A Secure Base, by J. Bowlby

a. Quotes:
   - .

b. General Notes:
   - Chapter 1 - Caring for Children (pg. 1)
     - "Engaging in parenthood therefore is playing for high stakes. Furthermore...successful parenting is a principal key to the mental health of the next generation…" (pg. 1)
     - "I want also to emphasize that, despite voices to the contrary, looking after babies and young children is no job for a single person. If the job is to be well done and the child's principal caregiver is not to be too exhausted, the caregiver herself (or himself needs a great deal of assistance. From whom that help comes will vary: very often it is the other parent; in many societies, including more often than is realized our own, it comes from a grandmother. Others to be drawn in to help are adolescent girls and young women. In most societies throughout the world these facts have been, and still are, taken for granted and the society organized accordingly. Paradoxically it has taken the world's richest societies to ignore these basic facts. Man and woman power devoted to the production of material goods counts a plus in all our economic indices. Man and woman power devoted to the production of happy, healthy, and self-reliant children in their own homes does not count at all. We have created a topsy-turvy world." (pg. 2)
     - **"Parenting behaviour, as I see it, has strong biological roots**, which accounts for the very strong emotions associated with it; but the detailed form that the behaviour takes in each of us turns on our experiences - experiences during childhood especially, experiences during adolescence, experiences before and during marriage, and experiences with each individual child. Thus I regard it as useful to look upon parenting behaviour as one example of a limited class of biologically rooted types of behaviour of which attachment behaviour is another example, sexual behaviour another, and exploratory behaviour and eating behaviour yet others. Each of these types of behaviour contributes in its own specific way to the survival either of the individual or his offspring. It is indeed because each one serves so vital a function that each of these types of behaviour is in some degree preprogrammed. To leave their development solely to the caprices of individual learning would be the height of biological folly." (pg. 5)
     - "When a mother and her infant of two or three weeks are facing one another, phases of lively social interaction occur, alternating with phases of disengagement. Each phase of interaction begins with initiation and mutual greeting, builds up to an animated interchange comprising facial expressions and vocalizations, during which the infant orients towards his mother with excited movements of arms and legs; then his activities gradually subside and end with the baby looking away for a spell before the next phase of interaction begins. Throughout these cycles the baby is likely to be as spontaneously active as his mother. Where their roles differ is in the timing of their responses. Whereas an infant's initiation and withdrawal from interaction tend to follow his own autonomous rhythm, a sensitive mother regulates her behaviour so that it meshes with his. In addition she modifies the form her behaviour takes to suit him: her voice is gentle but higher pitched than usual, her movements slowed, and each next action adjusted in form and timing according to how her baby is performing. Thus she lets him call the tune and by a skillful interweaving of her own responses with his creates a dialogue." (pg. 7)
     - "[T]he ordinary sensitive mother is quickly attuned to her infant's natural rhythms and, by attending to the details of his behaviour, discovers what suits him and behaves accordingly. By so doing she not only makes him contented but also enlists his co-operation. For, although initially his capacity to adapt is limited, it is not absent altogether and, if allowed to grow in its own time, is soon yielding rewards. Ainsworth and her colleagues have noted that infants whose mothers have responded sensitively to their signals during the first year of life not only cry less during the second half of that year than do the babies of less responsive mothers but are more willing to fall in with their parent's wishes (Ainsworth et al. 1978). Human infants, we can safely conclude, like infants of other species, are preprogrammed to develop in a socially cooperative way; whether they do so or not turns in high degree on how they are treated." (pg. 9)
     - "This brings me to **a central feature of my concept of parenting - the provision by both parents of a secure base from which a child or an adolescent can make sorties into the outside world and to which he can return knowing for sure that he will be welcomed when he gets there, nourished physically and emotionally, comforted if distressed, reassured if frightened.** In essence this role is one of being available, ready to respond when called upon to encourage and perhaps assist, but to intervene actively only when clearly necessary. In these respects it is a role similar to that of the officer commanding a military base from which an expeditionary force sets out and to which it can retreat, should it meet with a setback. Much of the time the role of the base is a waiting one but it is none the less vital for that. For it is only when the officer commanding the expeditionary force is confident his base is secure that he dare press forward and take risks." (pg. 11)
       - "No parent is going to provide a secure base for his growing child unless he has an intuitive understanding of and respect for his child's attachment behaviour and treats it as the intrinsic and valuable part of human nature I believe it to be." (pg. 12)
   - Chapter 2 - The Origins of Attachment Theory (pg. 20)
     - **"Attachment behaviour is any form of behaviour that results in a person attaining or maintaining proximity to some other dearly identified individual who is conceived as better able to cope with the world**. It is most obvious whenever the person is frightened, fatigued, or sick, and is assuaged by comforting and caregiving. At other times the behaviour is less in evidence. Nevertheless for a person to know that an attachment figure is available and responsive gives him a strong and pervasive feeling of security, and so encourages him to value and continue the relationship. Whilst attachment behaviour is at its most obvious in early childhood, it can be observed throughout the life cycle, especially in emergencies. Since it is seen in virtually all human beings (though in varying patterns), it is regarded as an integral part of human nature and one we share (to a varying extent) with members of other species. The biological function attributed to it is that of protection. To remain within easy access of a familiar individual known to be ready and willing to come to our aid in an emergency is clearly a good insurance policy - whatever our age. By conceptualizing attachment in this way, as a fundamental form of behaviour with its own internal motivation distinct from feeding and sex, and of no less importance for survival, the behaviour and motivation are accorded a theoretical status never before given them - though parents and clinicians alike have long been intuitively aware of their importance. As already emphasized, the terms 'dependency' and 'dependency need' that have hitherto been used to refer to them have serious disadvantages. In the first place 'dependency' has a perjorative flavour; in the second it does not imply an emotionally charged relationship to one or a very few clearly preferred individuals; and in the third no valuable biological function has ever been attributed to it." (pg. 26-27)
       - "To say of a child (or older person) that he is attached to, or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with that individual and to do so especially in certain specified conditions. The disposition to behave in this way is an attribute of the attached person, a persisting attribute which changes only slowly over time and which is unaffected by the situation of the moment. **Attachment behaviour, by contrast, refers to any of the various forms of behaviour that the person engages in from time to time to obtain and/or maintain a desired proximity.** There is abundant evidence that almost every child habitually prefers one person, usually his mother-figure, to whom to go when distressed but that, in her absence, he will make do with someone else, preferably someone whom he knows well. On these occasions most children show a clear hierarchy of preference so that, in extremity and with no one else available, even a kindly stranger may be approached. Thus, whilst attachment behaviour may in differing circumstances be shown to a variety of individuals, an enduring attachment, or attachment bond, is confined to very few. Should a child fail to show such clear discrimination, it is likely he is severely

disturbed. The theory of attachment is an attempt to explain both attachment behaviour, with its episodic appearance and disappearance, and also the enduring attachments that children and other individuals make to particular others. In this theory the key concept is that of behavioural system. This is conceived on the analogy of a physiological system organized homeostatically to ensure that a certain physiological measure, such as body temperature or blood pressure, is held between appropriate limits. In proposing the concept of a behavioural system to account for the way a child or older person maintains his relation to his attachment figure between certain limits of distance or accessibility, no more is done than to use these well-understood principles to account for a different form of homeostasis, namely one in which the set limits concern the organism's relation to clearly identified persons in, or other features of, the environment and in which the limits are maintained by behavioural instead of physiological means. In thus postulating the existence of an internal psychological organization with a number of highly specific features, which include representational models of the self and of attachment figure(s), the theory proposed can be seen as having all the same basic properties as those that characterize other forms of structural theory, of which the variants of psychoanalysis are some of the best known, and that differentiate them so sharply from behaviourism in its many forms. Historically attachment theory was developed as a variant of object-relations theory." (pg. 28-29)

- Chapter 3 - Psychoanalysis as Art and Science (pg. 39)
  - "This concept of the secure personal base, from which a child, an adolescent, or an adult goes out to explore and to which he returns from time to time, is one I have come to regard as crucial for an understanding of how an emotionally stable person develops and functions all through his life." (pg. 46)
- Chapter 4 - Psychoanalysis as a Natural Science (pg. 58)
  - "A principal variable in the development of each individual personality is, I believe, the pathway along which his attachment behaviour comes to be organized and further that that pathway is determined in high degree by the way his parent-figures treat him, not only during his infancy but throughout his childhood and adolescence as well. A principal means by which such experiences influence personality development is held to be through their effects on how a person construes the world about him and on how he expects persons to whom he might become attached to behave, both of which are derivatives of the representational models of his parents that he has built up during his childhood. Evidence suggests that these models tend to persist relatively unmodified at an unconscious level and to be far more accurate reflections of how his parents have really treated him than traditional opinion has supposed. Within this framework aberrations of behaviour and neurotic symptoms are conceived as due to the interactions that have occurred and that may still be occurring between an individual's personality as it has so far developed and the situation in which that individual now finds himself." (pg. 65)
    - "Although psychoanalysis is avowedly a developmental discipline, it is nowhere weaker, I believe, than in its concepts of development." (pg. 66)
- Chapter 5 - Violence in the Family (pg. 76)
  - "Young children - and often older ones too - are commonly jealous of the attention mother gives the new baby. Lovers quarrel when one thinks the other is looking elsewhere - and the same is true after marriage. Moreover a woman may get very angry with her child if he does something dangerous, like running into the roadway, and also with her husband if he risks life or limb by taking unnecessary risks. Thus we take it for granted that, when a relationship to a special loved person is endangered, we are not only anxious but are usually angry as well. **As responses to the risk of loss, anxiety and anger go hand in hand**. It is not for nothing that they have the same etymological root." (pg. 79)
    - "[I]t seems dear that **sensitive loving care results in a child developing confidence that others will be helpful when appealed to, becoming increasingly self-reliant and bold in his explorations of the world, co-operative with others, and also - a very important point - sympathetic and helpful to others in distress. Conversely, when a child's attachment behaviour is responded to tardily and unwillingly and is regarded as a nuisance, he is likely to become anxiously attached, that is, apprehensive lest his caregiver be missing or unhelpful when he needs her and therefore reluctant to leave her side, unwillingly and anxiously obedient, and unconcerned about the troubles of others**. Should his caregivers, in addition, actively reject him, he is likely to develop a pattern of behaviour in which avoidance of them competes with his desire for proximity and care, and in which angry behaviour is apt to become prominent" (pg. 82)
  - "On the surface abusing individuals vary from being cold, rigid, obsessional, and censorious to being passive, unhappy, and disorganized. Yet emotionally they have much in common. Among features reported as especially frequent among abusive mothers we find the following: prone to periods of intense anxiety punctuated by outbursts of violent anger, they are said to be impulsive and 'immature. Although their 'dependency needs' are described as exceptionally strong, they are extremely distrustful and consequently unable or unwilling to make close relationships. Socially they are isolated. Having no one else to turn to, many of them seek care and comfort from one of their own children whom they treat as though they were much older than they are (Morris and Gould 1963). As regards childhood experience many researchers have noted that most of such women have had a miserable childhood and, as one pair of researchers put it, 'have been deprived of basic mothering' (Steele and Pollock 1968). An appreciable minority were themselves battered as children." (pg. 83-84)
    - "The results of the Separation Anxiety Test showed, as expected, that most of the abusing mothers were extremely sensitive to any type of separation situation, even the most everyday and commonplace, with responses indicative of high levels of anxiety and/or anger. The responses showed, in addition, that, while these women yearned for care, all they expected was rejection." (pg. 85)
    - "Given the childhood experiences these women had had, it is not difficult to understand why they had grown up as they had. **Threats to abandon a child make her (or him) intensely anxious about any separation, however routine it might appear to others, and also intensely angry with her parent for threatening her so. Moreover failures to respond helpfully when a child is in distress, combined with repeated and impatient rejections, lead her to be deeply suspicious of everyone else. Thus, whilst constantly yearning for the love and care she has never had, she has no confidence she will ever receive it; and she will mistrust any offer she may receive**. Small wonder therefore, if when a woman with this background becomes a mother, that there are times when, instead of being ready to mother her child, she looks to her child to mother her. Small wonder too if when her child fails to oblige and starts crying, demanding care and attention, that she gets impatient and angry with it. It is against this background, I believe, that a mother's violent assaults on a child can be understood. Although I have never treated a woman who actually assaulted her child physically, I have treated one who came perilously close to doing so." (pg. 85-86)
  - "In turning next to the effects on the personality development of children who are assaulted, we have to bear in mind that the physical assaults are not the only episodes of hostility from parents that these children have experienced. In very many cases indeed the physical assaults are but the tip of an iceberg - the manifest signs of what have been repeated episodes of angry rejection, verbal as well as physical. In most cases therefore the psychological effects can be regarded as the outcome of prolonged hostile rejection and neglect." (pg. 88)
  - "Again and again we see details in **the behaviour of a toddler,** or in what he says, that **are plainly straight replicas of how that toddler has himself been treated**. Indeed **the tendency to treat others in the same way that we ourselves have been treated is deep in human nature**; and at no time is it more evident than in the earliest years. All parents please note!" (pg. 91)
- Chapter 6 - On Knowing What You're No Supposed to Know (pg. 99)
  - "So long as current modes of perceiving and construing situations, and the feelings and actions that ensue therefrom, are determined by emotionally significant events and experiences that have become shut away from further conscious processing, the personality will be prone to cognition, affect, and behaviour maladapted to the current situation. When yearning for love and care is shut away, it will continue to be inaccessible. When there is anger, it will continue to be directed at inappropriate targets. Similarly anxiety will continue to be aroused by inappropriate situations and hostile

behaviour be expected from inappropriate sources. The therapeutic task is therefore to help the patient discover what these events and experiences may have been so that the thoughts, feelings, and behaviour that the situations arouse, and that continue to be so troublesome, can be linked again to the situations that aroused them. Then the true targets of his yearning and anger and the true sources of his anxiety and fear will become plain. Not only will such discoveries show that his modes of cognition, feeling, and behaviour are far more intelligible, given the circumstances in which they originated, than they had seemed before but, once the patient has grasped how and why he is responding as he is, he will be in a position to reappraise his responses and, should he wish, to undertake their radical restructuring. Since such reappraisal and restructuring can be achieved only by the patient himself, the emphasis in this formulation of the therapist's task is on helping the patient first to discover for himself what the relevant scenes and experiences probably were and secondly to spend time pondering on how they have continued to influence him. Only then will he be in a position to undertake the reorganization of his modes of construing the world, thinking about it, and acting in it which are called for." (pg. 117-118)

- Chapter 7 - The Role of Attachment in Personality Development (pg. 119)
  - "**Attachment theory emphasizes:** (a) the primary status and biological function of intimate emotional bonds between individuals, the making and maintaining of which are postulated to be controlled by a cybernetic system situated within the central nervous system, utilizing working models of self and attachment figure in relationship with each other. (b) the powerful influence on a child's development of the ways he is treated by his parents, especially his mother-figure, and (c) that present knowledge of infant and child development requires that a theory of developmental pathways should replace theories that invoke specific phases of development in which it is held a person may become fixated and/or to which he may regress." (pg. 120)
    - "Attachment theory regards the propensity to make intimate emotional bonds to particular individuals as a basic component of human nature, already present in germinal form in the neonate and continuing through adult life into old age. During infancy and childhood bonds are with parents (or parent substitutes) who are looked to for protection, comfort, and support. During healthy adolescence and adult life these bonds persist, but are complemented by new bonds, commonly of a heterosexual nature. Although food and sex sometimes play important roles in attachment relationships, the relationship exists in its own right and has a key survival function of its own, namely protection. Initially the only means of communication between infant and mother is through emotional expression and its accompanying behaviour. Although supplemented later by speech, emotionally mediated communication nonetheless persists as a principal feature of intimate relationships throughout life. Within the attachment framework therefore intimate emotional bonds are seen as neither subordinate to nor derivative from food and sex. Nor is the urgent desire for comfort and support in adversity regarded as childish, as dependency theory implies. Instead the capacity to make intimate emotional bonds with other individuals, sometimes in the care-seeking role and sometimes in the caregiving one, is regarded as a principal feature of effective personality functioning and mental health. As a rule care-seeking is shown by a weaker and less experienced individual towards someone regarded as stronger and/or wiser. A child, or older person in the care-seeking role, keeps within range of the caregiver, the degree of closeness or of ready accessibility depending on circumstances: hence the concept of attachment behaviour. Caregiving, the major role of parents and complementary to attachment behaviour, is regarded in the same light as care-seeking, namely as a basic component of human nature (see Lecture 1). Exploring the environment, including play and varied activities with peers, is seen as a third basic component and one antithetic to attachment behaviour. When an individual (of any age) is feeling secure he is likely to explore away from his attachment figure. When alarmed, anxious, tired, or unwell he feels an urge towards proximity. Thus we see the typical pattern of interaction between child and parent known as exploration from a secure base, first described by Ainsworth (1967). Provided the parent is known to be accessible and will be responsive when called upon, a healthy child feels secure enough to explore. At first these explorations are limited both in time and space. Around the middle of the third year, however, a secure child begins to become confident enough to increase time and distance away - first to half-days and later to whole days. As he grows into adolescence, his excursions are extended to weeks or months, but a secure home base remains indispensable nonetheless for optimal functioning and mental health. Note that the concept of secure base is a central feature of the theory of psychotherapy proposed. During the early months of life an infant shows many of the component responses of what will later become attachment behaviour, but the organized pattern does not develop until the second half of the first year. From birth onwards he shows a germinal capacity to engage in social interaction and pleasure in doing so (Stern 1985): thus **there is no autistic or narcissistic phase**. Within days, moreover, he is able to distinguish between his mother-figure and others by means of her smell and by hearing her voice, and also by the way she holds him. Visual discrimination is not reliable until the second quarter. Initially crying is the only means available to him for signalling his need for care, and contentment the only means for signalling that he has been satisfied. During the second month, however, his social smile acts strongly to encourage his mother in her ministrations and his repertoire of emotional communications rapidly extends (Izard 1982; Emde 1983). The development of attachment behaviour as an organized system, having as its goal the keeping of proximity or of accessibility to a discriminated mother-figure, requires that the child should have developed the cognitive capacity to keep his mother in mind when she is not present: this capacity develops during the second six months of life. Thus from nine months onwards the great majority of infants respond to being left with a strange person by protest and crying, and also by more or less prolonged fretting and rejection of the stranger. These observations demonstrate that during these months an infant is becoming capable of representation and that his working model of his mother is becoming available to him for purposes of comparison during her absence and for recognition after her return. Complementary to his model of his mother, he develops a working model of himself in interaction with her; likewise for father. A major feature of attachment theory is the hypothesis that attachment behaviour is organized by means of a control system within the central nervous system, analogous to the physiological control systems that maintain physiological measures such as blood pressure and body temperature within set limits. Thus the theory proposes that, in a way analogous to physiological homeostasis, the attachment control system maintains a person's relation to his attachment figure between certain limits of distance and accessibility, using increasingly sophisticated methods of communication for doing so. As such, the effects of its operation can be regarded as an example of what can usefully be termed environmental homeostasis (Bowlby 1969, 1982). By postulating a control system of this sort (with analogous systems controlling other forms of behaviour attachment theory contains within itself a theory of motivation that can replace traditional theories which invoke a postulated build-up of energy or drive. Among several advantages of control theory are that it gives as much attention to the conditions terminating a behavioural sequence as to those initiating it and is proving a fruitful framework for empirical research. The presence of an attachment control system and its linkage to the working models of self and attachment figure(s) that are built in the mind during childhood are held to be central features of personality functioning throughout life. The second area to which attachment theory pays special attention is the role of a child's parents in determining how he develops. There is today impressive and mounting evidence that the pattern of attachment that an individual develops during the years of immaturity - infancy, childhood, and adolescence - is profoundly influenced by the way his parents (or other parent figures) treat him. This evidence derives from a number of systematic research studies, the most impressive being prospective studies of socio-emotional development during the first five years undertaken by developmental psychologists who are also clinically sophisticated. Pioneered by Ainsworth (Ainsworth, Blehar, Waters, and Wall 1978; Ainsworth 1985) and expanded, notably by Main (Main, Kaplan, and Cassidy 1985) and Sroufe (1983, 1985) in the United States and by Grossmann (Grossmann, Grossmann, and Schwan 1986) in Germany, these studies are now multiplying fast. Their findings are remarkably consistent and have the clearest of clinical significance. **Three principal patterns of attachment**, first described by Ainsworth and her colleagues in 1971, are now reliably identified, together with the family conditions that promote them. These are first the pattern of secure attachment in which the individual is confident that his parent (or parent figure) will be available, responsive, and helpful should he encounter adverse or

frightening situations. With this assurance, he feels bold in his explorations of the world. This pattern is promoted by a parent, in the early years especially by mother, being readily available, sensitive to her child's signals, and lovingly responsive when he seeks protection and/or comfort. A second pattern is that of anxious resistant attachment in which the individual is uncertain whether his parent will be available or responsive or helpful when called upon. Because of this uncertainty he is always prone to separation anxiety, tends to be clinging, and is anxious about exploring the world. This pattern, in which conflict is evident, is promoted by a parent being available and helpful on some occasions but not on others, and by separations and, as clinical findings show, by threats of abandonment used as a means of control. A third pattern is that of anxious avoidant attachment in which the individual has no confidence that, when he seeks care, he will be responded to helpfully but, on the contrary, expects to be rebuffed. When in marked degree such an individual attempts to live his life without the love and support of others, he tries to become emotionally self-sufficient and may later be diagnosed as narcissistic or as having a false self of the type described by Winnicott (1960). This pattern, in which conflict is more hidden, is the result of the individual's mother constantly rebuffing him when he approaches her for comfort or protection. The most extreme cases result from repeated rejections…In thus underlining the very great influence that a child's mother has on his development, it is necessary also to consider what has led a mother to adopt the style of mothering she does. One major influence on this is the amount of emotional support, or lack of it, she herself is receiving at the time. Another is the form of mothering that she herself received when a child. Once these factors are recognized, as they have been by many analytically oriented clinicians long since, the idea of blaming parents evaporates and is replaced by a therapeutic approach. Since the emotional problems of parents stemming from the past and their effects on children has now become a field for systematic research, a brief description of current work is given at the end of Lecture 8." (pg. 120-126)

- "In order to account for the tendency for patterns of attachment increasingly to become a property of the child himself, attachment theory invokes the concept of working models of self and of parents already described. The working models a child builds of his mother and her ways of communicating and behaving towards him, and a comparable model of his father, together with the complementary models of himself in interaction with each, are being built by a child during the first few years of his life and, it is postulated, soon become established as influential cognitive structures (Main, Kaplan, and Cassidy 1985). The forms they take, the evidence reviewed strongly suggests, are based on the child's real-life experience of day-to-day interactions with his parents. Subsequently the model of himself that he builds reflects also the images that his parents have of him, images that are communicated not only by how each treats him but by what each says to him. These models then govern how he feels towards each parent and about himself, how he expects each of them to treat him, and how he plans his own behaviour towards them. They govern too both the fears and the wishes expressed in his day dreams. Once built, evidence suggests, these models of a parent and self in interaction tend to persist and are so taken for granted that they come to operate at an unconscious level. As a securely attached child grows older and his parents treat him differently, a gradual up-dating of models occurs. This means that, though there is always a time-lag, his currently operative models continue to be reasonably good simulations of himself and his parents in interaction. In the case of the anxiously attached child, by contrast, this gradual up-dating of models is in some degree obstructed through defensive exclusion of discrepant experience and information. This means that the patterns of interaction to which the models lead, having become habitual, generalized, and largely unconscious, persist in a more or less uncorrected and unchanged state even when the individual in later life is dealing with persons who treat him in ways entirely unlike those that his parents adopted when he was a child." (pg. 129-130)
- "**There is one further way in which attachment theory differs from traditional types of psychoanalytic theory, namely its rejection of the model of development in which an individual is held to pass through a series of stages in any one of which he may become fixated or to which he may regress, and its replacement by a model in which an individual is seen as progressing along one or another of an array of potential developmental pathways. Some of these pathways are compatible with healthy development; others deviate in one or another direction in ways incompatible with health.**" (pg. 135)
  - "The model of developmental pathways regards an infant at birth as having an array of pathways potentially open to him, the one along which he will in fact proceed being determined at every moment by the interaction of the individual as he now is with the environment in which he happens then to be. Each infant is held to have his own individual array of potential pathways for personality development which, except for infants born with certain types of neurological damage, include many that are compatible with mental health and also many that are incompatible. Which particular pathway he proceeds along is determined by the environment he meets with, especially the way his parents (or parent substitutes) treat him, and how he responds to them. **Children who have parents who are sensitive and responsive are enabled to develop along a healthy pathway. Those who have insensitive, unresponsive, neglectful, or rejecting parents are likely to develop along a deviant pathway which is in some degree incompatible with mental health and which renders them vulnerable to breakdown, should they meet with seriously adverse events.** Even so, since the course of subsequent development is not fixed, changes in the way a child is treated can shift his pathway in either a more favourable direction or a less favourable one. Although the capacity for developmental change diminishes with age, change continues throughout the life cycle so that changes for better or for worse are always possible. It is this continuing potential for change that means that at no time of life is a person invulnerable to every possible adversity and also that at no time of life is a person impermeable to favourable influence. It is this persisting potential for change that gives opportunity for effective therapy." (pg. 136)

- Chapter 8 - Attachment, Communication, and the Therapeutic Process (pg. 137)
  - "**[I]n helping his patient towards this end the therapist's role can be described under five main heads**. The first is to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past and present, many of which he finds it difficult or perhaps impossible to think about and reconsider without a trusted companion to provide support, encouragement, sympathy, and, on occasion, guidance. A second is to assist the patient in his explorations by encouraging him to consider the ways in which he engages in relationships with significant figures in his current life, what his expectations are for his own feelings and behaviour and for those of other people, what unconscious biases he may be bringing when he selects a person with whom he hopes to make an intimate relationship and when he creates situations that go badly for him. A particular relationship that the therapist encourages the patient to examine, and that constitutes the third task, is the relationship between the two of them. Into this the patient will import all those perceptions, constructions, and expectations of how an attachment figure is likely to feel and behave towards him that his working models of parents and self dictate. A fourth task is to encourage the patient to consider how his current perceptions and expectations and the feelings and actions to which they give rise may be the product either of the events and situations he encountered during his childhood and adolescence, especially those with his parents, or else as the products of what he may repeatedly have been told by them. This is often a painful and difficult process and not infrequently requires that the therapist sanction his patient to consider as possibilities ideas and feelings about his parents that he has hitherto regarded as unimaginable and unthinkable. In doing so a patient may find himself moved by strong emotions and urges to action, some directed towards his parents and some towards the therapist, and many of which he finds frightening and/or alien and unacceptable. The therapist's fifth task is to enable his patient to recognize that his images (models) of himself and of others, derived either from past painful experiences or from misleading messages emanating from a parent, but all too often in the literature mislabelled as 'fantasies', may or may not be appropriate to his present and future; or, indeed, may never have been justified. Once he has grasped the nature of his governing images (models) and has traced their origins, he may begin to understand what has led him to see the world and himself as he does and so to feel, to think, and to act in the ways he does. He is then in a position to reflect on the accuracy and adequacy of those images (models), and on the ideas and actions to which they lead, in the light of his current experiences of emotionally significant people, including the therapist as well as his parents, and of himself in

relationship to each. Once the process has started he begins to see the old images (models) for what they are, the not unreasonable products of his past experiences or of what he has repeatedly been told, and thus to feel free to imagine alternatives better fitted to his current life. By these means the therapist hopes to enable his patient to cease being a slave to old and unconscious stereotypes and to feel, to think, and to act in new ways." (pg. 138-139)

- "Although in this exposition it is convenient to list the therapist's five tasks in a logical way, so interrelated are they that in practice a productive session is likely to involve first one task, then another. Nevertheless, unless a therapist can enable his patient to feel some measure of security, therapy cannot even begin. Thus we start with the role of the therapist in providing his patient with a secure base. This is a role very similar to that described by Winnicott as 'holding' and by Bion as containing. In providing his patient with a secure base from which to explore and express his thoughts and feelings the therapist's role is analogous to that of a mother who provides her child with a secure base from which to explore the world. The therapist strives to be reliable, attentive, and sympathetically responsive to his patient's explorations and, so far as he can, to see and feel the world through his patient's eyes, namely to be empathic. At the same time he is aware that, because of his patient's adverse experiences in the past, the patient may not believe that the therapist is to be trusted to behave kindly or to understand his predicament. Alternatively the unexpectedly attentive and sympathetic responses the patient receives may lead him to suppose that the therapist will provide him with all the care and affection which he has always yearned for but never had. In the one case therefore the therapist is seen in an unduly critical and hostile light, in the other as ready to provide more than is at all realistic. Since, it is held, both types of misunderstanding and misconstruction, and the emotions and behaviour to which they give rise, are central features of the patient's troubles, a therapist needs to have the widest possible knowledge of the many forms these misconstructions can take and also of the many types of earlier experience from which they are likely to have sprung. Without such knowledge a therapist is poorly placed to see and feel the world as his patient is doing. Even so, a patient's way of construing his relationship with his therapist is not determined solely by the patient's history: it is determined no less by the way the therapist treats him. Thus the therapist must strive always to be aware of the nature of his own contribution to the relationship which, amongst other influences, is likely to reflect in one way or another what he experienced himself during his own childhood." (pg. 140-141)

- Chapter 9 - Developmental Psychiatry Comes of Age (pg. 158)
  - "During the first third of this century there were two great proponents of developmental psychiatry - Adolf Meyer and Sigmund Freud. Both believed that the seeds of mental health and ill-health were sown in childhood and that, if we are to understand the present-day functioning of a person, it is necessary to know how he or she has become the man or woman we meet with today. In their approaches to the field Meyer and Freud took very different routes. Initially Freud focused on traumatic family relationships, including incest, but soon, and for reasons that remain obscure, he claimed that the real-life events he had originally invoked as pathogenic had never occurred and that the patient had only imagined them. Thenceforward the emphasis was on fantasy. Consequently Freud's interests became focused on a person's internal world of mental processes, especially on the powerful influence that unconscious processes have on the way a person feels, thinks, and behaves and, above all, on the defensive processes that actively keep them unconscious. Meyer, by contrast, continued to emphasize the part played by real-life events in shaping personality, but he was never very specific about the nature of the ones that matter, nor did he advance any theory of how being exposed to some event or situation affects a person's mental state. Nonetheless, Meyer's approach played a major part in promoting the mental hygiene movement and child psychiatry. In both these revolutionizing movements the notion that the environment in which a child grows up plays a critical part in determining his future mental health has always been a stubbornly held if ill-defined assumption. Moreover, these are the fields in which Freud's original ideas about the role of childhood trauma not only have persisted but have borne valuable fruits. We can see now that the tremendous strides being made today in developmental psychiatry owe a great deal to both these pioneers. To Adolf Meyer is due the credit for having continued to emphasize the influential role of the events and situations a person meets with during his development. To Sigmund Freud is due the credit for having emphasized the influence on how a person thinks, feels, and behaves that is exerted by his internal world, namely by the way he perceives, construes, and structures the events and situations he encounters. Today we know that the central task of developmental psychiatry is to study the endless interaction of internal and external and how the one is constantly influencing the other, not only during childhood but during adolescence and adult life as well." (pg. 158-159)

c. Further Readings:
   - Maternal Care and Mental Health, by J. Bowlby https://iris.who.int/items/b46ac615-404a-40e8-8d9a-e286f515f0ca