The Adlerian View of Attachment and Its Relationship to the Development of the Cognitive Schema

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Abstract

Degree of secure attachment is an important predictor of mental health at both early and late development periods. When insecure attachments occur between children and caregivers, adverse behavioral and emotional problems are often a result in childhood and adulthood. The developing cognitive schema is affected by attachment style during this critical period of early maturation. The developing cognitive schema that results from early experiences with caregivers influences adult interpretations of reality. This paper explores the interaction between early-life attachments and the Adlerian view regarding the construction of the cognitive schema. Recommendations are made as to how therapists can treat children, adolescents, and adults who suffer from attachment difficulties.
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Introduction

Early life experiences are important factors that influence later development. Many of these early life experiences are colored by the child’s relationship with his or her caregiver(s). Bowlby (DeHart, Sroufe, and Cooper, 2000) defines this emotional connection between the child and the caregiver as attachment. This attachment relationship varies in degree depending on the quality of the bond between child and parents. Without the proper attachment relationship, problems can arise both initially in the child and in later developmental periods (Muris, Mayer, & Meesters, 2000; Muller, Lemieux, & Sicolt, 2001).

Adlerian psychology is essentially a theory that focuses on how our perception of early experiences influences later behavior. The Adlerian theory postulates that individuals are motivated to overcome inferiority feelings by pursuing a unique personal goal of significance (Ansbacher & Ansbacher, 1956). This psychological theory, formulated by Alfred Adler in the early twentieth century, integrates effectively with attachment theory. Attachment theory helps to explain how the lifestyle or cognitive schema is constructed. Lifestyle is defined as a unified pattern of cognition and behavior that is stable across time (Shulman & Mosak, 1995). According to Adlerian theory, the cognitive schema is divided into four components: the self-concept, the self-ideal, environmental evaluations, and ethical convictions (Mosak, 2000).

Consequently, the cognitive schema is an important determinate of behavior that provides a goal toward which the individual strives (Shulman et al., 1995). Because of the considerable behavioral implications derived from the cognitive schema, the attachment style of the individual significantly influences the quality of the lifestyle. There are qualitative differences between the
cognitive schemas of individuals with secure or insecure attachment styles. A maladaptive cognitive schema negatively affects an individual’s mental health. This affirms attachment style as a predictor of mental health from childhood to adulthood (Muris et al., 2000; Muller et al., 2001). Furthermore, insecure attachment styles influence the development of psychopathology. Secure attachment styles help to insulate against the formation of major psychiatric disorders.

Because insecure attachment styles influence the development of maladaptive lifestyles, therapeutic interventions must be used to modify the cognitive schema by addressing the insecure attachment. Numerous interventions can be applied across the entire lifespan to rectify attachment problems. These therapeutic interventions include narrative therapy, play therapy, and other techniques that can be employed to correct poor attachment bonds between the caregiver(s) and the child.

This paper provides a literature review of essential studies regarding attachment theory, illuminates the Adlerian perspective on attachment, describes the different attachment styles, explores the correlation between attachment and psychopathology across the lifespan, investigates various components of the cognitive schema, examines the influence of attachment on the formation of the cognitive schema, and inspects therapeutic interventions that are effective treatments for children, adolescents, and adults who are experiencing attachment related problems.

*Literature Review*

John Bowlby (1988) defines attachment behavior as a tendency of retaining closeness to a specific person who is viewed as more competent. This behavior usually expresses itself when the child feels threatened and needs these feelings alleviated. Bowlby believes that attachment behavior is an important drive. It is separate from the hunger and sexual gratification drives
postulated by Freud (1988). Therefore, attachment theory aims to clarify how this behavior leads to stable operating procedures. This is comparable to a regulating system where the child defines the parameters and the nature of the relationship with the caregiver (Bowlby, 1988).

The attachment quality of the relationship between the caregiver(s) and the child has important implications for the child’s ability to function effectively in the environment without anxiety (Bowlby, 1988). Consequently, the child uses the caregiver(s) as a “secure base” where he or she can return for safety when encountering an overwhelming situation (Bowlby, 1988).

Main and Weston (1981) were curious about the benefits of being securely attached to both caregivers as opposed to merely one or neither (cited in Bowlby, 1988). When 60 infants were watched interacting with both caregivers separately for 6 months each, the researchers noticed several interesting patterns. The attachment relationships between the male parents were extremely similar to the female parents. This suggests that maternal role does not exclusively predict a more secure attachment with the child. The researchers found that the child could be securely attached to both caregivers, only one caregiver, or have no attachment with either. Moreover, the research indicated that when the child was securely attached to both caregivers, the individual was more adjusted and capable than children who were only attached to one caregiver or to neither caregiver.

The attachment bond is very important to the infant or child. This often becomes noticeable when the mother or father leaves the child alone momentarily. This brief separation may prompt the infant to cry or cause the young child to seek out the parent. This behavior is often defined as separation anxiety. Bowlby suggests that separation anxiety results because of a perceived amplification of danger when the parent is absent (Bowlby, 1988). According to Bowlby (1973), a mitigating factor that may influence the degree of separation anxiety is the
accessibility of the parents. If the parents are only accessible and present on a sporadic level, then the attachment formed will more likely be an insecure type. However, when a consistent level of accessibility with the parent occurs so that the child is fairly certain that the individual will be present when needed, then the child will experience significantly less separation anxiety and fear of abandonment. In addition, depending on how consistently accessible the parent is across the early developmental lifespan ranging from infancy to adolescence, whether constant or sporadic, the individual will carry into later adulthood similar beliefs regarding the consistency that was experienced. Moreover, the degree of consistent accessibility that the individual perceives he or she received from the parent during pre-adulthood is an accurate indicator of authentic experiences.

A study by Rinkoff and Corter (1980) examined separation anxiety and under what circumstances this anxiety is likely to arise. The participants in the study were 80 infants. They were equally divided between both genders. The 80 infants were split into two groups and placed into two different settings including the familiar surroundings of the child’s home and the unfamiliar surroundings of the researchers’ lab. In both settings, the mother would place the infant in a room with a new toy and would subsequently leave the child in the room alone. Then the infant would be observed for signs of anxiety. The results showed that infants were more anxious when their mothers left them alone in an unfamiliar environment. This suggests that separation anxiety is more a reflection of fear. The researchers also suggest that the separation anxiety was more severe when the mother closed the door behind her, making the separation seem more permanent. This study demonstrates the concept of the “secure base” where parents play a vital role as a calming mechanism for the infant. The child utilizes the parents as an external control system to regulate anxiety since the infant has a limited ability to self-soothe.
What circumstances or conditions promote the expression of attachment behavior? One common condition that was postulated to bring about this behavior was the introduction of stress or stress inducing situations. The emergence of attachment behavior, which is defined as “proximity seeking” of the attachment figure, is often present under stressful situations (Klein & Dufree, 1978). Klein et al. (1978) examined the assertions of this premise in a research study where 41 infants were placed in a stressful situation. This stressful situation included the introduction of a stranger who would interview the mother while the child was allowed to play in the same room. The researchers examined the group for behaviors such as crying or fussing that indicated the infants were stressed. The infants were divided into two divergent groups in which the stressed infants were placed into one group and those infants who were not stressed into another. When comparing the two groups for “proximity seeking” behavior, they found that the stressed group of infants exhibited more “proximity seeking” behavior and investigated the room less during play than the group with less stress. The results from the study confirmed the premise that stress induced attachment behaviors among infants. In addition, the research also confirmed that even moderate stress instigated “proximity seeking” behavior (Klein & Dufree, 1978). This suggests the importance of availability of the caregiver in the presence of situations that are likely to produce stress.

Even in adulthood, attachment behavior is still relevant among the elderly. The importance of parents as attachment figures extends into later developmental periods. A study by Miesen (1993) examined the importance of attachment among elderly suffering from Alzheimer’s disease or other forms of Dementia. The participants in the research study totaled 40 adults, which included 27 females and 13 males. These individuals were all diagnosed with Dementia and most exhibited Alzheimer’s disease, which is associated with extreme cognitive
and memory impairment. The data was collected by observing behavioral interactions along five stages. The first stage involved the introduction of a stranger to the participant with Dementia or Alzheimer’s disease, while the second stage began with the entrance of a family member into the room after the stranger leaves. The third stage required the family member to exit, which was stress inducing for the participant. The entrance of the stranger followed this departure in the fourth stage. In the final stage of the experiment, the family member was re-introduced to the research participant.

The participants were observed for attachment behavior toward the family member, such as body language, gestures, and anxiety expressed, when he or she was leaving. The results indicated that attachment behaviors were initiated during stressful situations, but the intensity of behaviors differed when compared to degree of cognitive deficiencies. Individuals with better cognitive abilities exhibited attachment behaviors toward family members. While participants with lower cognitive abilities often demonstrated the same attachment behaviors, they would often imagine their parents were present during a stressful situation. The researchers labeled this “parent fixation” (Miesen, 1993). This “parent fixation” only occurred when the participants were alone with the stranger and lacked a family member to direct attachment behavior. This particular result indicates the overall importance the attachment figure still exhibits in later life. Moreover, Alzheimer’s disease places the individual under extremely stressful circumstances as the disease progresses and the emergence of the phantom parent as a creation to alleviate anxiety (Miesen, 1993).

Research has shown that attachment bonds are created during infancy, but how stable are these bonds between the caregiver and the child across development? A longitudinal study spanning 20 years was conducted by Waters, Merrick, Treboux, Crowell, and Albersheim (2000)
to address this question. The researchers recruited 60 children who were 12 months old at the initial assessment. The assessment of the children’s attachment style was obtained using the stranger situation in which an unknown individual was introduced into a room when the mother was present. While observing the participants during these stressful situations, the children’s attachment styles were determined. These included secure, insecure-avoidant, and insecure-resistant. Most of the children were reassessed at 18 months to determine if the initial designations had changed within 6 months. After 20 years, 50 individuals including 21 males and 29 females were re-examined for attachment style using the Berkeley Adult Attachment Interview.

The results obtained by Waters et al., (2000) demonstrated the stability of attachment across time, which Bowlby had suggested in 1973. Nearly 64 percent of the individuals had the same attachment style to which they were assigned at 1 year old. Thirty-six individuals had attachment styles that differed from the designations they were given 20 years earlier. The researchers accounted for changes in attachment style as the result of encounters with life stressors such as sexual abuse, death of a parent, and other factors. These stressors had the ability to alter the emotional bonds formed in infancy. These findings suggest that negative life experiences can negate the benefits of childhood attachments and that these bonds are elastic.

Another longitudinal study by Bar-Haim, Sutton, Fox, and Marvin (2000) examined the stability of attachment over a span of several years. The participants, numbering 44 children, were split nearly equally across sex and were examined for attachment style using the Stranger Situation at 14 months old. At 24 months, the same children were assessed for attachment style following a similar procedure. Then at 58 months, they were reassessed using the Stranger Situation. This was altered due to the maturity of the participants. The results were fairly
consistent with other studies but with some divergence. For instance, attachment styles remained
the same from 14 to 24 months for 64% of the participants. However, when the children were
assessed at 14, 24, and 58 months, merely 42% had the same attachment styles. The researchers
were unable to explain why their study conflicted with other studies, but they had some theories
why the attachment style changed. The authors reasoned that as infants mature into toddlers,
they require more autonomy from parents and parents are correspondingly adjusting to the
changing needs of their children. Therefore, parents should give their children more supervised
independence as they demonstrate a greater need to explore the environment. This greater need
for autonomy is fueled by the increased mobility of the toddler who has recently learned to walk.
The child is free to follow his or her curiosity under his or her own power. The results also
indicated that attachment styles are indicators of the current relationship between the caregiver
and the child with a semi-fluid bond different from the previously fixed bond formed at infancy.

A study by Hecht and Baum (1984) examined the effects of attachment style on
loneliness in 47 young adults in college. The students were given an Attachment History
Questionnaire to measure their attachment styles while feelings of loneliness were assessed using
the Revised UCLA Loneliness Scale. The results indicated that loneliness was not correlated
with a specific attachment style, but there was a relationship between the general concept of
attachment and being lonely. The researchers pointed out that the individual’s subjective
perception rather than the actual relationship between the caregiver and young adult is key,
which is a very Adlerian interpretation of the results. In addition, fear of separation was a more
relevant factor in causing loneliness.

Attachment from the Adlerian View
Attachment theory is an important extension of concepts and theories expounded upon by Adlerian psychology. The two theories have many similarities. For instance, the relationship the child forms with the caregiver(s) has important implications later in life such as the degree of social interest expressed within the community (Weber, 2003). The influence of early years on psychological development derived from family environment is advocated by both theories (Weber, 2003).

Moreover, attachment and Adlerian theories both advocate the relevance and necessity of social behavior toward mental health in which the individual and society are intertwined where force exerted on one variable influences the other (Weber, 2003). This concept of interconnection arises from the shared desire for belongingness ascribed by both theories (Weber, 2003). Additionally, the notion of goal-directed behavior that develops at an early age is a rudimentary concept of the Adler’s lifestyle and Bowlby’s attachment style (Weber, 2003; Ansbacher et al., 1956; Ainsworth, 1991).

Adler often spoke of the dangers of pampering children (Ansbacher et al., 1956). He regarded a pampered childhood as a harmful existence where the child occupies an elevated position over others, which later leads to neurotic behavior when the individual encounters difficulties and hardships in life. However, Bowlby disputed the notion of pampering as an explanation for the formation of anxious attachment among children, which Freud and Adler believed instigated anxiety (Bowlby, 1973).

Attachment theory works as an explanatory mechanism for social interest. Though social interest is an innate drive within the individual at birth, this concern for others must be fostered by the caregiver (Ansbacher et al., 1956). The relationship between the caregiver and the child is an important determinate of social interest. It is dependent upon the attachment style of the
individual. The secure attachment style promotes social interest by enabling the child to focus his or her attention away from the caregiver while the insecurely attached child becomes self-focused (Weber, 2003). This self-focus develops because feelings of worth and belongingness are unfulfilled. This can lead to a preoccupation with the individual’s own unmet needs. Attachment theory is congruent with the concept of social interest where the social environment is an essential nexus for behavior (Weber, 2003).

Safeguarding tendencies are also expressed within attachment theory. This sidestep behavior, designed to protect the self-esteem of an insecurely attached individual, may express itself in avoidant or oppositional behavior (Weber, 2003). Moreover, inferiority feelings predominate in both theoretical approaches. Feelings of inferiority are the source of an individual’s striving for superiority according to Adlerian theory. In attachment theory, these inferiority feelings may be mitigated when the infant is raised in a nurturing environment (Weber, 2003).

Another similarity inherent in both theories is the notion of personality development originating in the early formative years of development. Adler believes that the personality, which he called the lifestyle, is formed by the age of 5 to 7 and is relatively fixed from this point unless restructured through psychotherapy (Ansbacher et al., 1956; Dewey, 1991). Bowlby (1973) holds a similar viewpoint regarding personality development. He suggests that the first sixth months to age five are critical for forming attachment bonds, which will influence personality from the consistency and accessibility of the caregiver. However, personality is still fluid until fifteen with diminishing influence as the child matures. This position by a child development scholar suggests that Adler’s theory of personality development was innovative and vindicated by later research. Thus, childhood experiences greatly influences personality genesis.
While attachment theory offers a rich theoretical framework regarding the origins of development and the causes of psychopathology, the approach lacks a mechanism for conducting therapy. This can be rectified by applying Adlerian principles because the two theories share a similar perspective (Weber, 2003; Peluso, Peluso, White, & Kern, 2004). Consequently, there are numerous similarities between attachment theory and individual psychology that allow the two approaches to function in unison. The application of attachment principles within Adlerian interventions strengthens the overall effectiveness of assessing and modifying maladaptive lifestyles.

Attachment Styles

Bowlby acknowledges Ainsworth’s research into etiological infant-parent interactions leading to classification of attachment style (Bowlby, 1973). Ainsworth’s experiments involved observing infants momentarily separated from their mothers and inducing stress when a stranger was introduced. With secure attachment styles, she noticed several characteristics. For example, the infant is able to explore the surrounding environment even when a stranger is present by utilizing the mother or parent as a secure base. Additionally, the child tracks the parent’s departure and is eager to meet the parent upon his or her return. This pattern is divergent when compared to insecure attachments. For instance, the infant fails to explore the environment even when the parent is present and is distressed by the presence of the stranger. Upon the parent’s return, the child usually fails to approach the parent for comfort.

Attachment is an important bond between the child and the caregiver. This attachment bond forms in childhood and extends into adulthood. In order to define this relationship, researchers examined the nature of attachment behavior in infancy. Ainsworth, Biehr, Waters, and Wall (1978) described the different attachment styles from their observations obtained
during the Stranger Situation experiment. The Stranger Situation experiment will be explained briefly to offer an understanding of the classification of the infants’ behavior.

The Stranger Situation experiment has several distinct parts (Ainsworth et al., 1978). The first involves the infant and the mother as they enter a room with toys. The researchers observed how willing the infant was to leave the mother and examine the toys. Then a stranger would enter the room and slowly advance toward the infant. At this point, the mother would exit the room, leaving the infant alone with the stranger. After several minutes, the mother would reappear while the stranger departed. The researchers then told the mother to encourage the infant to examine the toys again. At this point, the mother departed the room, leaving the infant alone again. Then several minutes later the stranger would reenter. The experiment ended when the mother came back into the room. While observing the infant’s behavior during this Stranger Situation experiment, the researchers were able to classify the different attachment behaviors into several categories (Ainsworth et al., 1978).

Secure.

Several features characterized the secure group (Ainsworth et al., 1978). Infants in the secure group seemed to willingly initiate contact with the mother by either moving toward her, communicating vocally, or seeking physical touch. When connection with the mother was achieved, the infant attempted to sustain the connection and opposed separation or complained when being released from her grasp. Furthermore, when the child was reunited with the mother, the infant responded with welcoming behavior such as moving toward her or smiling. The child did not ignore or avoid the mother when reunited. When compared to the insecure-avoidant group, the child was far more interested in the mother than the stranger. Moreover, when
separated from the mother, some children became upset. These children were upset about separation from the mother as opposed to loneliness.

*Insecure-avoidant.*

The researchers (Ainsworth et al., 1978) placed a group of participants into the insecure-avoidant category because their behavior shared similar features. In this group, when the mother reentered the room, the infant either avoided or disregarded her. When some of the infants chose to acknowledge or advance toward the mother, the children combined this action with evasive behaviors such as avoiding eye contact, crawling beyond the mother, or rotating away from her. Moreover, some infants made a limited or a nonexistent attempt to seek out the mother when she reentered the room. When the infant was held by the mother, the child seemed indifferent to her physical contact. The stranger is reacted to in the same manner. However, he or she may be avoided less than the mother. Upon the mother’s departure, the infant was either not upset or upset because of loneliness, which was usually relieved by the stranger’s presence.

*Insecure-ambivalent.*

The infants classified in this group demonstrated similar behavior (Ainsworth et al., 1978). The child exhibited noticeable attempts to avoid the mother. This was most evident upon the second departure and reunion episode. This child’s avoidant behavior was joined with a strong tendency to seek and sustain a connection when reunited. These two dichotomous behaviors seem to characterize the child’s intentions as ambivalent in nature. When reunited with the mother after separation, the infant did not attempt to look, move away, or discount her. In addition, when compared to the other groups, the child often demonstrated misbehavior characterized by either extreme passivity or heightened anger.

*Insecure-disorganized.*
Ainsworth et al. (1978) did not originally test the fourth attachment style, labeled insecure-disorganized. Later, Main and Solomon (1990) examined the behavior of children raised in an abusive or unsafe environment where the caregiver(s) were a source of danger (Cited in DeHart et al., 2000). These children experienced conflicting emotional desires such as seeking contact with the caregiver(s) while withdrawal at the same time. The behaviors that infants displayed in this group were unaccounted for by the other classifications. For instance, the child would simply freeze, unable to move or be decisive when responding to the caregiver(s). It was not uncommon for the infants to crawl extremely slow or appear stunned. The infants seemed confused or displayed feelings of terror when the parent was present. They also demonstrated unusual gestures toward the caregiver(s) or exhibited paradoxical actions such as flashing a frightened smile or playing normally with intermittent anger outbursts.

From these classifications, researchers attempted to explain the origin of these divergent behaviors. These differences became important in understanding implications for these attachment bonds on the development of the child through adulthood.

*Attachment as a Predictor of Mental Health*

The research on attachment emerged in the late 1960s and early 1970s. After the initial concepts of attachment styles were formulated and tested, researchers began to focus on the role of secure and insecure attachment on the development of psychopathology. Numerous theories, including Freudian and Adlerian, emphasize the importance of early experiences on the developing psyche.

*Child and adolescent mental health.*

The disorganized style is the most severe attachment classification because the child is often raised in a traumatic environment or received inconsistent care. Given this environmental
background, the child is at greater risk for developing psychopathology. Therefore, it is important to examine the specific factors that contribute to the formation of this attachment style in children and adolescents.

A longitudinal study by Carlson (1998) examined the influences that contributed to the development of the disorganized attachment style. The study involved 157 participants of both sexes and their mothers starting at infancy and extending into adolescence. During infancy, the participants were measured along a comprehensive list of variables including medical records, pre- and post-natal factors such as drug use or feeding behavior, and environmental factors such as the mother’s mental health, caregiver skills, and maternal responsiveness toward the infant. Moreover, the infants were assessed for attachment styles using the Stranger Situation. Then, the participants were assessed during early childhood, middle childhood, and adolescence along several variables including the nature of their maternal relationship, mental health, and behavior observed in the scholastic environment.

When the study was concluded, the researchers examined the results along four divergent categories. The first category focused on factors precipitating the formation of the disorganized attachment style among the participants. Infants raised by single mothers who were deficient in parenting were more likely to develop a disorganized style because of maltreatment and an insensitive or invasive parenting style. In addition, the consequences derived from this style were examined through adolescence and exemplified the expected problems including poor relations between the child and mother, problematic functioning in school, and propensity for dissociation. This propensity for dissociation in adolescence was correlated with disorganized style and maladjustment in grade school. Further, the researchers concluded that disorganized attachment styles, when accounting for other influences, was a precipitating or accelerating
factor for developing psychopathology. However, the authors suggested that an amalgamation of several factors such as inappropriate caregiver-child boundaries, conduct troubles, and disorganized attachment patterns were more significant than when they were separate.

The early years of life are important when examining later mental health in adolescence. The attachment bond formed in infancy affects the child’s ability to adapt in later periods of development. Muris, Mayer and Meesters (2000) explored the relationship between psychopathology and attachment styles using adolescents as research participants. Using a self-report measure, the participants were classified according to their corresponding attachment style, excluding the disorganized measure. Moreover, the participants were measured for anxiety and depression using separate inventories for each condition. Once this information was gathered, results were analyzed. The researchers found a correlation between attachment style and depression and anxiety. About 20% of the participants reported insecure attachments. These individuals were more likely to exhibit both depression and anxiety. The negative foundations laid during infancy seem to increase the likelihood for later development of psychopathology. Consequently, the importance of positive developmental outcomes originates in the first years of life.

Numerous studies focused on the immediate impact of attachment on infants and children including aspects of social development and psychopathology. However, the implication of attachment on later development is a more relevant indication of the importance of early emotional bonds. Brown and Wright (2003) examined the influence of attachment styles on the formation of psychopathology in adolescence. Adolescents were divided into either a pathological or a non-pathological group and measured for attachment styles using an interview assessment instrument labeled the Adolescent Separation Anxiety Interview (ASAI). The ASAI
requires participants to interpret five pictures involving parents in various situations indicating separation.

From their responses, the researchers were able to classify the participants into one of the attachment categories. Most of the non-pathological group (73.3%) was classified as secure while most of the pathological group was classified as insecure (86.7%). Moreover, both research groups were measured for psychopathology. The results showed that the pathological group was more likely to demonstrate psychopathology with more internal and external symptomatology. Those participants with ambivalent attachment styles were substantially less social when compared to other classifications. The ambivalent individuals also demonstrated a higher degree of symptoms, including depression, anxiety, and other cognitive problems, than those with secure styles. The researchers utilized a theory postulated by Kobak, Cole, Ferenz-Gillies, Fleming, and Gamble (1993) that attributed the increased behavioral problems in the ambivalent group to heightened intensification of symptoms designed attract caregiver attention (Cited in Brown et al., 2003). This study highlights the importance of attachment in the formation of psychopathology in adolescents where secure individuals are less likely to experience mental illness when compared to their insecure counterparts.

The influence of the caregiver’s psychopathology on the quality of a child’s attachment is an important area of research. When the child develops a bond with the caregiver, the quality of the bond initially relies on the caregiver’s behavior and initiative toward the child. If the caregiver is unable to provide the appropriate responsive behaviors for the child, the attachment bond formed will suffer and result in an insecure attachment. The caregiver’s inability to care properly for his or her child may result from severe psychopathology. This impedes the parent from providing adequate care.
Espinosa, Beckwith, Howard, Tyler, and Swanson (2001) examined this question using mothers who struggled with chemical abuse. The mothers were measured for other forms of psychopathology, and the emotional bonds between their children were also assessed. The study involved 35 mothers who were observed with their children at 1 and 6 months old. The mothers were measured for their degree of sensitivity and responsiveness toward their children. When the children had reached 18 months old, their attachment style was assessed using the Stranger Situation. Children with disorganized styles had mothers who were less responsive than their secure counterparts. The paranoid and mildly depressive caregivers were also more likely to have children with disorganized styles. However, paranoia had a greater influence on the development of disorganized attachment when compared to caregivers with only mild depression. This particular difference probably relates to the increased severity of paranoia and the resulting increased instability of care the child receives. This study demonstrates that disorganized attachments are formed when children are cared for by unstable caregivers with severe mental illness and raised in maladaptive and neglectful environments.  

Adult Mental Health.  

The research clearly indicates a correlation between insecure attachment and the development of psychopathology among children and adolescents. However, does such a pattern emerge from research with adults? What effect does early childhood caregiver relationships have on people’s adult psychological framework? Will these experiences influence the quality of life and promote or impede the formation of adult psychopathology? These questions are addressed in this section.  

Muller, Lemieux, & Sicolt (2001) explored the connection between psychopathology and adult attachment styles. The experimental group included participants who were either
physically and/or sexually abused from ages 17 and below. The control group had participants who experienced neither trauma. A Relationship Scales Questionnaire was given to the participants to assess the four classifications of adult attachment including secure, preoccupied, dismissing-avoidant, and fearful (Bartholomew, 1990 cited in Muller et al., 2001). Multiple inventories were used to measure abuse and other psychopathology within the research sample.

The results were consistent with research conducted on children and adolescents in that psychopathology was linked with insecure attachments. The preoccupied and fearful individuals demonstrated the greatest propensity for psychopathology including anxiety, depression, PTSD and internalizing and externalizing symptomatology. These differences, when compared to individuals with secure and dismissive-avoidant attachments, are attributed to a pessimistic self-perspective, which was absent in other groups. These results indicate that how one views himself or herself is an important variable in the mental health equation. If an individual has a negative self-perspective, then he or she has a greater chance of developing psychopathology when compared to a more favorable self-perspective. In addition, attachment is a precipitating factor toward the self-perspective the individual develops in adulthood.

The experiences of childhood have a bearing on adulthood. Freud and Adler have postulated this direction of causality with regard to psychopathology. Adler developed his theory of personality development, which he called style of life (Ansbacher et al, 1956). Early experiences, both positive and negative, are interpreted by the child and conclusions are drawn from these experiences. From these conclusions, the child makes assumptions about the self and the world. When erroneous assumptions are formulated, problematic expressions of personality often lead to maladaptive outcomes such as psychopathology and personality disorders.
Subsequent research has proven this correlation. For instance, a study by Mickelson et al., (1997) explored how attachment and other factors mediate the expression of adult psychopathology. The researchers utilized a large sample to enhance the generalizability of the study. The sample consisted of over 8,000 individuals ranging from 15 to 54 who were interviewed and given a corresponding attachment style from their responses. In addition, the participants were measured for difficult childhood experiences such as divorce or death of a parent, psychopathology, personality characteristics, socio-economic status, race, gender, age, marital status, and spirituality.

When the participants’ interviews were scored, the researchers found that 59% were securely attached, 25% were classified as avoidant, 11% were designated anxious, and 5% remained uncategorized. The securely attached individuals were predominately-married Caucasian older women with more scholastic achievements and corresponding economic security when compared to their counterparts. Participants who were scored with an avoidant attachment were mostly African-American males in their late 20’s to early 40’s, who were either married or married at one time. Furthermore, the anxious participants were younger African-American or Latino divorced males with fewer economic resources and lower scholastic standing.

When the other factors were examined for their influence on attachment style, several interesting trends were noticed. For example, childhood difficulties such as marital conflict, maltreatment, and other factors correlated with avoidant styles, while serious physical abuse was correlated with anxious styles. When the influence of parental mental health was explored, the results showed that depressive and anxiety disorders correlated with anxious and avoidant attachment styles among parents’ offspring. When the mother or father demonstrated antisocial
tendencies, committed suicide, had chemical dependence, or was absent for prolonged periods, the participant was more likely to develop an insecure attachment style. Most psychological disorders diagnosed in the parents were correlated with insecure attachment styles in their children, excluding chemical dependency and schizophrenia.

Moreover, when the parental relationship with the child was defined as affectionate, the child was more apt than other types to be secure. When the mother was characterized as being too protective or overly controlling, the child was more likely to be insecurely attached. However, if the father was deemed too protective, the corresponding attachment style was predominately secure. The degree of caregiver constancy did not influence the type of attachment style formed. Spirituality corresponded to secure attachment when examining the participants. The authors’ research reveals that numerous factors interact with the attachment relationship between the child and the caregiver. These factors influence the type of relationship that is formed, including caregiver psychopathology, spirituality, marital conflict, and mistreatment. This variable interaction is similar to a principle of behavioral genetics where multiple genes coalesce to effect the expression of behavior such as aggression.

The Construction of the Cognitive Schema

Adler developed a concept for examining the cognitive framework of the individual, which was named lifestyle (Ansbacher et al., 1956). This lifestyle is the person’s unified pattern of cognition, emotions, and behavior through which all interactions and perceptions are referenced (Shulman et al., 2000). Adler makes several descriptive declarations regarding the lifestyle and how it is constructed (Ansbacher et al., 1956). For instance, lifestyle develops when the individual experiences inferiority feelings from which an innate striving toward a goal occurs. The individual’s lifestyle is evident from the teleological behavior that serves pursuit of
the final goal. Consequently, the individual’s behavior is a function of the goal. It is distinctive in nature because each individual subjectively decides upon an endpoint. This subjective endpoint relates to a measure of significance that the individual determines as worthy of pursuit.

Adler suggests that the individual decides upon this goal around age 5 (Ansbacher et al., 1956). Because the goal is determined at this young age, the child’s perception and power of interpretation to accurately analyze situations are limited by an underdeveloped cognitive and intellectual ability (Dreikurs, 1964). Adler maintains that this goal is relatively fixed by the age of 5. It is called the line of movement. This line of movement is evident by behaviors that reinforce and seek to achieve the goal. Adler describes this directional behavior as the law of movement. This refers to the necessary course of action in service of the goal (Ansbacher et al., 1956). A situation is also interpreted differently from one person to another because the creative aspect of the self will perceive and act upon environmental stimuli in a unique fashion. From this misinterpretation, the individual selects the goal and a course of action is chosen to accomplish the endpoint.

From these early formative years, the individual begins to formulate assumptions and characterize experiences according to the biased apperceptions of cognitive schema or lifestyle. Adler suggests that the individual’s perception of events is subjective and relates to his or her lifestyle (Ansbacher et al., 1956). The individual subjectively interprets life events, and the accuracy of these interpretations is dependent upon the degree of reality interlaced into the perception. However, a truly objective viewpoint is unobtainable by a human being. Consequently, mistaken beliefs skew the perception of experiences in childhood and subsequent adulthood.
Once the final goal is established, every behavior works to fulfill the goal. This fictional final goal is determined by the individual. It is a point of reference. Under this premise of striving for significance, the individual seeks to compensate for perceived weaknesses or inferiority feelings. Therefore, when the individual makes progress toward the goal, the inferiority feelings are alleviated. Out of this cauldron of perceived inadequacy, the goal is forged. Adler describes the process of striving as a normative, insatiable drive where the individual constantly attempts to achieve superiority over the area of weakness or perceived inadequacy (Ansbacher et al., 1956).

The cognitive schema or lifestyle is divided into four parts. These are the self-concept, the self-ideal, environmental evaluation, and ethical convictions (Shulman et al., 2000). The framework of the cognitive schema may be conceptualized as a collection of prisms from which the individual’s life experiences are filtered. It is similar to the effect of light refracting off the sides of a glass triangle. Reality can be viewed as wavelengths of light. Depending on the mood or perception of the individual, many different spectrums or subjective interpretations of reality may be perceived by the human mind. The four parts of the cognitive schema function together as a cohesive whole. Figure 1 portrays the hierarchy for the lifestyle and pattern of interaction each component plays in the machinery of the cognitive schema.

Self-concept.

The self-concept refers to the individual’s perception of himself or herself (Mosak, 2000). This belief about the individual encompasses the broad characteristics inherent in the person. Consequently, the individual’s perceived strengths, weaknesses, interests, education, and other personal attributes are addressed under the self-concept. The individual will tend to reference the environment and engage in behaviors according to his or her own personal beliefs. For
instance, if the individual has a negative self-concept, he or she will attend to information in the environment that confirms this assumption. The self-concept is the chief operating structure of the lifestyle. This component influences the other sub-components of the cognitive schema.

The self-concept governs the establishment of and lays the foundation for the other three sub-components of the lifestyle or cognitive schema. Each sub-component establishes itself by referencing the self-concept as it develops and modifies itself with each experience. This forms a solidified, relatively fixed structure by age 5 (Ansbacher et al., 1956). The referencing nature of the sub-structures provides a feedback loop in which they cycle back to the self-concept that in turn cycles back to the other sub-components. While the self-concept is the master controller of the cognitive schema, it is not the exclusive component of the lifestyle. The self-concept is the first prism through which life experiences are filtered. This filtering process is subject to previous experiences that have shaped the current self-concept. Without this operating self-concept, the other components of the cognitive schema would lack the appropriate referencing mechanism to assign meaning and to interpret various aspects of the self-ideal, environmental evaluation, and ethical convictions. This filtering mechanism inherent in the self-concept is relevant to the formation of other components in the cognitive schema.

The self-concept develops first before the other components of the lifestyle develop. As with the innateness of social interest (Ansbacher et al., 1956), the self-concept is also an intrinsic component of the cognitive schema. An individual seeks to gain awareness of the self and his or her role in the world. Everyone will form a belief about himself or herself to establish order in life and to reference experiences in relation to the self-concept. The positive or negative perception of the self will depend on the individual and his or her interpretation of the environment. Adler suggests that our interpretation of our genes and environment are more
important than the interplay of these two variables alone (Ansbacher et al., 1956). For instance, the individual may be raised in a neglectful environment and be plagued with a debilitative disease. However, if the individual has a positive self-image and attitude, the person is many times able to overcome and thrive in the midst of shortcomings. Conversely, an individual may have been raised in an enriched environment, free of ailments, and still exhibit a negative self-concept. Most times, however, an individual is more susceptible to developing a negative self-concept and maladaptive cognitive schema under adverse conditions.

For instance, a study by Wei and Ku (2007) examined the correlation between attachment and psychopathology in adulthood. The researchers found that insecure attachment styles were associated with increased psychopathology and dysfunctional relationships in adulthood related to “self-defeating patterns.” The individual demonstrates rigid maladaptive behavior, low self-esteem, and negative thoughts that result in psychological distress. The researchers believe that these “self-defeating patterns”, which arise from insecure attachments in childhood, are the psychological mechanisms that facilitate social and psychological problems in adulthood. Conversely, it is reasonable to assume that secure attachments correspond to healthier behavioral patterns as an impetus of a positive self-concept.

Self-ideal.

The self-ideal refers to the individual’s beliefs about himself or herself in relation to who he or she is and who he or she should be (Mosak, 2000). Consequently, cognitive dissonance occurs when the individual fails to measure up to the self-ideal and self-concept. For example, if the individual feels he or she should retain a perfect academic performance as an indicator of intelligence, but fails to do so, the imperfection in this area will create distress. This mistaken belief creates feelings of inferiority when striving for absolute perfection is the final goal. The
self-ideal provides the individual with a goal toward which striving will occur. However, if the self-ideal is unrealistic, neurotic and psychotic tendencies will be more readily expressed in the individual’s lifestyle.

Once the self-concept is formed, the self-ideal begins to develop, as the cognitive structure is able to reference the belief about the self. Without having basic knowledge about the self, who the person is, the individual is unable to construct the self-ideal. The self-ideal references itself constantly from the vantage point of the self-concept. The self-concept must originate first before the self-ideal has a cognitive structure against which to compare and measure against. The self-ideal is comparable to the superego postulated by Freud in which the ideal moral constraints of society are placed on the individual from this component of the psyche (DeHart et al., 2000). The self-ideal has a similar function to the superego whereas the self-concept mirrors the ego. For example, the self-ideal provides a prototypical state of being in which the individual strives to achieve. The superego fulfills a similar function for the ego by providing an ideal template for the self to accomplish. In the same manner, the self-ideal attempts to drive the individual in pursuit of an ideal identity. The self-concept must mediate the ideal view of the self with current perceptions of the self. Without the self-ideal, the individual would lack a direction for striving. This striving is facilitated by the self-ideal and is responsible for the goal directedness of the individual. Goal directedness is an important feature of the individual's psyche. It instills a sense of purpose in the individual. This purpose also gives meaning to the individual’s behavior, which refers to the psychodynamics working within the human psyche. Therefore, when examining the purposefulness of the individual's behavior, evident in the connective points of the lifestyle, the goal becomes apparent (Ansbacher et al., 1956).
A research study by Eisenstadt and Leippe (1994) examined the feedback mechanism of self-evaluation between the self-concept and self-ideal. The researchers found that feedback from the environment initiated self-comparison in which individuals assess whether their self-concept matched their self-ideal. This self-comparison process produced an emotional reaction from participants as they were forced to assess themselves. When individuals noticed discrepancies, between whom they were and their self-ideals, the realization initiated feelings of melancholy. This study supports the concept of a feedback loop between the self-concept and the self-ideal as an individual references the other when determining perceived accuracy about the self.

The desire to overcome is rooted in the self-ideal because the individual compares himself or herself from the vantage point of the self-concept. The individual perceives a certain degree of fallacy within himself or herself when examining the discrepancy between the self-ideal and the self-concept (Mosak, 2000). This discrepancy creates the striving for perfection within the psyche. It becomes apparent in the lifestyle.

When maturing, the individual begins to realize that he or she is not perfect and notices deficiencies in appearance, intellectual abilities, athletic abilities, and other areas of functioning. From this realization, inferiority feelings may develop. The inferiority feelings create an arousal sensation in the individual. This must be alleviated in some manner to compensate for reduced self-esteem. Therefore, the individual creates a goal or a direction toward which he or she will strive in order to reduce the inferiority feelings. By attempting to overcome an actual or perceived weakness, the individual feels better about himself or herself. Even though the individual may never achieve the goal, he or she will alleviate inferiority feelings when pursuing accomplishment of the goal.
A study examined this question and found that individuals felt better when they were in the process of completing a selected goal. Gore and Cross (2006) researched numerous components of motivation and discovered several interesting results. In one particular study, they found that when the individual believed that progress toward a goal had been achieved, this progress produced additional emotions of agency, which spurred continued striving toward the objective. This study supports Adler’s notion of goal directed behavior, which is a striving for superiority to alleviate perceived imperfections (Ansbacher et al., 1956). When examining the self-concept, its relevance is tied to the self-ideal because of goal directedness inherent in the self. The self-concept gains value through the acquisition of a goal. This is facilitated by a deficiency in the perceived self-ideal.

*Environmental evaluation.*

The environmental evaluation refers to the individual’s beliefs about the world or environment and the expectations that are required of the individual (Mosak, 2000). The amount of expectations one feels he or she must fulfill will influence many aspects of the individual. Thus, inferiority feelings may be experienced if one feels he or she is unable to meet these expectations. The individual may overcompensate for these feelings and strive for power to obtain dominance over his or her environment. Alternatively, the individual may believe the expectations of the world are too great and withdraw from society. Generalized Anxiety Disorder or other anxiety disorders such as agoraphobia may develop under these circumstances.

The environmental evaluation functions as an independent yet cohesive psycho-structure of the lifestyle. This part of the cognitive schema is the extension of the self that relates to the outside world whereas the self-concept and the self-ideal relate to personal beliefs about the self. However, these personal beliefs about the self are dependent on the individual’s view of himself
or herself when compared to others in the environment. This environment is viewed from the subjective perception of the individual who will scan the surroundings and make judgments about these surroundings. How the individual interprets the environment determines the judgments that will be made regarding what is perceived.

The self-concept, which is influenced by perceived shortcomings inherent in the self-ideal, will influence how the individual views the environment. Moreover, previous experiences and their interpretations will influence how new experiences are perceived. For instance, an individual abused by a family member will view others with distrust because a supposedly trustworthy person instigated trauma. Likewise, an individual who was raised in a safe family environment will likely have a safe worldview. However, a mugging on the subway may change the individual’s perception of the world as a safe place. Therefore, environmental evaluations are subject to the experiences of the individual and may change with the encounters life brings.

The environment is viewed on a continuum with a nuanced interpretation as new and old experiences are referenced to interpret a social situation or perceive causality in events. However, the lifestyle is developed at a young age when the individual’s cognitive abilities are very limited (Ansbacher et al., 1956). Dreikurs, who suggested that children are good observers but poor interpreters (Dreikurs, 1964), highlights this point. Consequently, individuals are likely to make erroneous interpretations about the world and how they are treated. When examining the environment, the individual is attempting to make sense of the experiences and observations of the world and its actors. Once the self-concept is formed through an interaction with the self-ideal, the environmental evaluations will be colored by the information filtered through this prism.
The individual will be continually evaluating the environment to confirm the assumptions regarding the self-concept. Once the self-concept is formed in the early years of life, each experience will be subjectively evaluated through the prism of the individual's self-image. Therefore, if the individual has extreme inferiority feelings, he or she will perceive neutral comments or situations erroneously such that the situation will be skewed to fit the negative mistaken belief.

Research has proven this tendency to misperceive social situations. For example, a study by Burack, Flanagan, Peled, Sutton, Zygmunтович, and Manly (2006) examined how mistreated children and teenagers were able to demonstrate empathy and assume the viewpoint of others when socializing. The researchers found the mistreated participants were more likely than the control group to experience difficulty considering the viewpoint of others and demonstrate self-centered tendencies. Therefore, deficient parenting and mistreatment produced individuals who demonstrated viewpoints comparable to children from grade school. In addition, degree of symptomatology corresponded to the level of difficulty assuming viewpoints of others in social situations. While the researchers examined the effect of self-esteem on viewpoint taking skills and determined no strong relationship existed, psychopathology demonstrates sideshow behaviors as an extension of inferiority feelings. This principle is also evident in early recollections that are remembered by the individual. When the client is depressed or anxious, the person will tend to remember negative early memories (Ansbacher et al., 1956). Once the client's condition has improved, he or she will remember more positive memories. The environmental evaluation component of the cognitive schema is the prism through which the outside world is viewed.
However, the self-concept is the lens through which the environmental prism is focused. The self-concept gives meaning to the environmental evaluation. The lens of the self-concept focuses the information that is passed through the prism of the environmental evaluation. This modification of information by the self-concept influences how the individual evaluates the surrounding environment. Consequently, the individual never views the environment with truly neutral powers of observation. The goal selected by the individual, which is integrated into the self-concept, influences how the information collected from the environment is coded. The value assigned to information is determined by the individual's perception of reality. Therefore, the psychotic client likely perceives reality with a distorted perception, such that he or she is hearing voices. While the neurotic client also distorts reality, his or her delusions are not psychotic in nature. This subjective perception is also normative for the general population though the distortions may not be as severe.

The feedback loop resulting from the interaction between the self-concept and the environmental evaluation works continually as the observations are evaluated according to the teleological goal that is constructed when referencing the self-ideal. This feedback function is essential for the individual's ability to code stimuli via the organism's environmental encounters. The environmental evaluation is the component of the cognitive schema that provides outside assessment as to whether the goal is being achieved. The self-concept relies on the environmental evaluation to update and measure progress on goal directed behavior. Without this component, the lifestyle would lack the necessary feedback mechanism to register behavioral impact and measure the self via social interactions. The self-concept is developed though environmental interactions as the self gains understanding via contact with others in the community. This social interaction with the community is an essential component of human
development according to Adler (Ansbacher et al., 1956). The interaction between the self and others defines the self-concept. However, the self-concept is formed when the individual compares himself or herself to others while considering the self-ideal. This essential aspect of human nature is fundamental to the development of the self through normalizing interactions with others. This is described by Adler as social interest (Ansbacher, et al., 1956).

_Ethical convictions._

Ethical convictions are the moral codes that the individual believes he or she must meet (Mosak, 2000). These ethical beliefs may develop from religious, personal, familial, and societal forces. These are the moral ideals that one will strive to uphold when going through life. The individual may believe these ethical convictions are unobtainable and rebel against them. This rebellion may produce feelings of inferiority or guilt when the individual decides to revolt against these standards. However, the individual may feel the standards are achievable and strive to achieve the ethical convictions in order to relieve feelings of inferiority. Another individual may feel his or her ethical convictions are unobtainable and may strive to achieve perfection. However, when the individual fails to achieve perfection, he or she will usually experience deep feelings of inferiority that could result in depression or other psychopathology such as obsessive-compulsive disorder. Many different behaviors and convictions will arise from the unique private logic of the individual.

The ethical convictions an individual develops are formulated from the self-concept as the lifestyle component interacts with the self-ideal and environmental evaluation. Subsequently, ethical convictions are the last area of the cognitive schema to develop because the other components must be operating before the individual understands right and wrong. At what age does the individual begin to understand morality at a basic level? This question was
examined by Kohlberg, which was enhanced by Piaget’s elucidation of cognitive development. Kohlberg (Crain, 2005) suggests that moral development occurs in early adolescence when the individual begins to understand basic principles of morality within human relationships with characteristics such as consideration of motivations and whether people are treated fairly. In addition, during this stage of development, adolescents begin to concern themselves with sustaining society by adhering to laws and regulations for the benefit of others. They begin to funnel moral reasoning through the understanding of the greater social impact of people’s actions. This concept is similar to social interest put forth by Adler (Ansbacher et al., 1956).

Piaget’s theory of cognitive development helps explain why adolescents begin to reason with greater depth about morality. Piaget (Crain, 2005) theorized that from age 11 onward, individuals enter into the cognitive developmental stage known as formal operations. In this stage, the individual solves problems with more logical deliberation while attempting to view the problem from multiple angles. This enhanced reasoning is attributed to a greater ability to think abstractly. These advancements in moral and cognitive development contribute to the formulation of ethical convictions during adolescence.

As the individual matures, he or she will begin to understand moral reasoning. However, the individual must truly understand himself or herself before a moral code develops by acquired standards. First, the self-concept develops from an awareness of the self-ideal, which is ascertained through the evaluation of the environment. The ethical convictions regulated by the self-concept are substantiated by the need for self-actualizing, which is the fundamental process of striving to obtain the highest potential for the self (Morris, 1996). Outside of this self-actualizing process, the ethical convictions provide the individual with a sense of right and wrong, acceptable and unacceptable standards for living.
Without such moral standards, the individual lacks the ability to achieve the goal in a socially acceptable manner when striving for superiority along the horizontal plane. The horizontal plane and, conversely, the vertical plane are conceptual devices used to explain the direction of the individual’s striving (Ansbacher et al., 1956). When the individual is striving along the vertical plane, he or she is attempting to gain superiority over others. However, when the individual is striving along the horizontal plane, he or she is attempting to gain mastery for self-betterment. Consequently, the ethical convictions provide the individual with necessary moral guidance when striving toward the goal and prevent behaviors that impede this achievement. When examining the ethical convictions of the individual, they reflect beliefs about the self, contained in the self-concept. These beliefs depend partly on the degree of reality inherent in the perceptions of the individual.

For instance, the individual uses the ethical convictions found in the lifestyle to help serve fulfillment of the goal. The goal is paramount in all aspects of the lifestyle where the purpose provided by the teleological perspective informs behavior (Ansbacher et al., 1956). The ethical convictions provide a framework for behavior that serves the goal. Therefore, behaviors that inhibit the goal by violating societal norms are discouraged by the cognitive schema. Ethical convictions initialize the crystallization of guidelines by informing the individual about acceptable behavior. The individual then understands the consequences for violating social norms and mores when the concepts of right and wrong are integrated into the self-concept.

The ethical convictions influence other components of the cognitive schema by helping behavior remain within the confines of ethical standards. Therefore, when the self-concept selects a teleological goal, the individual seeks to accomplish the goal within the confines of socially acceptable standards. The self-ideal compares the self to others who are valued by
society as opposed to emulating a social deviant who has gained notoriety by breaking social norms to relieve inferiority feelings, such as an individual seeking attention in tabloids. Moreover, when the individual operates within society’s standards, he or she judges behaviors to assess whether they fall within the parameters of societal norms. This perception is shaped under this association between what is acceptable and what is observed. Therefore, each component of the cognitive schema is influenced and informed by the individual’s ethical convictions where behavior and perceptions are guided by personal moral standards.

In this sense, the ethical conviction component of the cognitive schema operates as the individual’s conscience. It delineates a sense of right and wrong. This conscience is not an infallible judgment of right and wrong, but reflects personal experiences and moral instruction received via observation, teaching, and non-verbal modeling. The conscience may be corrupted by a deviant environment or pathological personality, rendering the conscience deficient or the checks and balance system obsolete. However, when the individual receives proper moral instruction and exhibits a healthy personality, the conscience is likely to provide essential moral guidance. The teleological goal is also important in determining the individual’s behavior. For instance, if an individual attempts to achieve significance by gaining wealth, he or she may pursue illegal means when legal methods prove too difficult. The previously mentioned descriptions of the lifestyle components operate under the assumption that the individual is seeking to stay on the useful side of life. However, an antisocial individual may develop deficient ethical convictions. Subsequently, the behavior of this deviant individual may reflect immoral standards or on the useless side of life.

The four components of the cognitive schema, which include the self-concept, the self-ideal, environmental evaluations, and ethical convictions, operate together as a cohesive
cognitive structure. This structure is designed to facilitate the fulfillment of the final fictional goal as each component provides an essential ingredient toward the completion of this purpose.

Each component operates separately within the cognitive schema like different parts of an engine. The collection of the parts, performing their essential roles, drives the car forward under the power of the engine. In the same way, the teleological goal drives the individual forward, aided by the components of the lifestyle. The self-concept is the figurehead of the cognitive schema that manages the other components. The self-concept is the driving force behind the cognitive schema that adjusts trajectory when it receives data from the self-ideal, environmental evaluations, and ethical convictions regarding the self and actions that should be taken given new relevant information. One or more components may operate more readily at any given time, but all of the components are affected by stimuli entering the cognitive schema.

Influence of Attachment Style on the Cognitive Schema

The cognitive schema or lifestyle provides a framework from which the individual approaches the tasks of life. The individual forms assumptions and perceives reality from a certain perspective. This perspective is shaped by the events of life and the individual's subjective interpretation of those events (Ansbacher et al., 1956). From these subjective interpretations, the individual builds a cognitive schema that molds and colors all aspects of the lifestyle.

The fluctuating state of the cognitive schema is influenced by numerous factors. Since the early years of life are immensely important for the development of the cognitive schema, it is reasonable to assume that the attachment bond between the child and the caregiver(s) will influence the structure and texture of the cognitive schema. The nature of the attachment bond, whether secure or insecure, affects the framework of the developing cognitive schema. The
cognitive schema is quite divergent when compared to the secure and insecure attachment styles that modify the final developmental outcome of the lifestyle.

Bowlby describes a similar cognitive structure to the lifestyle or cognitive schema (Bowlby, 1973). He likens this cognitive structure to an “internal working model”, where beliefs about the world and the self are developed through attachment relationships and the availability of attachment figures. Bowlby suggests that the child assesses the caregiver’s opinion of himself or herself as being favorable or unfavorable and whether the child should approach the caregiver for support given this assessment. This opinion is based on the consistent availability of the caregiver. This suggests that the child perceives personal worth through proportional availability of the caregiver. Consequently, the child’s internal dialogue may reflect the belief that his or her parents “love me if they are present when I need them.” Conversely, “if they are not present when I need them, then they must not love me.” From these assumptions regarding caregiver availability, the child’s cognitive schema or internal working model is shaped.

Influence of secure style.

The type of attachment style that operates on the individual’s psyche significantly influences the cognitive schema or lifestyle. An individual with a secure attachment is less likely to express psychopathology as demonstrated by numerous research studies cited in the literature (Muris et al., 2000; Muller et al., 2001). When looking to examine the manifestations of attachment behavior in regards to the cognitive schema, one finds that these psycho-structures are acted upon by forces of the past. These past events and the interpretation of these events change how these psycho-structures develop. When examining the developmental metaphor of the tree, suggested by Adler, it becomes clear that developmental outcomes are expressed differently depending on elements that are present or absent (Ansbacher et al., 1956). For
example, the tree grows to a taller height by reaching the full potential of its genome when the tree is nurtured in an optimal environment. This optimal environment includes enough water, the absence of disease and pests, adequate sunlight, nutritious soil conditions, and the survival of natural disasters such as forest fires and strong winds.

In a similar manner, a human being must be raised under optimal conditions in order to mature into a healthy adult. These conditions include a safe home environment free of abuse or neglect; a good educational system that dispenses knowledge and basic skills such as reading, writing, and math; financial security where food and shelter are present; and other essential factors. One developmental factor that has been substantiated by research is the importance of a strong emotional bond between the child and caregiver known as secure attachment (Bowlby, 1973). This critical ingredient establishes a foundation for other emotional and social milestones that are generalized from these caregiver interactions.

When the child forms a secure attachment with the caregiver, the child makes assumptions about himself or herself and the world. The cognitive schema or lifestyle that is constructed under these psychological conditions differs from the individual with an insecure attachment. For instance, the individual with a secure attachment typically exhibits similar attributes along the structural scaffolding of the cognitive schema. For example, a securely attached individual develops a self-concept where he or she is able to trust others because of the consistency and warm responsiveness of the parents (Bowlby, 1973). Built during infancy, this trust allows the individual to establish and maintain significant relationships such as friendships and marriage. The belief that the individual is loved and valued also arises from a secure attachment. This belief strengthens the individual’s self-esteem and empowers the person to
confront the life tasks on the useful side. Therefore, the individual is less likely to employ safeguarding tendencies to protect his or her self-esteem.

Under a secure attachment, the individual’s self-ideal is more likely to reflect more realistic expectations. Because the individual is secure regarding his or her place in the world and feels respected by humanity, the person demonstrates a healthy striving for superiority on the horizontal plane as opposed to the vertical plane (Ansbacher et al., 1956). Therefore, the striving for superiority over others does not express itself when compared to insecure individuals. When the inferiority feelings are minimal, the individual does not construct an unrealistic self-ideal and avoids unnecessary overcompensation when striving toward perfection. The disparity between the secure individual’s self-concept and self-ideal is minimal because he or she has already received the necessary encouragement and acceptance from the significant attachment figure. This is the most significant person during early childhood. When the child receives encouragement from the parent, the self-ideal is reasonable because the child is not attempting to achieve attention from the caregiver or others to compensate for unmet needs. In addition, the child may select a lofty ideal, but this goal seems obtainable because healthy parental encouragement fosters an optimistic attitude. The secure individual contains a healthier self-concept. This makes comparisons to others less necessary due to increased self-esteem.

The environmental evaluations made by the secure individual are likely to be more positive than their insecure counterparts. When the individual has received the proper amount of acceptance and affection from the caregiver(s), he or she is able to explore the environment while utilizing the parent as a secure base from which the child can return when overwhelmed or scared (Bowlby, 1988).
When the child is less concerned about his or her own emotional security, the child may be concerned about others and develop a greater tendency and expression of social interest. Equally, the secure individual is more likely to generalize about the larger environment using the secure relationship with the caregiver as a template for others in society. This trust of humanity corresponds to citizens who are more engaged in society and are contributing to the betterment of others in true social interest. Moreover, secure individuals perceive the environment with greater accuracy than their insecure counterparts because they are not seeking to overcompensate for inadequacies.

Bowlby believes a healthy view of humanity or the environment arises from a secure attachment relationship with the caregiver (Bowlby, 1973). From the secure relationship, where the individual has received consistent and reliable assistance from important people, the maturing individual generalizes this viewpoint regarding the goodness of society. This positive regard for others readily facilitates the expression of social interest as the child matures into an adult. Therefore, the individual is more trusting of humanity, less likely to withdraw from the social environment, and this ultimately reduces the expression of neurotic and psychotic behavior.

The ethical convictions the secure person forms are divergent when compared to others because of individual and environmental differences. Each individual is raised with different values and standards given the variations in social economic status, religious background, ethnicity, and other contributing factors that shape the formation of ethical standards. However, they share many similar convictions because of increased empathic tendencies. The secure individual understands the consequences of actions and is likely to respond in a socially acceptable manner. This individual is more concerned about others because the person’s basic
emotional needs have been satiated by the attachment relationship with the parent. Therefore, the individual feels supported and secure in order to support the needs of others in a true expression of social interest.

These four different components of the lifestyle work together to form a cohesive cognitive schema. The cognitive schema serves as a prism through which all experiences are interpreted. As a result, past experiences affects the interpretation of current and future experiences.

What types of early experiences do secure individuals experience? These experiences have been more positive than their insecure counterparts. However, if their experiences are generally positive but they encounter some trials and tribulation during life, what explains the healthy outcomes in these individuals? Their parents and other caregivers were present and responsive to their children’s needs to buffer the effect of negative experiences in later life.

For instance, a study by Skopp, McDonald, Jouriles, and Rosenfield (2007) examined the impact of “maternal warmth” as a mitigator against behavioral problems in childhood. The researchers found that the mother’s affection and care toward the child reduced the expression of externalizing symptoms when the parents had a hostile and confrontational relationship. This “maternal warmth” seems to promote resiliency against life stressors. Another study by Kogan, Luo, McBride Murry, and Brody (2005) examined whether good family relations among black disadvantaged youth reduced the likelihood of chemical abuse. The results indicated that when the participants viewed their family interactions favorably, they were less like to pursue drug abuse. Consequently, family and parental support protects children and adolescents against the negative influences of life.
From these positive parental interactions, the children learned that they could trust their parents to be there for lives’ tribulations, which is explained by the secure base phenomena (Bowlby, 1988). In order to receive this extraordinary ability to explore the environment with confidence, the child must experience certain behaviors from the parent. Bowlby describes the development of the secure base as a function of secure attachment. Moreover, Bowlby (1988) explains that the secure base operates effectively when the caregiver responds appropriately to the child’s concerns for which he or she has returned to the base for any number of needs. These needs include nurturing behavior that meets basic physical necessities such as providing food and water; providing emotional support when scared or overwhelmed; and general encouragement to meet the challenges of life. Adler (Ansbacher et al., 1956) often stresses this need for encouragement. Without this constant encouragement, the child fails to grow into a confident individual able to function successfully in adulthood.

Influence of insecure style.

Individuals with insecure attachment styles typically have divergent cognitive schemas when compared to their secure counterparts. The insecure individual feels less safe and receives less support from the parent. This produces greater insecurities and fosters deeper inferiority feelings. For instance, the insecure individual may develop a far different self-concept than someone who has a secure attachment. The insecure individual may have been raised in a less nurturing and emotionally satisfying environment. Because of this deficit in emotional care, the individual is more likely to develop low self-esteem and a negative self-concept. This individual is prone to strive for superiority on the vertical plane and overcompensate for severe inferiority feelings under the growing weight of discouragement. This fosters the development of a
neurotic disposition and increases the individual’s propensity for psychosis and other neurotic sideshow behaviors.

From this insecure relationship with the parent, the child develops a perspective about his or her own self-worth. This self-worth is important to the development of the self-concept, which in part governs the entire apparatus of the lifestyle. When the parent fails to provide adequate encouragement and support, the child may develop an inferior self-concept. The child may develop numerous mistaken beliefs under these circumstances. Some of these mistaken beliefs may include “if my mother doesn’t spend enough time with me, then I must not be worthwhile”, or, “I must not be good enough because they don’t listen to me.” Many variations of mistaken beliefs may develop from this insecure child-parent relationship.

Under such circumstances, the child may erroneously believe that if he or she were more perfect, then “my parent would love me or give me the attention I desire.” The individual may strive for superiority in order to gain the attention or approval that he or she needs from the parent. This striving for superiority to achieve attention may be on the useful or useless side of life. For instance, if the individual were attempting to gain attention and approval by being extremely successful in business or another field of employment, this striving would be described as socially acceptable. However, the individual may strive for attention by gaining notoriety in a life of crime when operating on the useless side. This self-ideal is governed by basic beliefs that underlie the self-concept the individual has formed about himself or herself from experiences with the caregiver(s). The self-ideal is described by Mosak as the person “I should be” (Mosak, 2000, p. 66). The health of the self-ideal is measured by the distance from the self-concept. If early experiences with the caregiver has created a negative self-concept and the self-ideal is relatively high when compared to the self-concept, the individual is likely to
develop extreme inferiority feelings because he or she perceives a great disparity between where the person should be and where the person is currently located. This concept is similar to cognitive dissonance.

The self-ideal develops from the child’s experience with the caregiver. Depending on these experiences and the expectations the child believes he or she must obtain, the self-ideal will develop according to the circumstances of early childhood. Therefore, if the child has not received nurturing and secure care from the parent(s) and the individual perceives that he or she must become an important person, then the child may develop an unrealistic self-ideal. When the self-concept is negative, the child may demonstrate a failure to thrive in which the striving for superiority is stifled by the negative self-esteem. For example, a study by Mikulincer (1995) examined attachment styles and their effect on the self-concept. The research indicates that anxious-avoidant individuals remembered less positive details about themselves than their secure counterparts. Overall, the insecure individuals experienced greater differences between their self-concepts and their self-ideals than individuals who were securely attached.

The self-ideal provides the individual with the goal toward which the individual strives. The final fictional goal is the driving force behind the individual’s behavior. The fictional goal develops from the subjective experiences and expectations developed by the individual during childhood. The negative and insecure relationship with the parents may create a self-ideal that is subject to unrealistic desires or erroneous assumptions about the parents’ beliefs. Since the child failed to receive enough support from the caregivers, the individual attempts to explain the reason for such rejection. Therefore, the child is driven to explain the behavior of others operating in the world. The purpose to make sense of the chaos that is evident in each human’s innate capacity to learn language when interacting in the environment. This is aided by
Chomsky’s language acquisition device, which states that learning language is inherent from birth (Dehart et al., 2000).

Once the child selects the goal, he or she may strive to obtain perfection. This perfection represents the final goal toward which the individual strives in order to achieve significance. Unless the insecure individual achieves this goal, the child or adult typically feels inferior. Because children are superior observers but inferior interpreters (Dreikurs, 1964), the child is likely to reach a faulty explanation for the parent’s insufficient care and select an unrealistic goal about the parent’s behavior.

Under the insecure attachment style, an individual may create either a disparaging or exaggerated self-ideal. From the insecure individual’s viewpoint, he or she is inferior by some standard he or she has imagined. Depending upon high or low parental and personal expectations, the individual may struggle to meet set goals. Consequently, if an individual feels worthless and destined for nothing, he or she may set a limited goal to achieve success. An example is the goal of survival in the case of abused children. On the other hand, an individual may establish a high self-ideal to overcompensate for a perceived weakness. Inferiority feelings may then increase when the individual fails to achieve unrealistic standards. In addition, the individual may deem the ideal as being too exaggerated and give up, which will result in substantial inferiority feelings under the presence of cognitive dissonance. Any variation in this dynamic may be constructed from the insecure attachment style, but the individual is placed at a disadvantage when raised under these circumstances.

An individual may develop a divergent worldview or environmental evaluation when constructed under the insecure attachment style. The individual may view the world as an untrustworthy place in which one must rely on himself or herself because others are
undependable. Therefore, the individual is less likely to trust others. This creates problems for seeking and maintaining significant human relationships. The insecure individual may be more withdrawn and experience less successful relationships.

All the subtypes of insecure attachment may experience a distrust of others because of their experiences in youth. Since Adler states that individuals make judgments about the opposite sex from their observations and interactions with their mothers and fathers (Adler, 1998), if the individual were insecurely attached to one or both parents, the individual may have difficulty forming friendships and sustaining intimate relationships. Because the capacity for intimacy is reduced, the individual is more like to be divorced or to avoid commitment altogether. Agoraphobia and other social anxieties may develop under such circumstances when the person views the world as a distrusting place. The individual may have difficulty participating in society and fail to demonstrate social interest. This is a risk factor for psychopathology when this variable is absent (Ansbacher et al., 1956).

According to Bowlby, the insecure individual likely views the environment as unsafe and uncertain given the prevailing experiences with the caregiver (Bowlby, 1973). Bowlby suggests that when the individual was abandoned by the caregiver, he or she failed to receive adequate love and encouragement. He or she constantly worried and was unsure about the parent’s presence. As a result, the adult individual may lack faith in the dependability of fellow human beings. Therefore, the individual may respond to the world by either withdrawing or confronting. This may result in psychopathology such as depression or social phobias when internalizing this worldview. This environmental evaluation may result in antisocial behaviors and criminal activity. The negative self-concept may in turn influence how the individual evaluates the environment. From past experiences with a caregiver who failed to meet the
child’s basic emotional needs, in the case of insecure attachment the child may develop expectations for the world and how others operate. Again, the self-concept governs the individual’s assumption about the surrounding environment. Depending on the individual’s self-concept and the amount of positive regard, the environment is perceived through the prism of this component of the cognitive schema.

The ethical convictions formed by an insecure individual as a result of this type of attachment may vary quite substantially depending on the insecure attachment style he or she develops. For instance, an avoidant individual may formulate a belief that concern for others is unnecessary. Therefore, the ethical assumptions may be less subject to empathic tendencies and demonstrate a greater propensity for deviant behavior.

Adler suggested that decreased social interest increases the individual’s propensity for criminal behavior when certain external environmental factors spur the individual toward criminal acts (Ansbacher et al., 1956). These external factors may include hunger, economic disadvantage, fear, and other factors that pressure the individual to respond out of desperation. Ethical behavior is also a reflection of mental health (Ansbacher et al., 1956). The insecure individual is more likely to exhibit psychopathology. Therefore, the insecure individual, who is plagued by greater inferiority feelings than his or her secure counterparts, may seek to alleviate these insecurities by overcompensation. According to Adler’s suggestions that mental health and ethical behavior are linked, he lays out a deliberate course of behavior for the neurotic (Ansbacher et al., 1956). Adler indicates that striving for power over others hinders the expression of social interest as a function of reducing inferiority feelings at the expense of others. These anti-social tendencies arise in response to neurotic behavior. Consequently, insecure
individuals typically have difficulty expressing ethical behavior that benefits others though true social interest.

The failure to formulate a secure attachment in childhood is an expression of an inferior secure base foundation. If one examines the deficiencies of the parent-child relationship where an insecure attachment has developed, you likely find that the child cannot seek out the parent as a secure base. Because he or she knows from past experience, the parent will not help the child cope with a particular situation or emotion. Depending upon these past encounters with the parents, the child typically makes assumptions about the parents’ future behavior. If the parent was inconsistent with the child and provided only occasional support, the child may approach the parent with some anxiety and uncertainty because he or she will not know how the parent responds. The individual may develop an ambivalent attachment style because the parent has unsuccessfully met the security needs of the child.

However, if the parent consistently provided unresponsive care and failed to provide encouragement, the child will avoid the parent and must use himself or herself as the secure base since the parent cannot fulfill the need. This type of behavior may occur with an abusive parent where the caregiver is a dangerous and unsafe individual. This often results in a disorganized attachment style (DeHart et al., 2000).

Under less severe conditions, the child may develop an insecure-avoidant attachment style. When the child fails to receive encouragement from the parent, the individual may develop inferiority feelings that impede his or her ability to meet the demands of life. As a result, the individual may demonstrate a greater propensity for adulthood sideshow behavior that is facilitated by neuroses and psychoses.

*Therapeutic Interventions for Attachment Problems*
Psychotherapy arose from a developmental perceptive as Freud and Adler examined the problems of the present with an eye to the past, as past experiences influenced the individual’s current circumstances and behavior. Therefore, psychotherapy theories and techniques have attempted to address these developmental problems by focusing on present symptoms through exploring issues of the past. As an archeologist searches for artifacts found in the present to learn about past cultures, the psychotherapist must investigate the past in order to learn about current expressions of behavior.

The research indicates the importance of attachment on the formation and development of the cognitive schema and psychopathology. These processes have implications for the expression of neuroses and psychoses. Since a correlation has been found between insecure attachment and psychopathology, the attachment bonds formed between the child and the caregiver are paramount for healthy relationships and overall wellness in life.

Because attachment has such a significant impact on the individual’s life and social relationships, when an individual fails to form a secure attachment with the caregiver during childhood, an important component in mental health has been removed. Therefore, how can this fissure in positive trajectory be corrected with the insecure individual? Is the insecure individual doomed to suffer permanent damage from poor childhood experiences with his or her caregivers? Will the insecure attachment threaten the individual’s ability to have a normal healthy existence and develop healthy relationships? With such important implicates for future developmental outcomes, influenced by past developmental history, how can the insecure individual be treated to correct problems in relationships with important attachment figures?

Researchers and clinicians have asked these questions with the intention of correcting insecure attachment styles in order to improve present and future behavioral conditions. From
these questions and research, techniques and methods have been developed to deal with the problems of attachment. Researchers and therapists have attempted to repair damage from poor attachment relationships along the entire developmental spectrum ranging from infancy to adulthood. These therapeutic interventions are explored for children, adolescents, and adults struggling with the effects of insecure attachment.

**Interventions for children.**

When applying clinical interventions, it is best to begin treatment as soon as possible in order to ensure the most optimal results. This principle of prevention is paramount in the application of treatment in the medical field where the early detection of an infection or disease means the odds of recovery are improved. In psychotherapy when working with children, this principle is also relevant for the success of psychotherapeutic interventions. By initiating treatment at the earliest point in development, the individual’s ability to successfully transition into the next developmental stage improves dramatically. Therefore, it is important for attachment related problems to be addressed when they are first suspected.

These insecure attachment problems are likely to occur in similar situations with common presenting problems. Certain populations are more likely to experience attachment problems. For instance, a child who is physically or sexual abused by a parent will often develop attachment problems along with other factors such as PTSD. When this child is separated from abusive caregivers, he or she will need to develop a secure attachment with the adoptive parent or repair the parent-child relationship once the abusive parent has received treatment. Children who are forced to transition from foster home to foster home or are raised in orphanages before they are adopted are likely to have attachment problems (Crittenden & Ainsworth, 1989, cited in
By identifying susceptible populations, the clinician will be ready to address attachment problems before they cause further developmental issues.

The role of attachment is fundamental to mental health. Therefore, it is important to begin treatment of attachment disorders as soon as possible to minimize and prevent formation of attachment related problems and other psychopathology in later developmental stages. Interventions beginning as early as prenatal and infancy have been employed to improve attachment relationships. Some interventions have focused on the parent-child relationship, but some attention has been given to improving the child exclusively. Field has postulated several interventions for infants (Field, 1992). Reduction of stress for the infant is a way of enhancing attachment between the caregiver and the child. This removes emotional barriers to the formation of secure attachment styles. One such way to form a strong attachment between the mother and the child is to show the mother an ultrasound picture of the developing fetus. The goal of this intervention is to alleviate concerns the mother may have regarding the state of the pregnancy when she is feeling anxious about her developing baby.

Once the child has been born, the neonatal environment also presents an opportunity to strengthen attachment. This is enhanced when stress is reduced. When infants are born premature, they are typically placed in the ICU where they are monitored by equipment that measures their vitals. These machines and the incubators that house the infants hinder the attachment process due to isolation from their mothers. The nursing staff temporarily becomes the attachment figure to help the infants develop attachment bonds. This helps the child to become acquainted with the notion of a caregiver who will be consistently available for his or her needs. This fosters the development of secure attachment once the actual parents care for the child. Further, the neonatal environment can be stressful when the infant is transitioning from
breathing without the incubator (Field, 1992). The stress hormone Cortisol is implicated in the reduction of growth hormones in response to the infant’s stress. This is elevated for nearly 5 days during the transition period. Therefore, the medical professionals must work to reduce the infant’s overall stress level during the neonatal period in order to foster normal development.

Another intervention that helps the infant alleviate stress and create a better emotional state for attachment is the use of the natural sucking reflex. This method is facilitated by using pacifiers to induce the natural sucking reflex. This helps the infant to self-soothe. The pacifiers help calm the infant when the health professionals must heel stick, a procedure for drawing blood for analysis. According to Field and Godson (1984), pacifiers also help alleviate stress during tube feeding (cited in Field, 1992). This is later translated to less difficulty transitioning to bottle-feeding.

The use of massages for infants is also an effective method of reducing stress in developing children. When the proper technique is utilized, the infant is relaxed from the procedure. This procedure involves rubbing the infant with gradual movement along the head to the back, along the limbs, but avoiding the abdomen and torso because infants find touch in these areas unpleasant. This unpleasant sensation is believed to be a conditioned response to adverse sensations caused by pain producing medical procedures involving the abdomen and the torso.

Another clinical intervention exists to help hospitalized infants restore interrupted attachment bonds with caregivers caused by separation. This procedure involves the mother singing to the infant as a means of soothing and providing an emotional connection (O’Gorman, 2007). This procedure is recommended under the following conditions: when time together is restricted by serious medical care; the mother has the ability to join with the child using song; the mother has the ability to accurately read the infant’s behavior and adjust the singing accordingly,
such as changing tone and volume; the mother has the ability to join spontaneously with the child on a musical level; and the infant is able to respond to the mother’s singing as a mechanism for relational bonding. Singing to the infant is another means for the caregiver to form a secure attachment under adverse conditions.

For children who have developmental problems, a narrative approach has been utilized to repair attachment problems in family attachment (Lacher, Nichols, & May, 2005). The narrative approach involves telling a story that enables the child to recover from past traumas and acquire enhanced skills. It is important that the new story include several important details about the child and the caregiver in order to construct a narrative that will foster a secure attachment. The stories should include several different components as the narrative is constructed.

The narratives work to modify poor inner working models that the child has constructed from past negative experiences to account for his or her abandonment. When developing a story, the vocabulary and complexity of sentence construction should reflect the child’s mental capacity in order to increase the effectiveness of the story.

Of the narratives that are constructed, three thematic elements are commonly evident. The first thematic element involves acknowledging that the child warranted better treatment than he or she received from caregivers and that he or she should have been loved. The second theme is similar but carries this assumption further by acknowledging that the abuse or maltreatment that occurred was wrong and would not have happened had he or she been raised by dependable caregivers. The third theme asserts that the caregiver’s love is unconditional and independent from the child’s actions and that mistakes are expected while the child learns new behaviors.

The narratives are told from a particular viewpoint either from the first or third person (Lachner et al., 2005). When the first person viewpoint is utilized, the caregivers are attempting
to convey personal struggles to the child and validate the child’s own experiences.

Consequently, the child is able to learn from the experiences of the caregiver and identify the themes relevant to the child. When the third person viewpoint is employed, the caregiver is attempting to reconstruct past experiences for the child and make assumptions when exact details are unknown, especially with children from neglectful or distressing backgrounds. The use of the third person in the stories allows sensitive information and emotionally charged subject matter to be examined from the neutral and distant viewpoint of a third party. This distance helps to eliminate the use of denial and protects the child from re-exposure to distressing events.

An important detail of the narratives concerns the protagonist of the story and how well the child identifies with the character (Lachner et al., 2005). When the child is able to closely associate with the main character, he or she will more likely adopt the main point of the narrative and subsequently alter his or her cognitive schema or, as Bowlby states, the inner working model. The protagonist may be a real individual, an actor from a film, an animated character, an animal, or any fictitious character with whom the child can relate to drive his or her interest in the content of the narrative.

The narrative content is tailored to the child’s particular needs and selected from his or her unique “internal working model” (Lachner et al., 2005). Each narrative should have an opening, main body, and a conclusion where the message and content are laid out to the child. In the opening part of the narrative, the main character should be introduced in conjunction with the story landscape. Once the surroundings and the main character are introduced, the main plot should begin to unfold where the therapeutic agent of change occurs within the narrative of the story. The main character’s cognitions, feelings, and behaviors are described within the context of the narrative until the protagonist’s journey ends. During the conclusion, the main problem or
obstacle is resolved. This demonstrates to the child that problems can be solved. By resolving
the dilemma, the child’s affect level reduces and the main point of the narrative becomes evident
at the conclusion. The child is able to learn from the moral of the story and apply the lesson to
his or her life. This family attachment narrative approach is helpful when working with insecure
adoptive children and can be used with biological children with attachment problems.

*Interventions for adolescents.*

Adolescents are also likely to experience attachment problems if they encountered certain
problems during this sensitive developmental period. For example, when the adolescent
experiences either physical and/or sexual abuse or the sudden loss of a parent because of divorce
or illness, he or she may experience separation and abandonment issues that will hinder the
individual’s ability to trust others. Because of mistrust, to avoid further rejection the adolescent
may intentionally sabotage relationships with others including peers and adults. To prevent this
behavior and others, the adolescent needs to confront attachment issues in order to function
successfully in adulthood.

Heinz Brisch (2002) makes several suggestions regarding the broad application of
therapeutic techniques when working with both children and adolescents. He suggests that the
clinician must establish a secure attachment in the face of the adolescent’s insecure symptoms.
This is done through consistent behavior and emotional accessibility. When attachment
behaviors are noticed during psychotherapy, the clinician should comment on the dynamics
inherent in the behavior. For instance, if the clinician observes the adolescent’s emotional
withdrawal during a session, he or she should relate the client’s fear of rejection stemming from
emotional abandonment to the emotional distance created by the withdrawing behavior.
Through the therapeutic mechanism of transference, the client’s attachment problems resulting from the caregivers’ behavior become apparent. From this transference and the ensuing feedback that is produced, the clinician can adjust therapeutic strategies accordingly. During the beneficial therapeutic relationship, the therapist can promote healthy secure attachment paradigms while reducing insecure paradigms that developed from negative caregiver relationships. When termination begins, this should be initiated by the caregiver on behalf of the adolescent to minimize the expression of rejection. If the clinician appears to be initiating termination, the adolescent could perceive the action as rejection and this may re-traumatize the client. The perceived loss of an attachment figure can be reduced by welcoming a return to psychotherapy when the need arises. This lack of finality supports the attachment concept of the ‘secure base’ where the client can return to the attachment figure when he or she feels threatened by the environment.

Biringen (1994) advocates utilizing the therapeutic relationship to help the adolescent create equilibrium between forming attachment bonds and the need for autonomy, which is important for teenagers. The psychotherapist should help the adolescent gain independence in an attachment relationship while still maintaining a strong bond with an attachment figure. The psychotherapist should enable this autonomous transition by promoting the secure base experience via the client’s release from therapy to practice skills that were learned and return when problems are encountered.

*Interventions for adults.*

When the individual has reached adulthood, he or she may experience problems related to attachment issues that occurred during childhood. This assertion is fundamental to the Adlerian concept of lifestyle, where the final fictional goal is chosen by the age of 5 (Ansbacher et al.,
1956). Once the insecurely attached individual has matured into an adult, he or she may have severe mental health problems and problematic relationships. The insecure adult will likely have deep inferiority feelings and severe mistaken beliefs about the self and others, creating an inferiority complex. The individual may strive for superiority over others on the vertical plane in order to overcompensate for these feeling of inferiority.

When working with adults who are struggling with attachment disorders, Heinz Brisch (2002) makes several suggestions regarding intervention techniques. For instance, Brisch suggests that the client may transfer his or her attachment issues onto the clinician who becomes a surrogate attachment figure to the individual seeking therapy. Therefore, the psychotherapist should approach the client from a certain therapeutic perspective. The clinician should facilitate the client’s use of attachment behaviors toward the psychotherapist. This is enhanced by the clinician’s ability to become emotionally available to the client like a parent figure. In addition, the clinician should serve as a ‘secure base’ for the client to process therapeutic issues. When working with insecurely attached adults, the clinician should be willing to adapt the degree of closeness in the therapeutic relationship. For example, the clinician may need to create distance when the client becomes overly dependent or foster a closer clinical relationship when the client becomes too detached. The psychotherapist should utilize the client’s transferences as a way of exploring the client’s own parent relationships. The clinician should use therapy as a magnification of attachment behaviors utilized by the client to deal with issues such as intimacy and lack of trust. The psychotherapist should also prompt the client to examine how current behavior is influenced by past relationships with caregivers in childhood. Moreover, the client should explore his or her current affect and cognitions related to these past attachment relationships.
The adult client needs to understand the connection between his or her current and past behavior in relation to attachment issues where negative experiences altered his or her beliefs about the self and others. The client may be utilizing maladaptive attachment behaviors with current relationships. These may have been learned during interactions with childhood attachment figures. Therefore, the client must be urged to modify these maladaptive behaviors when engaging in current social relationships.

When terminating therapy, the clinician should carefully demonstrate the proper way of handling separation in social relationships. The insecure client will often have difficulty with separation because inconsistent caregiving produced mistrust and feelings of rejection. Additionally, the clinician should not initiate the termination because the client could construe a premature closing of the therapeutic relationship as rejection. When the termination process does occur, the clinician should explore the client’s apprehension about ending the relationship. Since the secure attachment relationship was modeled with the clinician, in order to continue to foster the maintenance of Ainsworth’s concept of ‘secure base’ with the client, termination of psychotherapy should not be viewed as permanent. Rather, the client should feel as though he or she is welcome back if the individual needs further psychotherapy.

If the insecurely attached individual is in a committed relationship with another person, attachment issues such as trust and fear of rejection may negatively affect the relationship. The other partner may also be insecurely attached. This would create a complex dynamic of mistaken beliefs regarding the behavior of others and the unmet expectations about relationships. Focusing on the emotions of others is an optimal way of dealing with couple attachment issues. One of the central objectives of emotion focused couples therapy is to foster secure attachment in the couple’s relationship (Johnson, 2004).
According to Susan Johnson, emotion focused couples therapy consists of three distinct stages with steps that must be completed in each stage (Johnson, 2004). The first stage is labeled de-escalation of negative cycles of interaction. The goal of this stage is to modify destructive behavioral patterns between the couple where fighting and insults may be common. The first step in modifying these unproductive and unhealthy patterns is to develop a coalition with the couple and examine attachment issues that are contributing to the present problems. Therefore, the clinician must gain the trust of both members of the couple by fostering an environment of security and indicating that their objectives and problems are recognized and solvable. Once the goals of psychotherapy are verbalized and recognized by both the clinician and clients, the assessment phase can begin under the first step of stage one. In the assessment phase, the attachment problems contributing to the present situation are examined and validated. The clinician begins to theorize about issues that may be hindering the formation of secure attachment and assesses each client’s level of commitment to the relationship.

During the second step, the patterns of maladaptive behavior are examined and their contributions to the presenting problems are determined. The clinician examines how these patterns of social interaction are leading to and involved in the problematic aspects of the relationship. The third step involves identification of unspoken emotions driving the couple’s conflict. When exploring the emotions of the clients, the clinician should examine the present affective state while avoiding past feelings. The psychotherapist should fully explore these emotions to expand the understanding of how they operate in the relationship. Attachment issues such as lack of trust or emotional avoidance will become evident and should be discussed openly between partners.
The fourth step involves reconceptualizing the relationship difficulties to maladaptive patterns of behavior, unresolved feelings, and unfulfilled attachment desires. Blame is placed on these problems instead of the individual so that defensive positions are avoided. Moreover, attachment problems are further explored during step four. The maladaptive behavioral cycle and issues stemming from attachment issues that stunt relational connection become the prime therapeutic focus. The attachment problems of the past are examined to determine their influence on the current relationship where the seemingly insignificant responses and behaviors between the partners have deep-rooted emotional impact when they reinforce past attachment paradigms. These past paradigms are investigated. Their roles within the negative behavioral patterns are partially unraveled during the therapeutic process. Consequently, the emotions behind the attachment paradigms are scrutinized.

Changing interaction positions, which refers to altering old maladaptive behavioral and emotional patterns, is the second stage of emotionally focused couple therapy. The fifth step involves rediscovering attachment feelings, wants, and elements of the self-concept that have been disregarded and reincorporating them into the couple’s relationship. The previous steps build to this important stage while providing a foundation for the remaining steps. This step focuses on the clients’ desires and wants for the partnership that results in novel emotional awareness. This instigates new behavioral propensity for change. The deep desires and unmet wants by each member of the couple are explored and expressed to one another, while the unsuccessful strategies that each partner was attempting to covertly address are elucidated. The clinician is able to alter mistaken beliefs about the clients’ self-concepts when important emotions tied to the self and foundations for secure attachment are openly expressed. Moreover,
the attachment needs are overtly addressed during this step in order to foster secure attachment by building emotional trust between the partners.

The sixth step involves fostering recognition of each client’s understanding and incorporating alternative behavior patterns. To accomplish this goal, the clinician must assist the couple as they adjust to new aspects of each other. These new presentations of the self can be hard to accept at first because change is always difficult. The psychotherapist facilitates the acceptance of these changes in the self and alterations in behavior while accommodating their continued expression in the relationship. Modifications in the couple’s behavior are enhanced when each member is able to process and understand these new changes in each other.

The seventh step involves modifying the attachment connection between the couple by creating new opportunities for intimacy. This is enhanced by the increased sharing of desires and requests for relationship. When sharing desires, this is executed in such a way that draws the couple toward each other and increases each individual’s ability to address the wants expressed. Therefore, this sharing should illicit feelings of being needed and belonging from the partner and build stronger attachment bonds between the partners. If one member has emotionally removed himself or herself from the relationship and another is too antagonistic, these patterns of behavior should be reversed where one client is more involved and the other is less negative. By replacing these behaviors with healthier ones, the couple is able to become more intimate and connected. Over time, the partners will become securely attached to each other.

After the completion of step seven, Johnson describes the third stage of emotionally focused couple therapy as consolidation and integration. The final stage of therapy involves solidifying the changes in behavior and assimilating from previous configurations new patterns of interaction. Therefore, the eighth step requires the clinician to promote new responses to
previous difficulties. The changes in behavior enacted and the discoveries regarding the issues behind the acrimonious relationship create a social environment where the problems can be resolved. When these relational barriers are removed, the couple is able to confront previously irresolvable relationship problems. The foe becomes the friend. This arises from an environment where mistrust and fear are absent.

The ninth step involves assimilating more deeply into their partnership the positive gains and improved behavior patterns. The clinician promotes and recognizes the new behavior in the couple’s relationship while reviewing the progress made during treatment. This positive experience can be assembled into a cohesive narrative that operates as an orienting position for the couple as they proceed following therapy. This narrative functions as a healthy termination procedure that solidifies the progress made by the clients. In addition, the clinician can foster discussion about the clients’ long-term goals for their partnership to provide positive direction. The couple is encouraged to make enough time for each other and allow their partners to function as the “secure base.”

Conclusion

This paper provided a literature review of essential studies regarding attachment theory, illuminated the Adlerian perspective toward attachment, described the different attachment styles, explored the correlation between attachment and psychopathology across the lifespan, investigated various components of the cognitive schema, examined the influence of attachment on the formation of the cognitive schema, and analyzed therapeutic interventions that are effective treatments for children, adolescents, and adults experiencing attachment related problems.
The concept of attachment is a relevant construct that informs the practice of psychotherapy. The clinician can implement the information contained in Bowlby’s theory toward numerous clinical populations including infants, children, adolescents, and adults. The examination of attachment theory demonstrates the cohesive nature of the theoretical construct with individual psychology. Since Adlerian psychology is a developmental theory that concerns itself with early childhood and its subsequent influence on later adulthood, the combination of both theories is useful and advisable.

The type of emotional bond or attachment relationship that the child has with the caregiver is called the attachment style. When this bond is strong because of a consistent and nurturing relationship, a secure attachment is likely to be formed. However, when the bond is weak because of inconsistent and less nurturing care, an insecure attachment style between the child and caregiver is likely to develop. Numerous research studies demonstrated the importance of the attachment style on the development of psychopathology. When the individual has a secure attachment style, he or she is less likely to exhibit psychopathology when compared to insecure counterparts.

The cognitive schema or lifestyle is the mental scaffolding from which the individual interprets himself or herself and how he or she relates to the world. The lifestyle is divided into four separate structures including the self-concept, self-ideal, environmental evaluation, and ethical convictions. From these four components, the lifestyle is constructed and is fashioned around the final fictional goal toward which the individual strives to achieve. Therefore, the individual’s behavior reflects this goal and substantiates his or her beliefs regarding the self and the environment. The attachment style formed during childhood influences the construction of the cognitive schema. Those with secure attachment styles are more likely to develop healthier
lifestyles that are free from neurotic tendencies while individuals with insecure attachment styles are more likely to manifest safeguarding tendencies when discouraged. The psychotherapist should encourage the client to modify behavior and operate on the useful side of life.

When considering the implication of attachment styles and it’s compatibility with Adlerian psychology, more research should be conducted to fully explore the areas in which they influence each other. This research should examine how attachment corresponds with social interest and the expression of this variable in society. Furthermore, Adlerians should examine how attachment influences the selection of final fictional goals among individuals and how these goals may vary when compared to secure and insecure attachment styles. Since attachment theory has validated the importance Adler placed on early childhood and the direction of the individual’s striving, more research must be devoted to attachment theory and how this theoretical construct enriches and enlightens the practice of individual psychology.
References


Figure 1. This conceptual model of the cognitive schema represents the hierarchical nature of the lifestyle components and their feedback loop to the self-concept.
ANATOMY OF THE COGNITIVE SCHEMA

- Self-Concept
- Self-Ideal
- Environmental Evaluations
- Ethical Convictions