

# Developmental Personality Styles: An Attachment Theory Conceptualization of Personality Disorders

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*Attachment theory, as a developmentally based theory of personality formation, provides a viable framework for understanding the development and maintenance of personality disorders, or what A. E. Ivey and M. B. Ivey (1998) have referred to as "developmental personality styles." Using K. Bartholomew's (1990) 4-dimensional model of adult attachment as an organizational framework, 10 developmental personality styles are differentiated regarding their unique attachment experiences, working models of self and other, and feedforward beliefs. Implications of an attachment theory framework for counseling clients with problematic developmental personality styles are discussed.*

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According to the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV; American Psychiatric Association [APA], 1994), a personality disorder is characterized by pervasive and inflexible patterns of inner experience and distorted perceptions that deviate significantly from behaviors most frequently found in most social or cultural groups. Characteristic features of personality disorders usually emerge during adolescence or early adulthood, tend to remain stable over time, and often lead to serious distress or impairment for the individual (APA, 1994, p. 630).

Over the years, etiological understandings of personality disorders have evolved from an almost exclusive focus on the internal characteristics of the person to a greater emphasis on developmental influences (Millon, 1994). Central to many developmental approaches is the idea that formative experiences with primary caregivers and significant others not only provide the foundation for a person's basic sense of self but also influence the way he or she subsequently navigates various life span developmental challenges and issues (Kegan, 1982; Mahoney, 1991).

From a developmental perspective, one of the most important developmental challenges is constructing an integrated personal identity balanced with a capacity to maintain healthy connections with one's social world (Mahoney, 1991). In the case of most personality disorders, however, interpersonal problems are often a defining feature of the disorder. As Widiger and Frances (1985) pointed out:

An interpersonal nosology is particularly relevant to personality disorders. Each personality disorder has a characteristic and dysfunctional interpersonal style that is often a central feature of the disorder. There is also some empirical support for the hypothesis that a personality disorder is essentially a disorder of interpersonal relatedness. (p. 620)

Recently, attachment theory has become an important conceptual framework for understanding the more or less adaptive and maladaptive ways individuals may negotiate various life span developmental challenges (Guidano, 1991; Lopez, 1995; Lyddon, 1995). Although attachment theory has been shown to be a viable conceptual framework from which to understand many concerns that clients bring to counseling, the counseling literature has not highlighted how attachment concepts may be especially relevant to understanding the core dimensions and unique symptom structure of personality disorders.

The purpose of this article is to conceptualize personality disorders in terms of attachment theory. Toward this end, Bowlby's (1969) theory of attachment and his interpretation of cognitive working models of self and others are first discussed as a precursor to recent developments in the adult attachment literature. Second, using Bartholomew's (1990) model of adult attachment, each of the major types of personality disorders is (a) conceptualized as a developmental personality style (Ivey, 1991; Ivey & Ivey, 1998) and (b) reviewed in terms of the typical antecedent childhood attachment experiences, working models of self and others, and "feedforward" (Mahoney, 1991) cognitions associated with the personality style. Finally, several guidelines are offered for applying attachment theory to counseling those with problematic developmental personality styles.

## ATTACHMENT THEORY

The origins of attachment theory are associated with the extensive writings and research of John Bowlby (1969, 1973, 1980). Bowlby was initially trained in the psychoanalytic method but eventually became concerned with the extent

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to which his colleagues and teachers were preoccupied with children's fantasy life to the exclusion of what he perceived were significant real-life events and environmental influences (Ainsworth & Bowlby, 1991). For example, he found that either prolonged experiences of mother-child separation or deprivation of maternal care was more common among adolescents who had a history of stealing than among adolescents who did not. He suggested that such experiences were especially linked to children originally diagnosed as "affectionless" (Bowlby, 1944).

On the basis of these initial observations, Bowlby (1969) suggested that there were distinct qualities of the caregiver-child bond that come to regulate children's emotional experience and behavior. According to Bowlby (1969), infants are equipped at birth with a biologically based behavioral and motivational system that has evolved with the purpose of promoting proximity to a caregiver. From an evolutionary perspective, the formation of close relationships serves to provide safety and protection, ultimately increasing the infant's chances of survival. When an infant either becomes separated from his or her caregiver or the bond is threatened in some way, activation of this innate behavioral system results in characteristic proximity-seeking behaviors (e.g., crying). The caregiver's responses to these behaviors become systematically organized into a goal-directed partnership between caregiver and child.

Some of the most important empirical studies designed to identify and classify attachment behaviors are associated with Mary Ainsworth and her colleagues (Ainsworth & Bell, 1969; Ainsworth, Blehar, Waters, & Wall, 1978; Ainsworth & Wittig, 1969; Bell & Ainsworth, 1972). Ainsworth used a laboratory procedure known as the "Strange Situation Protocol." Within a controlled setting, a 1-year-old infant is briefly separated from his or her primary caregiver, visited by a stranger, and then reunited with the caregiver. Throughout the procedure, the child's behaviors are rated along several dimensions: maintaining proximity (clinging), reestablishing proximity (reaching/following), protesting separation (crying), and demonstrating pleasure in reunion (smiling/physical contact).

Ainsworth's (Ainsworth et al., 1978) research with the Strange Situation Protocol helped to establish four commonly accepted child-caregiver attachment patterns: secure, anxious-ambivalent, avoidant, and disorganized. *Securely* attached infants explore their environment, looking back at their caregiver periodically (Ainsworth, 1985). They show some distress when separated but are easily comforted upon reunion as evidenced by smiling, vocalization, waving, and seeking contact. These infants seem to experience their attachment figure as available and responsive. The child-caregiver relationship is characterized as a secure base to which the child feels safe to return for comfort when exploration becomes particularly anxiety provoking or uncomfortable. *Anxious-ambivalent* infants typically do not explore their environment and choose instead to cling to their caregivers (Ainsworth, 1985). They display extreme agitation upon separation. Upon reunion, these infants seek contact while arching away from the caregiver, resisting all

efforts to be comforted. These infants seem to perceive the attachment figure as either inconsistently available or unresponsive when needed. Caregivers are presumably unreliable sources of comfort during times of stress, leaving the infant anxious about whether their bids for security will be met. *Avoidant* infants display a pervasive indifference before and after separation (Ainsworth, 1985). These children avoid their caregiver upon his or her return. In these relationships, the infants' bids for comfort and protection have presumably been rebuffed or rejected. The child's reaction to the caregiver seems to represent a knowledge that any attempt to be comforted will be met with this undesirable rejection, thus encouraging little responsiveness from the child. In several studies, it was noted that many infants did not fall into any of the original three categories previously described. Main, Kaplan, and Cassidy (1985) proposed a fourth attachment pattern, *disorganized attachment*, to describe infants who displayed a pronounced mixture of ambivalent and avoidant patterns of behavior.

According to Bowlby (1969), it is the extent to which the caregiver is consistently accessible and responsive to the infant's bids for comfort and security that determines the quality and type of attachment the child will have for the caregiver. The caregiver-child relationship is central to the infant's comfort and security. The child's experience of a positive, responsive relationship with a caregiver or important others is a necessary precursor for healthy exploration and adjustment. Persistent threats to the balance of this goal-directed partnership lead to less adaptive ways of the child relating within the child-caregiver relationship and ultimately in the way the child is able to relate to the outside world.

A central tenet of attachment theory is that along with these distinct patterns of proximity-seeking behavior or responding to the caregiver, infants develop corresponding *working models* or cognitive expectations about the accessibility and responsiveness of their caregiver as well as their own ability to elicit need-meeting responses from their caregiver (Bowlby, 1973). Bowlby highlighted the distinction between working models of self and of others. A working model of self is an evolving schema of how children view themselves based on their role in the attachment relationship. One's internal working model of self is a set of beliefs about one's worthiness and competence as an individual. Working models of others are believed to derive from the original working models of primary caregivers and are thought to eventually generalize to a broader base of expectations about others and the world. The two representations of self and other mirror each other as the individual navigates through life and its unfolding challenges.

### SOURCES OF ATTACHMENT CONTINUITY

Specific attitudes and feelings toward attachment that persist into later periods, including adulthood, are not the exclusive result of working models developed in early attachment relationships. Instead, working models persist when

they encounter attachment strains of a quality and intensity consistent with the child's earliest attachment experiences. Thus, it is the confirmation of early working models in the form of later attachment experiences that contribute to the persistence of these models. As Bowlby (1973) stated,

Environmental pressures are due largely to the fact that the family environment in which a child lives and grows tends to remain relatively unchanged. This means that whatever family pressures led to the development of a child to take the pathway he is now on are likely to persist and so to maintain development on that same pathway. (p. 368)

A second source of continuity of attachment patterns is the way in which the personality structure becomes self-confirmatory over time through the operation of assimilative, feedforward mechanisms (Lyddon, 1993b; Mahoney, 1991). Feedforward processes actively anticipate and constrain experiences to assimilate them into already held beliefs. Such mechanisms serve to "fit" new experiences into existing cognitive constructions and are relatively inflexible to new information. As Bowlby (1973) noted,

Structured features of personality, once developed, have their own means of self-regulation that tend also to maintain the current direction of development. For example, present cognitive or behavioral structures determine what is perceived and what is ignored, how a situation is construed, and what plan of action is likely to be constructed to deal with it. Current structures, moreover, determine what sorts of person and situation are sought after and what sorts are shunned. In this way, an individual comes to influence the selection of his/her own environment, and the wheel comes full circle. (pp. 368-369)

It is important to note that securely attached individuals are characterized by a self-system that is relatively open to new information (or feedback). Working models of secure individuals reflect a relative balance between feedforward (assimilative) and feedback (accommodative) processes, and as a result, the secure self-system is relatively flexible and open to new learning and change (Mikulincer, 1997). The self-systems of insecurely attached individuals, on the other hand, tend to be relatively closed to new information. Their working models tend to operate primarily in an assimilative mode and have often foreclosed around a few salient constructs or themes such as dependence, mistrust, or personal worthlessness. In other words, their self-systems tend to be dominated by feedforward processes and as a result are not as open to feedback and new information (Mahoney, 1991). Such working models tend to assimilate most new information under existing guidelines or rules, selectively attending to information that confirms the rules and ignoring information that may disconfirm them. Working models of insecure attachment may therefore be viewed as highly developed feedforward strategies that originate in formative insecure attachment experiences with significant others and that tend to be relatively inflexible to new learning and change.

### MODELS OF ADULT ATTACHMENT

Attachment researchers have extended their study of attachment to the developmental periods of adolescence and adulthood (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Griffin & Bartholomew, 1994; Hazen & Shaver, 1990). One of the more popular and widely researched models of adult attachment is that developed by Bartholomew (1990). Drawing on Bowlby's (1973) notion of working models of self and others, Bartholomew developed a four-category system of adult attachment that organizes a person's working models along two dimensions: (1) the distinction between self and others and (2) valence (positive versus negative). As shown in Figure 1, the intersection of these dimensions leads to four prototypical styles of adult attachment: *secure* (positive view of self and others), *preoccupied* (negative view of self and others), *dismissing* (positive view of self, negative view of others), and *fearful* (negative view of self and others).

According to Bartholomew (1990), secure individuals possess a sense of self-worth coupled with an expectation that other people are generally trustworthy, accessible, and responsive. Individuals displaying a preoccupied attachment style possess a sense of personal unworthiness combined with a positive evaluation of others. These individuals tend to be very externally oriented in their self-definitions. Individuals with a fearful attachment style exhibit a sense of personal unworthiness combined with an expectation that other people will be rejecting and untrustworthy. These individuals trust neither their own internal cognitions or feelings nor other people's intentions. Finally, those with a dismissing attachment style are characterized by a sense of

		MODEL OF SELF (Dependence)	
		Positive (Low)	Negative (High)
MODEL OF OTHER (Avoidance)	Positive (Low)	<b>Cell I SECURE</b>  Comfortable with intimacy and autonomy	<b>Cell II PREOCCUPIED</b>  Preoccupied with relationships
	Negative (High)	<b>Cell IV DISMISSING</b>  Dismissing of intimacy Counter-dependent	<b>Cell III FEARFUL</b>  Fearful of intimacy Socially avoidant

**FIGURE 1**  
**Bartholomew and Horowitz's (1991) Model of Adult Attachment**

Note. From "Attachment Styles Among Young Adults: A Test of a Four-Category Model," by K. Bartholomew and L. M. Horowitz, 1991, *Journal of Personality and Social Psychology*, 61, p. 227. Copyright 1991 by the American Psychological Association. Reprinted with permission.

self that is worthy and positive combined with a low evaluation or mistrust of others. It is important to note that Bartholomew (1990) specified that her model does not assume that "all individuals are expected to exhibit a single attachment style" (p. 162). She instead characterized these attachment styles as conceptual prototypes and suggested that it is more appropriate to view adult attachment multidimensionally, with individuals exhibiting one or more dimensions as predominant.

### **ATTACHMENT AND DEVELOPMENTAL PERSONALITY STYLES: IMPLICATIONS FOR COUNSELING**

Attachment theory, as a developmentally based model of personality formation, also lends itself easily to a developmental conceptualization of clients' presenting issues. From a developmental perspective, "there is a developmental logic to any client thought, emotion, behavior, or meaning organization" (Ivey & Ivey, 1998, p. 340). Often the most extreme client behavior makes sense once it is situated in the context of the client's developmental history and the unique way in which that client makes meaning out of that history (Ivey, 1989).

From an attachment theory perspective, personality disorders may be viewed as the outcome of insecure working models that have become self-confirmatory and dominated by feedforward processes. In these cases, working models of self and other have become relatively inflexible and closed to new information, and as a result, the person experiences significant distress in social, occupational, and relational functioning. It is interesting that the various interpersonal dysfunctions characterized by the major types of personality disorders may be understood using the four-dimensional model of self and others theorized by Bartholomew (1990). In particular, we propose that the insecure dimensions of Bartholomew's model provide an attachment theory framework from which to understand the organizational features of the working models associated with those who are diagnosed with personality disorders. There are 10 recognized personality disorders in the *DSM-IV* (APA, 1994; dependent, obsessive-compulsive, histrionic, avoidant, paranoid, antisocial, narcissistic, schizotypal, schizoid, and borderline). Although the *DSM-IV* classification system of personality disorders provides an excellent starting point for understanding how clients may repeat their developmental past in the present, it does not provide much information on problem development or problem solution. As Ivey (1991) noted, perhaps a more appropriate term for personality disorder would be *developmental personality style*—a better concept to express the unique way a person has learned to adapt to life span developmental challenges and gain protection from the pain of insecure attachments. Following from Ivey, and because this connotation is more consistent with the developmental emphasis of this article, this is the term we use in place of the more common psychiatric diagnostic term, *personality disorder*. Using Bartholomew's (1990) dimensions of insecure attachment as an organizational scheme, we exam-

ine each of the 10 major developmental personality styles in terms of their developmental features, characteristic working models of self and others, and dominant feedforward cognitive processes.

#### ***Preoccupied Attachment Dimension***

The preoccupied attachment dimension is characterized by a sense of personal unworthiness and a positive evaluation of others. Developmental personality styles that seem to exemplify this dimension of attachment include dependent, obsessive-compulsive, and histrionic.

*Dependent personality style.* People with a dependent personality style usually lack assertiveness and self-confidence. Their interpersonal behavior is usually clinging, compliant, pleasing, and self-sacrificing. Developmentally, their family history is often characterized by overprotective caregivers who relay a message to them that they are not capable of accomplishing things on their own (Bornstein, 1992). Over time, these individuals begin to construct a view of themselves as personally inadequate, exemplified by the core belief that others are in their life to take care of them. Continual self-deprecation and avoidance of competitive activities tend to perpetuate the self model of personal inadequacy. Because current relationships are often characterized by extreme dependency, the potential to lose one's sense of self in relationships is always high. Feedforward cognitive processes include core beliefs such as "I am unable to function in the world without constant assistance from other people," "Others are here to look after my needs," and "I cannot survive without continual contact with another person" (Sperry & Mosak, 1996, p. 287). These beliefs, coupled with an ongoing dependent style of relating, tend to parallel the negative self-view and positive other-view characteristic of preoccupied attachment.

*Obsessive-compulsive personality style.* Persons with an obsessive-compulsive personality style often present as workaholics and perfectionists. They are characterized as stubborn, possessive, and indecisive, but dependable. Their interpersonal relationships are marked by a domineering style toward peers or subordinates coupled with a submissive or passive style with superiors. They typically demand perfectionism from others as they demand it from themselves. Such behaviors can usually be traced developmentally to parenting styles that demand achievement. Caregiver love is often contingent on such achievement, and parent-child interactions tend to be characterized by parental overinvolvement (Ivey, 1991). As a consequence, the child eventually internalizes extremely high perfectionistic standards and develops a view of self that is reliable, competent, and righteous (Ingram, 1982). However, the child also comes to believe that if something goes wrong, he or she is responsible. Because the parental figures are often perfectionistic as well, the individual's view of others is grounded in that perfectionism. However, these children are rarely able to live up to their parents' expectations. Therefore, they ultimately develop a view of themselves that is

inherently negative because, although they see themselves as reliable and competent, they continually fall short in the eyes of the parental figure. The feedforward message that perpetuates the self-system is "Always be prepared for the unpredictable demands of life" (Sperry & Mosak, 1996). Their hypervigilance often magnifies things that may go wrong, reinforcing the belief that life is unpredictable and difficult to control.

*Histrionic personality style.* A third developmental personality style that is also relevant to the preoccupied dimension of attachment is the histrionic personality style. Individuals with this personality style initially seem charming and exciting. However, they soon display characteristic lability, eccentricity, and the superficiality more typical of this diagnosis. Their interpersonal behavior is marked by attention getting, flirtatious, and even exhibitionistic behaviors. Parenting styles experienced by these individuals are usually enmeshed and engulfing and convey to the child the message: "If you do what I want, I will give you my attention." Because at least one of the child's parents often exhibits histrionic features as well, lability, eccentricity, and superficiality are modeled for the child. These parental characteristics may also contribute to minimal or inconsistent disciplining, forcing the child to use extreme measures to be noticed. Although failure to elicit need-meeting behaviors from parental figures tends to contribute to a negative self-view, the minimal attention the child does receive often results in a positive view of others. Feedforward processes that perpetuate the histrionic self-system usually take the form of beliefs like "I need others to notice me." Although these beliefs lead the child to continually seek external forms of gratification, the behaviors used to get this attention are sometimes so extreme that others may turn away (Sperry & Mosak, 1996). When this occurs, the child often experiences more anxiety and may develop even more elaborate attention-seeking strategies characteristic of histrionic personality style.

### ***Preoccupied and Fearful Attachment Dimensions***

*Avoidant personality style.* Individuals with an avoidant personality style often present with self-other working models that seem to incorporate both preoccupied and fearful attachment dimensions. These individuals tend to have a self-view that is negative and an other-view that vacillates between positive and negative. They often seem to be shy and to avoid people initially. However, this avoidance is often based on the desire to be liked and accepted by others, coupled with the fear of rejection and abandonment. These individuals do not have many friends, but when someone does accept them and a friendship develops, they often become dependent on them. Their family history is characterized by either an engulfing or an avoidant parenting style (Sperry & Mosak, 1996). With an engulfing parent, the child may feel overwhelmed by the responsibility of such a high level of emotions within the relationship. The opportunity for autonomy diminishes. As the child grows older, he or

she desires closeness with others but fears that such intimacy may become engulfing. As a response, such interactions are avoided. With an avoidant parenting style, the child develops a fragile sense of self and ultimately fears the same type of rejection from other people in their life. The assumption is that it is better to avoid relationships than to risk being rejected again. The feedforward cognitions associated with an avoidant personality style consist of beliefs like "Life is unfair, people reject and criticize me, but I want someone to like me. Therefore, be vigilant, demand reassurance, and, if all else fails, fantasize and daydream" (Sperry & Mosak, 1996, p. 310). Because these individuals are rarely sufficiently reassured, their personality style is perpetuated by their ongoing anticipation of others' rejection and criticism.

### ***Fearful Attachment Dimension***

*Paranoid personality style.* Those with a paranoid personality style represent the prototype of Bartholomew's (1990) fearful dimension of adult attachment. These individuals are guarded and defensively hypervigilant. They resist external influence, are chronically tense, and often present with restricted affect, possibly in an effort to control the outward expression of emotions. In interpersonal relationships they are often distrustful, secretive, and blaming. Others tend to describe them as constantly being on the counterattack, provoking tension, or being argumentative and hypersensitive. Family histories of individuals with a paranoid personality style typically include some form of active rejection and persecution by caregivers coupled with a critical and vigilant approach to parenting. Caregivers also tend to be perfectionistic in their expectations. The core message they relay to the child is "You're different, don't make mistakes" (Sperry & Mosak, 1996, p. 320). It is no surprise that the persecution and criticalness that dominates the caregiver-child interaction results in negative working models of self and others and a pervasive mistrust in other people (Thompson-Pope & Turkat, 1993). The feedforward cognitions that perpetuate the paranoid system involve a pervasive suspicion of others. The view that others have malevolent motives often leads to increased social isolation and alienation, further confirming to the person that others cannot be trusted and should be blamed for things that go wrong.

### ***Fearful and Dismissing Attachment Dimensions***

Three developmental personality styles seem to be most associated with the fearful and dismissing dimensions of insecure attachment: antisocial, narcissistic and schizotypal.

*Antisocial personality style.* These individuals present as hostile, impulsively angry, and cunning. They are often thrill-seekers and risk-takers and view emotions such as warmth and intimacy as forms of weakness. Their relationships with others are characteristically antagonistic and belligerent. They distrust others and often exploit and manipulate others for their own personal gain. The family history of individuals with an antisocial personality style is often marked by parental hostility and probable abuse. These experiences

convey the message that “the end justifies the means” (Sperry & Mosak, 1996, p. 301). Thus, much of their own vindictive behavior is learned from their caregivers. Overall, there is little affection and nurturance in the home and the child is forced to be self-reliant. The view of the self wavers between a view that is negative and one that is positive. The negative view is very likely the result of messages translated from the abuse and lack of nurturance in the home. The message is “I must be unlovable because my parents do not behave as if they love me.” Alternatively, a positive view of self often develops, possibly as a defense in reaction to this negative view, and may lead to a sense of personal entitlement. The view of others is characterized by a consistent belief that others are not willing to love and care for them. Initially created in the context of vindictive, abusive, unloving interactions with their parents, this view is ultimately transferred to others in general and easily accounts for the ability of those with antisocial personality style to exploit and use other people with little remorse or concern for them. The primary feedforward cognitions include beliefs like “I need to be powerful and in control or people will take advantage of me.” Because these individuals generally develop a worldview that life is hostile, they also come to believe that one must be cunning and break the rules to get what one wants (Sperry & Mosak, 1996). This worldview and its associated behaviors generally turn others against them, ultimately perpetuating the belief of these individuals that the world is a hostile place.

*Narcissistic personality style.* Individuals with a narcissistic personality style are often characterized as conceited, boastful, and snobbish. They are often described as self-centered, pompous, impatient, arrogant, and thin-skinned. Their interpersonal relationships are often exploitative and irresponsible. They tend to lack empathy and use others to indulge themselves. Similar to an obsessive-compulsive personality style, family histories of those with a narcissistic personality style are often characterized by parental overevaluation and indulgence (Sperry & Mosak, 1996), with parental approval and affection often tied to personal accomplishments rather than the self (Ivey & Ivey, 1998). In general, the parental injunction they receive is “You are special, unique, and entitled to extraordinary rights and privileges.” Because of the discrepancy between their inflated view of themselves and their diminished view of others, they tend to have a negative and disdainful working model of others. It is interesting that working models of self tend to vacillate between positive and negative appraisals. Although these individuals may behave outwardly with overzealous confidence, this is often a mask for the intense insecurity they often feel. Their caregivers give them the message that others owe them admiration and privilege. As this view collides with a fragile view of self, defense mechanisms that protect the fragile self-system are strengthened and their narcissistic behavior becomes more apparent to others. The primary feedforward processes associated with the narcissistic personality style include illusions of specialness, a disdain for other’s views, and a sense of entitlement. These views further distance the individual from

others, thereby increasing self-absorption and reinforcing narcissistic beliefs.

*Schizotypal personality style.* Individuals with a schizotypal personality style also seem to fit within fearful and dismissing attachment dimensions. The behavior of these individuals is often characterized as eccentric, erratic, and bizarre. They tend to isolate themselves socially and experience intense social anxiety and apprehension, often coupled with paranoid thinking. The parenting style typical of their developmental histories is cold and derogatory. Ineffective and easily misinterpreted parental communications are common, typified by the message “You’re a strange bird” (Sperry & Mosak, 1996, p. 322). This parenting style leaves the individual feeling different, without a sense of self, empty, estranged, and depersonalized (Millon, 1981). These developmental antecedents encourage the person to become dependent on others while fearing that others have negative intentions. As a result, their view of others is predominantly negative. However, due to their “self-less” conceptions, the view of self vacillates between a positive, negative, and almost nonexistent view, with the nonexistent view serving as a defense for the intense confusion. The primary feedforward process is the belief “Even though I need other people, I am afraid to seek such relationships” (Sperry & Mosak, 1996). This fear of involvement further insulates the person, reinforcing a sense of being different (Thompson-Pope & Turkat, 1993).

#### *Dismissing Attachment Dimension*

*Schizoid personality style.* The dismissing dimension of attachment seems to best characterize individuals with a schizoid personality style. These individuals present in counseling as nonspontaneous and inattentive. They have minimal interest in other people, rarely respond to feelings or actions of others, and remain aloof and indifferent. The developmental histories of these individuals tend to be characterized by experiences with caregivers who are rigid, emotionally unresponsive, and undersocialized in interpersonal skills (Thompson-Pope & Turkat, 1993). Parental behaviors and interactions tend to convey to the child the message “Who are you, what do you want?” These interactions lead to a view of the self that reinforces this difference from others while it decreases their immediate need for interaction with others. This rigid, unresponsive developmental history helps to create the belief “Others are indifferent and the world is difficult, so why try to establish relationships?” These individuals are not bothered by their lack of interpersonal relationships and therefore can be conceptualized with a positive self-view. The primary feedforward belief is “Relationships are unimportant and not necessary because people are indifferent to each other anyway” (Sperry & Mosak, 1996).

#### *Disorganized Attachment Dimension*

Finally, individuals with a borderline personality style exhibit a unique, unstable, and dynamic personality structure that tends to shift among the various insecure attachment

dimensions, creating a disorganized profile. They frequently shift from positive to negative views of self and others, with little allegiance to any particular attachment dimension. As a result, they often present as labile, resentful, impulsive, highly emotional, helpless, and empty. They are reactive to their environment, and any self–other view can be drawn on at any time. Interpersonally, they may move very rapidly between extreme closeness and extreme distance. These shifts are behavioral manifestations of the cognitive beliefs of these individuals that lead them to either idealize or devalue others with whom they are involved in romantic or friendship relationships. These shifts often result in a series of intense, unstable relationships. From a developmental perspective, Bowlby (1973) noted that some children exhibit multiple, contradictory, and incompatible working models. Multiple models seem to be most common in children who are required to process experiences that are contradictory, which causes them to exhibit confused patterns of relatedness (Lynch & Cicchetti, 1991). This may explain why no single dimension or combination of attachment dimensions is adequate to conceptualize the borderline personality style. Studies consistently note the chaotic developmental histories of these individuals. Caregivers are often overprotective, demanding, or inconsistent, providing the child with little or no sense of stability or structure with which to regulate emotions. Furthermore, physical or

sexual abuse, or both, are often noted (Laporte & Guttman, 1996), and some researchers even speculate that because of the inconsistent availability of caregivers during traumatic childhood events, the emotional neglect and absence of surrogate adult attachment figures may be as powerful as the actual childhood traumatic event in the development of the personality style (Sabo, 1997). As might be expected, these experiences of individuals with borderline personality style translate into a self–other view that is dominated by inconsistency and a general inability to define both themselves and others as either positive or negative. Feedforward beliefs of these individuals such as “People are great; no they’re not” and “I am a good person; no I’m not,” and the accompanying inconsistent behaviors they exhibit often lead others to be either reactive or avoidant of them, which tends to further perpetuate their disorganized self–other views. To summarize this section of the article, Table 1 highlights the key relations among attachment dimensions, personality styles, working models of self and others, and feedforward beliefs.

**APPLICATION OF THEORY TO COUNSELING**

From an attachment theory perspective, developmental personality styles may be viewed as the unique outcome of a person’s attempts to negotiate and adapt to particular developmental and environmental demands. In particular,

**TABLE 1**

**Relations Among Attachment Dimensions, Personality Styles, Working Models of Self and Others, and Feedforward Beliefs**

Attachment Dimension	Personality Style	Model of Self	Model of Others	Feedforward Belief
Preoccupied	Dependent	Inadequate, fragile	Others need to take care of me	“I am a weak, fragile person and cannot survive without others.”
	Obsessive-compulsive	Extremely reliable	Others expect me to be perfect	“I always have to be prepared to demonstrate my competency.”
	Histrionic	Insignificant and unimportant	Others are a valuable source of attention	“I need the attention of others to feel important and worthwhile.”
Preoccupied and Fearful	Avoidant	Inadequate and frightened of rejection	Others are to be avoided	“Even though people reject me, I want someone to like me.”
Fearful	Paranoid	Special, unique, and different	Others cannot be trusted	“I feel safer being alone because others cannot be trusted.”
Fearful and Dismissing	Antisocial	Unlovable (sense of self as entitled often develops as a defense)	Others will never love or care for me	“I need to be tough and powerful so I will not be hurt.”
	Narcissistic	Extremely fragile but masked by overzealous confidence	Others expect greatness from me	“I am special, unique and entitled to special considerations.”
	Schizotypal	“Self-less,” nonexistent	Others do not have good intentions	“I am a strange bird.”
Dismissing	Schizoid	Positive, unaffected	Others are emotionally unresponsive	“The world is unresponsive so don’t even bother to establish relationships.”
Disorganized Attachment	Borderline	Positive and negative	Positive and negative	“If things don’t go my way, I can’t tolerate it. Others are great; no they’re not.”

what seems to distinguish relatively adaptive and securely attached individuals from insecurely attached individuals with less adaptive developmental personality styles are the qualitatively different feedforward beliefs that have come to dominate their working models of self and others. As a result, we suggest that attachment theory may inform the practice of counseling in both general and specific ways.

Perhaps at the most general level, attachment theory is a developmental theory that challenges counselors to appreciate the way different developmental experiences with caregivers contribute to the construction of clients' qualitatively different working models of self and others. More important, when applied to the realm of developmental personality styles, attachment theory helps counselors understand the potential *functional value* of many of the symptoms and problems associated with these styles. In other words, from an attachment theory perspective, individuals' problematic working models and feedforward beliefs associated with the different personality styles may be construed as having been adaptive in their original developmental contexts but are now no longer viable in their current life contexts and relationships. When seen this way, rather than viewed as senseless, irrational, or even pathological, clients' presenting symptoms may be thought of as "protective actions" (Ecker & Hulley, 1996, p. 17) that serve an important purpose (or adaptive function) in the client's life.

Considering the previous discussion, an important implication for counselors working from an attachment theory perspective involves the need to conduct a thorough life span developmental assessment with a specific focus on (a) the client's attachment history with caregivers and significant others and (b) the unique way the client derives meaning from that history (Ivey, 1989; Lyddon & Alford, 1993). As clients reveal the content of their personal stories, the counselor should look for recurring patterns regarding such core developmental issues as trust, autonomy, identity, and intimacy. In general, the relative security of clients' attachment experiences and concomitant working models tends to be related to the type of change that may be indicated in counseling (Lyddon & Alford, 1993; Lyddon & Satterfield, 1994). For example, because securely attached clients are relatively comfortable with their core assumptions about self and world, they tend to only require "first-order" (Lyddon, 1990) adjustments in their personal systems. In these instances, the client's motivation for entering counseling is often related to the effects of current adverse life situation or stressor (e.g., problematic coworker, loss of job, end of an intimate relationship). As a result, the aim of counseling is to help the client cope more effectively with the current stressor and reestablish a personal sense of equilibrium.

By way of contrast, insecurely attached clients most often require significant "second-order" (Lyddon, 1990) changes in their views of self and world. As is typical of clients identified with problematic developmental personality styles, the core beliefs of these clients about self and world are no longer adaptive and their presenting problems and life histories reveal more pervasive difficulties (e.g., patterns of

unproductive relationships, chronic low self-esteem, generalized anxiety). In such cases, counseling tends to involve the following:

- (a) a developmentally focused reconstruction of the history and patterning of the problem, (b) gradual elaboration of the client's tacit cognitive models of self and world that are no longer viable, (c) full exploration of the feeling related to this newly accessed experiential information, and (d) therapist support for the client's construction of new meaning structures. (Lyddon, 1990, p. 125)

Regarding the assessment of client attachment themes and dimensions, it is important to note that there are many reliable and valid measures of adult attachment that may be used as an adjunct to a developmentally focused counseling interview (cf. Bradford & Lyddon, 1994; Lyddon, Bradford, & Nelson, 1993).

Another important attachment theory implication for counseling clients with problematic developmental personality styles involves the need to recognize the ways in which their insecure working models of self and others are dominated by feedforward beliefs and assumptions that confirm and perpetuate the problematic self-system structure. Indeed, this dominance by feedforward mechanisms—which ensure that the self-system remains relatively impervious to new and potentially change-inducing information—is perhaps the hallmark feature of the problematic developmental personality style. As a result, it is incumbent on the counselor to (a) collaborate with the client to discover the nature and content of the client's feedforward beliefs and (b) initiate counseling strategies that provide the client with the opportunity to process new, self-relevant information (feedback) that challenges or disconfirms ineffectual working models and necessitates a reworking of these models toward greater viability, flexibility, and adaptiveness. In essence, the counselor works with the client to make the client's tacit working models explicit, emphasizing that in their original developmental contexts these models had adaptive value but that they are no longer adaptive in current life circumstances and interpersonal relationships.

Although facilitating developmental changes in clients' working models often involves providing clients with multiple sources of self-relevant feedback (Lyddon, 1993a, 1993b), the interpersonal issues that are often central to developmental personality styles make interpersonal forms of feedback a particularly powerful source of change. Several writers, for example, have stressed the importance of counselors' sensitivity to the way a client's working models of attachment are revealed in the relationships with their counselors (Liotti, 1991; Lyddon & Alford, 1993; Pistole, 1989; Safran & Segal, 1991). These authors have suggested that the counseling relationship may be viewed as a medium in which counselors can (a) directly experience and observe their clients' attachment patterns and (b) ultimately disconfirm dysfunctional working models and attachment patterns (Kiesler, 1988; Liotti, 1991; Safran, 1990). In other words, a counselor's decision not to complement the client's problematic interpersonal patterns and concomitant

feedforward beliefs provides the client with new interpersonal feedback, which may lead the client to rework his or her cognitive models of self and others. The disconfirming potential of counselor interpersonal feedback is described by Safran:

[T]he therapist who refrains from responding to the hostile client with hostility may be disconfirming the client's belief that others will be hostile to him. The therapist who unhooks from the interpersonal pull to take charge of a client's life disconfirms the client's perception of himself or herself as "a helpless person who must be taken care of by others." The therapist who values and accepts the client even when the client is sad, disconfirms the client's belief that they must always be happy in order to maintain relatedness to others. (p. 112)

### CONCLUDING REMARKS

In recent years, writers have been critical of the purported atheoretical approach to diagnosis espoused by the *DSM* (e.g., Faust & Miner, 1986). These critics point out that the *DSM*'s focus on behavioral manifestations and its adherence to a medical model that excludes theory largely eliminates possible etiologies that could be investigated from various alternative theoretical foundations. One of the underlying assumptions of the *DSM* is that syndromes seem to cluster in a meaningful way, reflecting a common etiology, course, and treatment response. However, in reality, there is considerable heterogeneity among people diagnosed with the same developmental personality style. Adherence to an atheoretical medical approach to psychological discomfort might obscure subtle differences that may be useful in understanding client problems and developing effective treatment solutions. Theory and classification are reciprocally related, and without theory to guide a classification system, categories are free to proliferate to an extent that ultimately minimizes their utility (Follette & Houts, 1996). As we have suggested in this article, we believe that attachment theory may fill the need for more theory-based approaches to diagnosis and conceptualization of human discomfort, particularly in the realm of problematic developmental personality styles.

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