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Problems With Linking Constructs From Different Domains: Commentary on Pistole's "Adult Attachment Style and Narcissistic Vulnerability"

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In this commentary on Pistole's article (this issue), I raise a number of questions about her linkage of insecure adult attachments and narcissistic pathology. To explicate these issues, I provide some background data on the infant attachment system and offer current information about the status of adult attachment research. I conclude that the lack of uniformity and consistency across adult attachment studies limits generalizations. I also raise issue with Pistole's use of the concept of narcissism. She conflates divergent theoretical views, thereby further obscuring the meanings of narcissism. Her attempt at bridging these two domains remains problematic.

I appreciate Pistole's efforts (this issue) to link understanding of the attachment system with narcissism. Both constructs are, in their own way, in the vanguard of analytic deliberations. Their explication can inform our clinical work. It can be a useful bridge if these two concepts from differing backgrounds—one grounded in empirical work, the other from the clinical setting—can enhance each other. However, I do see limitations in this approach that I think may be useful to consider.

Adult attachment research is an extension of initial and continued investigation of infants' and children's attachment system. To understand the current status and the limitations of adult attachment research, its precursors needs explication. In addition, clinicians employ varied meanings and suggest diverse motivational positions for the construct of narcissism. Thus, my

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commentary deals with the following: (a) the nature of the infant attachment system, (b) the status of research data dealing with adult attachment (c) some of the problematic conceptual issues surrounding Pistole's use of the construct of narcissism, and (d) Pistole's bridging attempts.

Attachment research is based on extensive empirical studies of children, typically starting at 1 year of age, although some are correlated with very early infant behavior. This body of research has produced reliably replicated data. Middle-class children in the United States have been studied, and the majority of this group can be demonstrated to be securely attached. Two smaller groups of avoidant and ambivalent children have also emerged from careful study. A fourth class of children who are unstable and disorganized is currently being studied.

The first point I wish to make about these groups is that there are subtle divisions within these groups, and children are sometimes difficult to classify. Second, these categories are not typically polarized; it is not health versus pathology. Although a meta-analysis of all the attachment studies demonstrates the universality of these categories, different parts of the world demonstrate different characteristic groupings. (North German children have been characterized as avoidant; research with Japanese infants demonstrate more ambivalent-resistant children when compared to their American counterparts.) Thus, attachment researchers think of these different groups as representing stylistic differences (Aber & Slade, 1987).

In the late 1980s and early 1990s, there has been exploratory work on the more extreme aspects of insecure attachments and their relevance for highlighting later pathology in children. This work has grown out of the predictive success of connecting early forms of attachment and subsequent behavior. Recently this work has been extended to the study of adolescents and adults. This research is in its early stages, and much of it is highly speculative. These adult data must be presented cautiously and used tentatively. Pistole presents the work on adults as though it has an equivalent database as that of children. In this respect, her "sin" may not be so different from many researchers investigating adult attachment. As Sperling and Berman (1994)—adult-attachment researchers and co-editors of a recent book on adult attachment—commented,

> For those researchers and clinicians steeped in the theory [of life cycle attachment], the relationship between childhood attachment experiences and adult behavior in close relationships seems intuitively obvious and needs no elucidation. The association is not nearly so clear-cut, however, and requires supporting documentation to be an acceptable heuristic model. (p. 20)

ADULT ATTACHMENT

This body of research, as I suggested, is in its formative stages, and there is neither unanimity nor consistency across research studies. First, whereas for

example, empirical reports have demonstrated that attachment styles among infants and children are developmentally reasonably stable, there is as of now minimal investigation of this feature in adult attachment. In fact, the stability of long-term attachment in adulthood is currently under investigation by Sroufe, Egeland, and Kreutzer (1990; see also Rothbard & Shaver, 1994). Because we should anticipate that arriving at stable adult attachments and maintaining such stability is probably more complex in adult relationships, our discussions and inferential leaps about this variable need to be offered tentatively.

Second, whereas Ainsworth, Blehar, Waters, and Wall (1978) initially used three broad categories of attachment styles to characterize children's responses in the strange situation, researchers of adult attachment sometimes follow this model; others use a variety of other categories. Some researchers use two, three, or four categories of insecure attachment. Others use their own typology. Main and Goldwyn (in press) used "autonomous," "dismissing," "preoccupied," and "unresolved." Bartholomew and Horowitz (1991) included in their attachment styles a category labeled "fearful" (p. 227); Ainsworth (1985) more recently employed a "punitive" category (p. 795). Sperling and Berman (1994) sliced the pie differently and used a continuum of secure–insecure styles in each of their attachment categories. (Is Pistole suggesting that all these diverse categories labeled *insecure attachments* reflect aspects of narcissistic pathology?)

Third, there are different research approaches. Some use in-depth interviews, and others rely on paper-and-pencil questionnaires. Others employ Q-sorts. The latter kinds of approaches address more conscious aspects of attachment styles. Q-sorts and checklists have the additional problem of forcing people into limited groupings, thereby avoiding degrees of differences. We should not necessarily expect that similar issues are being tapped from data reflecting simple self-report measures and those obtained from more clinical in-depth interviews.

Thus, researchers are asking different questions and addressing different issues in their approach. As Sperling and Berman (1994) suggested, some researchers are focusing on adult reactions to separation and loss—Bowlby's initial interest. Others are interested in the ways adults conceptualize close relationships. Some empiricists are focused on specific relationships (e.g., marital) and the characteristics of partners and their ensuing interactions. Thus, one cannot cull data from across these different research orientations, disparate methods, diverse data collection, and varying hypotheses and lump all these studies together as Pistole does. This suggests to the reader a degree of consistency and uniformity across studies that does not exist.

NARCISSISM

Like her collapsing of different arenas of attachment research, Pistole uses a similar leveling when explicating the concept of narcissism. Theorists with

widely divergent views, each yoked to specific motivational hypotheses and developmental considerations, are treated as comparable (e.g., Kernberg, Kohut, Bromberg, Blanck & Blanck). Thus, for example, Kernberg is focused on drives, especially aggression and oral envy, as a key motivational feature of narcissistic pathology. Kernberg (1980) theorized that the lack of fusion of aggression with libido is a major factor producing pathologically defensive narcissistic responses. Kohut, by contrast, (1977, 1984) overturned classical theory's emphasis on drives and evolved his unique theory with the self at its core—a concept of self that is a complex organization of subjective experience. Threats to this self are the major concerns of self-pathology. Aggression is invariably understood as arising in response to significant selfobject failures that disrupt self-experience and as an effort to restore self-integrity. In contrast to Kernberg, Kohut eliminated traditional structural considerations. He understood defensive responses as protective of a vulnerable self-organization—that is, they are self-preservative responses.

From a self-psychological perspective, self-esteem is not equivalent to the self as Pistole is suggesting. Issues of competence and mastery, associated with secure attachment, are not regulators of the self as she insists. Rather, they are contributing factors to a more complexly envisioned self organization.

By treating anxiously ambivalent and avoidant categories of pathology as if they both deal with narcissistic pathology, Pistole finesses differences in psychic organization, affective experiences, and behavioral responses that psychoanalytic theory needs to address. Researchers of adult attachment tend to make less inferential leaps. Rather, when psychopathological considerations are attempted, there are delineations within, between, and among categories of attachment. Thus, avoidant attachment style is thought to characterize those individuals diagnostically assessed as demonstrating schizoid and borderline pathology.

Narcissism as linked to borderline pathology may be more characteristic of Kernberg's (1986) assessments. Kernberg maintained that although narcissistic personalities demonstrate surface competence in interpersonal settings and "'pseudosublimatory' potential" (p. 215), their impulses and defenses show a primitive level of organization; they lack emotional depth, empathy, and capacity for deep commitment to productive work. In psychoanalysis, regressions of psychotic proportion are not atypical. Kohut's diagnostic concerns for narcissism were of a different order. For him, what was critical was whether the patient was able to develop stable selfobject transferences. In a corresponding manner, empirical findings from adult attachment research do not support the unvarying picture that Pistole offers. To conclude, as she does, that "in preoccupied attachment, the defensive strategy is to merge with an idealized other who bolsters feelings of worth" (p. 116) suborns the intricate findings of this attachment category. A major challenge to Pistole's position is provided by adult attachment researchers (Feeney, Noller, & Hanrahan, 1994), who maintain that in preoccupied

attachments, "the key feature of this attachment style appears to be an ambivalent attitude to relationships, rather than the desire for extreme closeness" (p. 140). Conflicted relationships characteristic of this group are not synonymous with "merging" wishes.

BRIDGING ATTACHMENT AND NARCISSISM

To select narcissism as the relevant construct underlying the insecurely attached styles, one must rely on excessive inferences. In contrast, researchers who have studied the extremes of attachment styles reliably report on dysphoria and depression among the insecurely attached. It is not surprising that insecure attachments may foster dysphoria. The history of this work began with Bowlby's (1969, 1973, 1980) focus on separation and loss and the attempt to understand the ensuing coping styles of infants and children. Empirical measurements of attachment reflect management of separations and reunions (typically demonstrated in Ainsworth's, 1978, paradigm of the Strange Situation). There is a growing body of research demonstrating that insecurely attached children and adolescents may be at greater risk for depression (Adam, 1994; Batgos & Leadbeater, 1994; Blatt & Homann, 1992; Lyons-Ruth, 1992; Lyons-Ruth, Repacholi, Mcleod, & Silva, 1991; Sroufe, 1988; for a summary of research trends, see also Silverman, 1994). Using attachment research findings, dysphoric and depressive affect are variables more near to experience than is narcissism.

Finally, whereas both attachment research and psychoanalytic theory focus on internalization (i.e., patterns of behavior that eventually become schematized or, in psychoanalytic language, structuralized), the understanding of the determinants contributing to internalization from each perspective is different. Attachment research, for the most part, relies on the repeated actual experiences that infants and caregivers share, that become internalized for the child as a working model of attachment. Psychoanalytic concepts of self, self-esteem, self- and object representations, while addressing real interactions as contributors, also consider the needs, fantasies, anxieties, guilt, and defensive reactions shaping perceptions and organizing internalizations. Even Kohut's (1977, 1984) views about the establishment of the child's self organization stems from the phase-specific needs of the particular child, which may not necessarily be met even by an average expectable parent. Elsewhere, I (Silverman, 1992) addressed the limitations of the attachment system as a simpler paradigm of internalization.

In summary, adult attachment research cannot currently be considered demonstrative of consistent and reliable data from which theory and predictive behavior can be supported. Because it is in its formative stages, caution and circumspection is wise. The concept of narcissism has diverse meanings depending on theoretical orientation. Today, for example, many self psychologists no longer employ the term. A beginning approach might be the selec-

tion of one point of view about the vicissitudes of self-experience (or narcissism) and in limited ways address the usefulness of the construct to other domains. Pistole's arbitrary bridging of these very different constructs leads to reification of each of them. I do not believe that there has been a convincing demonstration of the linkage between problematic attachments and self-pathology.

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