early teens. He had a number of long-term male friends, who he clearly valued, though these friendships were based primarily on shared activities rather than emotional support. His long-term romantic relationship showed a classic pursuer/distancer pattern, with his partner actively seeking greater closeness (physically and emotionally) and he withdrawing from her demands and desiring greater autonomy. When he felt too overwhelmed by his partner's demands, he would attempt to escape from the conflict by either physically leaving or threatening his partner with violence. He did not understand or sympathize with his partner's desire for greater intimacy and support, feeling no such needs himself, yet he downplayed their problems, viewing them as typical of heterosexual relationships.

Consistent with prior research, we have observed that many antisocial men show high attachment anxiety, anxiety that may actually drive their antisocial behavior. For example, a 43-year-old man in treatment for spousal as
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sault was diagnosed as antisocial as well as borderline and hysterion. Based on an attachment interview, he was assessed as highly preoccupied (with some fearful and dismissing elements). He came from a background that had fostered a hyperactivity and rejection and an aggressive style. His father was domineering and abusive to his children and wife and forcefully rejected any sign of vulnerability on his son's part. His mother was overbearing, prone to depression, and unpredictably moody. She sporadically (and ineffectively) tried to protect him from his father's violence, and she was occasionally warm and responsive if he actively sought out her attention. From a young age, this individual responded to any frustration or hurt with aggression and temper tantrums, which at least served to gain the attention of his parents. He had had a series of intense and volatile romantic relationships, all characterized by extremes of dependency, jealousy, conflict, and fears of abandonment. In these relationships, he became violent and controlling in a desperate attempt to hold on to his partners, especially when he felt that they were withdrawing from him (e.g., when they refused to engage him in conflict) or focusing attention on others (friends, family members, their children). However, his violent outbursts had the opposite effect—driving away his partners and thereby confirming his worst fears of being abandoned and being alone.

IMPLICATIONS FOR INTERVENTION

Though research on the therapeutic implications of attachment theory has been slow to develop, the availability of adult attachment measures has recently facilitated an increase in these investigations (Slade, 1999). This research has focused primarily on the relationship between attachment theory and psychoanalysis, the treatment of infants and their parents, and the theory and practice of psychotherapy. Given its developmental perspective, attachment theory's most promising therapeutic implications are likely to reside in preventative efforts aimed at infants and their parents. As Bowlby (1977) stated, "My hope is that, in the long term, the greatest value of the theory proposed may prove to be the light it throws on the conditions most likely to promote healthy personality development" (p. 676). In fact, a meta-analysis of intervention studies found a substantial effect size ($d = .48$) for the effectiveness of short-term attachment interventions in enhancing maternal sensitivity and, subsequently, the likelihood that an infant will develop a secure attachment (van Ijzendoorn, Juffer, & Duysens, 1995). However, this discussion focuses on the implications of attachment theory for the theory and practice of adult psychotherapy.

Attachment theory can assist in the development and implementation of intervention plans for people with personality difficulties (e.g., Dozier & Tyrell, 1998). It should not be considered an organizing framework for understanding problems of adjustment or personality or as a framework for therapy (Barrasholm & Thompson, 1995). Instead, it is most properly and usefully thought of as a way of informing, rather than defining or prescribing, intervention (Slade, 1999). Most generally, attachment theory should encourage therapists to conceptualize attachment styles and behaviors as intervention targets (i.e., problems that are a primary focus of therapy) and as responsibility factors (i.e., client characteristics that may mediate or moderate responses to intervention) (Slade, 1999). This is true regardless of the nature of the intervention. Attachment theory is clearly compatible with intervention models that are strongly focused on close interpersonal relations, such as family systems theory (e.g., Byng-Hall, 1999), but any intervention can benefit from explicit consideration of attachment feelings and behaviors—just as any intervention should consider people's cognitive and intellectual abilities.

The first step in intervention is assessment, and here attachment difficulties must be considered potential intervention targets. Therapists must have some understanding, however incomplete, of a person's problems and resources before they can determine what kind of intervention is most appropriate for that person. Knowledge of attachment theory can help the therapist to create a more thorough and sophisticated assessment of the person's functioning, especially their functioning in close personal relationships—in particular, relationships with family of origin, romantic partners, and friends. These relationships are, of course, of relevance and therefore routinely considered in all forms of therapy. But attachment theory promotes the understanding of attachment as a process rather than a trait—the search for patterns in the person's attachment behaviors across relationships.

consideration of the person's reactions to threats to relationships (real or imagined), and exploration of basic working models for self and others. Therapists should keep in mind one of the important points discussed earlier in this chapter: There is no simple correspondence between personality disorder and attachment patterns. Thus people suffering from the same personality disorder can differ with respect to attachment orientation. In addition, a person's attachment-related experiences and behaviors can differ across relationships and across time.

The second step in intervention is the establishment and maintenance of a stable, productive therapeutic relationship. Here, attachment patterns must be considered responsibility factors. Attachment theory encourages therapists to conceptualize at least part of their responsibility as providing a secure base that promotes safe exploration on the part of clients (Dozier & Tyrell, 1998). At very least, therapists should recognize that they must "walk around" a client's attachment insecurities. For example, the client may have problems related to anxious attachment that are manifested in the therapeutic relationship, including behaviors that represent a rejection protest—feelings of anger and panic in response to the therapist's encouragement of independence on the part of the client. Working around this, the therapist might attempt to find strategies for encouraging independent action that do not elicit feelings of abandonment and rejection in the client. Alternatively, the therapist might not change the primary interventions but, instead, might add strategies to help the client cope with the feelings of abandonment and rejection. A more sophisticated approach would be to "work with" the client's attachment style and behaviors rather than working around them. Continuing with the same example, the therapist might develop strategies that would allow the client's anxious attachment to motivate or facilitate independent action. This could include encouraging the client to develop new close personal relationships in which the client is likely to be required to act independently. Perhaps the most sophisticated approach would be "working through" the client's attachment difficulties. Here, the therapist might directly explore with the client the attachment behaviors in past close personal relationships and draw parallels with experiences in the therapeutic relationship, with the goal of removing actual or potential obstacles in the treatment of the primary intervention targets. (This process is similar to analysis of transference in psychodynamic psychotherapies, although here it is not necessarily expected that exploration of the therapeutic relationship would, in and of itself, have a direct impact on the primary intervention targets.)

Note that these three applications of attachment theory in the establishment and maintenance of the therapeutic relationship—working around, working with, and working through attachment styles and behaviors—are possible regardless of the nature of the primary intervention target (e.g., spider phobia, dysthymia, parasocial behavior, marital distress, and antisocial behavior) and regardless of the nature of the intervention (e.g., cognitive-behavioral therapy, short-term psychodynamic psychotherapy, couple therapy, and group therapy).

The third step in intervention is action, that is, using therapeutic techniques to ameliorate target problems. When these target problems include difficulties in close personal relationships, attachment theory is directly relevant to the choices of therapeutic strategies. In such instances, the therapist's task is to help the client explore how feelings, thoughts, and behaviors in current interpersonal relationships are affected by earlier experiences (Dozier & Tyrell, 1998). The general aim is to revise the client's existing working models of self and others at both the psychological and behavioral levels. At the psychological level, Holmes (1998) suggested that the process of therapy involves helping the client to tell a coherent story and to reframe this story in a more positive and therapeutic way. Attachment patterns provide a type of story in which emotional regulation, experiences in primary relationships, and the interpretations of these experiences can be understood. In interpersonal terms, insight is gained when the individual is able to recognize, accept, and understand relationship patterns; in cognitive terms, changes in schemas and attitudes occur when the individual reinterprets the attachment behaviors of self and others in a more positive or realistic way. At the behavioral level, changing the ways in which one acts in close personal relationships can create more secure relationships, which should, in turn, lead to positive changes in internal working models.

Our discussion so far has been on individual treatment, but attachment theory is also relevant to dyadic, family, and group therapies. Importantly, attachment theory highlights the fact
that in interactions, peoples' attachment problems and dynamics are mutually constructed. For example, one common pattern observed in couples seeking therapy is the pursuer-distancer dynamic, in which one partner constantly seeks reassurance from the other but is met with withdrawal. This leads to increased efforts of the shunned partner to seek comfort, which are again rejected. Byng-Hall (1999) interpreted this pattern as reflecting a preoccupied-dismissing pair in which the pursuer, the preoccupied partner, is feeling deprived and abandoned while the dismissing partner is disdainful of his or her partner's dependency needs. The four-category model of attachment (Bartholomew & Horowitz, 1991) provides an additional interpretation of this pattern. Bartholomew et al. (2001) observed that a common pattern in abusive intimate relationships is a preoccupied female with a fearful male. In this context, the dynamic is a highly volatile one in which the female partner is extremely possessive, jealous, and demanding of her partner's time and attention. In turn, the male partner feels overwhelmed by her demands and is unable to live up to her partner's expectations. His inclination to withdraw only leaves her feeling angrier and more desperate. This creates a high level of conflict that can escalate into violence and have disastrous consequences for both partners. From an attachment perspective, such relationship conflict results from perceptions that one's partner is inaccessible and emotionally unresponsive (Johnson, 1986). Attachment-based therapies can help relationships partners to better anticipate and communicate each other's underlying needs for security, protect against future misunderstandings, and develop appropriate ways of achieving these needs.

Empirical research on attachment and intervention has suggested that attachment organization may be predictive of seeking therapy, compliance, and therapeutic outcomes. Individuals with a dismissing attachment pattern discount the importance of relationships and deal with emotional distress through strategies of deactivation and minimization. These individuals would therefore be expected to find the treatment process emotionally challenging and difficult (Byng-Hall, 1999). Dozier (1990) found dismissing individuals to be resistant to treatment; they rarely asked for help and often rejected offers for help. Slade (1999) observed that it takes a substantial amount of time before dismissing individuals can acknowledge their feelings of loss, rejection, and need and that these insights are frequently followed by periods of suppression and denial. Horowitz, Rosenberg, and Bartholomew (1993) pointed out that the dismissing tend to have interpersonal problems characterized by hostility, and that people with these types of problems do not respond well to brief dynamic psychotherapy. Instead, long-term dynamic psychotherapy, cognitive therapy, or pharmacotherapy may be more appropriate. Despite these negative outcomes for the dismissing, Fonagy et al. (1996) found that psychiatric patients assessed as dismissing on the AAQ showed more clinical improvement after treatment than those who were assessed as preoccupied. They proposed that it may be easier to deal with avoidant strategies such as minimizing than to attempt to reframe a protective and well-established set of perceptions about the past, as would be required with preoccupied clients. To the therapist, the preoccupied present as needy, dependent, and demanding, transforming the therapist-client relationship into one reminiscent of a parent-child relationship (Dobrz, 1990).

A more sophisticated attachment analysis of the therapeutic relationship will take into consideration the interaction of the attachments client's and therapist's attachment orientations and behaviors. Consistent with interpersonal theory, part of the therapist's task is to provide noncomplementary interpersonal responses that challenge clients' habitual interpersonal patterns and thereby challenge their internal working models (Dozier & Tyrell, 1998). However, therapists with insecure attachment orientations may be less able to secure therapists to appropriately adjust their responses to clients. Consistent with this proposition, Dozier, Cue, and Barnett (1994) found that secure therapists were more apt to respond in noncomplementary ways — intervening in more depth with clients relying on deactivating strategies (i.e., those with dismissing tendencies) and in less depth with clients relying on hyperactivating strategies (i.e., those with preoccupied tendencies). Insecure therapists did just the opposite, intervening in ways consistent with their clients' characteristic strategies. In a subsequent study, Tyrell, Dozier, Teague, and Fallet (1999) found that therapists appeared to form stronger therapeutic alliances and to gain more from therapy when they were paired with a therapist with noncorresponding attachment strategies.

CONCLUSIONS

Work much is needed in mapping out the associations between personality pathology and forms of attachment insecurity, both concurrently and longitudinally. The current body of research looking at these associations is plagued by inconsistencies in methods of assessing attachment (including different classification systems) and personality disorders and, for the most part, by reliance on small clinical samples with little range of disorders. It is not reasonable to expect future work in this area to adopt common methodologies, nor would it be desirable. However, as a larger body of research accumulates, it is likely it will become possible to discern greater consistencies in patterns of findings.

In spite of these limitations in the literature, we hope we have demonstrated the usefulness of attachment theory in explicating the potential developmental and interpersonal components of personality disorder. The developmental pathways model conceptualizes personality pathology as a function of a series of deviations which take the developing child (and later, adult) further and further from adaptive functioning. To fully understand personality disorders and the heterogeneity within disorders, it will be necessary to trace these pathways from a point before the presence of disorder. A case in point is Moffitt's (1993) distinction between "adolescent-limited" and "life-course persistent" (early emerging) antisocial behavior. These two groups are not on the same pathway as only the latter group has a higher likelihood of criminal behavior in adulthood. As argued by Sroufe (1997), more important than the mapping on of specific currently defined attachment and personality disorder categories would be work that follows individuals defined by early patterns of adaptation through to adulthood and observes what future outcomes may be associated with different developmental pathways. This approach may uncover new, coherent groupings of problems (p. 264) as well as yield a richer picture of the antecedents of personality difficulties.

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ADVERSITIES ASSOCIATED WITH MENTAL DISORDERS

Mental health clinicians and researchers have long been interested in the impact of adverse events during childhood. On theoretical grounds, it has often been assumed that psychosocial stressors occurring early in life must produce more sequelae than stressors occurring later in life. This theoretical principle can be termed "the primacy of early experience" (Paris, 1999).

Primacy has long been the conventional wisdom for clinicians. A large body of books on personality disorders, using either psychodynamic frameworks (e.g., Adler, 1955; Kohut, 1977) or empirical approaches (Benjamin, 1993; Millon & Davis, 1996) have all assumed that personality disorders are shaped by experiences during childhood.

Yet in spite of its ubiquity, primacy has a shaky evidence base. A large body of research (Garvey & Masten, 1994; Rutter, 1989) shows that negative childhood experiences need not necessarily lead to psychopathological outcomes in adult life. Rather, adversities increase the eventual risk for mental disorders. In other words, risk factors are not causes but increase the likelihood of negative sequelae. Most people exposed to a particular risk do not develop any disorder, whereas people developing disorders may well have been exposed to different risks.

One useful way to frame these conclusions is to note that data from clinical and community populations can lead to very different conclusions. In clinical populations, patients with a variety of mental disorders report more psychosocial adversities during childhood than do nonpatients (Rutter & Maughan, 1997). Yet, in community populations, the same adversities lead to clinically significant pathology in only a minority of those exposed (Garvey & Masten, 1994). In other words, whereas most individuals are resilient to adversity, people who develop up clinical symptoms have an underlying vulnerability to the same risk factors.

These observations may come as a surprise to clinicians who routinely search for historical events to account for present distress. However, there is no contradiction between the fact that psychiatric patients suffer from adversities and the fact that most people manage to overcome them. Therapists need to take the meaning of individual differences in sensitivity to stress into account.

The failure to distinguish between risks and causes has also led to the misinterpretation of research findings linking adversities to mental disorders (Paris, 2000). If one reads, for example, that a large number of patients with a personality disorder report a history of child abuse, it is tempting to assume that these experiences must account for its etiology. However, correlations between risk factors and disorders do not, by themselves, prove causal relationships. In fact, simple associations can often be explained by third variable effects. Many examples demonstrate the importance of these latent variables. Thus, children exposed to any