Sroufe, L. A. (1989). **Relationships, self, and individual adaptation.** In A. J. Sameroff & R. N. Emde (Eds), *Relationship disturbances in early childhood: A developmental approach* (pp.70-94). New York: Basic Books.

Relationships, Self, and Individual Adaptation

L. Alan Sroufe

> The process out of which the self arises is a social process which implies interaction of individuals. . . . Selves can only exist in definite relationships to other selves. No hard-and-fast line can be drawn between our own selves and the selves of others, since our own selves exist and enter as such into our experience only in so far as the selves of others exist and enter as such into our experience also.
>
> —George Herbert Mead (1934)

The basic thesis underlying this book is that most problems in the early years, while often manifest poignantly in child behavior, are best conceptualized as relationship problems. This position immediately suggests a number of interrelated issues. In general, what justification is there for attributing such a powerful influence to social relationships? Second, if it is the relationship that is disordered, why is the disorder so strongly manifest in infant and child behavior? And how do what begin as disorders in relationships become disorders in individuals, even when they are no longer in the context of that relationship? All of these questions may be approached by considering what is perhaps a more fundamental developmental question, namely, what is the role of social relations in the emergence and formation of the self or individual person?

In this chapter we will present a beginning conceptualization of the self,

describe the developmental process by which the self emerges from early relationships, and explore the implications of variations in the self for individual patterns of adaptation. In brief, it will be argued that self should be conceived as an inner organization of attitudes, feelings, expectations, and meanings, which arises from an organized caregiving matrix. That is, the dyadic infant–caregiver organization precedes and gives rise to the organization that is self. The self-organization, in turn, has significance for ongoing adaptation and experience, including later social behavior. Distortions in self-organization are influenced by distortions in prior dyadic organization, and subsequent problems in individual behavioral organization (adaptation) are most clearly manifest in distorted social relationships. The self is a social creation, and it is defined, maintained, and transformed with reference to others. For these reasons social relations are viewed as having such fundamental importance in both normal and pathological development. The answer to the question of how a relationship disorder comes also to be an individual disorder is the same as the explanation of how individual personality is formed within relationships. Each personality, whether healthy or disordered, is a product of the history of vital relationships.

An Organizational Perspective

As outlined by Arnold Sameroff in chapter 1, behavior, development, and personality may be viewed within a systems or organizational perspective. Behavior is examined not simply in terms of what the person does or how frequently but in light of how any given behavior is organized with other behaviors and with respect to context. Similarly, development is viewed not simply as the addition of new capacities but in terms of the changing organization of capacities according to the principle of hierarchical integration. Existing capacities and levels of organization are subordinated and integrated into new, more complex levels of organization. Finally, personality no longer is viewed as a collection of static traits or dispositions. It is not a thing or a collection of things that persons possess in certain degrees; rather, it is the organization of attitudes, feelings, expectations, and behaviors of the person across contexts (Block & Block, 1980; Breger, 1974; Loevinger, 1976; Sroufe, 1979a).

The following everyday example may be used to illustrate some of the implications of an organizational viewpoint: A twelve-month-old infant sits

playing with a variety of toys on the floor of a laboratory playroom. Her mother sits a short distance away. As the child examines various objects in front of her, a large puzzle piece (a brightly colored carrot) captures her attention. She grasps the carrot with widened eyes. Then, in a smooth motion, she turns and extends it toward the mother, smiling broadly and vocalizing. Mother returns her smile and comments about the carrot.

The significance of this sequence is not in the simple showing of the toy, which would be as commonly manifest toward strangers as toward mothers at this age (Rheingold & Eckerman, 1973), but in the total organization of the behavior. In the first place, one notes the *integration* of the toy show with the other behaviors. (Showing of a toy accompanied by both smiling and vocalizing is rarely directed toward strangers by twelve-month-olds.) Second, one notes the *sequential organization* of the behavior. The child recognizes the object and then directly (as if the sequence has become automated or unitized) shares her delight with the mother. The *meaning* of this organized pattern of behavior ("affective sharing") is fundamentally different from the meaning of toy shows to a stranger ("affiliative gestures"), which are not organized with respect to exploration and mastery of the object world in the same way. In hundreds of cases, one would rarely see an infant in the course of intensive exploration turn and affectively share a discovery with a stranger.

The behavior pattern also reveals the *hierarchically organized* nature of development. One sees the incorporation of earlier visual and object manipulation skills, prelinguistic communication skills, and early attachment behavior (looking, vocalizing, maintaining proximity) into intentional social behavior, all mediated by affect.

One may also look at this example in terms of a changing organization in the dyadic social relationship. First one sees a change in the way the dyadic system meets the infant's need for security. In the early weeks of life caregivers physically hold infants as a means of comforting. Later, by four to six months when the infant is on the caregiver's knee *en face,* the "holding" is with eyes and voice (Brazelton, Koslowski, & Main, 1974). Then, by twelve months, as in our example, looks, shows, vocalization, and the sharing of affect are sufficient for the maintenance of psychological contact. In toddlers, such contact may be maintained even when visual contact is blocked (Carr, Dabbs, & Carr, 1975). Second, qualitative change is noted at each point in terms of the increasingly active role played by the infant. By twelve months it is no longer always caregiver picking up and holding the infant; the infant maintains contact as well. We will return to this point later.

The emerging self and individual differences in personality are also best

captured in organizational terms. There are indeed individual differences in the quality of affective sharing among infants and in the tendencies to seek and be reassured by physical contact. But even more important are the timing, flexibility, and organization of such behaviors with respect to context. Similarly, in older children one might assess general level of activity or exuberance or capacity for planning and restraint; yet far more informative would be assessments of the child's organization of such capacities with regard to context. The "ego resilient" child is the child who may be spontaneous and exuberant on the playground when circumstances permit and controlled and planful during classroom instruction when circumstances require (Block & Block, 1980).

When personality is viewed in organizational terms, the formative importance of early social relations with primary caregivers becomes apparent. Others, of course, evoke and respond to behaviors of the infant. But beyond this, relationships provide the framework and context within which behaviors are organized. When one asks, organized with respect to what? in the case of the infant's behavior the answer clearly is, *the caregiver.* Finally, as will be a major thesis of this chapter, the relationship is itself an organization (Sroufe and Fleeson, 1986), from which the self emerges.

The Emergence of the Self

THE DYADIC SYSTEM

Accounting for the emergence of the self presents a basic developmental problem. Self as an inner organization of attitudes, expectations, and feelings cannot be conceived of in the newborn, whose cortex shows little dendritic elaboration and little interconnection with midbrain emotional structures (Minkowski, 1967; Schade, Meeter, & van Goeningen, 1962); yet to posit the self simply as emergent at some later period (something arising from nothing) is a nondevelopmental solution. Louis Sander (1975) has pointed the way to a developmental approach to this problem by postulating that organization exists from the outset, but that the organization resides in the infant–caregiver *dyadic system.* The developmental account, then, traces the origins of the inner organization (self) from the dyadic organization—from dyadic behavioral regulation to self-regulation. From an organizational matrix constructed

around the infant, to organized patterns of behavior that make room for increasing participation of the infant, to a "dim recognition" of "his own role in determining action", the "stage is set" for "the 'disjoin' of the self-regulatory core" (p. 141).

The view that the self is a social product has, of course, been widely held. It is a cornerstone of the theoretical positions of George Herbert Mead (1934) and James Mark Baldwin (1897). Baldwin wrote that the self "is a pole or terminus at one end of an opposition in the sense of personality generally, and that the other pole or terminus is . . . the other person" (p. 15), and further that the child is "at every stage . . . really in part someone else" (p. 30). Soren Kierkegaard (1938) poetically summarized the idea of self as a social product:

> The loving mother teaches her child to walk alone. She is far enough from him so that she cannot actually support him, but she holds out her arms to him. She imitates his movements, and if he totters, she swiftly bends as if to seize him, so that the child might believe that he is not walking alone. . . . And yet, she does more. Her face beckons like a reward, an encouragement. Thus, the child walks alone with his eyes fixed on his mother's face, not on the difficulties in his way. He supports himself by the arms that do not hold him and constantly strives towards the refuge in his mother's embrace, little suspecting that in the very same moment that he is emphasizing his need of her, he is proving that he can do without her, because he is walking alone. (p. 85)

The idea of the social origins of self also has been prominent in the work of infant theorists such as Heinz Kohut (1977), Donald Winnicott (1965), Margaret Mahler (Mahler, Pine, & Bergman, 1975), and Mary Ainsworth (1973). Winnicott's famous statement, "There is no such thing as an infant," was meant to capture the basic embeddedness of the infant in the caregiving context. Mahler described a "symbiotic phase," a period of infant–caregiver interconnection that paves the way to individuation. Finally, Ainsworth and Bell (1974) make the same point as Sander when they argue that an infant *can be competent only to the extent that there is a caregiving environment that is alert and responsive to the newborn's reflexive signals.* By responding to the young infant's fluctuating states and primitive signals, the caregiver imbues them with meaning and makes them part of an organized behavioral system. If one wishes to describe an organized relationship between organism and surroundings in the newborn period it can be done only in the context of a responsive caregiving environment. Thus, self, as organization, can be conceived of only within the caregiving relationship system in the early months of life.

THE DEVELOPMENTAL PROCESS

Sander (1975) and others have outlined a series of phases in the evolution of the dyadic organization toward the inner organization of self. These phases are not tasks to be completed; rather, they represent ascending and ongoing issues (see table 4-1). When this developmental process approach is embraced the self is viewed as *emerging* rather than as *emergent* at any given age (see Sroufe, 1977, pp. 144–145, for a discussion of this distinction).

Phase 1: Basic regulation In the first two to three months of life the caregiving system establishes "phase synchrony between mother and infant in regard to the periodicities of relative activity and quiescence" (Sroufe, 1977, p. 137). Infant state and caregiver intervention become coordinated. As Sander concludes here: "One of the features most idiosyncratic during the first three months is the extent to which the infant is helped or compromised in beginning to determine aspects of his own regulation. . . . [For the caregiver] trial and error learning gives way to ideas of what 'works' and to the feeling of confidence that she knows her baby's needs and can specifically meet them" (p. 137). Such physiological regulation may be viewed as the prototype for later psychological regulation, which is characterized by coordinated sequences of behavioral interactions. Such coordination, which is a hallmark of Phase 2, marks the primitive beginnings of inner organization of experience.

Phase 2: Reciprocal Exchange Chained interaction sequences become a dominant feature in the second three months of life. Basic state regulation is achieved, the infant is awake and alert more, smiling and cooing are common, and the infant actively participates in social interaction. Several investigators (including Brazelton, Koslowski, & Main, 1974; Stern, 1974) have described the coordinated, give-and-take, dancelike quality of caregiver–infant interactions during this period. However, in the strict sense, "coordination" or "reciprocity" here is in part illusory. The appearance of give and take, with each responding to the other, is largely created by the caregiver's respon-

TABLE 4-1
Stages of the Emerging Self

Age	Stage
0–6 months	The preintentional self
6–12 months	The intentional self
12–24 months	The separate (aware) self
24–60 months	The self-monitoring self
Adolescence	The self-reflective self

siveness to the infant. Careful study has shown that there is a dramatic asynchrony in the conditional probabilities of responsiveness; the caregiver makes adjustments to fit the infant's action, but the infant at this age has little capacity to adjust his or her behavior to fit changes in caregiver behavior (Hayes, 1984). To be sure, sequences exist in which the infant does A, mother does B, infant does C, and mother does D. Within such an established sequence the infant does respond to the mother's behavior. C occurs commonly only following B. But the infant cannot readily follow a new lead of the caregiver, whereas the caregiver commonly follows new leads of the infant (for example, A, B, E, F).

Thus, the caregiver crafts an organized system of coordinated behavioral sequences around the infant. Although the infant cannot achieve such organization independently or by design, during this phase he or she can *participate* in such a highly organized system. The organization is not yet "represented" or internalized schematically (the infant cannot fill in the missing parts). The infant does have action schemes, of course, and therefore is able to follow through on an interactive sequence once started, as long as the caregiver keeps it on track.

Although this higher level of organization remains in the hands of the caregiver, it is of great importance to the infant for two reasons. First, the countless repetitions of such highly organized sequences lay the groundwork for a more initiatory role in the next phase. Second, these sequences commonly culminate in exchanges of obvious pleasure and delight (Sander, 1975; Stern, 1974); in one scheme this phase is referred to as the "period of positive affect" (Sroufe, 1977). As Sander puts it, "The affect of joy or delight becomes established as the criterion for precision in the matching of interpersonal reciprocations" (p. 145). Such shared affect represents a reservoir of positive feelings that will be coordinated with the infant's representation (scheme) of the caregiver as it consolidates in the second half year.

Phase 3: Initiative In the third three months we see the beginnings of "goal-directed schemes" and "a first *active* bifurcation in the direction of the child's initiative: toward her and away from her" (Sander, 1975, p. 138). Fully freed from the twenty-four-hour state regulation issues and with budding intentionality, the infant can direct activities, both those designed to elicit caregiver responses and those that explicitly elicit caregiver prohibitions. The infant now initiates the games orchestrated by the caregiver in the earlier period and in other ways plays a more active and creative role in maintaining and continuing coordinated exchanges. Now the infant can follow and embellish the caregiver's lead, as, for example, when in response to the caregiver's smile the infant smiles and reaches to the caregiver's face (Greenspan, 1981).

Clearly there is movement toward genuine reciprocity in this phase, and behavior is directed through inner imagery and goals. One sees the emergence of organized greeting sequences (bouncing, smiling vocalization with arms raised) in this phase (Vaughn, 1978), which reflect the rise of intentionality and goal-directed behavior. One sees also a dramatic rise in aversive responses to strangers and in specific affects such as anger (Stenberg, Campos, & Emde, 1983), surprise, and fear (Hyatt, Emde, & Campos, 1979; Vaughn & Sroufe, 1979). These developments point to a coordination of affect and cognition (the emergence of affectively toned schemes), marking the beginnings of an inner organization of experience (Sroufe, 1979b).

The changes in the caregiver–infant dyadic system are so dramatic during this phase that it can well be argued that for the first time the term *relationship* may appropriately replace the concept of organized interaction. This is nicely illustrated by classic research on the effects of hospitalization (Schaffer & Callender, 1959). Two distinct patterns emerged, depending on age. For infants older than seven months, a classic picture of protest to the period of hospitalization was seen: "Protest during the initial hospitalization, negativism to the staff, intervals of subdued behavior and withdrawal, and a period of readjustment after return home, during which [there was] a great deal of insecurity centering around mother's presence" (p. 537) (see also Heinicke & Westheimer, 1966). Infants younger than seven months showed none of these reactions. "The reactions of the older group indicate clearly that it is the break in the relationship with the mother that formed the core of the disturbance" (p. 537). By seven months the infant has begun internalizing the organized caregiving context. When the infant begins to initiate behavior intentionally based on the known organization, substitute patterns of care will not do. Earlier, hospital staff may stand in stead for the mother, providing stimulation for the infant, general experiences with chained interactions, and shared affect. The transfer back to the mother's care likewise is readily accomplished. But by seven months or so the particular system is being internalized. The organized caregiving matrix begins to become part of a core of emerging inner organization. A particular relationship and a self are emerging.

Phase 4: Focalization The increasingly active role for the infant and increased mobility lead to visible changes in the organization of his behavior around the caregiver in the final months of the first year. The caregiver takes on the role of the "home base" (Mahler, Pine, & Bergman, 1975) or "secure base" (Ainsworth, 1973), and the infant centers his expanding exploratory activities around this base. The infant ranges away from the caregiver, drawn by curiosity concerning novel aspects of the environment. But should the baby become fatigued or threatened or otherwise encounter something beyond his

capacities (and if the appropriate internal affective signals arise) a retreat to the caregiver or a directed signal brings assistance, reassurance, comfort, and a return to organized exploration. At other times in the course of exploration positive affect arises and routinely is shared with the caregiver. Affect, cognition, and social behavior are smoothly coordinated and organized with respect to the caregiver. Sander uses the term *focalization* to capture how the caregiver has moved to the center of an expanding world. Goal-directed behavior with respect to the caregiver becomes prominent. The infant selects from a repertoire of capacities a signal or behavior suited to the response she intends the caregiver to make (arms raised to signal a desire to be picked up; showing an object for comment). Moreover, should one initiation fail, an alternative is selected as the infant *persists* toward her goal. Both goals and expectations become more specific. Clearly, all of this reflects a new level of organized complexity and must portend advances in inner organization as well.

John Bowlby (1973) describes the emergence of "working models" during this period. A central feature of any child's working model of the world is "his notion of who his attachment figures are, where they may be found, and how they may be expected to respond" (p. 203). By the end of the first year the infant will have developed clear expectations concerning the "availability" of the caregiver. *Availability* in Bowlby's usage includes both the child's expectation that the caregiver will be accessible (present) to satisfy needs and that the caregiver will be responsive. Such models are rooted in the history of interactions over the course of the first year and are viewed by Bowlby as "tolerably accurate reflections" of the infant's actual experience. From the coordinated exchanges orchestrated by the caregiver early in the first year and the caregiver's responsiveness to the infant's intentional signals of need and desire in the second half year the infant learns that the caregiver likely is available and that when the caregiver is available organized behavior may be maintained or reachieved if lost. Such working models will be revealed in the quality and organization of attachment behavior with respect to the caregiver. An infant that expects a caregiver to be responsive will explore confidently in his or her presence, will signal needs intentionally, and will respond quickly to the caregiver's interventions (expecting them to be effective).

Thus, a new level of organization has emerged by the end of the first year, and the flexibly organized, goal-directed quality of the infant's behavior suggests considerable inner organization as well. *The infant responds to new situations in light of his or her past history and purposefully selects behaviors with respect to goals.*

Is this, then, our emergent self? Although a number of compelling arguments could be made in support of a positive response, a process orientation

would suggest tracing further the emerging inner organization. The working model of the infant at this time may be better described as a model of the relationship than of the self (Bowlby, 1973; Main, Kaplan, & Cassidy, 1985; Sroufe & Fleeson, 1986). That is, major expectations the infant has concerning her own actions have to do with likely responses of the caregiver (and, to a varying degree, of others). If she gestures she will receive a response; if she seeks contact she will get it; if she signals a need it will be addressed. Her actions are part of these expectations but the expectations are centered on the caregiver's responsiveness. Moreover, under stress the infant has great difficulty maintaining organized behavior without the caregiver's assistance. It is only later that the child will firmly recognize (be aware of) her own potency as an independent center of action and will be able to deal with stress and frustration more on her own.

To be sure, however, the self is nascent here. Numerous theoreticians have suggested that it is from the attachment relationship that the particular organization of the individual emerges (Ainsworth, 1973; Bowlby, 1973; Erikson, 1963; Greenspan, 1981; Mahler, Pine, and Bergman, 1975; Sroufe & Waters, 1977). From the sense of trust comes the sense of trustworthiness (Erikson, 1963); or in Bowlby's (1973) words:

> In the working model of the world that anyone builds, a key feature is his notion of who his attachment figures are . . . and how they may be expected to respond. Similarly, in the working model of the self that anyone builds a key feature is how acceptable or unacceptable he himself is in the eyes of his attachment figures. . . . The model of the attachment figure and the model of the self are likely to develop so as to be complementary and mutually nonconfirming. Thus an unwanted child is likely not only to feel unwanted by his parents but to believe that he is essentially unwantable. (pp. 203–204)

Phase 5: Self-assertion With the flowering of intentionality and with increased mobility (at about fourteen to twenty months) the toddler more actively pursues his own goals and plans, at times even when these are *explicitly* counter to the wishes of the caregiver. "Guidance of behavior on the basis of the pleasure of realizing *inner aims* can take precedence at times over the more familiar pleasurable reinforcement of finding a coordination with the parental caretaker" (Sander, 1975, p. 141). The child now initiates separations both physically and psychologically. He explores away from the caregiver (Mahler's "practicing"), inevitably engaging objects more on his own. And he operates on the basis of his more autonomous plans. Still, of course, such moves away are balanced by continued bids for reciprocation with the caregiver, and maintaining this balance is forecast by the quality of the earlier relationship.

Securely attached infants are as toddlers able to function more autonomously, while still drawing upon the caregiver when challenges exceed their capacities (Matas, Arend, & Sroufe, 1978; Londerville & Main, 1981; Sroufe & Rosenberg, 1980). This is a critical transition toward the emergence of self-awareness and inner organization, which includes a concept of self as action. Through independent action and through the pursuit of inner plans (even which at times conflict with maintaining previous patterns of coordinated behavior) comes the beginning of the sense of being an independent actor.

It should be noted that these changes mark a redefinition of the attachment relationship, not its termination. Autonomy and attachment are not opposites. The attachment relationship provides the springboard for autonomy, and the development of autonomy brings about a transformation in the child–parent attachment. Nonetheless, attachments endure even as autonomy increases.

Phases 6 and 7: Recognition and Continuity With the rise of symbolic capacity at eighteen to thirty-six months the toddler can move to a new level of awareness. Behaving autonomously fosters a dim recognition of self as actor, but recognizing that the caregiver is aware of her plan and is, for example, in opposition to it (a recognition greatly assisted by language) brings the "realization that another can be aware of what one is aware of within oneself, i.e., a shared awareness." Sander assumes that this marks the beginning of awareness of a self-organizing core within—"actually a core that from the outset has been operative in the service of regulation at the more biological level but is now in a position to be accorded a new priority in the guidance of behavior" (Sander, 1975, p. 142).

This new level of awareness enables the infant to move toward what Sander has described as *self-constancy.* Drawing upon Jean Piaget's concepts of object constancy and operations, Sander describes a process wherein the child "perturbs" the dyadic harmony and reachieves it through her purposeful actions and the caregiver's continued cooperativeness. Deliberately acting contrary to her understood perception of the caregiver's intention and yet being reassured that the relationship can be reinstated and remains intact ("reversibility"), the child gains a sense of constancy of the relationship *and* of the self-organizing core.

> The intentional disruption of previously reinforcing and facilitating exchanges with the caretaker disrupts the toddler's newly consolidating self and body representational framework. Reexperiencing his own coherence, again at his own initiative or by out reach from the caretaker, provides a situation from which self constancy as an inner structure can be established. . . . Self as active initiator or as active organizer is thus "conserved." (p. 143)

Parallel to this development is the emergence of mirror self-recognition (Amsterdam, 1972; Lewis & Brooks, 1978; Mans, Cicchetti, & Sroufe, 1978) and "I do it" and "do it myself" assertions early in this phase (Breger, 1974), and the emotions of shame, pride, and guilt as the phase proceeds (Sroufe, 1979b). The beginnings of perspective taking and the roots of empathic response are also seen (Radke-Yarrow, Zahn-Waxler, & Chapman, 1983; Hoffman, 1979; Flavell, 1977) as the child moves toward what Bowlby calls a "goal-corrected partnership." The child can recognize the caregiver's intentions as separate from his own and can coordinate his behavior in terms of these goals of the other. There is coordination as before, but now it is the coordination of two autonomous and interdependent beings, each recognizing the other. With each new level of self-organization, there is a changed relationship organization, and with reorganizations of the relationship, the self emerges and is transformed.

Self as Inner Organization

From our developmental/organizational viewpoint, then, the emerging of the inner organization that we will call *self* is properly viewed in relationship and process terms. Exactly when one chooses to posit that a self has emerged is partly semantic. Some might argue that there is rudimentary representation and some regularity in experience, and therefore "self," even in the first half year (Stern, 1985). Others may require intentionality and plans, self-recognition, self-monitoring, or self-reflection, all of which occur at later developmental periods (see table 4-1).

In the first six months there is limited memory capacity and limited evidence to suggest that experiences are carried forward. In this sense, the concept of self as an ongoing, organized core seems challenging to justify. On the other hand, in the usual case, there is sufficient regularity in the dyadic organization to ensure basic patterns of repeated experience—sequences of motor behavior, tension regulation, and affect. And *these* regularities commonly *are* carried forward to the next phase, when the infant plays a more active role in the regulatory process. Regularities in the interaction become regularities in the relationship and in the self.

By the end of the first year the infant's behavior is based much more on her appraisal of both external *and internal* parameters. Her immediate and past experiences, as well as her ongoing affective state (mood) provide the

context for behavior (Sroufe, Waters, & Matas, 1974). Behavior is goal-directed, and goals reflect a characteristic inner organization. She recognizes the role of the other in maintaining constancy in affective experience and behavioral organization and acts to utilize that other. Some would argue that this, then, signifies the emergence of the self. Others would point to the lack of awareness of self (including absence of indications of self-recognition) and the rather total dependence of organized behavior on availability of another to suggest that even this degree of inner organization does not qualify as self. Again, however, although the infant may not be *aware* of the continuity of experience, continuity is there. And, in time, from the infant's active efforts in maintaining inner regulation (though centered on another) will come the sense of inner organization that is clearly self.

From this process view of self, it becomes clear that the core of self, the basic inner organization, has to do with regularities in experience—cycles of environmental (or state) variation, behavioral disruption, efforts to reinstate organization, and experienced affect. At first such regulation is clearly dyadic regulation; it is highly dependent on the responsiveness of the caregiver. When the caregiver is available and sensitively responsive, periods of disequilibrium are short-lived and reorganization and positive affect routinely follow environmental challenge or negative state change. These repeated experiences of regulation and positive affect (or the converse in the case of nonresponsive care) represent the rudimentary core of what will become the self. For this reason Robert Emde (chapter 2) has put forward the concept of the affective self.

In time the infant comes to play a more active role in this regulatory process and to recognize the other as part of the regulation. Such increased control, which is paralleled by increases in the intensity of regularly occurring positive affective experiences (Sroufe & Waters, 1976), allows the infant to move toward ownership and sharing of the inner experience. The infant comes to recognize the self as competent to elicit the regulatory assistance from the other and, in time, to perturb and reachieve the inner regulation on his or her own.

> The importance of a stable basic regulation has to do with a context in which the child can begin dimly to recognize his own role in determining action. . . . The emergence of autonomy as here proposed is based on the further differentiation of awareness—especially that of inner perception, which sets the stage for the "disjoin" of the self-regulatory core. (Sander, 1975, p. 141)

What is carried forward, then, into childhood is an abstracted history of experiences of behavioral and state regulation and their affective products

within the relationship, a recognition of others as part of regulation, a recognition of oneself as effective or ineffective in eliciting care, and, finally, a recognition of the self as the author of experience. At their core, the complementary working models of self and other have to do not so much with particular actions or thoughts as with expectations concerning the maintenance of basic regulation and positive affect even in the face of environmental challenge. The core of self lies in patterns of behavioral and affective regulation, which grant continuity to experience despite development and changes in context. As Kohut (1977) has put it:

> It may well be . . . that the sense of the continuity of the self, the sense of our being the same person throughout life—despite the changes in our body and mind, in our personality make-up . . . does not emanate solely from the abiding content of the constituents of the nuclear self and from the activities that are established . . . but also from the abiding specific relationship in which the constituents of the self stand to each other. (pp. 179–180)

Empirical Implications of the Organizational/Relationship Perspective

There are two major empirical implications of this organizational/relationship perspective on self: first, emerging patterns of self-organization, as they are seen in the context of primary infant–caregiver relationships, should be related to earlier patterns of dyadic organization crafted by the caregiver; second, these emerging patterns of self-organization should forecast in specific ways later patterns of social adaptation (the child's organization of expectations, attitudes, feelings, and behavior) even outside of the family. That is, the way the child organizes, interprets, and creates experience and the way the child forges new relationships are products of the relationship history. From dyadic organization built through caregiver responsiveness to infant states and signals, to more reciprocal relationship organization in which the infant is an active participant, to a self-organizing child, the inner core of self develops.

RESPONSIVE CARE AND THE EMERGENCE OF SELF

The nascent self may be glimpsed within the dyadic organization of the attachment relationship. The particular quality of affect regulation within this

relationship is presumed to reflect the experience-based expectations (and dyadic regulatory procedures) developed through the course of interaction. By the end of the first year interactive experiences have become abstracted into particular models of caregiver availability and responsiveness and complementary models of self (which have little definition outside of this context). Feeling states give rise to behavioral tendencies that are expressed in accord with expectations of likely responses by the caregiver and their consequences. If the infant is threatened and expects that an alarm signal to the caregiver will achieve comforting, the signal will be made. *The organization of these feeling states, actions, and expectations is the emerging self.* Its particular form should be the result of the particular history of dyadic interaction. Where various particular actions (mediated by affect) routinely have particular consequences for ongoing regulation, a particular pattern of inner organization (self) emerges. Should these actions lead to consequences that promote smooth regulation of affect and ongoing commerce with the environment, a well-defined, functional self core (and a secure attachment relationship) results.

The proposition that smoothly organized attachment behavior (smooth affect regulation) emerges from a history of responsive care has been amply documented empirically. Ainsworth (for instance, Ainsworth, 1973; Ainsworth, Blehar, Waters, & Wall, 1978) was the first to show that ratings of the caregiver's responsivity at various points in the first year predicted later quality of attachment behavior in both home and laboratory. Infants of mothers who had characteristically responded to their signals promptly and effectively (which entails availability and sensitivity) cried less at home, explored more actively, and showed fewer undesirable behaviors than infants with a history of insensitive care. In a novel laboratory situation, these infants were assessed as securely attached. They used the caregiver as a base for exploration, exploring comfortably in her presence. They actively initiated interaction or contact following brief separations from the caregiver and were readily comforted when distressed (returning again to active exploration). Thus, an infant who has experienced responsive care becomes, by the end of the first year, an active, effective participant in a well-regulated dyadic system. By virtue of this participation and the attendant experiences of effectance, a positive core of self emerges.

Infants with a history of insensitive care were unduly wary in the novel setting and impoverished in their exploration; upon reunion either they were unable to be settled or they avoided contact with the caregiver, even when markedly distressed. (In addition to low sensitivity ratings, mothers of these avoidant infants had been previously assessed as characteristically rebuffing their infants whenever the *infant* initiated contact; Main & Stadtman, 1981.)

Both groups of anxiously attached infants were unable to return to active exploration following reunion with the mother. Active participation in such systems also influences the emerging selves of these infants.

Ainsworth's core finding—namely, the relationship between quality of attachment in her laboratory assessment and sensitivity of care based on extensive home observation earlier in the first year (usually at six months)—has been replicated by several different teams of researchers (Bates, Maslin, & Frankel, 1985; Grossman, Grossman, Spangler, Suess, & Unzer, 1985; Egeland & Farber, 1984). In each of these studies independent coders assessed caregivers' responsiveness and infants' later attachment, and neither set of coders had knowledge of the other's data.

These data provide critical support for the proposition that the nature of the earlier dyadic organization, which depends on the caregiver's responsiveness to the infant's states and signals, provides the groundwork for the later dyadic organization, which, because it is a joint product of two intentional partners, reflects the emerging core of self. In being part of an organized system the infant comes to participate actively in such a system, paving the way for the emergence of an autonomous inner organization (Sroufe & Fleeson, 1986).

THE EMERGING SELF AS ORGANIZER OF LATER EXPERIENCE

The emerging self is the inner organization of attitudes, expectations, and feelings, which derives from the history of affective and behavioral regulation within the caregiving system. As such, it has implications for the ongoing structuring of experience, by taking the child toward or away from certain encounters with the environment, by influencing the style of engaging environmental challenges and opportunities, and by guiding interpretations of experience. Such subsequent encounters with the environment, of course, feed back on the self as the inner organization is consolidated and undergoes continued modification. There is some tendency for continuity in the inner organizing core because (1) there is an active structuring of later experience by the self, (2) early prototypes of inner organization are not readily accessible to conscious awareness, and (3) there is a tendency to form new relationships that are congruent with earlier models. Because of these organizational principles, according to Bowlby (1973), inner models of self, other, and relationships show some resistance to modification even by the end of infancy, become rather firmly established by the end of early childhood, and become quite difficult to modify after adolescence. This is a sophisticated version of the sensitive period hypothesis.

Although Bowlby's entire conceptualization has not been tested, there is now available substantial data concerning the organizing significance of early working models of self and other into the elementary school years. In studies that draw upon Ainsworth's method for assessing quality of attachment in late infancy (twelve to eighteen months), several groups of children have been followed for various periods of time through early childhood. The following discussion is based on comparisons of two groups: (1) those Ainsworth calls secure in their attachment and (2) those who show avoidant attachment. (It should be noted that all conclusions are based on studies in which all coders and informants were blind to attachment history.)

Infants in the first group show confident exploration of novel environments in the caregiver's presence; they routinely share positive affective experiences; they show active, positive greetings upon reunions with the caregiver when they are not distressed; and they are active in seeking and maintaining contact upon reunion if they are distressed. Moreover, such contact readily leads to comforting and a return to active exploration. Both the shared interaction and the ease of comforting reveal expectations about the availability of the caregiver and the likelihood of maintaining organized, affectively positive behavior in his or her presence. A working model of themselves as potent, worthy, and capable and of others as available is assumed to be carried forward from such a relationship.

In avoidant attachment relationships there is an absence of active greetings by the infant upon reunion and a failure to seek comforting when distressed. As stress is increased in Ainsworth's procedure by having a second brief separation, avoidance is more marked, with a consequent failure of resumption of active exploration. As described above, such a pattern derives from a history of insensitive care and, specifically, rebuff when the infant signals need. The resulting working model portrays significant others as unavailable in times of emotional arousal and self as unworthy.

Self as Potent The idea that from a model of caregiver as available will emerge a complementary model of self as potent has been supported in several studies based on two samples. At both two years and three-and-a-half years, children who had been assessed in infancy as securely attached have been found to be more enthusiastic, affectively positive, and confident in solving problems (Arend, 1984; Matas, Arend, & Sroufe, 1978; Sroufe & Rosenberg, 1980) than children with histories of avoidant attachment. At five years the securely attached children have been shown to exhibit more curiosity on the Banta curiosity box (Arend, Gove, & Sroufe, 1979).

In other studies children with histories of secure attachment were found to have greater ego strength at age three and a half (to be "self-directed" and

"forceful in pursuing goals"; Waters, Wippman, & Sroufe, 1979) and to be more "ego resilient" at four to five years (Arend, Gove, & Sroufe, 1979; Sroufe, 1983). In the Alan Sroufe study composites were made of the Q-sorts of three teachers, and these were compared to a criterion Q-sort of the ideal ego-resilient child (confident and flexible in managing impulses, feelings, and desires). For all sixteen children with histories of secure attachment, the correlations between actual description and criterion were all positive and averaged .50; for eleven children with avoidant histories, nine of the correlations were negative and averaged -.13.

In this same study children who had been securely attached were judged by teachers (blind to attachment history) to be dramatically more independent and resourceful, based on Q-sorts, rankings, and ratings. Teachers' judgments were confirmed by observational data; for example, in circle time those with secure histories less often sat by teachers or on their laps; nor did they seek attention through negative behaviors. They did, however, actively greet teachers and use them skillfully as resources; in turn, teachers rated them higher on "seeks attention in positive ways" (Sroufe, Fox, & Pancake, 1983).

Thus, young children with histories of secure attachment are seen to be independent, resourceful, curious, and confident in their approach to the environment. As we will elaborate later, these children, while assertive, are not aggressive, thus confirming the idea that these two characteristics lie on separate developmental pathways (Stechler & Halton, 1987).

Self as Worthy In our large-scale study of an urban poverty sample (Egeland & Sroufe, 1981) we have had two opportunities to assess self-esteem. The first was based on a rating made in a "barrier box" situation where the child faced the frustration of an insoluble problem in the caregiver's absence. The rating centered on the child's confidence, ability to maintain flexible organization, and capacity to keep "expecting well." The second opportunity was in the preschool setting mentioned above. In this case the composited Q-sorts of each child were compared to a criterion high-self-esteem Q-sort (Waters, Noyes, Vaughn, & Ricks, 1985). In both cases children with a history of secure attachment were significantly higher on self-esteem. (A simple rank-ordering by the teachers on self-esteem was in accord with this finding.) In addition, based on observer Q-sort descriptions in second and third grades, children with histories of secure attachment were determined to be higher on social competence and lower on anxiety than those with histories of anxious attachment (Sroufe, unpublished data).

Children with histories of avoidant attachment carry forward feelings of low self-worth, isolation, and angry rejection, which they sometimes turn inward. Teachers' ratings in the preschool placed them low on emotional health/self-

esteem and confidence. In addition, a depression mega-item was extracted from the composited Q-sort data. The mean for the avoidant group was significantly higher than the mean for the secure group, with five of the ten avoidant subjects being clearly depressed compared to only one of sixteen secure children. Even specific items, such as "appears to feel unworthy; thinks of self as bad," were seen as characteristic for those with avoidant histories and uncharacteristic for those having secure relationships in infancy. Teachers' judgments were corroborated by several sets of ratings, including facial affect (Garber, Cohen, Bacon, Egeland, & Sroufe, 1985).

Self-esteem is an elusive concept, and these findings can perhaps be made more concrete with an example from the Minnesota Preschool Project (Sroufe, 1983). One day in the nursery school several children were dancing to recorded music, a lively and inviting scene. Other children arrived. One child (RA) approached another and asked to dance. The child said no and RA withdrew to a corner and sulked. Another child (RT) entered, approached a potential partner, and also was turned down. This child, however, skipped on to another child, and the second time was successful in soliciting a partner. RT, who had a history of secure attachment, showed no evidence of being "rejected," and her persistent stance led her ultimately to receive further confirmation of her expectation that others are responsive and that she is worthy. RA, on the other hand, *experienced* intense rejection and cut himself off from further opportunities to disconfirm his model of himself as unworthy. He had a history of avoidant attachment. Countless related examples could be provided.

THE SELF AND LATER RELATIONSHIPS

Beyond implications for self-reliance, personal power, inner security, and feelings of self-worth, the relationship perspective makes very specific claims concerning the organization of the self and later personal relationships. Such claims have been pursued in a number of studies.

Others as Available and Valuable The tendency of children with secure histories to draw effectively upon their preschool teachers as resources, their active greetings, and their sharing of discoveries already have been mentioned. A child with such a history who is ill or injured will confidently turn to teachers for support. In contrast, it is particularly at such times that those with an avoidant history fail to seek contact. A boy is disappointed and folds his arms and sulks. A girl bumps her head under a table and crawls off to be by herself. A child is upset on the last day of school; she sits frozen and

expressionless on a couch. Such reactions are typical of preschoolers with histories of avoidant attachment.

At the same time, preschoolers with histories of secure attachment are more engaged and more affectively positive with peers. They more frequently initiate interactions with positive affect and more frequently respond to bids by others with positive affect (Sroufe, Schork, Motti, Lawroski, & LaFreniere, 1984). They expect interacting with others to be positive, and they convey to others this positive expectation. They are higher ranked socially, they have more friends (Sroufe, 1983; LaFreniere & Sroufe, 1985), and they have deeper relationships (Pancake, 1985). Recently, our observations in second and third grade have confirmed earlier findings (Sroufe, 1983; Waters, Wippman, & Sroufe, 1979) of a link between secure attachment history and later competence with peers.

In addition, Jeanne Block and Jack Block (1980) assembled a mega-item for empathy from their Q-sort—items such as "shows a recognition of others' feelings (empathic)"; "shows concern for moral issues (reciprocity, fairness)"; "is considerate of other children (does not try to take advantage of other children)." By summing the item placements for these items (treating the placement in categories 1–9, from uncharacteristic to characteristic, as a score) total empathy scores were derived from our preschool Q-sorts (Sroufe, 1983). Children with histories of secure attachment had significantly higher empathy scores than those with histories of avoidance. The empathy items were on average characteristic for the secure group, uncharacteristic for the avoidant group. From a history of empathic responsiveness, securely attached children have internalized the capacity for empathy and the disposition to be empathic. What was a characteristic of their early relationship has become part of the core self.

Other striking findings concern the fantasy play of children with histories of avoidance. Despite IQs equivalent to those of children with secure histories, the play of these children lacks complexity and elaboration (Rosenberg, 1984). What is more noteworthy is the almost complete absence of fantasy play concerning people. Such fantasies dominate the play of almost all preschool children and were well represented in the play of those with secure histories in our sample. These data reveal sharp contrasts in the working models of the two groups—one world is richly peopled, the other is not. In addition, when injury or illness entered the fantasy play of the secure children ("He broke his leg, take him to the hospital!") there routinely was a positive resolution ("They fixed it"). Such was not the case for children with histories of avoidant attachment.

Relations with Peers and Teachers One noteworthy finding concerns the frequent hostility, unprovoked aggression, and generally negative peer interactions of children with avoidant histories (LaFreniere & Sroufe, 1985; Sroufe, 1983). Sometimes this pattern alternates with emotional distance, and sometimes the latter stance is dominant. We had the opportunity to watch nineteen pairs of children in repeated play sessions as part of our Minnesota Preschool Project (Pancake, 1985), and two sets of findings were noteworthy. First, pairs in which one or both partners had a history of avoidance were rated significantly higher on hostility and lower on commitment than pairs without such a child. (This prediction derived from the notion that if one partner is disposed to be distant or hostile, such a characteristic will pervade the relationship; it takes two to be intimately and positively engaged.) Second, five of the nineteen total pairs were identified as being involved in exploitative relationships, where one child verbally or physically subjugates the partner in an ongoing way (Troy & Sroufe, 1987). In all five cases the "exploiter" had a history of avoidance; the partner had also been anxiously attached (either avoidant or Ainsworth's resistant pattern). Children with secure histories were not observed to be exploitative or victimized. Either role was open to children with histories of avoidance, presumably because of the confluence of hostility and low self-esteem in these children.

The first four comments from the summaries of a clinical judge for four pairs of avoidant-avoidant or avoidant-resistant partners are presented in table 4-2. These were the only four such pairs observed, and, like all other coders, the judge was blind to histories and all other data. The negative quality of these relationships is apparent. One behavioral example from dyad 3 can illustrate the exquisite "negative empathy" of some of these children. When her partner, NT, complained to LJ of a stomachache, LJ smiled and poked her in the stomach. NT cried out in pain and said, "That hurts," whereupon LJ smiled and poked her again.

Recently we have examined further qualitative aspects of relationships between teachers and children of varying attachment histories (unpublished data). We assumed that teachers would develop characteristic styles of relating to different children and that such styles would be related to the child's relationship history. Teachers have histories, too, but they represent constants, as it were. Thus, variations in the attitudes, expectations, and behavior of a given teacher toward groups of children should reflect the *children's* inner working models of relationships and self as these are brought forward.

The first finding was that teachers do behave in different but characteristic ways toward different children. In fact, intercoder agreement on our rating scales was as high when coders looked at sets of totally different interactions

TABLE 4-2
Observations of Pairs of Preschool Children with Anxious (A) or Resistant (C) Attachment Backgrounds

Dyad 1 (A/A, girls)
• This relationship is a vulnerable one—not dependable. • Poor on "give and take." • There is some degree of attraction for each other but they are not able to work out their differences well (they bark and snap at each other and usually give up) • They don't know how to compromise, thus they never really build a mutually satisfying relationship.
Dyad 2 (A/A, boys)
• A very unhealthy relationship, characterized by intense conflict and tension. • They become locked in steady conflict; neither is capable of altering the interaction into a positive one—they are both highly invested in supporting the negative dynamics. • They develop an organized pattern of interaction, with TE sometimes approaching SO in a sweet-sounding, coy affective tone, trying to "warm up" to SO, then, as SO responds and begins to cooperate, TE will change his tone to nasty and malicious taunts. This dynamic is repetitive and becomes predictable. • Both have developed maladaptive coping strategies which are very different; TE is better able to change his affective tone at will and uses it to manipulate SO; SO uses accusations and threats as a way of defending himself and provoking TE; SO is more direct and perhaps more vulnerable.
Dyad 3 (A/C, girls)
• *Very* unhealthy! This pair is intensely involved in a system of mutual provocation that neither can stop; they are highly invested in supporting the negative dynamics. • The relationship is supported by the predictability of behavior from both—JL maintains her cold, rejecting manner, while TN persists in setting herself up as the victim of JL's rejections. JL leads the play (without initiating interaction with TN), TN tends to crawl around her, following her like a puppy, begging for her attention, taunting and teasing her, yet doing it in a sweet and innocent voice. • As TN moves closer in, JL moves away, and in one instance JL whispers (3 times), "Go over there and play!" TN doesn't move away, rather she tries to redirect her attention (she won't be left alone).
Dyad 4 (A/C, boys)
• This relationship looks immature and impulsive. • Not a healthy "give and take" relationship. • Not good cooperation or balanced exchanges. • Often play side by side but don't connect, sometimes communicate for brief periods via indirect attention seeking (silly sound effects, "in-role" invitations)—they seem to rely on this as a form of communication or cooperation by doing it at the same time, sometimes rhythmically. • They do interact, but the interaction is not mutually supportive—they get into negatives more often than positives, fall into nonsense talk, taunting, mimicking (both contribute to negative cooperation).

Source: Fury, 1984.

for a given teacher and child as when they made ratings on the same set of interactions (generally agreement was in the .70s).

Moreover, there were clear and notable differences in teachers' behavior depending on the children's attachment history. Teachers expected children with secure histories to comply with requests, to follow classroom rules and standards, and to engage in age-appropriate behavior. They treated them in a matter-of-fact manner. In contrast, children with histories of avoidance were shown more discipline and control, lower expectations for compliance, less warmth, and, at times, even anger. Children with histories of anxious resistant attachment were also controlled more. Yet they were also shown more nurturance and tolerance; that is, teachers, perceiving their emotional immaturity, made more allowances for them, accepting minor infractions of classroom rules and indulging their dependency needs. These ratings were based on independent examination of teachers' behavior by persons with no knowledge of attachment history or other information on the child.

Conclusion

Clinicians have frequently argued that difficulties in interpersonal relationships derive from low self-esteem, which in turn derives from a lack of nurturance or empathic care (Erikson, 1963; Greenspan, 1981; Kohut, 1977; Sullivan, 1953). The inner organization of attitudes, expectations, feelings, and meanings is a product of relationship history with ongoing implications for the organization of socio-emotional behavior. This hypothesis is not new. The organizational/relationship framework, however, has offered a context in which empirical data concerning this proposition could be gathered. Prospective, longitudinal data, based on groupings of early relationships (inspired by Bowlby's model and Ainsworth's organizational scheme), confirm the link between relationship history and the emerging constellation of inner organization that is self. Moreover, there is continuity within the relationship history itself: the nature of the dyadic interaction orchestrated by the caregiver forecasts the nature of the later attachment relationship, which, by virtue of the infant's active participation, is the framework for the emerging core of self.

Avoidant attachment relationships in late infancy reflect a history of insensitive care and rejection, especially in the context of clearly expressed need or desire on the part of the infant. When caregivers are chronically unavailable

emotionally, avoidant attachment is virtually guaranteed (Egeland & Sroufe, 1981). At the same time, such a pattern of attachment reveals an internalized working model the infant has developed of the caregiver as unavailable and unresponsive to emotional need. Thus, the infant fails to seek contact as stress is elevated. Reciprocally, this leads to a model of the self as isolated, unable to achieve emotional closeness, uncared about, and unworthy. Care can be sought only in times of low stress (as when avoidant children sit with thumb in mouth on teachers' laps during storytime). The social world is viewed as alien and is treated with anger and hostility. Oftentimes the children behave in ways that elicit further confirmation of their models. They exhibit negative affect and unprovoked aggression, leading other children to reject them. They disrupt classroom routine, exploit the vulnerable, and engage in devious or antisocial behavior (lying, stealing, cheating; Sroufe, 1983), leading even teachers to dislike many of them. Teachers' anger is directed almost exclusively toward these children, and much of the input they receive from teachers is in the form of control. Behaving in terms of the world they have known they create relationships and influence their current environment to confirm their models of self and others (Sroufe & Fleeson, 1986).

One final case example from the Minnesota Preschool Project powerfully illustrates the process of self emerging from relationship history and the ongoing organizational significance of early self-representation. RV experienced chronic rejection and hostility from her mother, which was repeatedly documented. At both twelve months and eighteen months their relationship was classified as avoidant. The interaction with her mother at age two was very angry, and her mother called her a "nasty bitch." By preschool RV vacillated between long bouts of explosive anger and periods of desperate isolation. Nonetheless, one female teacher developed a special fondness for this physically attractive and bright child and stayed emotionally available to her, despite her anger. Late in the term RV reported a dream to this favorite teacher, in which the teacher had, in a fit of rage, thrown her against a wall. The child obviously was shaken by the dream. The teacher, with arm around her, said, "Oh, RV, I would never do that." Astonishingly, RV asked her, "Why?" "Because I like you very much, RV." RV then responded, "Why do you like me?" making it clear that this was a perplexing state of affairs, requiring explanation, not a matter of course.

This interchange allows us a clear look into this child's inner organization—her model of self and other. It also allows us to see the organizing significance of the self. For each child certain material may be more or less readily worked into the existing organization of feelings, attitudes, and expectations. For RV and others like her who have experienced chronic emotional unavailability

from their caregivers, it is very difficult to make sense out of another's obvious caring.

There are several reasons that models of self and others are difficult to change (and that there is basic coherence to self-structure over time). First, individuals often tend to select partners and form relationships that promote continued enactment of existing working models, although this process generally remains out of awareness (Sroufe & Fleeson, 1986). Second, individuals (certainly including children) tend to elicit input confirming their preexisting models, be that rebuff or positive feedback. But, in addition, as illustrated by RV, countervailing information often is not recognized as such when it does occur. In these ways early self-structures, created in the context of infant–caregiver relationships, in time become self-stabilizing and resistant to change.

It is not the case, however, that change is impossible. Change may be possible at many points during childhood. For example, as Main and Goldwyn (1984) point out, the advent of formal operations in adolescents makes it possible "to step outside a given relationship system and see it operating" (p. 16). Thus, working models of self and others could be modified, most likely in the context of other significant relationships. Understanding the origins of self in relationships, the organizing nature of self, and processes of social exchange that stabilize this organization will be important for understanding the process of growth and change as well as psychopathology.

Return now to the basic questions that initiated this chapter. First, the literature on outcomes of individual differences in infant–caregiver attachment is quite compelling with regard to the importance of early relationships for individual development. Even discontinuity between early attachment and later functioning in childhood has been found to be associated primarily with changes in the child–parent relationship (Erickson, Sroufe, & Egeland, 1985). Second, from this conceptualization it is clear that relationship disorders would be manifest in infant behavior because the infant is so inextricably embedded within the relationship system. Indeed, the infant can be competent only to the extent that there is a well-organized, reciprocating relationship. Finally, the internalization of a relationship disorder poses no mystery. The nature of the dyadic organization—well functioning or disordered—will be embodied in the self-organization.