Attachment Theory: A Biological Basis for Psychotherapy?

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John Bowlby bemoaned the separation between the biological and psychological approaches in psychiatry, and hoped that attachment theory, which brings together psychoanalysis and the science of ethology, would help bridge the rift between them. Recent findings in developmental psychology have delineated features of parent–infant interaction, especially responsiveness, attunement, and modulation of affect, which lead to either secure or insecure attachment. Similar principles can be applied to the relationship between psychotherapist and patient – the provision of a secure base, the emergence of a shared narrative ('autobiographical competence'), the processing of affect, coping with loss – these are common to most effective psychotherapies and provide the basis for a new interpersonal paradigm within psychotherapy. Attachment theory suggests they rest on a sound ethological and hence biological foundation.

Attachment theory, brainchild of John Bowlby in the 1950s (Bowlby, 1969, 1973, 1980; Holmes, 1993a), continues more than two generations later to be a major paradigm for theory and experimentation in developmental psychology (Parkes & Stevenson-Hinde, 1982; Parkes *et al*, 1991). It has also influenced many advances in social psychiatry: for example, the work of Brown (Brown & Harris, 1978) and Birtchnell (1993) on the interactive mediators of depression, and Henderson *et al*'s (1981) studies of social networks in neurosis.

Bowlby's two heroes were Darwin (Bowlby, 1990) and Freud; his life's work was the attempt to bring together the ideas of these two great men. He was critical of what he called the 'kidnapping' of the term 'biological psychiatry' by brain science (Bowlby, 1988a). For him evolutionary biology, and especially ethology, provided a scientific basis for psychotherapy and social psychiatry, the study of human interactions being no less 'biological' than the biochemistry of cerebral amines.

Despite Bowlby's wide influence, which extends well beyond the confines of his subject – he has been described as "one of the three or four best-known psychiatrists of the twentieth century" (Storr, 1991) – his impact within his own field of psychotherapy, and particularly psychoanalysis, has, with notable exceptions (Heard & Lake, 1986; Mackie, 1981; Sable, 1992), been slight.

The aim of this paper is twofold: first, by looking at the origins of attachment theory in a historical context, to try to understand the gulf which appeared between Bowlby's ideas and those of post-war psychoanalysis; second, based on recent findings of developmental psychology, to suggest that attachment theory provides a bridge between the biological and the psychological with important implications for psychotherapeutic theory and practice.

Bowlby and psychoanalysis, 1930–60

Bowlby, whose father was a distinguished surgeon and President of the Royal College of Surgeons (1921–23), started his career as a Naval cadet at Dartmouth. He soon felt constrained by the narrow intellectual and social atmosphere of the Navy – as he was to feel similarly trammelled later by the psychoanalytic society – (as well as reputedly suffering from seasickness!), so transferred to Cambridge, where he read medicine. After leaving university he worked for a time in a progressive school for maladjusted boys, where he decided that he wanted to be a child psychiatrist and psychoanalyst. In 1929 he simultaneously started his clinical studies at University College London, and began training as a psychoanalytic candidate.

Bowlby's analyst was Joan Riviere, a leading Kleinian, and one of his child psychoanalytic supervisors was Melanie Klein herself. The psychoanalytic society of the 1930s and 1940s was riven by a split between the mainly British Kleinians and the refugee analysts from Vienna, which intensified with the arrival of Sigmund and Anna Freud in London in 1938. The manifest content of their conflict was, to the outsider, somewhat arcane (Pedder, 1987), concerning the age at which the Oedipus complex started and the importance or otherwise of the 'death instinct'. Underneath this lay a fierce battle for succession following Freud's death – a struggle for ownership of the 'child' of psychoanalysis. The conflict – the psychoanalysts at this time being not so much Freudians as feudians – was eventually resolved in 1944 by the 'gentlemen's agreement'

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(King & Steiner, 1990), a compromise which established two separate streams of training and thought within the Society: the 'A group' who were the Freudians, and the 'B group', the Kleinians. Later, a third, 'independent', or middle group was founded.

Bowlby, like all British psychoanalysts, was caught up in this conflict. He soon found himself in disagreement with the Kleinians over two main issues. First, they tended to neglect the role of the environment in the origins of their patients' difficulties. Bowlby's training case was a little boy whose mother suffered from depression. He was particularly struck by Klein's lack of concern about the impact of the mother's illness on the child, and her exclusive preoccupation with his inner world (Bowlby *et al*, 1986). Second, he deplored the lack of scientific rigour within psychoanalytic thought which at this time tended to rely on dogma rather than open enquiry, with little appreciation of the new disciplines of information theory, cybernetics, and neo-Darwinism that flowered in the early post-war period.

Bowlby dealt with these reservations by maintaining his distance from the psychoanalytic society while still, at this stage, retaining strong links with it. He worked mainly in the London Child Guidance Clinic, where he began to amass evidence for the role of the environment in neurosis and delinquency. Using primitive statistical methods, he established that his teenage thieves, or 'affectionless psychopaths', had had prolonged separations from their mothers in their infancy and early childhood (Bowlby, 1944). In 1944 he became training secretary of the psychoanalytic society – he was a non-Kleinian who had had a Kleinian analysis and was therefore a compromise candidate, who also happened to be an excellent organiser (his Naval training had not been entirely wasted!).

During the war years Bowlby worked in the War Office Selection Boards, that 'invisible college' of outstanding psychiatrists and psychoanalysts who included Sutherland, Main, Bion, Rickman, and Trist (Pines, 1991). Immediately after the war he became deputy director of the Tavistock Clinic (the director was Jock Sutherland, with whom he shared a house), in charge of the children's department. The 'Tavi' soon became a thriving centre for child psychotherapy and psychiatry; when the World Health Organization was looking for an expert to write a report on mental health needs of homeless and orphaned children, Bowlby was an obvious choice.

Bowlby's own research, and his review of the world literature, convinced him of the importance of the role of loss and separation in childhood as a precursor of disturbance and neurosis in later life (Bowlby, 1951). Subsequent research has, on the whole, confirmed these views, although it is now known that it is not so much parental loss in itself that is pathogenic, but the disruption of care which accompanies the loss (Rutter, 1981; Tennant, 1988). In support of his ideas he made a film with James Robertson showing the emotional impact of a brief parental separation on a two-year-old girl when she was admitted to hospital. The phases of what Bowlby was later to call 'protest', 'despair' and 'detachment' are clearly to be seen in the film, which was widely shown and played an important part in the liberalisation of parental visiting practices on paediatric wards. The psychoanalysts, especially the Kleinians, were, however, mostly unimpressed (Grosskurth, 1986). In their view the little girl's distress had more to do with her aggressive fantasies about her mother's pregnancy than about the separation.

Meanwhile, new ideas were being forged within British psychoanalysis. Klein had taken Freud's idea of the superego (Freud, 1923) as a prototypical 'internal object', and developed the idea of an internal world populated by representations of important relationships, coloured by the developing child's feelings and fantasies (Klein, 1986). The child carries within himself a 'good breast' and a 'bad breast', reflecting his feelings of nurturance on the one hand, and his sense of deprivation and frustration and rage about this on the other. Building on these ideas, the 'object relations' theorists (Sutherland, 1980; Greenberg & Mitchell, 1983) were beginning to move away from Freud's drive-based theories to a picture of mental life based on internalised relationships, which are then repeated in the transference patterns seen in analytic practice. Balint (1964) postulated a 'primary clinging' between mother and infant independent of gratification of needs. Fairbairn (1952) saw pleasure as a 'signpost to the object', rather than, as in classical Freudian theory, the other way round. Winnicott (1965) emphasised the mutual interplay of mother and infant and the importance of her 'general management' creating a nurturing environment for the growing child.

Following the publication of *Maternal Care and Mental Health* (Bowlby, 1951), later issued in a best-selling popular edition as *Child Care and the Growth of Love*, Bowlby was searching for a new project. While on holiday on Skye his neighbour Julian Huxley, the evolutionary biologist, lent him an advance copy of Lorenz's (1952) *King Solomon's Ring*, an introduction to the newly emerging science of ethology. He suddenly saw the possibility of bringing together object relations theory and these neo-Darwinian ideas. Attachment theory was born.

Attachment theory

The main features of attachment theory can be summarised as follows (Bowlby, 1987; Weiss, 1982).

(a) Lorenz's work with birds and Harlow's studies of monkeys (Harlow, 1958) suggested that the mother–infant relationship is not necessarily mediated by feeding. Bowlby postulated a 'primary attachment relationship', developing in the human infant at around seven months, whose main evolutionary function was protection from predation.

(b) This attachment relationship is characterised by 'proximity seeking', activated in young children by separation from the attachment figure, and in later life by threat, illness, or fatigue.

(c) Attachment results in the 'secure base phenomenon'. When the individual feels securely attached and, in infancy and early childhood, is in proximity to his attachment figure, he feels safe and can engage in 'exploratory behaviour'. There is a reciprocal relationship between attachment behaviour, seeking out or clinging to an attachment figure, and exploration.

(d) Separation of an individual from his attachment figure leads to 'separation protest' – in which efforts, often angry or violent, are made towards reunion. Permanent separation, i.e. loss, impairs an individual's capacity to feel secure and to explore his environment.

(e) The individual carries with him a map or 'internal working model' of the world in which are represented the whereabouts and likely interactive patterns between himself and his attachment figures.

(f) The 'attachment dynamic' (Heard & Lake, 1986) is not confined to childhood, but continues throughout life. Development is a movement from that dependence to separateness but from immature to 'mature dependence' (Fairbairn, 1952), or 'emotional autonomy' (Holmes & Lindley, 1989).

Bowlby presented his new ideas to the British and American Psychoanalytic Societies in a number of lectures and major papers (Bowlby, 1958, 1960, 1961). They were met in general with either polite indifference or downright rejection. The analysts' misperception of the nature of ethology – which is concerned with natural observations of whole organisms (Hinde, 1982) – led them to accuse Bowlby of having betrayed the essence of psychoanalysis for a species of behaviourism. "Bowlby – give me Barabbas", was one not untypical comment (Grosskurth, 1986).

Experimental implications of attachment theory

Discouraged by these reactions, Bowlby drifted away from the Psychoanalytic Society, although he was delighted to be offered the 1980 Freud Memorial Chair in Psychoanalysis at University College, London, and his lectures there provide a very accessible introduction to his theories (Bowlby, 1988b). Meanwhile his ideas were enthusiastically taken up in the United States by a group of developmental psychologists, headed by Bowlby's former Tavistock colleague, Mary Ainsworth (Ainsworth, 1969), who developed attachment theory and provided it with a sound experimental basis.

Ainsworth devised the 'strange situation' test (Ainsworth, 1969), a reliable instrument for rating the security of a one-year-old's attachment to his parent. Parent and child are invited to meet the experimenter in a comfortable room equipped with suitable toys. After the child has settled and started to play, the parent is asked to leave the room for three minutes. The child's reaction to the separation is video-recorded, and later rated. Three typical patterns have been described. The *secure* child protests when the parent disappears, and this continues on her return, but he is easily pacified and soon returns to exploratory play. The *insecure-avoidant* child does not protest much on separation, and on the parent's return hovers warily nearby, unable to play freely. The *insecure-ambivalent* child by contrast does protest, but cannot be pacified by the returning adult, clinging to his returning parent, burying his head in her lap and pushing away proffered toys. The strange situation has become a standard test in developmental psychology (comparable perhaps to the use of expressed emotion (Leff & Vaughn, 1983) in social psychiatry), and has been used across different classes, cultures, and countries in over 30 studies (Ijzendoorn & Kroonenberg, 1988). The proportions in the three groupings vary, but typical North European figures are: secure 65%; insecure-avoidant 20%; insecure-ambivalent 15%. Recently a small (around 4%) fourth category of *insecure-disorganised* (Bretherton, 1991) children has been recognised who 'freeze' on separation, and seem unable to sustain any organised pattern of behaviour.

The interactional antecedents of differing attachment classifications at one year have been subject to intensive study (Ainsworth, 1982). In summary, mothers of securely attached children are more responsive, 'attuned' (Stern, 1985), and engage more in 'playful interaction' (Brazleton & Cramer, 1991; Trevarthen, 1977) compared with parents of insecure infants. Parents of avoidant children are more 'functional' in their parenting, efficient in their feeding and cleaning routines, but tending to brush aside the child's cues for attention and holding. Parents of ambivalent children are inconsistent in

their behaviour, at times intruding on a child when he is happily playing, at others ignoring obvious signals of distress. Disorganised children tend to have been subject to major parental failure such as physical abuse or gross neglect. These differences appear to be more a function of parent–child interaction than of temperament, since children may be classified differently with their fathers and mothers, and other measures such as wakefulness or developmental level do not correlate with strange situation status.

Several longitudinal studies have followed the progress of children classified in the strange situation (Ainsworth, 1989; Sroufe, 1979; Grossman & Grossman, 1991). Some have now been followed up for ten years (Main, 1991). One of the striking aspects of these studies is the stability of attachment patterns over time. Teachers' reports on school-entry children at five years show strong links with attachment status at one year. Those who were classified as secure are more outgoing, interact more freely with peers, and ask for help more appropriately than their insecure equivalents. The avoidant children tend to isolate themselves, and to show outbursts of unprovoked aggression, while the ambivalents tend to cling to the teacher and are more passive in their play.

Even more significant from the psychotherapeutic point of view are the differing responses of the older children when asked to perform tasks involving narrative. Given a picture completion task, securely attached children are able to find ways to resolve difficulty and produce 'happy endings' to unhappy situations (Bretherton, 1991). Insecure children are stumped by this task, apparently unable to find ways to resolve problems or deal with separation. Similar findings emerge when 10–11-year-olds are asked to give an autobiographical account of themselves (Main, 1991). Compared with those who are insecurely attached, children previously classified as secure are better able to tell a coherent story of their lives, and describe painful incidents which they have undergone. They show more self-awareness and ability to focus on their own thought processes, a phenomenon Main (1991) calls 'metacognitive monitoring' – the ability to think about thinking.

Recently, Main (1990) has devised an instrument, the Adult Attachment Interview (AAI), for studying attachment phenomena in adults. This is a semi-structured interview, similar to a psychotherapy assessment interview, aiming to 'surprise the unconscious' (Main, 1991) into revealing feelings about current and past attachments and separations, and to tap into emotional responses to loss and difficulty. The interviews are rated not so much for their content as for the way in which the subject describes their lives and losses, a process Holmes (1992) has called 'autobiographical competence'. Here again three predominant patterns emerge. Secure individuals can give a coherent account of their lives, including the capacity to describe painful events from the past such as parental separation, in a coherent but not detached way. Those who are 'insecure-dismissive' tend to be unable to remember much about the past, offering brief comments such as: "I had a perfect childhood", or "I can't remember anything before I was twelve". The 'insecure-enmeshed' group appear bogged down in past difficulty and give incoherent and often tearful accounts of past pain and misery. Fonagy et al (1993) have given the AAI to pregnant mothers and their partners, and then looked at the strange situation classification of their infants at one year. Here, too, remarkable correlations emerge, with maternal (but not so much paternal) AAI status in pregnancy predicting her child's attachment pattern with 70% accuracy. Secure mothers have secure children; dismissive mothers tend to have avoidant children. The correlation between enmeshed mothers and ambivalent infants was less consistent.

The implications of these findings for psychotherapy, especially if replicated, are considerable. It is now possible to trace a line of attachment reaching from a mother's sense of security in pregnancy through her child's infancy and early childhood to the pre-teen years. What is more, the behavioural manifestations of security or otherwise in infancy – appropriate separation protest versus avoidance or clinging, exploratory capacity versus inhibition – can be linked with narrative (autobiographical) capacity in later childhood and adult life. Narrative – the life blood of psychotherapy – can be seen in these studies as it emerges from the 'biological' phenomena of attachment.

Implications for psychotherapy

There is no 'Bowlbian' or 'attachment' school of psychotherapy. Attachment theory provides an underpinning which is applicable to all the psychotherapies. In this, it shares much with Frank's (1986) 'common factors' approach which sees the triad of a 'relationship', an 'explanation' of a person's difficulties, and a 'method' for overcoming them as the key features of all forms of therapy, and explains the 'equivalence paradox' (Stiles et al, 1986) – therapies differ, but none is demonstrably much more effective than any other – on the basis of these 'non-specific factors', or features held in common by all reputable methods of psychological treatment.

Similarly, based on its understanding of secure and insecure parent–child bonding, attachment theory points to a number of key aspects of the therapeutic relationship which are likely to help in the overcoming of neurotic difficulties. Some of these diverge in important ways from classical psychoanalytic assumptions.

(a) The provision of a secure base

Good parents provide a secure base for their children which enables them to trust and explore their environment and themselves, based on a sense of coherence and personal integration. Using Waddington's (1977) concept of 'epigenesis', Bowlby saw childhood patterns of security or insecurity as relatively stable and self-perpetuating, and the experimental studies mentioned above have tended to confirm this. However, a child's attachment status *can* change if environmental circumstances change. Children of single-parent mothers who then form a stable relationship with a man may change from insecure to secure bonding patterns (Cassidy, 1988), and Murray & Cooper (1993) have shown how brief psychotherapy with mothers of insecure children can alter the child's attachment status *pari passu* with the mother's improvement.

Consistency, regularity, and reliability, the combination of warmth with firm boundaries, are basic requirements in any psychotherapy (Margison, 1991), and are clearly related to the ingredients of effective parenthood. Much research (see, for example, Ivey & Simek-Downing, 1980; Hobson, 1985) suggests that the timing and tone of psychotherapeutic interventions is as relevant to outcome as their content. Ainsworth's (1969) finding that maternal responsiveness is a crucial determinant of a child's subsequent attachment status raises the possibility that a similar responsiveness is to be found in effective therapy. Responsive mothers pick up their babies sooner than unresponsive ones, and the 'picking up' of unconscious or hinted at emotional cues in therapy is a hallmark of a good therapist. Detailed observations of mother–infant interaction by Stern (1985), Brazleton & Cramer (1991), and others show that maternal 'attunement', 'tracking', and the establishment of an 'interactive envelope' characterise successful mother–child 'conversations'. The non-verbal behaviour of the therapist – his posture, vocal tone, patterns of conversational interaction – may contribute similarly to a responsive atmosphere in which the patient can move from a position of insecure to secure attachment. The beginnings of 'metaphor' – finding similar aspects of dissimilar experiences – which is an essential part of

any language of emotion (Mumford, 1992), can be seen emerging in Stern's notion of 'cross-modal attunement', in which, for example, a mother may pat a child's back rhythmically in time with his vocal utterances. The capacity to make use of metaphor and to be alert to the metaphorical aspects of the patient's apparently concrete utterances is a basic psychotherapeutic skill (Holmes, 1992).

(b) The emergence of a shared narrative in therapy

Developmental research has demonstrated the reciprocal relationship between secure attachment and autobiographical competence. A central feature of almost all therapies is the emergence of a shared narrative between therapist and patient (Spence, 1982; Shafer, 1976). Secure attachment in therapy enables the patient to begin to tell his story; the emergence of a coherent autobiographical narrative in itself creates a sense of mastery and hence enhances security. However, the narrative approach in psychotherapy begs the question of the truth or otherwise of narrative reconstructions (Eagle, 1984). Grunbaum (1982) has questioned Freud's 'tally argument' – i.e. that only interpretations which 'tally' with historical reality are therapeutically valid. Developmental research suggests a possible biological basis for an 'aesthetic' (Rustin, 1991) criterion by which narratives can be evaluated. Coherence, and the integration into a resonant story of loss and pain as opposed to dismissal or enmeshment, are marks of secure attachment and in themselves provide some validation of the narrative's truth.

(c) Affect and its processing as a central theme in psychotherapy

Bion's (1978) notion of maternal containment has gained widespread acceptance within psychoanalytic psychotherapy. He conceives of an infant struggling with unmanageable feelings – rage, fear, excitement – which are projected into the mother (or, in Kleinian terminology, into the 'breast') who transforms (or 'metabolises') them into manageable emotions which can later be integrated into the developing child's ego. The observational picture of an interactive 'envelope' between mother and child is consistent with this notion. In this Kleinian schema, as in attachment theory, affect and its processing become central issues in psychotherapy. Primitive emotions are aroused in therapy via the transference which, by the modulating attunement of the therapist, become manageable for the patient, rather than split off and projected. In Freud's classical model affect is merely a by-product of a 'hidden impulse' – aggressive

or sexual – the smoke which leads the therapist to the fire of the Oedipal situation. The 'triangle of defence' (Malan, 1979) rests on its apex, the 'hidden impulse', with affect and defence as its visible corners. The contemporary triangle of defence puts affect at the apex. If modulated this leads to secure attachment and narrative competence. If unmodulated it leads to the defensive compromise of insecure attachment in which intimacy (in avoidant attachment) or autonomy (in ambivalent attachment) are sacrificed for the sake of maintaining contact with a rejecting or unpredictable attachment figure.

In this model, defence, at least in its origins, becomes an inter-personal rather than an intra-personal issue (Hamilton, 1985). The two Bowlbyian 'positions' (c.f. the paranoid-schizoid and depressive positions (Klein, 1986)) of insecure-avoidant and insecure-ambivalent attachment represent a basic typology of interpersonal difficulties, corresponding roughly with schizoid/obsessional and phobic/dependent defences. Shaver & Hazan (1988) provide some support for this in their study of 'romantic attachments' in which adults, when asked about their relationships, divide roughly into those who feel secure (about 65%), those who fear intimacy (20%) (c.f. avoidant), and those who fear abandonment (15%) (c.f. ambivalent) – remarkably similar figures to the proportions found in the strange situation.

(d) The role of cognitions

Based on Craik's (1943) seminal notion that evolutionary survival requires individuals to develop an internal 'map' of their world, Bowlby developed the idea of 'internal working models', a set of schemata in which self and others and their relationships, especially with respect to attachment, are represented. Based on this, Ryle (1990) has brought together an object relations perspective with that of cognitive psychology, postulating 'reciprocal role procedures', which comprise core affective states, cognitive schemata, and overt behaviour with feedback loops connecting the different levels. Emotional difficulties result from faulty or erroneous assumptions and failure of reality testing due to deficient feedback, leading to the closed circle of self-perpetuating neurotic patterns. This approach bridges the gap between cognitive and analytic therapies and is consistent with the integrative thrust of attachment theory.

(e) Attachment versus 'infantile sexuality'

For Freud, infantile sexuality is the cement which binds child to parent, and the conflict between this and the parental sexual relationship lies at the root of much neurotic conflict. Attachment theory distinguishes between the sexual and the attachment dynamic, and therefore envisages the possibility of a non-conflictual 'Oedipal' phase, although envy, rivalry, and difficulties with sharing can still arise within the attachment bond. Attachment theory's truly interpersonal position means that it sees 'infantile sexuality' as much as a function of the parental contribution to the dyad as that brought by the child. This viewpoint is supported by recent ethological and anthropological evidence (Erickson, 1993) suggesting that incest in animals and man is reciprocally related to secure bonding. When bonding is secure altruism and incest-avoidance predominate; it is only when attachment is insecure that heightened sexuality or frank sexual abuse between parent (or often step-parent) and child is likely to arise.

(f) Loss in psychotherapy

Attachment theory grew out of Bowlby's studies of children who had been either temporarily or permanently separated from their parents. The strange situation is a tragedy in miniature, basing its classification of security around an infant's response to the momentary loss of a parent. Bowlby saw the grief response – numbness, searching, protest, despair, acceptance – in terms of separation protest. The emotions of grief represent a desperate attempt to be reunited with the attachment figure, with a gradual realisation that he or she is never to return. Coping with loss is a central theme in psychotherapy (Wolff, 1971); Bowlby's collaborator Colin Murray Parkes's studies of bereavement (Parkes, 1975) have had a major impact with counselling and psychotherapy. The expression of repressed grief, or the modulation of unprocessed rage, is an important part of many psychotherapeutic treatments (c.f. Pedder, 1982). The Kleinian idea of a 'good internal object' which enables the bereaved to endure loss, can be related to the therapeutic effects of analytic therapy. Here, through the internalised benignity of the therapist's responses, the patient begins in his mind to repair past relationships which, previously abandoned or defective, become nurturing bulwarks against the impact of further loss.

Attachment theory and the spectrum of psychotherapies

Based on these six themes a new paradigm can be emerging within psychotherapy. The main planks of this are a thoroughly interpersonal psychology, and the centrality of affect and its modulation in therapy.

Brief mention will now be made of the specific contribution of attachment theory to four major psychotherapeutic approaches. Clinical illustrations are discussed elsewhere (Holmes, 1993a,b).

Analytic psychotherapy

The contribution of analytic psychotherapy within a district psychotherapy service (Holmes, 1991) is increasingly in the treatment of personality disorders, especially patients with borderline personality disorder (Bateman, 1991). Fonagy (1991) sees borderline patients as lacking 'reflexive self-function', or the capacity for 'metacognitive monitoring' which is one of the hallmarks of secure attachment in later life. By focusing on the 'present transference' (Sandler, 1988) the therapist's interpretations concentrate on the nature of the affective interactions between therapist and patient in the hope that the patient will, through modelling, eventually acquire this ability for himself. Hobson and his colleagues (Patrick et al, 1992) have given the Adult Attachment Interview to borderline and depressive patients referred for psychotherapy. All the borderline patients were found to have both the 'enmeshed' and the 'disorganised' narrative patterns, suggesting an individual struggling to make sense of and extricate himself from traumatic events of the past. Several studies have confirmed Bowlby's conviction formed in the 1930s that environmental trauma plays a central role in the genesis of severe emotional difficulties (Birtchnell, 1993). For example, Herman et al (1989) found that 80% of in-patients diagnosed as suffering from borderline personality disorder had been subject to sexual or physical abuse in childhood, or had witnessed major domestic violence.

Attachment theory provides an explanation of the difficulty with which those who have been, or are being, abused find in separating themselves from the abuser. Attachment behaviour is activated by threat: the attached cling to their attachment figure when threatened. If that figure is also the perpetrator of violence and/or sexual abuse a vicious circle is set up from which it is very difficult for a victim to extricate herself. Both separation and threat arouse unbearable feelings of panic and the need to cling even harder.

Cognitive therapy

The notion of internal working models is clearly similar to Beck's (Beck et al, 1979) notion of basic assumptions or cognitive schemata which determine cognitions. Liotti (1987), a cognitive therapist, sees these schemata as 'superconscious' (rather than

unconscious) organising principles "which govern the conscious processes without appearing in them", rather as a computer program governs what appears on the VDU screen without being visible in it itself. Ryle's (1991) cognitive analytic therapy (CAT) is much influenced by Vygotsky's (1962) educational model in which at the 'zone of proximal development', there is a meeting point between parent and child, or therapist and patient, where growth and development take place. Cognitive therapy is a collaborative educational enterprise in which the patient plays a very active part, undertaking homework assignments, etc., and in which the therapist avoids analytic opacity. Heard & Lake (1986) emphasise the importance of 'companionable interaction' as a mark of secure attachment in adult life, and in cognitive therapy the patient is offered an opportunity for such therapeutic companionship.

Group therapies

Companionable interaction between group members plays an important part in group therapy too. The group 'matrix' (matrix = mother) provides a secure base from which members can begin to explore their feelings, their past experiences, and their relationships with one another and with the therapist (Hobbs, 1991). Just as the secure toddler will make expeditions into his physical environment safe in the knowledge that his parent is there should she be needed (Anderson, 1972), so the exploration of the inner world depends on a secure emotional base to which one can return if feelings become too threatening.

Family therapy

Between attachment (Bowlby, 1969) and loss (Bowlby, 1980) lies separation (Bowlby, 1973). Byng-Hall (1985, 1991) has emphasised the spatial aspects of family life in his idea of 'distance regulation', in which a symptomatic child acts as a buffer between parents who can neither achieve intimacy nor be comfortably apart. When separation threatens the child develops symptoms (fear of the dark, say, or an asthmatic attack) and brings the parents together; but when they seem to be getting dangerously close he will insinuate himself between them so as to thwart the achievement of real intimacy. The family transmits its patterns via 'family scripts', similar to internal working models, but which are held in common by the whole family and ensure, for example, that dangerous topics are avoided, or power relationships not questioned.

Conclusion

If secure bonding and group cohesiveness enhance individual fitness, the 'biological' role of psychotherapy can be conceived as the regulation of an individual's relationship with his family group and wider social network (c.f. Henderson *et al*, 1991; Slavin & Kriegman, 1992). The history of attachment theory shows how the combination of Bowlby's perhaps somewhat avoidant personality with an unresponsive institution (the British Psychoanalytic Society in the 1950s and 1960s) led to a divorce between the biological and psychological perspectives in psychotherapy, undermining Freud's original hope for a truly scientific psychology (Freud, 1895). An emerging openness within psychoanalysis (see, for example, Alvarez, 1992; Eagle, 1984), together with new findings in developmental psychology suggest the possibility of a *rapprochement* between these differing perspectives and a healing of the Klein–Bowlby split which began in the 1940s. The beneficiary of this reparation is the burgeoning science of psychotherapy in which different schools are beginning to learn from and cross-fertilise one another, rather than avoiding and clinging to their own beliefs. Psychiatry, and its patients, also stand to gain much from this reconciliation.

Acknowledgement

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