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## How Early Negative Caregiving Experiences Relate to Stage of Attachment

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*Negative behavioral stages of adult development of attachment can occur given different kinds of early experiences. Extreme negative early experiences, such as abuse, or neglect, often lead to arrested development in the domain, such as the interpersonal domain, in which such experiences occurred. Development may also occur because parents themselves have arrested development and do not provide models for higher stages of behaving. At the Preoperational stage 6, people fail to predict the effects of their own behavior on others and to differentiate between fantasies and reality. They require constant supervision. At the Primary stage 7, people understand that their own behavior may cause others harm but do not understand how others will feel. Adults using primary stage reasoning to solve certain dilemmas, often end up in trouble because they only know what their own behavior obtains but not how the other people might feel about it. At the Concrete operational stage 8, people consider the feelings of others, as well as their own. They fail to discriminate social norms, however, and can end up in trouble for that reason. At the Abstract stage 9, people care not about out-group people and so behave in a prejudicial way toward them. At the Formal stage 10, people apply simple cause and effect models to relationships. Since only one individual is perceived as being responsible, it is difficult to solve relationship dilemmas. At Systematic stage 11, people fail to use available means to settle conflicts, disrespecting their enemy and preferring to use power as legitimized by procedural due process. At the Metasystematic stage 12, people fail to co-construct a reality with all the stakeholders, often harming them. For each of these stages, ways of helping individuals to develop beyond them are suggested.*

Commons (1991) and Miller and Lee (1999) have proposed a behavioral-developmental theory of stages of attachment. As described in the preceding article in this issue, these stages were generated using the Model of Hierarchical Complexity. The paper also presented evidence to suggest that there are reliably different ways in which children and adults talk about their attachment relationships, with children primarily talking about them in ways that we have characterized as being at the primary and concrete orders of complexity, and adults being more likely to use abstract, formal and systematic orders of complexity. The description in that earlier paper is of what the progression would look like if development proceeded in an ideal fashion. If that happened, an individual would progress through the stages described, up to some stage at least.

Development in a domain, including the domain of attach-

ment, does not necessarily proceed in an ideal fashion. Based partly on the work of Rodriguez (1997, personal communication), Noam (Noam, Chandler, & LaLonde, 1995), and others, we propose that development through the attachment stages can become arrested. A primary cause of arrested development, and the one that leads to the most serious outcomes, is exposure to traumatic events such as abuse, abandonment, or neglect. Problems in biology (increased or decreased sensitivity to others' emotions and preferences) can also lead to a lack of development through the attachment stages. In some cases, perhaps the less serious ones, individuals may not have been exposed to appropriate models, and so would not have learned the behaviors necessary to move up in stage.

How would such early experiences have an impact on development in this domain? Much research within developmental psychology suggests that there are two ways in which development takes place. The first is engaging with an issue. The second is reflecting upon it (Piaget, 1976). When there is some kind of trauma, it is suggested that the area of their life in which the person was traumatized is the area in which development becomes arrested. Oftentimes this is within their close interpersonal relationships. They are not likely to engage their original caregivers in more positive ways due to their previous negative history. The interaction with others also can recall the original trauma and accompanying painful emotions. This leads to a lack of reflection on their attachment experiences because they are too busy avoiding even thinking about their traumatic experiences.

Another aspect of the Model of Hierarchical Complexity that is important to understanding what might happen here is that there is no necessary uniformity in development across tasks. Each task from a different domain or sequence is tackled separately to some degree. As a result, it is possible for an individual to progress through many of the stages of 'mathematical development,' and so being observed to complete mathematics tasks that are highly complex. At the same time, the same individual might not progress through many of the attachment stages, and as a result might complete attachment tasks at a much less hierarchically complex order.

In this paper we will propose what might happen to arrest development at different stages of attachment, what might happen as a result of such arrested development, and what interventions might help an individual to develop further. In each case of progress from a lower-stage behavior to a higher-stage behavior, it is assumed that change could begin when reinforcement for behaving at the lower-stage is perceived to decrease markedly.



This aspect of the stage transition is not discussed in detail, but is assumed.

### **Impairments at Different Attachment Stages**

#### ***Preoperational Stage***

We estimate about .5% of people who are not otherwise recognized as being developmentally delayed may not progress beyond this stage in the attachment domain. Even though adults, such individuals fail to predict the effects of their own behavior on others and do not differentiate between fantasies and reality. The reasons for this include abandonment, abuse or neglect during infancy or very early childhood. It is also possible that a severe mental illness, including a delusional belief system that keeps individuals from distinguishing fantasy from reality (i.e. schizophrenia, extreme bipolar, severely disturbed borderline, and severely deteriorated alcoholics or drug abusers) could also cause regression to the preoperational stage of attachment.

#### ***Preoperational to Primary***

People functioning at the preoperational stage are like nursery school children but with large stature and strong muscles. In order to move from preoperations, one has to teach them to talk about what they want rather than grabbing it. Authority gives them rules to follow which increasingly makes it possible for them to behave in socially acceptable ways. As an authority, one has to interact with them and to supervise them. For this to be effective, they must also have at least some positive emotions toward the authority figure in addition to receiving some form of effective reinforcement. Otherwise it is likely that they will simply learn to behave appropriately in the presence of the authority, but not behave appropriately otherwise. The positive emotions will make pervasive imitation more likely. By providing stability and structure, the authority helps individuals to increasingly distinguish reality from fantasy.

#### ***Primary Stage***

We estimate about 2% of people may not progress beyond this stage. Such individuals would have an understanding of their own perspective and an understanding of another's perspective, but would not integrate the two. These individuals see attachment in terms of their own needs or the needs of another, but not both together. We speculate that the trauma or negative interpersonal experience may happen somewhat later, though typically between the ages of two and ten. The reasons for the lack of development are that the individual's experiences or biology prevent them from engaging with an issue. An important aspect of such early experience would be whether caretakers model perspective-taking with the child. Individuals behaving at the primary stage do think about what causes them harm, rendering them somewhat realistic. However, their idea of right and wrong would be based only on the consequences of their actions. For example, at the primary stage, a man might rape a 13 year-old. This individual knows what they are doing, but not how the other person might feel.

#### ***Primary to Concrete***

The use of standard cognitive-behavior interventions are one main way to move from primary to concrete. In children, this transition moves them from being more directly controlled by outside circumstances, such as consequences of their own

behavior, to anticipating how what they prefer to do will be perceived by specific others, such as family and associates. Cognitive behavior therapy works on making these predictions more salient and also in adjusting them better to reality. Reinforcement of cooperation and fair dealing might also be effective.

#### ***Concrete Operational Stage***

We estimate about 5% of adults in a modern society would be found to reason primarily at this stage. At this stage, the individual integrates the perspective of another with their own perspective, and so they can make a deal in which both people benefit. A hallmark of the concrete operational period is to know who cares and who does not. Many of the people in jail (drug dealers, pimps, prostitutes) perform at the concrete operational stage of attachment. Prostitutes functioning at this stage engage in quid pro quo (money for sex). These individuals know the deal, but they do not understand the social norms that forbid such deals even though they can state such norms. That is, their social behavior is based on deals with individuals, but they do not think more generally of what others, even in their own social group, might think. Another example of a concrete person is an individual who has sex with an underage girl. The girl might agree to the sexual encounter, but they do not understand that they are breaking the social norm against sex with underage people. This type of conception of attachment relationships can also be seen in at least some narcissists and psychopaths.

#### ***Concrete to Abstract***

In order to move from the concrete stage to the abstract stage, people may learn that the group as a whole has a sense of the social norms. They can come to see that it is a property of groups of people, not just the people with whom they deal directly. An example of moving from concrete to abstract are 12-step programs, which seem to work in moving individuals from one stage to the other. In addition, the programs provide clear social norms and social reinforcement systems.

#### ***Abstract Stage***

We estimate about 20% of adults are at this stage in their attachment relationships. They will know the social norms and these norms will be important in regulating what happens in their relationships. When the identification is with socially appropriate groups and norms, this can lead to a lot of socially accepted, although perhaps rigid behaviors. When impaired, individuals behaving at the abstract stage may belong to the "out group" and therefore act against the norms of the "in group." This may occur because an important model in the person's life has had a strong "identification" with anti-social norms. It may be due to being maltreated. Some may be in the negative step of the transition from abstract to formal – the anti norms. During stage transition (Commons & Richards, 2002) the first step of leaving the earlier stage adaptation is to negate the actions of that stage. People who are performing at this step of the transition may go against the social norms, though this is also expected in at least some adolescents. It is when this kind of thinking persists beyond adolescence that there can be a problem. For example, individuals who belong to an "out group" can engage in a great deal of negative behavior directed against others in society. This can harm both themselves and others. Others not in their group will get pejorative names and this is seen as justifying being able to treat them badly.



### ***Abstract to Formal***

In order to move from the abstract stage to the formal stage, individuals have to learn an empirical approach to understanding how to behave with respect to another. One has to see what is effective in making relationships work and getting others to care.

### ***Formal Stage***

We estimate about 30% of adults will be at this stage in their attachment relationships. At the formal stage, individuals understand that causality is linear and univariate. Since each problem can only have one cause, this can lead someone in a relationship to blame the other for the problems in the relationship. The difference between the abstract stage view and the formal stage is that evidence and logic are brought to bear in the formal stage. During the transition to systematic, therefore, when the failures in the relationship are discussed, the statements of blame do not consist of unsupported accusations. Instead, they are supported with evidence and with logic. The problem develops because simple, one-variable causal models lead to the blame being perceived as belonging to only one party in the relationship. Because the formal stage action is found in a large number of adults, it cannot in a normative sense be considered impaired. It does, however, because of the single variable reasoning, lead to impaired relationships in which conflicts cannot usually be resolved in a manner that is satisfactory to both participants.

The formal stage is also the stage in which social norms are captured in bureaucracies of formalized rules. People acting as part of a bureaucracy may justify destroying certain groups of people because of formalization. Such formal operational bureaucrats could include people who work in the genocide machines of various states. They may put into place policies that result in the killing of a great number of people, not because they are angry, but because they "are just doing their job," as Kohlberg (1984) argued and was shown by Milgram (1974). This sort of behavior may not be associated with disordered attachment at the individual level. The two domains can be completely separate. An example of this is actors and actresses who play roles in adult movies; they are performing at the formal stage. They are playing well defined roles, following explicit direction of the director, who is in turn following a script.

### ***Formal to Systematic***

For formal behaving individuals, effective interventions might concentrate on helping individuals understand a more complex view of a relationship that includes both participants as sharing responsibility for both positive and negative aspects of the relationship. The role of each person in the web of interaction would be discussed. This would take place in repeated discussions, in which the two individuals' views that the other was to blame were put into conflict with each other. The interdependence of each role would be shown.

### ***Systematic Stage***

We estimate about 20% of adults operate in this stage. When in it, both caring and failure of caring in individual relationships are seen as mutual. There begins to be the perception of real conflicts between ourselves, our individual relationships and the overall system in which we are embedded. Individuals become more involved with and more invested in work and other institutions. For example, a person may be focused on their job and

their company, but no longer pay as much attention to their family. People may also fail to make room for taking care of themselves due to these other competing demands. These competing demands all seem to have equal priority and begin to be seen as pitted against one another. Due to these feelings, an individual might reject work and focus on family. However, it is also possible that they might completely subjugate self to either of these other concerns in a destructive way.

The systematic stage also includes an inability to use effective means available for settling conflicts. In relation to our enemies, we do not see any attachment to them. This is because we still see our enemies as belonging to another, alien system. As a result, we would rather use power than ways of engaging them. These actions are usually legitimized by something like a vote. Unfortunately, we do not say that our enemy are sick and should be asked if they need help; we do not see that these people are "underdeveloped;" we do not ask if they would like help becoming more developed. Instead, we say that they are bad and we need to punish them.

### ***Systematic to Metasystematic***

Individuals work to understand their own systems of thinking, as well as understand those of significant partners. One also has to learn unconditional respect for other people, including one's enemies. It is also necessary to develop a positive interdependency rather than being stuck in endless independence (rights) versus dependence (duties) struggles.

### ***Metasystematic Stage***

From our studies of postformal thought (Commons, Miller & Kuhn, 1982), about 2% of adults operate at this stage. At this stage, there is a universal respect for all persons, even enemies. The respect for enemies exists only in a projective way, though. The exception is that when one is actually involved with someone on a day-to-day basis. People may actually co-construct the reality of relationships directly with the parties concerned, especially in cases of conflict. Failure of the metasystematic stage is that we do not co-construct a reality that would allow us to solve some of these conflicts. As a society, we have begun to co-construct partially over a few issues. For example, we no longer want to run "secret" revolutions in other nations.

### ***Implications for Improving Relationships***

In order to improve attachment relationships, it is important to move up in stage. At each higher stage, one has a greater opportunity to eliminate the negative side of the previous stage of development and more fully meet the needs and concerns of all participants. The question is, how best to promote further development?

There have been two points of view as to why a person engages in elevated frequencies of undesirable behaviors and low frequency of desirable behaviors. One explanation has been the utility aspect (the expected value of the behavior). The other is the developmental aspect (the probability that the behavior itself or the discernment of contingencies is in the repertoire of the person). Our contention is that the utility aspect is dependent upon the developmental aspect. For example, requiring a behavior that is too developmentally advanced for a person in order to avoid punishment, will fail to obtain that behavior. This is commonly seen when observing parents or others interacting with children. Some parents may repeatedly try to get their child to do some-



thing, using both positive reinforcement and/or punishment and repeatedly fail. Often, parents are requiring a behavior that is simply too developmentally complex for a child. When a behavior is too developmentally complex or the contingencies surrounding that behavior are too complex, they are simply not discriminated by the individual (whether child or adult).

Therefore, moving individuals from each stage to the next differs, depending on the stage at which they begin. Generally, adults who function at stages generally seen in childhood (for example, preoperational, primary or concrete) are the most impaired. Such adults would need a great deal of intervention in order to be able to move up in stage. This is often complicated by the fact that their lack of development results from seriously impaired early attachment relationships, including relationships that may not have promoted the early development of empathy and perspective-taking. Some of the sites that such adults end up in - such as prisons - are not set up to promote empathy and perspective taking, and so may fail to rehabilitate individuals. Such individuals may also be suffering from serious forms of mental illness or other biologically-based challenges that would make moving up in stage difficult.

For adults who function at stages that are seen in adolescence or sometimes early adulthood (e.g., abstract or formal) there are different stumbling blocks to change. For one thing, they might be able to locate a social group and relationship partners that function close to their own stage and so this way of thinking may not be challenged in most cases. Such individuals might show a pattern of repeated relationship failure, but not be exposed to contingencies that would promote stage change. The way for such individuals to change would be for them to spend time in a context, such as a therapeutic context, that would lead to their abandoning lower stage strategies. Since few, if any, therapies take a systematic developmental point of view, this would be a hit or miss proposition.

For individuals who function at the systematic stage within relationships, the challenges to move beyond the systematic stage would be daunting. Finding a therapist qualified to help two individuals co-construct a metasystematic level relationship would be difficult.

At all the stages, one thing that is not really tried as often but seems to be useful is coaching from trained professionals. Many people who function at the lower stages need advice on how to

behave. They need to be coached as to how to try different ways of behaving and to see the effects on others of what they try. It is especially useful for people who are high functioning in other domains. Coaching of this type would be based on transmitting successful practices in the relationship domain.

## References

- Commons, M. L. (1991). A comparison and synthesis of Kohlberg's cognitive-developmental and Gewirtz's learning-developmental attachment theories. In J. L. Gewirtz & W. M. Kurtines (Eds.), *Intersections with attachment* (pp. 257-291). Hillsdale, NJ: Erlbaum.
- Commons, M. L., Miller, P. M., & Kuhn, D. (1982). The relation between formal operational reasoning and academic course selection and performance among college freshmen and sophomores. *Journal of Applied Developmental Psychology*, 3, 1-10.
- Commons, M. L., & Richards, F. A. (2002). Organizing components into combinations: How stage transition works. *Journal of Adult Development*, 9(3), 159-177.
- Kohlberg, L. (1984). *Essays on moral development: Vol. 2. The psychology of moral development: Moral stages, their nature and validity*. San Francisco: Harper & Row.
- Milgram, S. (1974). *Obedience to authority: Experimental view*. New York: Harper & Row.
- Miller, P. M. & Lee, S. T. (1999). *Developmental stages and transitions between stages in child and adult narratives about losses of attachment objects*. Paper presented at the Society for Research in Adult Development, Salem, Massachusetts, June 18-20.
- Noam, G., Chandler, M. J., & Lalonde, C. E. (1995). Clinical-Developmental Psychology: Constructivism and Social Cognition in the Study of Psychological Dysfunctions. In D. Cicchetti & D. Cohen (Eds.), *Developmental psychopathology, Volume 1: Theory and methods*. (pp. 424-464). New York: Wiley.
- Piaget, J. (1976). *The grasp of consciousness: Action and concept in the young child*. Cambridge, MA: Harvard University Press.