

# L Gomez An Introduction to Object Relations

## JOHN BOWLBY: ATTACHMENT THEORY

Bowlby's Attachment Theory was a new departure in Object Relations which went on to attain independent theoretical status. Attachment Theory is built on the Object Relations principles of the primacy of the need for relationship and the relational structure of the self, and goes some way to providing objective evidence for Object Relations concepts. Bowlby argued that psychoanalysis was losing its scientific roots; he turned to the new fields of ethology and systems theory to construct a theory of the person which drew on their methods and findings. As Fairbairn had used philosophy to update psychoanalysis, so Bowlby used current scientific developments to do the same, and like Fairbairn's, his contributions were viewed with suspicion within psychoanalysis. He realised the potential psychoanalysis held for preventative work in society as well as therapeutic work with individuals. Bowlby did more than any other psychoanalyst to change social policy and inform government thinking about the needs of children and families.

### LIFE

John Bowlby's work is unusual in psychoanalysis. On the one hand he is external, exact, concerned with measurement and validation; on the other, he reveals an unexpected passion in his pleas for the suffering of children to be understood, devoting his professional life to making British society a better place for its children. These interwoven characteristics of objectivity and emotion reflect his divided early life (see Holmes 1993).

Bowlby was born in 1907, the fourth of six children. His was a well-known upper-class family: his father, Sir Anthony, was surgeon to the royal family. Bowlby had a close and competitive relationship with his older brother Tony, and was alternately teasing and protective towards his younger brother Jim. Jim was slow and awkward and was almost a contradiction in terms: an unsuccessful Bowlby.

The Bowlby lifestyle was split into ordinary life and summer holidays. In London, they lived the formal and restricted life typical of their social class. Sir Anthony was largely absent, particularly during the war years, and nurses and servants ran the household and cared for the children. Bowlby's sister Evelyn described the atmosphere as joyless. During the summer, however, the whole family spent six weeks in Scotland, and a livelier and warmer picture emerges of family activities, outings and far closer involvement, particularly between the children, their mother and her father. These summers engendered a lifelong love of nature in Bowlby, and he continued to holiday in Scotland throughout his life. Distance and closeness, formality and fun, seem to have developed as distinct strands within his personality.

Bowlby and his brother Tony were sent to boarding school at the outbreak of the First World War, ostensibly because of the danger of air raids, but primarily, Bowlby felt, in accordance with the educational traditions of the upper classes. Predictably, he did well at school and went on to join the Navy, which he disliked because of its intellectual limitations and because he suffered from sea-sickness. He persuaded his father to buy him out, offering to study medicine at Cambridge University in return. The death of his conventionally-minded father when Bowlby was twenty-one allowed him to do something unusual and radical between his university and hospital-based studies: he spent a year working in an unorthodox progressive school for disturbed children. He noticed that the emotional isolation and delinquency of a boy at the school were put down by the staff to his disrupted early life. Recognising his unusual ability to communicate with maladjusted youngsters, a colleague urged him to consider training in psychoanalysis. Thus his idiosyncratic professional focus emerged, bringing together his dry scientific rigour and his attunement to the hidden suffering of children.

Bowlby went on to combine medical and psychoanalytic training. His analyst was Joan Rivière. By 1937 he had qualified as a psychiatrist and psychoanalyst, and he began training with Melanie Klein in *child analysis while working in the newly established London Child Guidance Clinic*. It was here that he began to gather evidence for his conviction that environmental causes of neurosis were underrated. He considered the separation of a child from her mother in the early years of childhood, and the passing-on of parents' difficulties to their children, to be particularly significant. He was appointed an Army psychiatrist in 1940 and worked with psychoanalytically-minded psychiatrists and psychoanalytic colleagues, including Wilfred Bion and Jock Sutherland.

A gap was opening up between the tenets of Bowlby's Kleinian training and his own belief in the importance of external relationships and events. His views were treated as deviant by the Kleinians, and ignored by others who were uncomfortable with the drily objective tone of his papers and his lack of attention to internal dynamic processes. Nevertheless, he was useful to the British Psycho-Analytical Society as someone not clearly aligned with either the Kleinians or the Freudians, with considerable organisational efficiency and whose familial and medical credentials made him unusually acceptable to the British establishment. He pushed the Society into participating in discussions on the new National Health Service, speaking passionately for the inclusion of psychoanalytic methods and viewpoints.

In 1938 Bowlby married Ursula Longstaff, a quietly independent woman with a love of literature. Her sole involvement with the bulk of his work was in finding apt quotations; but touchingly, she worked closely with him on his last major project, a biography of Darwin which was published just before he died (Bowlby 1990). She and Bowlby were both middle children of large families; they had four children, and Bowlby seems to have replicated his father's distance. His unease in the role of father must have been exacerbated when his children showed unexpected academic difficulties which were eventually recognised as dyslexia – perplexing and troubling to someone with a top degree from Cambridge. His children also seem to have found him a puzzle. Perhaps he was a burglar, mused his seven-year-old son, since he always came home after dark and never talked about his work (Holmes 1993: 25). Again in his family tradition, however, Bowlby is said to have been a wonderful grandfather; and the country-loving Bowlbys spent long holidays in Scotland every year.

Bowlby may have been conscious of his own parental shortcomings, as well as alert to his research findings and his knowledge of the living patterns of other cultures. For many years the family shared their household with Bowlby's close friend, the Labour politician Evan Durbin and his family, and later Jock Sutherland and his family, an unconventional arrangement which expressed his dual nature.

At the end of the Second World War, Bowlby and several fellow Army psychiatrists defied the orders of Ernest Jones to avoid the Tavistock Clinic, a public psychotherapy clinic which was run along eclectic rather than purist lines. Sutherland was made Chairman of the Clinic, and Bowlby was his deputy; he remained at the Tavistock until 1972, setting up the Department for Children and Parents and, with the Kleinian Esther Bick, the child psychotherapy training. The

majority of his time was spent on research; he developed Attachment Theory with James Robertson, Mary Ainsworth and Mary Boston and later worked with Colin Murray Parkes on the mourning process.

Bowlby struggled on in the British Psycho-Analytical Society through the 1940s and 1950s, convinced he had a contribution to make and dismayed by the widespread indifference and hostility he met with, particularly from the Kleinian group with whom he had trained. There was a temperamental and cultural chasm between the upper-class Englishman and the traumatised, European Jewish contingent who, together with the British Independents, were more at home with art, emotion and imagination than science, facts and statistics.

Although he maintained a small practice, Bowlby's professional focus was overwhelmingly on research and social policy. During the 1960s he withdrew from the Psycho-Analytical Society and concentrated on writing up his thirty years of investigations in the definitive trilogy, *Attachment, Separation and Loss*, published between 1969 and 1980. Attachment Theory became internationally known as a psychological approach linking psychoanalysis with developmental psychology, ethology and systems theory.

As an old man, Bowlby had his own circle of colleagues, friends and admirers. His eightieth birthday conference brought speakers from many countries. He spent more time at his Scottish home in Skye, where he died in 1990 after a stroke. He was an intriguing mixture of pompousness and sensitivity, shyness and arrogance, protocol and idiosyncrasy. More at home with procedures than patients, he nevertheless had an influence on psychotherapy that has grown over the years. External trauma and relationships are now given more weight in all kinds of therapy; early separations are recognised as inherently dangerous for children; the mourning process is accepted as necessary rather than self-indulgent. But his greatest influence is where he would have wished it to be, on the social arrangements that are made for children in Britain and beyond, in hospitals, in nursery schools, in care and where Bowlby so passionately felt they belonged, at home.

## THEORY

### Overview

Bowlby criticised psychoanalytic theory for placing too little emphasis on the environment and too much on the internal conflict that

ultimately boiled down to constitutional differences. He stressed that while the early work of Freud had made full use of the scientific methods and ideas then available, this had ceased to be the case. Psychoanalysts were largely ignorant of current scientific developments and failed to recognise the necessity to continually revise theory in the light of new discoveries. Theories of child development were constructed retrospectively from impressions derived from patients, rather than from the direct observation of normal as well as disturbed children and parents. Bowlby was horrified that under the influence of non-scientists such as Anna Freud and Melanie Klein, psychoanalysis was tending towards becoming a philosophical discipline concerned with meaning and imagination rather than a body of validated knowledge (Bowlby 1988: 58).

Bowlby's strategy was to appeal to his colleagues by likening his own scientific outlook to Freud's physiological bias. His work, he felt, supplied proof for much of psychoanalytic theory; this validation could enhance the status of psychoanalysis as a science with links to other scientific disciplines. He was keen that advances in theory should lead to improved treatment for patients, and also to benefits to society at large through the development of social frameworks which took account of personal needs. He originally hoped that his Kleinian colleagues would accept his contributions as an addition to their own exploration of phantasy, leading towards a psychology both imaginative and factual, encompassing external events, internal processes and the relations between the two.

Bowlby's psychoanalytic influences included the early Object Relations practitioners, especially Balint, Ferenczi and Fairbairn, as well as Klein. He linked his emphasis on attachment to the later work of Freud, where the 'object' is seen as the target of the libidinal instincts, and weight is given to the child's real experiences as in the Oedipal period. Reading *King Solomon's Ring* (Lorenz 1952) introduced him to the new science of ethology, the biological study of animal behaviour from evolutionary and functional perspectives. This was the period of imprinting and critical periods. Separation experiments with monkeys showed that those deprived of a parent-figure were unable to mate or parent young; and offered the choice between a wire-frame 'mother' which dispensed milk and one which was more comforting, young monkeys overwhelmingly preferred the cloth-covered frame (Harlow and Zimmerman 1959, quoted in Bowlby 1969). These studies proved that contrary to Kleinian and Freudian assumptions, attachment was not a derivative of feeding and was essential for emotional maturation.

Bowlby holds a strange position in the polemic between psychoanalysis as drive-based or as relation-based theory. He proposed that relationship itself arises through autonomous biologically-based systems, honed by natural selection to specific behaviours, needs and capacities. The human species is not designed to live alone, and strong and permanent bonding is essential for the survival of all, especially the young and the vulnerable. These systems are in continual interaction with external factors: the actual experiences people have in relationship contribute to an 'internal working model' of the world which includes cognitive, emotional and behavioural representations of self and other and of the relationship which mediates their connection. Temporary or permanent separation from those people felt to be essential to survival is by definition a crisis, manifested in typical reactions to separation and culminating in the mourning process.

Much of Bowlby's writing provides the hard evidence for the social policies he advocates. These are mainly concerned with the overriding importance of young children remaining with their families whenever it is humanly possible, and with meeting their needs for comfort and re-attachment when separation is unavoidable. Glimpses of Bowlby's own suffering emerge in his sudden outbursts over the harm inflicted on children by traditions such as the routine separation of mothers from their new-born babies, and the rigid and repressive features of socially-condoned child-rearing practices. Most powerful of all are the films made by Bowlby's colleagues James and Joyce Robertson (1952, 1976), unrepeatable historical documents which graphically record the agony young children go through when ripped away from home and family. Even those children whom the Robertsons fostered with loving care found separation a difficult and painful experience, while those without substitute attachment figures were profoundly traumatised. These films bring Bowlby's influence to bear with unfailing effect and continue to be widely shown in social work, childcare and psychotherapy and counselling training.

### *Attachment Theory*

Attachment Theory takes as its premise that human beings are born with inbuilt patterns of behaviour which promote and maintain relationship, unfolding in an orderly sequence in interaction with the environment. The basic human unit is a mother with her children, with men who may include the mother's father, brothers and/or



sexual partner or partners being either part of this unit or remaining on its periphery. No human social group is smaller than two families or larger than about two hundred people. Attachment behaviour is designed to form and maintain this kind of stable community. Different cultures create their own variations on this universal theme.

Human development is seen as a process of creating and maintaining attachments towards the primary attachment figure and other significant people. The growing child goes on to form bonds beyond her immediate circle with people in the wider community, and the upheavals of Western adolescence are the fallout of the crucial transfer of attachment from family to a sexual partner, often via the peer group. Our primary attachment figures constitute the 'secure base' from which we can sally forth into the world, knowing we have a refuge to which we will return. 'All of us, from the cradle to the grave, are happiest when life is organised as a series of excursions, long or short, from the secure base provided by our attachment figures' (Bowlby 1988: 62).

Without a sufficiently secure base, we feel anxious; without the opportunity to explore, life is boring. Our experiences of relationship and exploration are encoded in an 'inner working model', an internal base which reflects the security or insecurity of our attachments and incorporates the modes of relating and exploring we have learned. This internal representation should ideally remain consistent yet open to change; but difficult relationships lead to a disjointed or distorted model, with dissociated areas which remain frozen and out of awareness.

### *Developmental Stages*

The first attachment is almost always to the mother, although Bowlby's theory holds for any primary carer, male or female, related or unrelated to the baby. Baby and mother both contribute to the building and maintaining of attachment through the experience and enactment of attachment behavioural systems which are triggered to different degrees at different times in different ways.

The baby is born with a preference for human voices and a fascination for the human face. She has an ability to track moving objects with her eyes, and a capacity to be soothed by voice, touch and the slow, rhythmic rocking which derives from or simulates being carried by a walking adult. She is pre-equipped to experience and manifest distress when she feels out of human contact for too

long, in ways which are designed to bring about the presence of her carer and the loving behaviours she finds comforting. Crying, sucking, smiling, clinging and following are all instinctive rather than learned behaviours: even blind babies smile. During the first few months, the baby's crying, sucking and smiling alternately coerce and entice the mother to respond to her and invest in her emotionally. The baby is not a passive recipient of care, although the mother, or other primary carer, has her own agenda of attachment, mediated through her own internal working model. Thus the mother and the young baby are powerfully motivated to remain close to each other physically and emotionally; both become anxious if separated for too long.

There is an initial period when specific bonds are being built: babies younger than four to six months usually show a general rather than an individual attachment, and although they may recognise their mother or main carer they may not be distressed if another responsive, loving carer takes over. During early infancy, the mother (or mothering person) is the one who is inwardly impelled to make sure she is close to her baby: the baby actively relates to a responding other, rather than insisting on a particular person. The comforting actions of the caring adult are the baby's secure base, while interactive games involving movement, babbling and eye contact are her excursions into the world, together with her interest in objects and the excitement of practising her developing skills.

After about six months the baby has normally developed an intense attachment to her main carer, together with secondary attachments to specific others. This is the time of 'stranger anxiety', when an unknown face is neither pleasurable nor exciting to a baby, but constitutes danger because it is not mother's. Intriguingly, this matches the stage at which the baby is likely to become mobile, and could crawl off from her mother unless she is internally prevented from doing so. She now has an inner need to keep mother preferably in view, but certainly to hand. Her sucking, crying and clinging systems may not be triggered as easily as before provided her carer is close, reflecting her less dependent state, her growing ability to infer information from what she can see and hear, and the development of an inner secure base. However, her following and proximity-maintaining systems are very sensitive at this time, as parents of young toddlers can attest to. Bowlby describes an observation of two-year-old children in a park, where practically all stayed within a two-hundred-foot radius of their mother, who remained in one place. They were using her as the secure base from

which they could venture forth: but only to a certain distance (Bowlby 1969: 306).

From six months to three years, children have a strong need to remain physically close to their primary carer; they can tolerate separation for limited periods only, preferably with another familiar person. Prolonged separation during these years is a major trauma and is exacerbated if the child cannot build a new attachment. The pattern and security of the child's relationships are intensively encoded in the inner representation of her relational world. It is as though the years up to the age of about four constitute the human 'critical period' for laying down how and how much we relate to others, patterns which are not easy to change later, as all psychotherapy patients and clients know.

A second threshold occurs at about three years. Sometimes with surprising suddenness, the child becomes able to tolerate not actually seeing mother, provided she knows where she is or when she will return. She can now comprehend that other people are separate from herself and have their own thoughts, perceptions and desires, and that her existence is independent of theirs. She is beginning to engage in reciprocal rather than egocentric relationships, mediated through language and with an appreciation of space and time. For all these reasons, Bowlby suggests, three years is the age at which children become able to benefit from regular periods as one of a group of children, such as at nursery school. Before this time, while they may enjoy an opportunity to play in the company of known and trusted others, they need an individual relationship with the subsidiary carer. Unless they have ready access to the substitute carer, they cannot easily cope with being one of a larger group. They are often distressed, however briefly, when the parent leaves.

The child's area of potential exploration enlarges insofar as her internal model allows, depending both on the maturity of her attachment behavioural systems and the security of her external, and therefore internal, base. Typically, the school life, clubs and friendship groups which are of such importance for schoolchildren provide the opportunity for this exploration. In adolescence, the peer group may seem even more important than the parents, and certainly may appear more influential as the Western teenager struggles to overcome her childhood dependency on her parents and creates new dependencies with her peers. However, home and family, whether the parental home or one's own adult home, remain fundamentally important throughout life, enabling rather than restricting exploration and direction. While there are many different

kinds of attachment and living arrangements, most people feel the need for a few people on whom they can depend, to whom they matter and who matter to them. Without this secure base, our internal resources – the secure base we are able to supply for ourselves to some extent – may be over-strained and become depleted.

Even in large households, and across cultures, children tend to develop attachments of varying intensities to different people, but with a principal figure, usually the mother, to whom they are most strongly attached (Bowlby 1969: ch. 15). It is the quality of relationship rather than the quantity of time spent together which is the decisive factor in who becomes the child's primary attachment figure. Bowlby gives examples of babies who were predominantly attached to fathers or other relatives who did not have prolonged daily contact with them but who were more responsive to them than those who did. Similarly, children brought up in kibbutzim have stronger attachments to their parents than to the nurses who care for them most of the time, because of the importance parents allot to their children's daily visits and therefore the intensity of the contact between them. It is interesting that a child with several subsidiary attachment figures rather than just one or two is more, rather than less, attached to her main figure: a consequence, no doubt, of her friendly internal working model and her freedom to explore her relational world.

### *The Strange Situation*

Bowlby's Tavistock colleague Mary Ainsworth is seen as the co-founder of Attachment Theory. She designed an observational procedure which she carried out on one-year-old babies and their mothers, known as 'The Strange Situation' (see Holmes 1993: 104–6; Ainsworth et al. 1978). Mother, baby and experimenter settle into a playroom, and mother then leaves the room for a few minutes. The baby's reaction to this separation and mother's and baby's responses when mother returns are noted. After a few more minutes, both mother and experimenter leave the room for a further three minutes, and the baby's behaviour is recorded both when she is alone and when the adults return. The whole videotaped procedure is used to assess and examine the mother–baby relationship and the baby's ways of coping with separation. This reveals the baby's internal model of relationship which can then be related to the mother's behaviour and responsiveness.

The relationships thus revealed were classed in three main categories, ranging from secure to insecure attachment. The secure group of infants, while usually upset by the separation, demanded and received care from mother when she returned and then continued happily with their explorative play. The less secure children showed avoidance or ambivalence towards their mothers. The insecure-avoidant group were not overtly upset when mother left and ignored her on her return, but watched her acutely and were unable to play freely. The insecure-ambivalent group were panicked by the separation and simultaneously clung to mother and fought her off when she returned: they were also unable to return to their own activity. Most disturbed of all were the insecure-disorganised children, a fourth categorisation that was made later. These children were confused and chaotic, with bizarre patterns of repetitive movements or frozen paralysis expressing their bewilderment (Bowlby 1988: 125).

Interestingly, but not surprisingly, Ainsworth and others went on to establish that the kind of attachment shown by the babies was linked closely with their mothers' responsiveness to them during their first year (Bowlby 1988: 45–50; Holmes 1993: 107). The mothers of the secure group were the most attuned to their babies, interacting with them freely and with enjoyment, picking up their signals accurately and responding to their distress promptly. The insecure-avoidant babies were likely to have mothers who interacted with them less and held a practical rather than personal attitude towards them. The mothers of the insecure-ambivalent group tended to respond unpredictably and were rather insensitive to their babies' signals; while the insecure-disorganised children generally came from profoundly disturbed backgrounds involving abuse, severe neglect or psychosis. The importance of these correlations lies in the differentiating of environmental and constitutional influences. It is clear that the mother's expressed attitude towards her baby is the overwhelming deciding factor in how secure the baby will be at one year, a pattern which holds true even for infants who are very easily upset in their first few months.

Bowlby's thesis that the environment is as potent a cause of neurosis as genetics has been confirmed repeatedly (Bowlby 1988; Holmes 1993: 109–14). There are studies which show that if the mother receives help in changing her feelings and behaviour towards her baby, the baby can develop a secure attachment from an insecure starting point. Some babies even show different patterns of attachment behaviour towards mother and father, although the mother pattern

tends to become the main pattern over time. Moreover, the attachment shown by the one-year-old child predicts future development. Securely-attached children are more likely to relate better to others, to have more capacity for concentration and co-operation and to be more confident and resilient at age six. Four years later, they are also more able to make sense of their own lives and encompass difficult experiences without blocking them off or becoming confused. Even adult neurotic behaviour has been correlated with the pictures shown by insecurely-attached babies and children.

The 'strange situation' observes the relationship as manifested in both child's and mother's behaviour rather than something which belongs only to the mother or only to the child. The child's internal working model reflects the nature and structure of this relationship and the kind of care she has received. The secure child has an inner representation of a lovable self and responsive other, with enjoyable interactions alternating with exciting explorations in an interesting world. The insecure-ambivalent child, on the other hand, has a picture of a self which is not lovable and an unpredictable other who has to be manipulated or coerced into caring. The insecure-avoidant child has an internal model of a self which is not worthy of care and an other who does not care, forcing the child to repress her longing and her anger in order not to drive the other even further away. In this pattern of detachment the child disowns her anger, need and anxiety and the awareness of her carer's rejection in what Bowlby termed 'defensive exclusion'. Those systems of perception, feeling and incipient behaviour which involve unbearable pain are 'deactivated' into dissociated frozen blocks of cognition and emotion. As long as they remain deactivated, these systems cannot be revised or integrated and so lead to a partial, distorted or fragmented internal working model of relationship. Wholesale defensive exclusion occurs in the emotional paralysis that follows acute physical or emotional shock. Usually the numbness gives way gradually when the traumatised person reaches safety and support; but where the situation which gave rise to the process continues, the exclusion becomes permanently encoded in the internal working model.

Where much is excluded, gaps in the inner model show up as emotional detachment and a difficulty in giving a clear and integrated account of experience, revealing a fragmented and incoherent sense of self. Where there is little defensive exclusion, the secure child or adult relates to others easily and can articulate a coherent and continuous account of her life. Since these capacities are largely



derived from the child's first relationship, early orientation towards external reality must be greater than either Kleinian or Freudian theories assumed.

### *Reactions to Separation*

Until Bowlby's work had become known, children were thought to be unable to mourn an emotional loss as adults did. Both Freudian and Kleinian schools presumed that if they mourned at all, it was for the services provided by the lost person rather than for the relationship. Bowlby's work on the reactions of young children to separation, especially prolonged separation, from parents, led him also to turn his attention to the mourning process of adults. He was able to clarify that the loss of an attachment figure is a truly emotional disaster for the young child, who reacts like a bereaved older child or adult.

Lengthy separation is particularly damaging for a child between six months and three years, when strong and specific attachments have developed but before the child is able to understand that the parent's absence is temporary. Typical reactions to separation in this age group can be divided into three phases.

The first phase is protest. When the child has come to the end of her capacity to tolerate separation, she will do everything in her power to bring her attachment figure back. Younger children cry in angry distress, looking for the parents where they last saw them; older children demand the parents' return, cry and search for them. The protest stage can last up to a week; if the separation then ends, they are likely to greet the parents with anger, relief and anxious clinging.

After protest comes despair: the child gradually loses hope that her lost person will return. She may cry inconsolably or withdraw into apathy and grief. This withdrawal may mistakenly be seen as 'settling down', as an angry and unhappy child becomes quiet and amenable. In one- to three-year-olds, the stage of despair may continue for up to nine or ten days.

This phase is followed by an apparent recovery which Bowlby describes as detachment. The child emerges from her withdrawal and begins to take an interest in her surroundings again. She represses or disinvests in her relationship with the lost person and begins to attach herself to an alternative figure. This can lead to considerable difficulties if the child is then reunited with her parents. Bowlby

recounts heartrending stories of children who, after prolonged separation, remained politely aloof from the parents they had missed so much, or even failed to recognise them. Rebuilding the relationship is a painful process, as the child retraces her emotional steps through grief and despair to anger and outrage, often remaining clingy and insecure for a prolonged period and vulnerable to further separation in the longer term. Bowlby found that some degree of detachment occurs when a child is separated from her main attachment figure for a week or more in this critical early period, although the degree and reversibility of detachment vary with the quality of substitute care and the situation to which the child returns.

If a child experiences a series of separations from attachment figures, particularly during the vulnerable early years, her capacity to relate may be permanently stunted. The child with no consistent mothering person, or who is moved repeatedly to different settings, becomes detached from all relationship. She invests in things rather than people – sweets, toys and money – and ceases to discriminate between those who care for her. She thus becomes well-adapted to the kind of care she has received, cheerfully accepting whoever is on duty and showing no distress if nurses or childcare workers change rota or leave their jobs.

The inability to form close bonds makes it difficult for such children to return home or settle into the familial intimacy of foster care. Foster parents find them heartless and exploitative. The destructiveness which may accompany their detachment does not help, although paradoxically it is a hopeful sign: a spark of protest in the shreds of their capacity for attachment. Destructiveness is more extreme in those children who lost attachment figures, and less of a feature in children who never developed attachments in the first place. Bowlby's early study of 'Forty-four Juvenile Thieves' (Bowlby 1944) correlates adolescent delinquency with separation in childhood, showing how the glassy detachment of the 'affectionless psychopath' develops from childhood trauma when the grieving child was driven to the defensive exclusion of almost all attachment processes.

The sequence of protest, despair and detachment may be clear-cut and sequential but is more likely to be intermingled. The intensity of feeling will depend largely on whether the child is supported during the separation by a consistent and responsive substitute attachment figure, especially one who is already familiar to the child, or whether she is left with unresponsive or impersonal care. A shorter separation is less damaging than a longer period, and older children cope better than younger ones. Other mitigating factors include

the presence of someone known, even a younger sibling, and having some possessions from home.

### *Mourning*

Bowlby studied mourning in both adults and children, and has been influential in the social acceptance of mourning as a healthy rather than pathological process unless it becomes suppressed, delayed or distorted (Bowlby 1980). As soon as children are old enough to have developed a specific attachment, their reactions to separation correlate with the mourning process. Only the initial phase of numbness differs, a phase which young children perhaps cannot afford: the younger the child, the more their survival and well-being depend on their giving immediate and effective signals of distress.

Bowlby outlines the stages of mourning as numbness, yearning and searching, disorganisation and despair, and reorganisation. The disbelief which almost always accompanies the news of death is an emotional shutdown comparable to the physical shutdown which enables badly-injured people to reach safety without being incapacitated by pain. The initial numbness may last hours or days, until the bereaved person feels able to give way to their feelings as the truth of the situation sinks in; the numbness may then alternate with eruptions of anger and distress.

Intense sadness follows. Waves of longing and yearning may be overwhelming in their intensity, often accompanied by fury at the doctors or any others who could conceivably be blamed for the death. The bereaved person may also vent her anger on the person she has lost; on anyone trying to comfort her, particularly if they try to get her to accept the reality of the situation; and on herself for not preventing her loved one from dying or not being good enough while he was alive. Guilt and anger are particularly intense where the relationship between the bereaved and the dead person was conflictual and ambivalent, and when the bereaved person's internal model of relationship is one of anxious, ambivalent, insecure attachment.

The bereaved person may feel irritable and restless, unable to settle to anything, continually wandering from room to room. This may be due to the searching systems becoming activated in an instinctive attempt to find the lost person. Similarly, she may hear the lost person's voice or feel his presence, reliving the past in a fantasy of undoing death. The yearning and searching phase may last for

months, or sometimes years if it is particularly difficult for the bereaved person to accept her loss.

The stages of numbness and of yearning and searching are analogous to the initial protest stage of separation. The reality and permanence of loss are not immediately accepted, even when the cause is death; and anger, yearning and searching are predicated on the hope of finding or having restored the lost person and preventing him leaving again.

The next stage of mourning is disorganisation and despair. The bereaved person feels an increasing sense of meaninglessness and fragmentation, and life may seem not worth living. Her internal working model has broken with the loss of a crucial figure, and a new working model has not yet formed. It is a time when suicide may be a temptation, particularly if there are few or no people to care for or comfort her. It is perhaps the most painful phase of bereavement and may be exacerbated by expectations that she should by now be beginning to recover. It matches the despair phase of separation, after the reality of the loss has become starkly clear and before new attachments have begun.

The final phase is reorganisation, when the new situation becomes reflected in the internal representation of the relational world. Old routines rendered meaningless give way to new habits. Memories become a comfort, and it becomes possible for fresh relationships to be sought. Reorganisation parallels the detachment phase of separation, with the acceptance of loss and the seeking of new attachments. In healthy reorganisation new attachments remain possible, and the old attachment does not have to be excluded from consciousness. Less successful reorganisation involves a diminution in the capacity to relate.

Any of these phases can become prolonged or distorted, with one phase clung to in a desperate attempt to ward off the next. Depression and anxiety may indicate chronic yearning and searching; comparative detachment may denote continued numbness or a failure in reorganisation. Bowlby's lucid account makes self-evident the need of the bereaved person for contactful care with no expectation of immediate recovery. The mourning process is facilitated if feelings of guilt and anger as well as loss, anxiety and sadness can be accepted by the bereaved person and those around her. Full information and the opportunity to see and touch the dead person enable her to take in the reality of his death. Mourning ceremonies give structure in a time of crisis, drawing the community together and ensuring support for those on whom the impact of the death is most acute.



Disordered mourning is a particular danger for those who already relate to others in anxious and ambivalent ways or who derive their identity and self-esteem from the compulsive caring for others. Thoroughgoing detachment protects against the pain of mourning through pre-empting the development of attachment; but superficial detachment can cover a catastrophic build-up of anxiety, sadness and anger which may explode unpredictably or implode in depression and thoughts of suicide. Bowlby points to the difficulties arising from sudden death, and suicide in particular, where shock, guilt and anger are especially excruciating and difficult to resolve.

Bowlby's study of mourning translates into specific recommendations for the care of children who have lost a parent. Apart from the age-dependent phase of numbness, the differences between the mourning of adults and that of children lie predominantly in children's lesser experience and knowledge of what death means, and their lack of control over what they are told and how they are treated. They live more in the present than do adults, and so their mourning is more frequently interspersed with activities and moods which arise from other aspects of their lives. Because children are still in the process of building up their internal models, and because they have a constant need for their main attachment figures, they are particularly vulnerable to distortions in their development arising from inadequate care following bereavement.

Bowlby emphasises that children are in absolute need of information in order to make sense of their loss, and that this must be given sensitively and at the level of their understanding. They must be enabled to understand that death is permanent and that the lost parent is never coming back; they should be told what has been done with the body, and that dead people do not breathe, eat or feel. Comforting fictions engender bewilderment and make it impossible for the child to come to terms with the true situation. When an adult with no religious belief suggests that mummy has gone to heaven or is 'at rest', the child can only feel confusion at the inauthenticity she senses: children accept the view of death that the adult believes and clearly tells them. Full information is especially difficult to give after a parent has committed suicide. Well-meaning or self-protective attempts to shield the child from what has really happened clash with the child's perceived impressions and inculcate a lack of trust in the adult world.

Children, as well as adults, need to take part in mourning rituals and to be able to talk about their loss as they express and work through their feelings. They need to be able to remain children rather

than having to take on the responsibility of supporting the remaining parent. Children who lose a parent may come through their mourning process unscathed, especially if the original relationship was good and they are fully supported afterwards. However, this is usually the most difficult time for relatives to give full attention to children, preoccupied as they are with their own grief and the practical crises which accompany untimely death. Thus family relationships may deteriorate through a combination of emotional stress, financial constraint and the isolation which so often follows bereavement. It is not surprising that most bereaved children remain vulnerable to further loss, and that the loss of a parent in early childhood is significantly associated with depression in adult life. Bowlby gives a timely reminder that mourning may be a sequel of divorce or separation as well as death; the breakdown of the parents' relationship can lead to permanent loss for their children.

### *Emotional Deprivation*

Bowlby is often criticised for stressing the effects of physical separation at the expense of emotional unresponsiveness. However, he does give attention to the less tangible forms of deprivation which occur without physical separation (Bowlby 1988). He found parental threats to abandon a child or even to commit suicide to be not uncommon; they are as damaging to the child's security as actual separations, and may lead to an inverted relationship where the parent seeks care from the child. Such children are afraid to leave home, to go to school for example, in case the parent is not there when they return; they may develop a pattern of compulsive care-giving which can persist through all their relationships as a cover for anxiety and anger.

Bowlby writes with passion of the injustice done to children when their feelings or perceptions are denied. Assertions that a certain event did not happen, or that they do not or should not have the feelings that they do, confuse and isolate the child. These contradictions of reality can only be resolved by containing them within in the form of incompatible inner working models, or by excluding certain feelings and perceptions as part of the 'bad' self. At an extreme, defensive exclusion gives rise to multiple personality disorder, a state in which autonomous systems of thought, feeling and behaviour are activated without reference to each other.

Bowlby's later papers (Bowlby 1988) cover the effects on children of family violence, abuse and neglect. His focus is always on the re-

enactment of internal models built up in the parents' childhood, demonstrating how patterns of feeling and behaviour endure through generations, rather than on the attribution of blame. Encouragingly, he also makes the point that those who have had traumatic and unhappy experiences in childhood are not destined to inflict similar suffering on their children. Because we have inbuilt potential for systems of behaviour and feeling that include responsive care to others, especially children, negative patterns need not dominate if we have been able to come to terms with what has happened to us. The integration of past experience and the resolution of conflicting and painful emotions makes defensive exclusion unnecessary. If we can bear our past, we can see it in perspective; present experience can be new experience rather than a rehashing of old trauma, and old patterns can be revised.

### *Therapy*

While Bowlby's major contribution was in the field of social policy, he maintained a small psychoanalytic practice and developed his own approach to psychotherapy (Bowlby 1988). His suggestions must be seen in the context of psychoanalysis before Object Relations, when dependency was viewed as essentially infantile and attachment as based on the gratification of physical needs. Both Kleinian and Freudian approaches laid a greater emphasis on intrapsychic factors than on external events and influences in the causation of neurosis; internal processes were therefore the main area of focus in psychotherapy.

Bowlby's main message, like Fairbairn's, is that human beings are contact-seeking: our well-being depends largely on the state of our relationships. Attachment is not something we grow out of, although our modes of relating develop and attachment patterns may change. The purposes of psychotherapy are to diagnose the attachment pattern of patient or client, largely through monitoring the ways in which she relates to the therapist, to discover what were the major events and influences which gave rise to her particular internal working model, and to revise and modify patterns which are now limiting or self-defeating. These aims can only be achieved if the therapeutic relationship itself is one of security and trust. The role of the therapist has much in common with the role of the mother towards the child, from the earliest stages of relationship through to separation.

A primary task in psychotherapy and counselling is the creation of a secure base in the reliability and consistency of the therapeutic relationship. Only when the client or patient feels some confidence in the therapist's responsiveness and empathy will she feel able to make excursions into risky areas. With the therapist's understanding and support, however, she will begin to explore her internal and external world in the past and in the present in her efforts to express herself and understand herself.

An attachment-oriented therapist will pay particular attention to the client's relationships in the past and the present, including of course the therapeutic relationship. Bowlby underlined that the quality and consistency of relationships are as important or more important than events, even traumatic ones, in the formation of the expectations, assumptions and capacities structured into the internal working model. The therapist should therefore be alert to the quality of the patient's relationships: whether they show secure, ambivalent, avoidant or disorganised patterns of attachment and how these patterns are experienced and enacted. It will also be taken for granted that a limited capacity for relationship indicates disturbance and profound unhappiness.

Together with the focus on relationship, there will also be attention to events, particularly those with a direct bearing on attachment. Childhood separations from home and family are naturally significant, as are the kind of threats to the child's security that may have been made by the parents, implicitly or explicitly, directly or as overheard by the child. In the same way, breaks in the therapy or absences of other present-day attachment figures are treated as important and as likely to cause some difficulty until the patient or client has a sufficiently secure internal base to manage such separations.

Bowlby suggests that psychotherapy should be an equal rather than hierarchical partnership between client and therapist. He underlines that the client has a natural capacity for growth and development. As the parent's task is to constantly adapt to the needs and maturity of the child, so the therapist's attitude to the client should be flexibly relational rather than arbitrarily authoritarian. 'The psychotherapist's job ... is to provide the conditions in which self-healing can best take place' (Bowlby 1988: 152). Because attachment is an essential part of life, the therapeutic relationship is important in its own right rather than predominantly as an indicator of transference issues.

The ending of psychotherapy can be compared with adolescence. When a sufficiently secure internal base has been established, with

the capacity to develop rich and rewarding relationships that this implies, the therapist can be left though not forgotten. After successful therapy, the patient or client will understand and accept herself more, relate to others more fully and realistically and withstand difficulties more easily. She will have developed a more coherent and continuous understanding and experience of herself and what has happened to her, encompassing both positive and negative events and influences.

Bowlby's recommendations for psychotherapy are non-prescriptive and non-controversial; they amount essentially to a plea to allot attachment an overriding importance in human life. He shares the view, common to Object Relations practitioners, that the new experience gained is crucial in facilitating growth and development; insight alone is by no means sufficient. Bowlby's neutral language and comparatively simple frame of reference make his theory widely accessible. His multidisciplinary base expresses the hope that different schools and professions can overcome competition and prejudice to work together.

### *Commentary*

Bowlby had a more direct effect on British society than any psychoanalyst except Freud. However, this influence was only possible because of the rigorous limitation of his area of enquiry. Bowlby studies the person as a human mechanism rather than a human subject. His emphasis is on events and external life, the measurable and behavioural effects of the mainly physical absence of important figures, rather than internal phenomena. Phantasies and their effects on relating have little space in Bowlby's internal models, which are seen as photographic impressions of external reality meeting genetically-fixed systems of behaviour and feeling-tone. 'Protest' and 'detachment' are tame words beside Kleinian greed and envy, and the experiencing of the emotional states to which Bowlby does refer is barely elaborated. This emotional emptiness is probably what enraged his colleagues, leading Winnicott to speak of 'a kind of revulsion' that Bowlby's work aroused in him, and Guntrip to exclaim sarcastically that Bowlby has managed to 'explain everything in human behaviour except what is of vital importance for psychoanalysis' (Holmes 1993: 28).

Bowlby raises the trauma of maternal deprivation above all other trauma, simply because it is the only factor he really explores. The

father has no intrinsic value or role other than as an additional attachment figure. All possible shades of experience, of relational expectations and emotional modes, are reduced to one or other variety of attachment pattern, offering a meagre framework for understanding the myriad neurotic and psychotic processes and patterns of human beings.

In a sense, Bowlby's work would have been more cohesive and solid had he remained within his main area of research into the effects of physical events of childhood, such as separation and the specific actions of parents. Those events which can be measured and recorded, such as the mother's responsiveness to her baby's crying and the amount of time she spends interacting with her, find a logical place in the internal model of the baby as a straightforward representation of what has happened to her. The effects of what is not said or not felt in relation to the child find a far less easy home in his theory, because too long a string of deductions has to be made. While similarities in family patterns can be readily found – analogous to the feelings and perceptions that are placed behind the family's metaphorical screen in Skynner and Cleese (1983) – the subtler shades of atmosphere creating and mediating these dynamics require a more meaning-based approach. Bowlby's theoretical frame is too behaviour-oriented to do justice to the subjective world. This would not be a criticism had he acknowledged a limit to the area his approach could encompass.

Bowlby was perspicacious in his selection of a focus for research which was clear, specific and of current social relevance. The topicality of his area of interest initially fostered, but later blocked, the acceptance of his message.

Separation was an experience common to many during the war years, with men wrenched away from their families for extended periods, city children evacuated to the country, women in many cases deprived of both partners and children. The trauma sustained by soldiers was investigated by Bion, Sutherland and Fairbairn; Winnicott focused on the needs of evacuated children who could not be easily fostered.

Women's distress, however, was barely touched on except in passing by Winnicott and Bowlby. This paralleled a cavalier political attitude in which women were sidelined into invisibility while men were more overtly exploited as fighters. When women were required for factory work, for example, nurseries were built and their benefits for young children extolled: day care would make children more independent and sociable and offer them space and stimulation.



After the war, as the jobs were required for the returning men, nurseries were closed down. Now a woman's place was said to be in the home, and children who were not cared for full-time by their mothers were said to be in danger of irrevocable damage. 'Maternal deprivation' became a watchword striking a chill into the hearts of women who failed the total-care standard of mothering, and false complacency in those who stayed at home full time, however resentfully. That socially-induced guilt was used as an agent of control is betrayed by policies in hospitals and institutions where children were routinely separated from their parents and viewed as 'spoiled' if they complained. It is only in recent years that a more objective, less simplistic attitude has been taken towards the needs of young children, resulting in a more sophisticated and flexible approach which can take into account the situations of individual families.

Thus Bowlby's area of work was and is particularly vulnerable to distortion and exploitation. It is partly because of this that the feminist protest against him has been strong. However, when his work is read with his social context in mind, he comes across as moderate rather than fanatic, although he clearly favours conventional arrangements for the care of young children. He extols the extended family system of most cultures as one which naturally promotes relationships which are secure, enjoyable and relaxed, and deplores the isolation of the nuclear family of twentieth-century Western society. Here he practised what he preached in the shared households which were extraordinarily unusual for a man of his social class. He considered that the sole care of young children was too demanding and isolating a task for any single adult, emphasising that 'if a community values its children it must cherish their parents' (Bowlby 1953: 100); also pointing out that attachment was strengthened rather than diluted by attachment to figures additional to the child's main carer (Bowlby 1969: 249-50). He was an early advocate for financial help to prevent children being taken into care and to enable mothers of young children not to have to work; but he also records that there is no evidence of children of working mothers suffering when they have good alternative care (Bowlby 1953: 91).

Bowlby's own childhood experience of relative deprivation must have been the wellspring sustaining his decades of focused study, and the vehemence arising from this emotional root must have contributed to his insistence on maternal care for children. Perhaps at this point we can remember the seven-year-old who must have yearned for his nurse, if not his mother, at boarding school. However,

he seems to have tried to prevent his personal views prejudicing the objectivity of his work. His harsh words for mothers who do not want to care for their children full-time are tempered by his perspective on intergenerational familial dynamics and matched by his outrage at social policy which removed even new-born babies from their mothers' care (Bowlby 1988). While he suggested that children under three should ideally be cared for by a willing and happy mother, he envisaged her having frequent breaks from their care. He encouraged nursery school care for the over-threes and found the idea of working mothers unpalatable but not unthinkable.

Bowlby's vision is therefore limited but precise, his style largely devoid of the passion which is such an attractive feature of theorists such as Winnicott and Guntrip. If we can accept these constraints as necessary to the task in hand, Bowlby opens doors which are not even noticed by other theorists. His aim was to restore scientific rigour to psychoanalysis, forge links with other relevant disciplines and focus on the external events and influences which lead to emotional disturbance. In these areas he built a solid foundation.

Bowlby is often overlooked in Object Relations overviews, in the same way that his colleagues dismissed his work as behavioural and external rather than truly psychological. However, he always saw himself as making his own contribution to Object Relations: 'I am with the object relations school', he said, 'but I have reformulated it in terms of modern biological concepts. It is my own independent vision' (Grosskurth 1986: 404). Despite its non-conformism, Attachment Theory holds closely to the tenets of Object Relations. It is thoroughgoing in its insistence of the primacy of relationship, and is the only theory to prove this point conclusively. The 'working model' concept is a practical though blunt-edged version of the internal world, complete with inner relational structures. It is to the detriment of mainstream psychoanalysis that the more philosophically-inclined have not risen to Bowlby's challenge to become scientifically literate.

Attachment Theory is thus both essential groundwork in the study of psychobiological determinants of behaviour and emotion, and also a framework which can be used across theoretical and professional orientations. Bowlby's approach correlates with the more observational American psychoanalytical tradition; Otto Kernberg writes of his hope to bring together aspects of Bowlby's and Fairbairn's theories with those of Margaret Mahler, Edith Jacobson and others (in Grotstein and Rinsley 1994). Bowlby offers a basis for integrating diversity both inside and outside psychoanalysis.

Perhaps Bowlby found safety as well as satisfaction in the disciplined, detailed study of a demarcated area of life. He aspired to be objective rather than charismatic, and it was surely no accident that he excelled in deputy posts. Yet his leaps backwards to Freud's hopes for a scientifically respectable psychology, and forwards to the vanguard of research, were in their way as revolutionary as were the ideas of Klein and Fairbairn. The methodological rigour of his work makes it hard going for those who prefer a more emotionally indulgent style; but his writing is fluent and clear rather than dry and abstract. Odd shards of pain surface unexpectedly in some of the case histories illustrating his theoretical points, in the apt and beautiful poems and quotations he dots throughout his work, in outbursts of indignation at the damage wreaked by society on the individual, and in his dedication to changing common social régimes which lead to untold anguish.

## Part II

# Application