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Disrupted Attachment Across the Developmental Trajectory From the Young Child to the Adolescent: A Theoretical Examination

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Introduction

Developmental theorists have made tremendous progress in studying the development of children and adolescents; researchers no longer rely solely on biological and legal connections between parents and children, but rather focus on processes and keys to variation within specific family structures that impact children's health (Carr & Springer, 2010). In studying those unique processes theorists view development as either a continuous or a discontinuous process. Those who view it as a continuous process, often see children and adolescents constantly growing, maturing, and evolving with the challenges of daily life. Those who view development as a discontinuous process identify stages based upon expected age related development, success made from one stage to the next, or overall changes in the child's development. Ingoldsby, Miller, and Smith, (2004); Miller (2002); and Hutchison (2008) collectively identify a variety of stage theories that has been vital to studying development, including but not limited to Erik Erikson's stages of psychosocial development, which extended Sigmund Freud's psychosocial stages; Lawrence Kohlberg's moral development, which looks at the development of moral reasoning; Abraham Maslow's hierarchy of needs, which shows a steady accumulating course of development; and Jean Piaget's theory of cognitive development, which shows the building of the battle ground of mental illness. Bronfenbrenner's ecological theory highlights the microsystem, direct contact between the child and parents, peers, instructors, or other essential adults; the mesosystem, the partnerships established between parent and teacher or other elements of the microsystem; the exosystem, the relationship between which the child's microsystem figures are embedded, but in which he is not directly involved; the macrosystem, involving policies and programs; and the chronosystems, involving historical changes in previously experienced systems and developmental changes embedded in those systems (Pleck, 2007). These systems are all nested together to transform the child into the healthy or unhealthy adults (Pleck, 2007). Understanding various theoretical approaches may provide insight into some of the internal and external processes that may contribute to or disrupt development.

Kohlberg

Lawrence Kohlberg and Carol Gilligan created the most prominent theories of moral development (Hutchison, 2008). Kohlberg, using three moral levels and six stages, begins with the first stage in childhood and expands throughout young adulthood (Hutchison, 2008; Kelcourse, 2004). In level one, Preconventional Morality, children do not have an internal conceptualization of right or wrong, and their judgments may come solely from external authorities (Kelcourse, 2004). This level consists of two stages, Stage One, Punishment and obedience orientation, where the choice of behavior depends solely on the consequences, and Stage Two, Individualism and Exchange, where the person follows rules when positive outcomes are reciprocated (Kelcourse, 2004). The child relies upon the attachment figure for guidance, and in this behavioral system there are rules that determine the behaviors that the child will select, activate, and terminate through messages from the attachment figure embedded in the child internally and through environmental context (Cassisdy & Shaver, 2008). Fear or exploration occurs based upon the consequences from the attachment figures (Cassidy & Shaver, 2008). When disruption occurs due to inconsistencies in the messages given or incongruence between the messages and his consequences, fear may arise. As the child's conversational skills are elaborated, he or she is able to incorporate the caregiver's goals into his own plan of action (Cassidy & Shaver, 2008). Although the child may question "why," he or she is still at this stage showing a willingness to conform to the adult's plan (Cassidy & Shaver, 2008).

Kohlberg's second level, Conventional Morality, occurs when praise and the escape of blame substitute for rewards and punishments (Kelcourse, 2004). Under this level are stages three and four; stage three, Good Interpersonal Relationships, is where one's actions are considered acceptable when others are pleased as a result, and stage four, Maintaining Social Order, is where the child is interested in following the established rules (Kelcourse, 2004). These two stages center on the individual's following social rules (Hutchinson, 2008). During this period, the child forms relationships with peers, and research indicates that socially appropriate behaviors, particularly following social order, may be a result of secure attachment patterns established in infancy with the mother (Sperling & Berman, 1994). Disruption may occur when caregivers do not provide the base of security and the school-aged child is not interested in social norms, but is dependent and non-compliant in social situations and unconcerned with social norms (Sperling & Berman, 1994). Socioeconomic disadvantages and other factors may also play a detrimental role in the child's response to social situations, especially in the event that any type of stress is a factor (Sperling & Berman, 1994).

Kohlberg's third level, Preconventional Morality, occurs when the individual gains concern for the moral values that rise above his own society (Hutchison, 2008). In this level are two stages: stage five, Social Contract and Individual rights, where unjust rules are challenged and stage six, Universal Principles, where one's conscience, universal justice, and respect go beyond the law (Kelcourse, 2004). Attachment security serves as a means of filtering and appraising events and structuring behavior in intimate relationships (Belsky, 2002). While Curry (2011) states that the attachment bond with the caregiver provides a framework for future relations, the internal working model indicates that although the styles are usually steady throughout the lifespan, the schemas may change (Griffith,

2004). Therefore, if the early childhood experiences were based on securely attached relationships in which the parents were able to demonstrate the highest level of moral reasoning or if disruption took place and such messages were not delivered, the individual ultimately has the ability to grow and can reach for this level through substitute natural and spirit filled attachment bases.

Erikson

In the 1960s, Erik Erikson established the psychosocial stages of development built on a biological process, a psychic process, and a communal process based on cultural organization (Erikson & Erikson, 1982). Early experiences and challenges to achieve tasks occur throughout the life span; this is a premise of both Erikson's theory and attachment theory (Erikson & Erikson, 1982; Mikulincer & Shaver, 2007).

Erikson begins with stage one, Basic Trust Versus Basic Mistrust, occurring from approximately birth to the first year of life, when infants who have trust are able to predict that their attachment figures will provide them with food when hungry and comfort when in fear or pain (Miller, 2002). If mistrust exceeds trust, the child, and later the adult, becomes upset, withdrawn, suspicious, and lacks self-confidence (Miller, 2002). Essential in the developmental process during the first year of life is how children and caregivers establish proximity and contact and whether or not children continuously view caregivers as a secure foundation for exploration (Mikulincer & Shaver, 2008). When the caregiver is not physically or emotionally accessible during threatening times, does not responds appropriately to cries, or fails to adequately relieve distress, or otherwise provide a secure base, the attachment relationship is disrupted, and the set goal is not attained (Mikulincer & Shaver, 2007). In this situation, the infant does not feel safe and worries about self and significant others, leaving him susceptible to and preoccupied with threats (Mikulincer & Shaver, 2007). These negative interactions result in the adaptation of secondary attachment strategies, including hyperactivation and deactivation, the fight-flight response (Mikulincer & Shaver, 2007). Trust is later desired in romantic relationships and is essential as a component of love (Mikulincer, 1998). With disruption, lack of trust may ignite distress, loss of exchange rewards in the relationship, and dissolution of the relationship (Mikulincer, 1998). This stage is expected to have occurred at the first year in life as opposed to during childhood or adolescents. Many children and adolescents enrolled in mental health rehabilitation have never established that since of trust because of negligence from parents and become dysfunctional because distress has escalated to the point of severe loss of control in the home, school, or community.

In Erikson's stage two, Autonomy Versus Shame and Doubt, occurring from ages 18 months to two years, the child is attempting to hold on or to let go; this concept is based retention or elimination (Miller, 2002). The child is experiencing rules as he begins to explore his environment (Miller, 2002). A child's confidence in the attachment figure stems from whether or not the caregiver is perceived to generally respond to requests for support and protection and whether or not the self feels worthy of receiving a healthy response (Hazen & Shaver, 1994). While a function of the system is to set limits on the individual's relationship with environmental elements, the system must also create an environment effective for the development of autonomy, facilitating the child's need to explore and learn (Mikulincer & Shaver, 2008). The basic concept of this theory in regard to attachment is that for an individual to become separate and individualized while feeling comfortable in exploring the world, he or she has to possess a background from adequate early care and must have those representations internalized (Goldberg et al., 1995). Secure relations encourage children to explore and gain mastery of their environment (Cassidy & Shaver, 2007). They have confidence that the sensitive and responsive caregiver will be available during times of need as they interact with the world (Cassidy & Shaver, 2007). Disruption occurs in environmental failure, where there are deficiencies in care giving such as rejection or deprivation (Goldberg et al., 1995). Such styles place the individual not only at risk of failing to achieve autonomy, but also makes him vulnerable to maladaptive behavior and pathology (Goldberg et al, 1995).

Stage three, Initiative Versus Guilt, occurs between ages four and five, when the child learns to identify with his attachments with a strong impact on the social aspects of that relationship (Miller, 2002). As he seeks to explore and discover new things, attachment theory reveals that true exploration only occurs when attachment needs have been fulfilled (Rholes & Simpson, 2004). If the individual is distressed and does not feel secure, he will move towards proximity (Rholes & Simpson, 2004). The attachment behavioral system is set up so that the child feels protected while engaging in developmentally appropriate exploration or other endeavors; this impacts the individual throughout the lifespan (Mikulincer & Shaver, 2008). The caregiver serves as a net for safety and security exploration (Mikulincer & Shaver, 2008). This task is evident not only in 4 and 5 year olds, but also emerges throughout adulthood and plays a significant part in the level of confidence the individual has with romantic partners and taking on new challenges (Rholes & Simpson, 2004).

Stage four, Industry versus Inferiority, occurs between approximately six years of age to puberty, when the child enters school (Miller, 2002). The child successfully gains a sense of industry if he is able to master challenges in his environment (Miller, 2002). Failure to do so often causes the child to feel inadequate and inferior (Miller, 2002). Disruption may occur in a self-fulfilling hypothesis which causes the child to give up early in life. Bandura 's concept of self efficacy, indicates that for him to be able to personally accomplish a goal, the child has to know that he or she has the capability before beginning the task (Hutchison, 2008). Children receiving mental health services often come from environment in which failure is anticipated based on direct and subliminal messages given in the home.

During Erikson's stage four, Identity versus Role Confusion, the individual attempts to find his true self through those outside of the home, including peers, organizations, religious affiliations, etc. (Miller, 2002) in which he tries out new roles. Also during this stage, the adolescent incorporates outside sources that may at times have voices that outweigh those of their parents. Internal working models based on intimate friendships are salient to analyze during adolescence because of the essential developmental purpose they serve during this stage (Miller et al., 2002). The research of Miller et al. (2002) indicates that secure attachment styles in adolescents with close friend's style correlates with social acceptance, heightened self-esteem, and reduced problematic behavior. Peer attachment is highly correlated to mental health functioning, and the level of social support an adolescent has through friends serves as a predictor of depression (Miller et al., 2002). Particularly, in adolescent females, attachment styles operate as a predictor of eating disorders, anxiety, and depression (Miller et al., 2002). The effect of sexualization on female identity development and self-esteem is essentially critical during adolescence, as Erikson's theory indicates that the central task of adolescence is to establish one's own identity (Choate & Curry, 2009). Adolescents who do not resolve this developmental challenge may feel confused about their purpose in life (Choate & Curry, 2009). The mass media plays a key role in disrupting attachment, as females internalize messages given (Choate & Curry, 2009). The focus becomes on the third person, the attachment figure, which she looks towards rather than through her own perspective (Choate & Curry, 2009). Related to those findings, adolescents securely attached to friends tend to enjoy school, while insecurely attached adolescents do not (Miller et al., 2002). The securely attached adolescents tend to view their families as supportive (Krenke, 2006). Research also shows correlations between the quality of peer attachment with substance abuse and with thoughts towards sexual practices (Miller et al., 2002). Stress experienced during this stage is considered a substantial and a

pervasive risk for psychopathology (Krenke, 2006). The gradual build of numerous stressors correlates directly to psychopathology, but the manner in which the individuals cope may impact current and future adjustment (Krenke, 2006). Maladaptive coping styles, including the tendency to avoid emotional struggles, tend to result in elevated psychopathology both concurrently and in the future (Krenke, 2006).

In stage six, Intimacy and Solidarity Versus Isolation, which ideally occurs during young adulthood, the individual attempts to establish significant relationships with individuals from the opposite sex or friendships with members of the same sex (Miller, 2002). If the effort to seek intimacy is not successful, the individual goes into isolation and often views social connections as stereotyped, unfeeling, and empty (Miller, 2002). Though Erikson anticipates that this stage occurs at a time past childhood and adolescence, it is necessary to explore it in light of adolescents receiving mental health rehabilitation services. Very often agencies see children who have through the courses of divorces, separation, abuse, and neglect chosen to find a way of escape. Several adolescents who enter care experience temporary out home placements with members of the opposite sex in the households of parents who willfully allow such relations. Securely attached individuals at this stage have confidence, social skills, and openness to forming intimate relationships (Cooper & Shaver, 1998). Anxious or anxious-ambivalent individuals often have low self-confidence and are overly concerned with rejection issues; they are vulnerable to jealousy and anger, and they believe their significant others are not trustworthy (Cooper & Shaver, 1998). In spiritual relations, they often lack the faith needed to feel safe with God. Avoidant individuals usually refrain from romantic relationships or feel uncomfortable with intimacy (Cooper & Shaver). Again, attachment theory indicates that these patterns stem from past interactions experienced with primary attachment figures (Cooper & Shaver, 1998). There are two types of activators that impact romantic attachment; primary activators, referring to the steady components connected with one's internal working model, and secondary activators, connected with behaviors and emotions occurring within a relationship at any given time (Sperling & Berman, 1994). The attachment system regulates negative emotions that arise from perceived threats (Cassidy & Shaver, 2008). With secure individuals, threat appraisals are regulated by positive interactions such as comfort and assurance, and leave the person feeling relief, thankfulness, and emotional steadiness (Cassidy & Shaver, 2008). Secure attachments relate to adaptive functioning in a variety of areas, including relationship satisfaction, heightened psychological functioning, and trust in romantic relationships (Miller, Notaro, & Zimmerman, 2002). This process is disrupted when no positive interactions are formed with attachment figures during threats, and the individual is left feeling negative, painful experiences (Cassidy & Shaver, 2008). Disruptions may appear in the form of separation, rejection, infidelity, or punishment (Cassidy & Shaver, 2008).

Other Related Theories

The Social Identity Theory is a stage theory based on the concept of socialization, which communicates the vehicle through which individuals are able to identify with social groups and differentiate from others (Hutchison, 2008). This theory suggests that people experience five stages, of social identity some of which are spontaneous: Naiveté, Acceptance, Resistance, Redefinition, and Internalization (Hutchison, 2008).

The first stage, Naiveté, refers to a child who has no social consciousness and seeks caregivers to socialize without question (Hutchison, 2008). Children at this level become inquisitive over differences between themselves and members of other groups, but have no feelings of superiority or fear based on the differences perceived (Hutchison, 2008). Mikulincer and Shaven (2007) report that while an infant has basic reflexes, he learns to engage in more complex social relationships. The child, therefore, has been coached and led by caregivers (Mikulincer & Shaven 2007). While the child can learn skills needed to build relationships through the capacity of relationships with such attachment figures, disruption can also occur if the coaching is not carried correctly. The child is learning vital skills such as regulating emotions, communicating, showing preferences when need arises (Mikulincer & Shaven, 2007). Caregivers who are inconsistent or who place the child in unsafe situations could deliver messages that will be internalized for extended time.

The second stage, Acceptance, refers to learning beliefs from his own and other social groups (Hutchison, 2008). The child starts to hear that the world has rules that prevent behavior and intertwines those with his own internally (Hutchison, 2008). During this stage, the child is given mental representations of caregivers and retains those representations as sources of safety (Mikulincer & Shaven, 2007). Working models govern behavior, thoughts, and feelings and the ways that the individual codes, interprets, and stores memories of interactions with caregivers (Mikulincer & Shaven, 2007). These biases of one's self and of others reflect how the individual engages in open or closed interactions with others (Mikulincer & Shaven, 2007).

Resistance, the third stage, refers to the individual becoming aware of assumptions made by other members of groups (Hutchison, 2008). This realization allows the individual to create a new definition of social identity. Securely attached individuals are able to allow for such awareness while remaining assured of their identity, while individuals with an anxious style are likely to see themselves as being misunderstood by others (Simpson, 1990). These latter individuals are commonly unable to trust others and are weary that thoughts of others can cause harm (Simpson, 1990).

The fourth stage, Redefinition, occurs when the individual is able to take pride in his origin while accepting diversity in others as a positive attribute (Hutchison, 2008). The individual who is able to feel trust and safety in secure attachments is likely to feel safe in exploring in the presence of others with positive responses. Those who have frustrating or painful encounters with early caregivers may become affectionless, exhibit distrust and hostility towards others, and fail to show empathy and compassion for others (Mikulincer & Shaven, 2007). This behavior is often presented in mental health rehabilitation through issues with intermittent explosive disorder, impulse control disorder, and conduct disorder. In such a manner, insecure attachment may result in criminal acts (Mikulincer & Shaven, 2007).

The fifth and final stage, Internalization refers to the period in which the individual establishes comfort in his or her new identity and is able to implement it into his or her lifestyle (Hutchison, 2008). Lacking external control, the individual is able to test new identities (Hutchison, 2008). This internalization stage is an ongoing task that the individual experiences (Hutchison, 2008). The individual who has secure attachment receives reinforcement from external and internalized attachment bases and is also able to provide a foundation for self-regulatory skills (Rholes & Simpson, 2004). Affect-regulation skills are ineffective when disruption has led to insecure attachment (Rholes & Simpson 2004).

Maslow

In the 1960s, Abraham Maslow set up a hierarchy of needs and understood peak experiences to occur during intense moments in which the individual is able to connect with others (Hutchison, 2008). Therefore, the premises of this theory fit well with that of attachment theory. Maslow's hierarchy of universal needs includes safety and security, self-esteem, belonging, and self-actualization (Griffith, 2004). These categories fall under the domains of physical well being, personal competence, relational closeness, and self-transcendence, respectively (Griffith, 2004). Maslow and Erikson begin with needs and goals centered on self and later move towards self-actualization and generativity, respectively (Griffith, 2004). Maslow begins first with physiological needs at the bottom of his hierarchy (Hutchison, 2008). This blends well with con-

cepts of attachment theory because from the very beginning of life, the infant learns to lean on the attachment figure for basic needs. The individual seeks conditions that enable physical safety and security and protection from danger (Griffith, 2004). To avoid fears of pain or loss of life, people engage in behavior that promotes health and life such as appropriate eating, sleeping, and exercise (Griffith, 2004). How does disruption occur? If parents fail to provide safety, food, and other essential needs, healthy attachment may be disrupted. The very essence of healthy attachment is built on the foundation of establishing a secure attachment with primary caregivers. Seeking the other three goals in an extreme way may also cause disruption at this level (Griffith, 2004).

Maslow's second level of the hierarchy involves safety needs, where the individual attempts to avoid pain or anxiety (Hutchison, 2008). Individuals with low anxiety and low avoidance tend to have secure attachment styles, are able to trust in others, expect responsiveness of significant others during times of need, anticipate comfort, and are able to manage threats (Mikulinger & Shaver, 2007). Those with high levels of anxiety, including children who live in drug or other crime infested neighborhoods often carry high levels of anxiety.

Maslow's third stage involves belongingness and love needs (Hutchison, 2008). A child or adolescent in this stage appraises his personal skills based on familial and socioocultural ideals (Griffith, 2004). An individual in a secure relationship has a shield against stressful situations; knowing that an attachment figure is available provides the individual with the ability to take risks (Griffith, 2004). This allows the individual to develop personal competence and to feel worthy of love. Ainsworth describes the anxious/ambivalent individual as reluctant to establish intimacy and believes others to be unable to make long-term commitments with him (Mikulincer & Shaver, 2008). If this need of love and belongingness is satisfied, the individual may move towards a higher needs level - self-esteem needs.

The next level in Maslow's hierarchy, self-esteem needs, centers on self-respect, competence, and mastery (Hutchison, 2008). This area stems from attachment styles as identified in internal working models. The internal working models serve as representational model, and from these models, the individual is able to establish positive or negative feelings towards the self and in levels of competence (Mikulincer & Shaver, 2008). Self-actualization refers to the individual achieving what he is capable of becoming (Hutchison, 2008). Self-actualization and relationship closeness involve investing self in relationships with others, the world, and God (Griffith, 2004). If an individual has received from attachment figures negative messages about him or herself, those messages may cause internal disruption and may prevent the individual from reaching his full potential. For example, the impact of self-objectification, occurring in the sexualization of girls, may affect her academic performance and career expectations; over concern blocks the individual from achieving her fullest potential (Choate & Curry, 2009). Built on secure attachments, self-transcendent individuals are well understood, and they contribute to the sacred matters in life and to relationships (Griffith, 2004).

Conclusion

Attachment theory has improved our theoretical extensions and generalizations by embracing the impact of culture and context on social science and society. It is a particularly essential component of development that impacts children and adolescents and extends its impact into adult life, to include romantic, spiritual, and other related issues. Several major developmental theories are built on concepts that blend with attachment theories, indicating the very salience of attachment on the individual from birth until death. Bowlby defines normative development as a means of discovering abnormal functions, particularly disruptions in attachment; it is thus essential that the body of research in the social sciences work towards understanding the true underlying causes of low functioning in various capacities of life. Attachment, therefore, must be studied in greater detail not only from an individual or familial perspective but also from the general social and cultural context with which the individual develops. Deeper understanding of such issues is prevalent for practitioners working with individuals across the life span and with policy makers who can assist in a shifting towards building secure attachments in children at early ages so that they may become strong, productive members of society to provide for the next generation.

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