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The Making and Breaking of Affectional Bonds

I. Aetiology and Psychopathology in the Light of Attachment Theory

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Summary. An account is given of attachment theory as a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise. Though it incorporates much psychoanalytic thinking, many of its principles derive from ethology, cognitive psychology and control theory. It conforms to the ordinary criteria of a scientific discipline.

Certain common patterns of personality development, both healthy and pathological, are described in these terms, and also some of the common patterns of parenting that contribute to them.

From the time when I first studied psychiatry at the Maudsley Hospital my interests have centred on the contribution that a person's environment makes to his psychological development. For many years this was a neglected area, and it is only now that it is receiving the attention it deserves. This is no fault of that staunch advocate of the scientific study of mental disorder whose life and work we remember today. For, although from some passages in his writings it might be thought that Henry Maudsley gave little weight to environmental factors, this is far from being true, as a reading of his influential book, *Responsibility in Mental Diseases*, first published almost exactly a century ago, makes clear. Indeed, from the very start of his career Maudsley's approach was that of the biologist —as we might expect in a farmer's son; and he knew that in psychiatry, as in all things biological, it is necessary to consider both 'the subject and his environment, the man and his circumstances' and that this requires that we should adopt a developmental approach.* Thus, in preparing this Lecture, which I feel much honoured to have been invited to give, I have felt sustained by the belief that its theme, that of social and emotional development within different types of family environment, is in keeping with all that Henry Maudsley stood for.

What for convenience I am terming attachment theory is a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise. As a body of theory it deals with the same phenomena that hitherto have been dealt with in terms of 'dependency need' or of 'object

* The quotation is from an essay by Maudsley published in 1860. For this and other information regarding Maudsley's life and work I am indebted to the account given by the late Sir Aubrey Lewis in his Twenty-Fifth Maudsley Lecture (Lewis, 1951).

relations' or of 'symbiosis and individuation'. Though it incorporates much psychoanalytic thinking, the theory differs from traditional psychoanalysis in adopting a number of principles that derive from the relatively new disciplines of ethology and control theory; by so doing it is enabled to dispense with concepts of psychic energy and drive and also to forge close links with cognitive psychology. Merits claimed for it are that whilst its concepts are psychological they are also compatible with those of neurophysiology and developmental biology and that it conforms to the ordinary criteria of a scientific discipline.

Advocates of attachment theory argue that many forms of psychiatric disturbance can be attributed either to deviations in the development of attachment behaviour or, more rarely, to failure of its development; and also that the theory casts light on both the origin and the treatment of these conditions. Put briefly, the thesis of this lecture is that if we are to help such a patient therapeutically it is necessary that we enable him to consider in detail how his present modes of perceiving and dealing with emotionally significant persons, including the therapist, may be being influenced and perhaps seriously distorted by the experiences which he had with his parents during the years of his childhood and adolescence, and some of which may perhaps be continuing into the present. This entails his reviewing those experiences in as honest a way as possible, a review which the therapist can either assist or impede. In a brief account it is possible only to state principles and the rationale behind them. We start with a brief sketch of what is meant by attachment theory. (For a fuller description of the data on which it is based, the concepts employed and the arguments in its favour, with full references, see the two volumes of *Attachment and Loss* now published, Bowlby, 1969, 1973.)

Until the mid-1950s only one explicitly formulated view of the nature and origin of affectional bonds was prevalent, and in this matter there was agreement between psychoanalysts and learning theorists. Bonds between individuals develop, it was held, because an individual discovers that, in order to reduce certain drives, e.g. for food in infancy and for sex in adult life, another human being is necessary. This type of theory postulates two kinds of drive, primary and secondary; it categorizes food and sex as primary and 'dependency' and other personal relationships as secondary. Although object relations theorists (Balint, Fairbairn, Guntrip, Klein, Winnicott) have tried to modify this formulation, the concepts of dependency, orality and regression have persisted.

Studies of the ill-effects on personality development of deprivation of maternal care led me to question the adequacy of the traditional model. Early in the 1950s Lorenz's work on imprinting, which had first appeared in 1935, became more generally known and offered an alternative approach. At least in some species of bird, he had found, strong bonds to a mother-figure develop during the early days of life without any reference to food and simply through the young being exposed to and becoming familiar with the figure in question. Arguing that the empirical data on the development of a human child's tie to his mother can be understood better in terms of a model derived from ethology, I outlined a theory of attachment in a paper published in 1958. Simultaneously and independently, Harlow (1958) published the results of his first studies of infant rhesus monkeys reared on dummy-mothers. A young monkey, he found, will cling to a dummy that does not feed it provided the dummy is soft and comfortable to cling to.

During the past fifteen years the results of a number of empirical studies of human children have been published (e.g. Robertson and Robertson, 1967–72; Heinicke and Westheimer, 1965; Ainsworth, 1967; Ainsworth, Bell and Stayton, 1971, 1974; Blurton Jones, 1972), theory has been greatly amplified (e.g. Ainsworth, 1969; Bowlby, 1969; Bischof, 1975), and the relationship of attachment theory to dependency theory examined (Maccoby and Masters, 1970; Gewirtz, 1972). New formulations regarding pathological anxiety and phobia have been advanced (Bowlby, 1973) and also regarding mourning and its psychiatric complications (e.g. Bowlby, 1961; Parkes, 1965, 1971a, 1972). Parkes (1971b) has extended the theory to cover the range of responses seen whenever a

person encounters a major change in his life situation. Many studies have been made of comparable behaviour in primate species (see review by Hinde, 1974).

Briefly put, attachment behaviour is conceived as any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual, who is usually conceived as stronger and/or wiser. While especially evident during early childhood, attachment behaviour is held to characterize human beings from the cradle to the grave. It includes crying and calling, which elicit care, following and clinging, and also strong protest should a child be left alone or with strangers. With age the frequency and the intensity with which such behaviour is exhibited diminish steadily. Nevertheless, all these forms of behaviour persist as an important part of man's behavioural equipment. In adults they are especially evident when a person is distressed, ill or afraid. The particular patterns of attachment behaviour shown by an individual turn partly on his present age, sex and circumstances and partly on the experiences he has had with attachment figures earlier in his life.

As a way of conceptualizing proximity keeping, attachment theory, in contrast to dependency theory, emphasizes the following features:*

(a) *Specificity*. Attachment behaviour is directed towards one or a few specific individuals, usually in clear order of preference.

(b) *Duration*. An attachment endures, usually for a large part of the life cycle. Although during adolescence early attachments may attenuate and become supplemented by new ones, and in some cases are replaced by them, early attachments are not easily abandoned and they commonly persist.

(c) *Engagement of emotion*. Many of the most intense emotions arise during the formation, the maintenance, the disruption and the renewal of attachment relationships. The formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly, threat of loss arouses anxiety and actual loss gives rise to sorrow; while each of these situations is likely to arouse anger. The unchallenged maintenance of a bond is experienced as a source of security and the renewal of a bond as a source of joy. Because such emotions are usually a reflection of the state of a person's affectional bonds, the psychology and psychopathology of emotion is found to be in large part the psychology and psychopathology of affectional bonds.

(d) *Ontogeny*. In the great majority of human infants attachment behaviour to a preferred figure develops during the first nine months of life. The more experience of social interaction an infant has with a person the more likely is he to become attached to that person. For this reason, whoever is principally mothering a child becomes his principal attachment figure. Attachment behaviour remains readily activated until near the end of the third year; in healthy development it becomes gradually less readily activated thereafter.

(e) *Learning*. Whereas learning to distinguish the familiar from the strange is a key process in the development of attachment, the conventional rewards and punishments used by experimental psychologists play only a small part. Indeed, an attachment can develop despite repeated punishment from the attachment figure.

(f) *Organization*. Initially attachment behaviour is mediated by responses organized on fairly simple lines. From the end of the first year, it becomes mediated by increasingly sophisticated behavioural systems organized cybernetically and incorporating representational models of the environment and self. These systems are activated by certain conditions and terminated by others. Among activating conditions are strangeness, hunger, fatigue and anything frightening. Terminating conditions include sight or sound of mother-figure and, especially, happy interaction with her. When attachment behaviour is strongly aroused, termination may require touching or clinging to her and/or being cuddled by her. Conversely, when mother-figure is present or

* In describing these features I am drawing on the text of an article (Bowlby, 1975) written for Volume VI of the *American Handbook of Psychiatry*, © 1975 by Basic Books, Inc, and am grateful to the editors and publishers for permission to do so.

her whereabouts well-known, a child ceases to show attachment behaviour and, instead, explores his environment.

(g) *Biological function.* Attachment behaviour occurs in the young of almost all species of mammal, and in a number of species it persists throughout adult life. Although there are many differences of detail between species, maintenance of proximity by an immature animal to a preferred adult, almost always mother, is the rule, which suggests that such behaviour has survival value. Elsewhere (Bowlby, 1969), I have argued that by far the most likely function of attachment behaviour is protection, mainly from predators.

Thus attachment behaviour is conceived as a class of behaviour distinct from feeding behaviour and sexual behaviour and of at least an equal significance in human life. There is nothing intrinsically childish or pathological about it.

It will be noted that the concept of attachment differs greatly from that of dependence. For example, dependence is not specifically related to maintenance of proximity, it is not directed towards a specific individual, it does not imply an enduring bond, nor is it necessarily associated with strong feeling. No biological function is attributed to it. Furthermore, in the concept of dependence there are value implications the exact opposite of those that the concept of attachment conveys. Whereas to refer to a person as dependent tends to be disparaging, to describe him as attached to someone can well be an expression of approval. Conversely, for a person to be detached in his personal relations is usually regarded as less than admirable. The disparaging element in the concept of dependence, which reflects a failure to recognize the value that attachment behaviour has for survival, is held to be a fatal weakness to its clinical use.

In what follows, the individual who shows attachment behaviour is usually referred to as child and the attachment figure as mother. This is because the behaviour has so far only been closely studied in children. What is said, however, is held to apply also to adults and to whoever is acting for them as their attachment figure—often a spouse, sometimes a parent and more often than might be supposed a child.

It was remarked (under (f) above) that, when mother is present or her whereabouts well-known and she is willing to take part in friendly interchange, a child usually ceases to show attachment behaviour and, instead, explores his environment. In such a situation mother can be regarded as providing her child with a secure base from which to explore and to which he can return, especially should he become tired or frightened. Throughout the rest of a person's life he is likely to show the same pattern of behaviour, moving away from those he loves for ever-increasing distances and lengths of time yet always maintaining contact and sooner or later returning. The base from which he operates is likely to be either his family of origin or else a new base which he has created for himself. Anyone who has no such base is rootless.

In the account given so far two patterns of behaviour other than attachment have been referred to, namely exploration and care-giving.

There is now a mass of evidence to support the view that exploratory activity is of great importance in its own right, enabling a person or an animal to build up a coherent picture of environmental features which may at any time become of importance for survival. Children and other young creatures are notoriously curious and inquiring, which commonly leads them to move away from their attachment figure. In this sense exploratory behaviour is antithetical to attachment behaviour. In healthy individuals the two kinds of behaviour normally alternate.

The behaviour of parents, and of anyone else in a care-giving role, is complementary to attachment behaviour. The roles of the care-giver are first to be available and responsive as and when wanted and, secondly, to intervene judiciously should the child or older person who is being cared for be heading for trouble. Not only is it a key role but there is substantial evidence that how it is discharged by a person's parents determines in great degree whether or not he grows up to be mentally healthy. For that reason and also because it is the role we fill when we act as psychotherapists, our understanding of

it is held to be of central importance to the practice of psychotherapy.

One further point needs to be made before we consider the implications of this schema for a theory of aetiology and psychopathology and thence for the practice of psychotherapy. It concerns our understanding of anxiety and of separation anxiety in particular.

A common assumption that runs through most psychiatric and psycho-pathological theory is that fear should be manifested only in situations that are truly dangerous, and that fear shown in any other situation is neurotic. This leads to the conclusion that, because separation from an attachment figure cannot be regarded as a truly dangerous situation, anxiety over separation from that figure is neurotic. Examination of the evidence shows that both the assumption and the conclusion to which it leads are false.

When approached empirically separation from an attachment figure is found to be one of a class of situations each of which is likely to elicit fear but none of which can be regarded as intrinsically dangerous. These situations comprise, among others, darkness, sudden large changes of stimulus level including loud noises, sudden movement, strange people and strange things. Evidence shows that animals of many species are alarmed by such situations (Hinde, 1970), and that this is true of human children (Jersild, 1947) and also of adults. Furthermore, fear is especially likely to be elicited when two or more of these conditions are present simultaneously, for example, hearing a loud noise when alone in the dark.

The explanation of why individuals should so regularly respond to these situations with fear is held to be that, while none of the situations is intrinsically dangerous, each carries with it an *increased risk* of danger. Noise, strangeness, isolation, and for many species darkness, all these are conditions statistically associated with an increased risk of danger. Noise may presage a natural disaster—fire, flood or landslide. To a young animal a predator is strange, it moves, and it often strikes at night, and it is far more likely to do so when the potential victim is alone. Because to behave so promotes both survival and breeding success, the theory runs, the young of species that have survived, including man, are found to be genetically biased so to develop that they respond to the properties of noise, strangeness, sudden approach, and darkness by taking avoiding action or running away—they behave in fact as though danger were actually present. In a comparable way they respond to isolation by seeking company. Fear responses elicited by such naturally occurring clues to danger are a part of man's basic behavioural equipment (Bowlby, 1973).

Seen in this light anxiety over unwilling separation from an attachment figure resembles the anxiety that the general of an expeditionary force feels when communications with his base are cut or threatened.

This leads to the conclusion that anxiety over an unwilling separation can be a perfectly normal and healthy reaction. What may be puzzling is why such anxiety is aroused in some people at such very high intensity or, conversely, in others at such low intensities. This brings us to questions of aetiology and psychopathology.

Throughout this century debate has raged about the role of childhood experiences in the causation of psychiatric disturbance. Not only have traditionally minded psychiatrists been sceptical of their relevance but psychoanalysts have been at sixes and sevens about them. For long most analysts who have thought real life experience to be of importance concentrated attention on the first two or three years of life and on certain techniques of baby care—the ways an infant is fed or toilet trained—and whether he witnesses parental intercourse. Attention to family interaction and the particular way a parent treats a particular child was not encouraged. Some extremists, indeed, have held that the systematic study of a person's experiences within his family lie outside the proper interest of a psychoanalyst.

No one engaged in child psychiatry, better termed family psychiatry, can possibly share such a view. In a great majority of cases not only is there evidence of disturbed family relationships but the emotional problems of the parents, derived from their own unhappy childhoods, commonly loom large. Thus the problem has always seemed to me not whether to study a patient's family environment but to

decide what features are likely to be relevant, what methods of inquiry are practicable, and what type of theory best fits the data. Because many others have adopted the same view a great deal of reasonably reliable research has now been done by workers of many disciplines. It is from the results of this research, interpreted in terms of attachment theory, that I offer the generalizations and views that follow.

The key point of my thesis is that there is a strong causal relationship between an individual's experiences with his parents and his later capacity to make affectional bonds, and that certain common variations in that capacity, manifesting themselves in marital problems and trouble with children as well as in neurotic symptoms and personality disorders, can be attributed to certain common variations in the ways that parents perform their roles. Much of the evidence on which the thesis rests is reviewed in the second volume of *Attachment and Loss* (Chapter 15 onwards). The main variable to which I draw attention is the extent to which a child's parents (a) provide him with a secure base, and (b) encourage him to explore from it. In these roles the performance of parents varies along several parameters of which perhaps the most important, because it pervades all relations, is the extent to which parents recognize and respect a child's desire for a secure base and his need of it, and shape their behaviour accordingly. This entails, first, an intuitive and sympathetic understanding of a child's attachment behaviour and a willingness to meet it and thereby terminate it, and, secondly, recognition that one of the commonest sources of anger is the frustration of a child's desire for love and care, and that anxiety commonly reflects uncertainty whether parents will continue to be available. Complementary in importance to a parent's respect for a child's attachment desires is respect for his desire to explore and gradually to extend his relationships both with peers and with other adults.

Research suggests that in many areas of Britain and the United States rather more than half the child population is growing up with parents who are providing their children with such conditions. Typically these children grow up to be secure and self-reliant, and to be trusting, co-operative and helpful towards others. In the psychoanalytic literature such a person is said to have a strong ego; and he may be described as showing 'basic trust' (Erikson, 1950), 'mature dependence' (Fairbairn, 1952) or as having 'introjected a good object' (Klein, 1948). In terms of attachment theory he is described as having built up a representational model of himself as being both able to help himself and as worthy of being helped should difficulties arise.

By contrast, many children (in some populations one-third or more) grow up with parents who do not provide these conditions. Note here that the focus of attention is on the particular relationship a parent has with a particular child, since parents do not treat every child alike and may provide excellent conditions for one and very adverse ones for another.

Let us consider some of the commoner deviant patterns of attachment behaviour, as shown by adolescents and adults, with examples of typical childhood experiences which those who show them are likely to have had and may still be having.

Many of those referred to psychiatrists are anxious, insecure individuals, usually described as over-dependent or immature. Under stress they are apt to develop neurotic symptoms, depression or phobia. Research shows them to have been exposed to at least one, and usually more than one, of certain typical patterns of pathogenic parenting, which include—

one or both parents being persistently unresponsive to the child's care-eliciting behaviour and/or actively disparaging and rejecting;

discontinuities of parenting, occurring more or less frequently, including periods in hospital or institution;

persistent threats by parents not to love a child, used as a means of controlling him;

threats by parents to abandon the family, used either as a method of disciplining the child or as a way of coercing a spouse;

threats by one parent either to desert or even to kill the other or else to commit suicide (each of them commoner than might be supposed);

inducing a child to feel guilty by claiming that his behaviour is or will be responsible for the parent's illness or death.

Any of these experiences can lead a child, an adolescent or an adult to live in constant anxiety lest he lose his attachment figure and, as a result, to have a low threshold for manifesting attachment behaviour. The condition is best described as one of anxious attachment.*

An additional set of conditions to which some such individuals have been, and may still be, exposed is that of a parent, usually mother, exerting pressure on them to act as an attachment figure for her, thus inverting the normal relationship. Means of exerting such pressure vary from the unconscious encouragement of a premature sense of responsibility for others to the deliberate use of threats or induction of guilt. Individuals treated in these ways are likely to become over-conscientious and guilt-ridden as well as anxiously attached. A majority of cases of school phobia and agoraphobia arise probably in this way.

All the variants of parental behaviour so far described are likely not only to arouse a child's anger against his parents but to inhibit its expression. The result is much partially unconscious resentment, which persists into adult life and is expressed usually in a direction away from the parents and towards someone weaker, e.g. a spouse or a child. Such a person is likely to be subject also to strong unconscious yearnings for love and support which may express themselves in some aberrant form of care-eliciting behaviour, for example, half-hearted suicide attempts, conversion symptoms, anorexia nervosa, hypochondria (Henderson, 1974).

A pattern of attachment behaviour that is overtly the opposite of anxious attachment is one described by Parkes (1973) as that of compulsive self-reliance. So far from seeking the love and care of others a person who exhibits this pattern insists on keeping a stiff upper lip and doing everything for himself whatever the conditions. These people too are apt to crack under stress and to present with psychosomatic symptoms or depression.

* There is no evidence whatever for the traditional idea, still widespread, that such a person has been over-indulged as a child and so has grown up 'spoilt'.

Many such persons have had experiences not unlike those of individuals who develop anxious attachment; but they have reacted to them differently by inhibiting attachment feeling and behaviour and disclaiming, perhaps even mocking, any desire for close relations with anyone who might provide love and care. It requires no great insight to realize, however, that they are deeply distrustful of close relationships and terrified of allowing themselves to rely on anyone else, in some cases in order to avoid the pain of being rejected and in others to avoid being subjected to pressure to become someone else's caretaker. As in the case of anxious attachment, there is likely to be much underlying resentment which, when elicited, is directed against weaker persons, and also unexpressed yearning for love and support.

A pattern of attachment behaviour related to compulsive self-reliance is that of compulsive care-giving. A person showing it may engage in many close relationships but always in the role of giving care, never that of receiving it. Often the one selected is a lame duck who may for a time welcome the care bestowed. But the compulsive care-giver will also strive to care for those who neither seek nor welcome it. The typical childhood experience of such people is to have a mother who, due to depression or some other disability, was unable to care for the child but, instead, welcomed being cared for and perhaps also demanded help in caring for younger siblings. Thus, from early childhood, the person who develops in this way has found that the only affectional bond available is one in which he must always be the care-giver and that the only care he can ever receive is the care he gives himself. (Children growing up in institutions sometimes develop in this way, too.) Here again, as in the case of the compulsively self-reliant, there is much latent yearning for love and care and much latent anger with the parents for not having provided it; and, once again, much anxiety and guilt about expressing such desires. Winnicott (1965) has described individuals of this sort as having developed a 'false self' and agrees that its origin is to be found in the person not having received 'good enough' mothering as a child. To assist such a person to discover his 'true self' entails

helping him recognize and become possessed of his yearning for love and care and his anger at those who earlier failed to give it him.

Events that are especially liable to act as stressors for individuals whose attachment and care-giving behaviour has developed along one or other of the lines so far described are the serious illness or death either of an attachment figure or of someone cared for, or some other form of separation from them. A serious illness intensifies anxiety and perhaps guilt. Death or separation confirm the person's worst expectations and lead to despair as well as anxiety. In these people mourning a death or a separation is likely to take an atypical course. In the case of the anxiously attached, mourning is likely to be characterized by unusually intense anger and/or self-reproach, with depression, and to persist for much longer than normal. In the case of the compulsively self-reliant, mourning may be delayed for months or years. Nonetheless strain and irritability are usually present and episodic depressions may occur, but often so long a time later that the causal connection with the death or separation is lost to sight. These pathological forms of mourning are discussed by Parkes (1972).

Not only are people of the kind so far described likely to break down after a loss or separation, but they are likely to encounter certain typical difficulties when they get married and have children. In relation to a marriage partner, a person may exhibit anxious attachment and make constant demands for love and care; or else he or she may exhibit compulsive caregiving to the other with latent resentment that it seems neither appreciated nor reciprocated. In relation to a child, also, either of these patterns may be exhibited. In the first case the parent requires the child to be his or her caregiver and in the second insists on providing him with care even when it is no longer appropriate ('smother love').* Disturbances of parenting behaviour result also from a parent perceiving and treating his child as though the child were one of his siblings which can result, for example, in a father being jealous of the attentions his wife gives their child.

Another common form of disturbance is when a parent perceives his child as a replica of himself, especially of those aspects of himself which he has endeavoured to stamp out, and strives then to stamp them out in his child also. In these efforts he is likely to use a version of the same methods of discipline—perhaps crude and violent, perhaps censorious or sarcastic, perhaps guilt-inducing—to which he himself was subjected as a child and which resulted in his developing the very problems he is now striving so inappropriately to prevent or cure in his child. A husband can also perceive and treat his wife in the same way. Similarly, a wife and mother can adopt this pattern in her perception and treatment of her husband or child. When confronted by disagreeable and self-defeating behaviour of this sort it is useful to remember that each of us is apt to do unto others as we *have been* done by. The bullying adult is the bullied child grown bigger.

When one adopts either towards oneself or towards others the same attitudes and forms of behaviour that one's own parent adopted and may still be adopting towards oneself, one can be said to be identifying with that parent. The processes by which such attitudes and forms of behaviour are acquired are presumably those of observational learning and thus no different to those by which other complex forms of behaviour, including useful skills, are acquired.

Of the many other patterns of disturbed family functioning and personality development that can be understood in terms of the pathological development of attachment behaviour, a well-known one is the emotionally detached individual who is incapable of maintaining a stable affectional bond with anyone. People with this disability may be labelled as psychopathic and/or hysterical. They are often delinquent and suicidal. The typical history is one of prolonged deprivation of maternal care during the earliest years of life, usually com-

* The term 'symbiotic' is sometimes used to describe these suffocatingly close relationships. The term is not happily chosen, however, since in biology it refers to a mutually advantageous partnership between two organisms whereas the family relationships so termed are seriously maladaptive. To describe the child as 'over protected' is equally misleading since it fails to recognize the insistent demands for care that the parent is putting on the child.

bined with later rejection and/or threats of rejection by parents or foster parents.*

To explain why individuals of different sorts should continue to exhibit the characteristics described long after they have grown up, it seems necessary to postulate that, whatever representational models of attachment figures and of self an individual builds during his childhood and adolescence, these tend to persist relatively unchanged into and throughout adult life. As a result he tends to assimilate any new person with whom he may form a bond, such as spouse or child, or employer or therapist, to an existing model (either of one or other parent or of self), and often to continue to do so despite repeated evidence that the model is inappropriate. Similarly, he expects to be perceived and treated by them in ways that would be appropriate to his self-model, and to continue with such expectations despite contrary evidence. Such biassed perceptions and expectations lead to various misconceived beliefs about the other people, to false expectations about the way they will behave and to inappropriate actions, intended to forestall their expected behaviour. Thus, to take a simple example, a man who during childhood was frequently threatened with abandonment can easily attribute such intentions to his wife. He will thus misinterpret things she says or does in terms of such intent, and then take whatever action he thinks would best meet the situation he believes to exist. Misunderstanding and conflict must follow. In all this he is as unaware that he is being biased by his past experience as he is that his present beliefs and expectations are mistaken.

In traditional theory the processes described are often referred to in terms of 'internalizing a problem' and the misattributions and misperceptions ascribed to projection, introjection or phantasy. Not only are the resulting statements apt to be ambiguous but the fact that such misattributions and misperceptions are directly derived from previous real-life experience is either only vaguely alluded to or else totally obscured. By framing the processes in terms of cognitive psychology, I believe, much greater precision becomes possible and hypotheses regarding the causative role of different sorts of childhood experience, through the persistence of representational models of attachment figures and self at an unconscious level, can be formulated in testable form.

It should be noted that inappropriate but persistent representational models often co-exist with more appropriate ones. For example, a husband may oscillate between believing his wife to be loyal to him and suspecting her of plans to desert. Clinical experience suggests that the deeper the relationship and the stronger the emotions aroused the more likely are the earlier and less conscious models to become dominant. To account for such mental functioning, which is traditionally discussed in terms of defensive processes, presents a challenge to cognitive psychologists but is one to which they are already addressing themselves (e.g. Erdelyi, 1974).

* Since all the psychiatric conditions referred to represent varying degrees and patterns of the same underlying psychopathology there is no more prospect of distinguishing one sharply from another than there is of distinguishing sharply between different forms of tuberculous infection. In accounting for the differences, genetic factors as well as variations in the experiences of different individuals are likely to be relevant.

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Part I

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