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ENTER BOWLBY:
THE SEARCH FOR
A THEORY OF RELATEDNESS

In a long-forgotten paper read before the British Psycho-Analytic Society in 1939 and published the following year, John Bowlby, then thirty-three, outlined his views on the sorts of early childhood experiences that lead to psychological disorders. He noted that analytic literature had given only meager attention to this subject and politely suggested that the reason might be that most analysts, because their time is spent sitting with adult patients, had little opportunity to investigate what goes on with children in their early lives. He insisted, nonetheless, that it was important for psychoanalysts to make a scientific study of childhood experience and relationships, as important as it is for "the nurseryman to make a scientific study of soil and atmosphere."¹

No one, perhaps, had done more than Freud to spread the view that the child is the father to the man. By this time much of the educated world thought of psychoanalysis not only as the promoter of the idea of unconscious motivation but also of the notion that a good deal of what we are is a result of what our parents did or did not do to us when we were young. Who had not heard that an overly strict or punitive toilet training, to cite one obvious example, could lead to such things as fastid-

iousness, compulsiveness, or anxiety about dirt in adult life? Even more widely known perhaps was the idea of early traumatic experience by which Freud had once explained the origin of devastating neurotic conditions. At Bellevue Harry Bakwin had the habit of telling distressed mothers that "there are no behavior-disturbed children, just behavior-disturbed parents"² (hardly a comforting idea for parents whose children were organically damaged), and this pronouncement, too, was considered very psychoanalytic.

But, in fact, although psychoanalysis stood firmly for the idea that the roots of our emotional life are found in infancy and childhood, it had expended little effort in working out the effects of upbringing on character development; and the trauma theory, although never forgotten by the public, had been largely abandoned by Freud and his followers. Although informally concerned with the quality of parenting and with the things parents could do to make it easier for their children during the difficult early years, psychoanalysts generally did not view such matters as a serious aspect of their work, and little was written about them in their professional journals. What really interested them now was the developing child's psychic structures and fantasy life, and instead of theorizing about why certain family conditions caused certain children to become disturbed, they sought the bigger picture: the internal conflicts that bedeviled all children as a result of the universal conditions of infancy and early childhood.

Nevertheless, a concern for the child's home life continued to grow markedly in the early decades of the century. Freud's trauma theory had struck a chord, as did the ideas of Adolph Meyer, the great Swiss-born psychiatrist who immigrated in 1892 to the United States. Meyer helped promote both the mental hygiene movement and the development of child psychiatry.³ Both would come to see the child's early environment as critical in determining later mental health.

But despite the growing concern about the child's home life among child health care workers, no one really knew for certain what aspects of his home life mattered. Certain obvious things were focused on when a child was brought into a guidance center with behavior problems: Did he come from a broken home? Was the house well kept? Was there enough to eat? Were either of the parents drinkers? Did they establish a proper moral environment? Etc. As far as John Bowlby was concerned, however, such questions were almost entirely irrelevant, often reflecting no more than the prejudices of the day. Bowlby argued that in concerning them-

selves with such issues, child care workers overlooked critical factors of psychological importance. Their reports frequently concluded, "The environment appears satisfactory," when, from Bowlby's point of view, it was not satisfactory at all. "It is surprising what vital facts can be overlooked in a perfunctory interview," he wrote, "the mother being in a T.B. sanatorium for six months when the child was two, the grandmother dying in tragic circumstances in the child's home, the fact that a child was illegitimate and attempts had been made to abort the pregnancy. . . ."⁴ Intentionally or not, he said, parents often conceal such unhappy experiences and an interviewer must probe for them.

What mattered, Bowlby said, was not the physical or religious but the emotional quality of the home. And not just the emotional quality at the moment when the child was brought in for treatment, but going back to birth and even before. He pointed to a recent study of criminals in which the authors found in one case that delinquency had "no relationship to early or later unsatisfactory environment,"⁵ when, in fact, the child was illegitimate and had been born in a Salvation Army home, facts that begged for further investigation.

While Bowlby believed that heredity could play a role in emotional disturbance, he doubted that hereditary difficulties would lead to neurosis unless the environment had somehow exacerbated them. And having worked in a child guidance clinic for several years, he found it rare that a child brought in for treatment had had an even average psychological environment.

Two environmental factors were paramount in early childhood, Bowlby said. The first was the death of the mother or a prolonged separation from her. To buttress this point, he offered examples of children who had had lengthy separations from their mothers when very young and who subsequently became cunning, unfeeling, thieving, and deceptive—qualities that were similar to what Levy, unbeknownst to Bowlby, had reported in the United States two years earlier.

The second factor was the mother's emotional attitude toward the child, an attitude that becomes apparent in how she handles feeding, weaning, toilet training, and the other mundane aspects of maternal care. One group of mothers demonstrates an unconscious hostility toward the child, Bowlby said, which often shows up in "minor pin-pricks and signs of dislike." Such mothers often compensate for their hostility with an overprotecting attitude—"being afraid to let the child out of their sight, fussing over minor illness, worrying lest something terrible should happen

to their darlings. . . ."⁶ The underlying hostility emerges, however, "in unnecessary deprivations and frustrations, in impatience over naughtiness, in odd words of bad temper, in a lack of the sympathy and understanding which the usually loving mother intuitively has." Another group of mothers is neurotically guilty and cannot withstand a child's hostility or criticism. "Such mothers will go to endless lengths to wheedle affection from their children and to rebuke in a pained way any show of what they call ingratitude."⁷ In either case, the results for the child are lasting emotional damage.

This briefly summarizes the themes of Bowlby's first professional paper. The twin concepts presented there—of maternal separation and negative maternal attitude—would prove rich quarries for Bowlby and those who would eventually follow him. In formulating these ideas, he laid out a point of view to which he would adhere implacably for the next fifty years of his life.

When I met Bowlby in January of 1989, he was a soft-featured man of eighty-two with bushy white eyebrows, thinning white hair, and a proper, somewhat detached, upper-class bearing. He had what Victoria Hamilton, who worked with him for many years, described as "penetrating but responsive eyes beneath raised eyebrows which to me expressed both interest and a slight air of surprise and expectation."⁸ He still had an office at the Tavistock Clinic, where he'd worked since shortly after the Second World War, and he lived in an old rambling house opposite Hampstead Heath that he'd acquired around the same time. One of his four children, Richard Bowlby, lived next door with his family.

When Bowlby died nearly two years later, an outpouring of reminiscences paid tribute to the affection, loyalty, and respect he'd engendered. There was some mention, too, of qualities like headstrongness, which might help explain how a young man so new to his chosen field could take positions of such strength despite the opposition of top people. He was often considered aloof and emotionally distant—a quality some attributed to shyness or awkwardness,⁹ others to a protective shell that made it difficult for him to express his feelings.¹⁰ Indeed, he rarely spoke of his feelings, was "completely inarticulate" when he tried, and seemed almost without curiosity about himself.¹¹ One longtime colleague noted that "he was perfectly able to 'take turns,' the essential ingredient of conversation"; but it seemed oddly touching that she should have felt it relevant to state that.¹² Those who came to work under him at the Tavistock

Clinic in later years, having learned in advance of his haughtiness and stubborn, sometimes pugnacious, adherence to his views, were often surprised by his gentle availability and deep fund of affection.

Intellectually, Bowlby was efficient, focused, and formidable—"the most formidable man I ever met," his wife Ursula would later say.¹³ At some point in his life, he seems to have become the sort of person who never wastes a minute, never suffers through down time, never fails to understand and integrate everything he's read or studied. Ursula Bowlby thought of his mind as a "smoothly functioning Rolls-Royce."¹⁴ But it was a Rolls Royce with artillery. His aggression showed plainly at times, as when he barked "Bowlby!" into the phone when disturbed by an unwanted call;¹⁵ but he could also manage it masterfully, as when he fielded questions from unfriendly members of an audience with shrewdly pointed replies. In old age Bowlby admitted to having been "a rather arrogant young man," to which Ursula Bowlby adds, "He was also an arrogant middle-aged man and an arrogant old man (he knew he was right, in fact)."¹⁶ Yet he was also very direct, admirably, almost touchingly, incapable of being devious, and possessed, according to his wife and others, of an unshakable integrity. He was also very well-mannered and had an unusual ability to maintain relations with those who held opposing views. He was in almost every respect an old-fashioned English gentleman.

This, then, was the upstart who emerged on the psychoanalytic scene in the late 1930s. Bowlby was brilliant, confident, impatient, decidedly off-putting at times, with a tremendous sense of purpose and not at all inclined to worship existing theories or their makers. In the coming years he would get under a lot of people's skin.

Many of the early child psychiatrists came to the field via pediatrics. That was not the case with Bowlby. Born in 1907, the son of a prominent baronet and surgeon to the king,¹⁷ Edward John Mostyn Bowlby was the fourth child in a family of three girls and three boys. "Mine was a very stable background," he once announced with typical British finality.¹⁸ But whatever Bowlby may have been trying to convey, "stability" here should not be taken to mean warm, secure, emotionally responsive or any of the other qualities that Bowlby believed were so important to a developing child. His parents were conventional upper-class people of their day, with a belief in intellectual rigor and a stiff-upper-lip approach to all things emotional. Although Bowlby never discussed the matter and seems to have put it out of his mind, he did not have happy relations

with either of them. His mother was a sharp, hard, self-centered woman who never praised the children and seemed oblivious to their emotional lives; his father, although rarely present, something of an inflated bully.¹⁹ Both parents set themselves utterly apart from their children, handing over their care to nannies and a governess. The children ate separately until each one reached the age of twelve, when, if the child still lived at home, he or she was permitted to join the parents for dessert. The nannydom consisted of a head nanny, herself a somewhat cold creature and the only stable figure in the children's lives, and an assortment of undernannies, mainly young girls who did not stay very long. Bowlby was apparently very attached to one of these young nannies and pained when she left.²⁰ On the other hand, he and his brother Tony were his mother's favorites, taken on many outings from which the others were excluded. This may have contributed to his uncommon self-confidence.²¹

At eight, Bowlby was sent away to boarding school where he joined Tony, only thirteen months older, with whom he shared a close and fiercely competitive relationship. Bowlby, who would never criticize his parents, later said he'd been sent away because the family was concerned that the German zeppelins would drop bombs on London. But since the other children remained behind, it is more likely that this is simply what upper-class English families did. In any case, he was unhappy, and he later told his wife, in a rare moment of candor, that he wouldn't send a dog to boarding school at that age. Although he never said as much and was probably unaware of it, almost everything he wrote in later years about the needs of young children could be seen as an indictment of the type of upbringing to which he'd been subjected and to the culture that had fostered it.

Bowlby studied at the Dartmouth Royal Naval College and Trinity College, Cambridge. When he enrolled at Cambridge, he was not especially interested in taking up his father's calling but "didn't know quite what else to do" and so studied medicine. He read psychology during his third year, however, was intrigued, and "decided to take it up—whatever that meant!"²²

In the summer of 1928, Bowlby found himself drawn to the phenomenon of "progressive education"—a radical alternative to the philosophy by which he himself had been raised and educated. The British progressive schools, first started about ten years earlier, were essentially residential schools for maladjusted children and were considered quite beyond the fringe by mainstream educators. The most famous was Summerhill,

founded and run by A. S. Neill, who argued that a disciplinary regime was exactly the opposite of what children needed, that it quashed their natural inquisitiveness and stunted their individuality. Instead, children at his school were pretty much allowed to do as they pleased, as long as they didn't impinge on others; and teachers were given special training so that they could be gently available rather than figures of fear and authority. This amalgam of anarchism, utopian socialism, and Freudianism must have struck the proper young Bowlby as quite a good mix, for it remained a cornerstone of his own views for the rest of his life. Almost thirty years later, in a lecture on child care, he would say:

An immense amount of friction and anger in small children and loss of temper on the part of their parents can be avoided by such simple procedures as presenting a legitimate plaything before we intervene to remove his mother's best china, or coaxing him to bed by tactful humouring instead of demanding prompt obedience, or permitting him to select his own diet and to eat it in his own way, including, if he likes it, having a feeding bottle until he is two years of age or over. The amount of fuss and irritation which comes from expecting small children to conform to our own ideas of what, how, and when they should eat is ridiculous and tragic—the more so now that we have so many careful studies demonstrating the efficiency with which babies and young children can regulate their own diets and the convenience to ourselves when we adopt these methods.²³

So attracted was Bowlby to the progressive philosophy that he abandoned his medical education and worked as a volunteer at two Neill-like institutions for the next year. Bowlby had little to say about the first school except that it was run by an "inspired manic-depressive" (and veterinary surgeon) named Theodore Faithfull.²⁴ At the second, a small school in Norfolk, he met John Alford, a troubled war veteran (and later an art teacher in Toronto) who had himself been through analysis and who took the young Bowlby under his wing, turning his attention to all those issues that would become central to the Bowlby canon. Most important, Alford explained the connections between the disturbed behavior that Bowlby was observing at the school and the unfortunate early histories of the children involved. Bowlby joined the staff without

pay, receiving board and lodging for six months. He apparently connected well with some of the children, one of whom followed him everywhere and was known as his shadow.²⁵ He would later say that "everything has stemmed from that six months."²⁶

In the fall of 1929, at Alford's urging, Bowlby, then aged twenty-two, enrolled at University College Hospital Medical School and began analytic training, which included his own analysis. Four years later, after completing his degree, he went on to train in psychiatry, while continuing his training in psychoanalysis.

His analyst was Joan Riviere, a close friend and follower of Melanie Klein, whose views were causing a sensation in British psychoanalysis at the time. Bowlby and Riviere were apparently not a good match. She no doubt found him a tough nut to crack, and she complained about Bowlby's critical, questioning attitude toward analytic theory—as if, she said prophetically, he was "trying to think everything out from scratch."²⁷ She was also known to be something of a bully²⁸ which could not have sat well with this patient. Their sessions must at times have seemed like polite wrestling matches.

Riviere no doubt saw Bowlby's persistent intellectual protests as resistance to the treatment, which they may well have been. Indeed, although Bowlby was over seven years in analysis with Riviere, seeing her almost daily, she was never satisfied with his progress; while he never gave any indication that she had the slightest impact on his life.²⁹ It was only with Riviere's reluctant approval—probably arrived at after considerable pressure from her determined young patient—that he qualified for associate membership in the British Psycho-Analytic Society in 1937.³⁰ When his new wife told him, in partial jest, that she couldn't see how he could "afford both a wife and to continue an analysis which had already lasted seven years (and used up most of his capital)," Bowlby apparently took this as just cause for putting an end to the treatment. (Characteristically, Bowlby spoke little of Riviere afterward. "The only thing he told [me] about her," Ursula Bowlby later said, "was that she was a lady, i.e. out of the top drawer like him."³¹)

Meanwhile, in 1936 Bowlby had gone to work half-time at the London Child Guidance Clinic at Canonbury. The child guidance movement had been more or less exported to England through financial grants by the Commonwealth Fund, which supported the movement in the United States. Bowlby was one of the first British psychiatrists to become involved in child guidance, and he found that it provided him

with a singularly compatible home.³² His three years at Canonbury represented a return to all the things Alford had taught him regarding the impact of early parent-child relationship. His social work colleagues, Molly Lowden and Nance Fairbairn, who had had some analytic training themselves, were taking psychoanalysis in a practical direction that was uniquely suited to a family mental health center. They would ultimately have a greater impact on Bowlby's thinking than any of his teachers or supervisors in analytic and psychiatric training.³³

Lowden and Fairbairn introduced Bowlby to the idea that unresolved conflicts from the parents' own childhoods were responsible for the hostile and deficient ways in which they sometimes treated their children. As a result, the social workers gave therapeutic attention to the mothers as well as the children, a process that struck Bowlby as immensely sensible. Later he would recall two examples from that period.

In one a father was deeply concerned about his 8-year-old son's masturbation and in reply to my inquiries explained how, whenever he caught him with his hand on his genitals, he put him under a cold tap. This led me to ask father whether he himself had ever had any worry about masturbation, and he launched into a long and pathetic tale of how he had battled with the problem all his life. In another case a mother's punitive treatment of her 3-year-old's jealousy of the new baby was as quickly traced to the problem she had always had with her own jealousy of a younger brother.³⁴

But, according to Bowlby, this approach was not mainstream, neither in child guidance, child psychiatry, nor psychoanalysis, where, indeed, it was looked down upon by his analytic superiors and caused him troubling professional conflicts.

Psychoanalysis had certainly played an important part in sensitizing the public to the dangers of early wounds. In the United States analysts and analytically oriented workers were frequently among those who insisted that a child's behavior is a reflection of his home life. A. S. Neill (a friend and supporter of analyst Wilhelm Reich) and John Alford were both solidly in the psychoanalytic camp, and almost all of those who did the pioneering work on maternal deprivation were analysts, as Bowlby

himself would soon discover. But, for the most part, analysts tended to limit their focus to the impact of problems around feeding, toilet training, and exposure of the infant or young child to sexual intercourse between its parents. They were not interested in making a serious science of the way parents treated a child or of the quality of relationships in the family.

Freud had originally argued that neurosis was caused by early trauma. His female patients who suffered from hysteria—which included such symptoms as dizziness, delirium, fainting spells, paralysis of some part of the body—had apparently all recalled having been sexually molested when they were small children, often by their fathers, and Freud determined that that was the cause of their condition. But in a famous about-face, which has in recent years become the source of immense controversy, Freud announced, in 1897, that he had gotten it wrong the first time. He said that the unconscious is unable to distinguish between real memories and fantasies, and, finding it impossible to believe that so many of his patients had been seduced by their upstanding bourgeois fathers—and apparently distressed by the thought that his own father might be among the offenders—he concluded that the memory of seduction was actually the memory of a wish that had been played out in his patients' imagination. Young children, he argued, have a potent erotic drive that naturally causes them to want to have sexual love with their opposite-sex parent and to do away with the same sex parent. Here was born Freud's theory of infantile sexuality and of the Oedipus complex, with the guilty feelings and neurotic tensions that are often left in its wake. Although Freud always acknowledged the possibility of real seduction and real trauma, he never seriously considered the parenting factor again, and he seemed to have little sense of the intricate connections that could exist between the parent's emotional problems and the child's.³⁵

It is now impossible, of course, to know whether Freud's hysterical patients were indeed seduced or molested by their fathers or anyone else. But even if they were and Freud made a grave error (as Bowlby and others came to believe), the alternative view he put forth did not inherently contradict the first one and could easily have lived alongside it: Some people become disturbed because they have been sexually abused or suffered other traumatic blows that their young minds were unable to assimilate at the time; but most others who develop neurotic conflicts have not experienced such overt traumas. Many considered the new view to be a victory for common sense. It was, as Charles Rycroft, hardly a

Freudian apologist, says, "the beginning of a new era, one in which it became possible to elucidate the way in which fantasies can distort memory and in which infantile sexual wishes and parental attitudes combine to generate what we now call the Oedipus complex."³⁶ But although "parental attitudes" may have been an implicit part of the new equation, with the abandonment of the trauma theory, orthodox analysts became disenchanted with almost all environmental issues.

The Oedipus complex, nevertheless, proved to be a gold mine for Freud, because rather than dealing exclusively with the traumatized few it spoke to the human condition and the conflicts inherent in emotional life. In the near-universal triangle of mother, father, and child, love, hatred, and jealousies arise that generate considerable inner conflict, the only difference between the mentally healthy person and the neurotic being one of degree, neurotics exhibiting "on a magnified scale feelings of love and hatred to their parents which occur less obviously and less intensely in the minds of most children."³⁷ The new view was not only more universally applicable, it was more revolutionary and, in a sense, more humane, for it narrowed the distance between neurotic and ordinary experience, between "us" (doctors, normals, upstanding citizens) and "them" (women, weaklings, defectives).

For children, the oedipal period (about three to five years of age in the standard view) is often a critical point of passage, and for many adults unresolved oedipal feelings are disturbing and frequently distorting of their lives. As a boy grows into a man, his relationships with women and with other men and his attitude toward himself as a man, including whether he is anxious about surpassing his father, are inevitably affected by how he worked through the competitive feelings that arose in the oedipal triangle.

One of the paradoxes of the debate over whether neurosis was caused by the child's own fantasies or actual molestation was the unspoken agreement by both camps that the oedipal theory somehow absolves parents. The assumption is that if a little girl, naturally in love with her father because of her own erotic drives, is haunted in later life by irrational guilt and the need to make unnecessary reparations, the fault for such an unhappy development lies in her. The reason why she, but not another girl with the same natural drives, ends up with neurotic symptoms in later life is that she must have had a constitutional disposition (perhaps her erotic drive was too strong) that made it impossible for her to resolve her Oedipus complex and move on up the developmental lad-

der. But, in fact, such a conclusion is usually unwarranted and today, at least, few analysts would hold to it.

True, neurotic conflicts can arise in the most caring environment. Although parental behavior almost always contributes to them in some way, it need not be behavior that we would consider seductive, manipulative, or rejecting. Achieving a completely untroubled adulthood is a rare, if not impossible, accomplishment in any environment. But it is also true that if a child has oedipal problems and grows up to be a troubled adult with irrational guilt, disturbing fantasies, and neurotic symptoms, something was probably amiss in the parenting. Clearly, some parents handle oedipal issues in a way that helps the child develop his own strength and personhood while maintaining a strong connection to each of them. Others compete for the child's affections or use him as a pawn in their struggles. A mother may be dependent on her son's affections and subtly seduce him emotionally, so that he remains caught in her web rather than free to be his own person and to seek new relationships. She may allow her son to observe her humiliating his father, thereby not only damaging his sense of maleness but leaving him with guilty feelings over vanquishing his father. A father may be so dictatorial with his son as to force him into an unhealthy alliance with his mother. And so on, ad infinitum, with parallel problems for girls. The fact that the child's fantasy life may be filled with all sorts of distortions of fact—that his father hates him, for instance, or that he has injured his father in some way—in no way alters the fact that parental behavior has left him in a stew.

Freud's shift to an oedipal and away from a trauma view of the etiology of neurosis does not, therefore, have to be seen as blaming children or letting parents off the hook. Unfortunately, psychoanalysis—with much of psychiatry in its tow—became so taken with the problems of the child's fantasy life that real-life events were considered fundamentally less important. Analysts became fascinated by how our unconscious sexual and aggressive drives get bent, twisted, sublimated into healthy channels; how they get hidden by reaction formations (compulsive helpfulness masking hostility) or allowed their pleasures through compromise activities (verbal aggression making do where physical aggression is desired). Relationships and life experiences were inevitably assumed to play a part in this process, but that was an afterthought. The main focus was on the individual and the workings of his unconscious.

In those days, Bowlby later wrote, "it was regarded as almost outside

the proper interest of an analyst to give systematic attention to a person's real experiences." The standard view was that "anyone who places emphasis on what a child's *real experiences* may have been . . . was regarded as pitifully naive. Almost by definition it was assumed that anyone interested in the external world could not be interested in the internal world, indeed was almost certainly running away from it."³⁸

It was an odd situation, since, in fact, many analysts were well aware that early relationships had an impact, often a deleterious one, and many were sensitive to this issue in their individual practices. Their published case studies attested to this. But important theory making was reserved for the unfolding of the internal world in what analyst Heinz Hartmann would call "the average expectable environment," and to leave aside issues of variation in upbringing. In the writings of leading classical analysts, the nature of a patient's relationships, past or present, often seemed like an incidental matter.

This gap in mainstream analytic thinking brought to the fore new schools of thought. Some Freudian loyalists, like Erik Erikson, attempted to adjust Freud's developmental stages by making them more attuned to social issues. Thus, in Erikson's hands, for instance, the oral stage (when the mouth is the center of the child's biological drives) retains all the Freudian contours but also becomes the time when one does or does not learn basic trust, according to the type of parenting one receives. Other thinkers insisted on more substantial revisions. Object relations theorists (in psychoanalysis the unfortunate word "object" usually means "person") like Melanie Klein, Ronald Fairbairn, Michael Balint, and Donald Winnicott in England, interpersonal and social theorists like Karen Horney, Harry Stack Sullivan, and Erich Fromm in the U.S., and later on family systems theorists, who were mainly nonpsychoanalytic, were all struggling over the relational ground left uncharted by the classical Freudian model. They argued that people are motivated by more than the desire to satisfy instinctual impulses, like hunger and sex; that they also have a primary need to be meaningfully connected to others.

Bowlby's years of analytic training coincided with the early development of object relations thinking among psychoanalysts in Britain, and it was to the development of this theory that he hoped to make a contribution. The object relations movement, begun by Melanie Klein, reflected not only a concern with neglected relationships, but a desire to move beyond neurotic symptoms, like irrational guilt, which was

believed to derive from oedipal conflicts, to the more fundamental problem of character.

This was also a time when analysts first began to see a new type of patient, less sure of himself and what he should be than the well-to-do bourgeois whom Freud usually treated. The new patients often felt empty, didn't know who they were or how they should live, projected what Winnicott called "false selves," and were assumed to be suffering from personality distortions that began in infancy, before the oedipal triangle became an issue. Their arrival in analytic offices demanded a greater understanding of early relationships and their impact on personality.

Ronald Fairbairn's theory was probably the most compatible with Bowlby's thinking and must have influenced him. In a bold move, Fairbairn was in the process of abandoning Freud's drive theory, which saw people as being motivated mainly by unconscious forces, like sexuality and aggression, which build up inside us and emerge in various ways, many of them quite disguised. In Freud's theory, the id was the repository of these powerful amoral forces; it only knew desire, pleasure, and the urge for immediate gratification. The ego struggled to tame these forces and find a way to live in the real world, where gratification often has to be delayed and impulses controlled, and to accomplish this without violating the strictures of the superego. Fairbairn was the first to argue that what Freud had underestimated in all this was the need for other people. He argued that the libido, or sexual energy, was not pleasure-seeking, as the classical theory held, but person-seeking and that psychopathology originated in disturbances in early relationships.

But Fairbairn, up in Edinburgh, was not a major player in the Psychoanalytic Society of London. His theoretical revisions were considered impudent and his analytic training substandard. With little more forethought than the toss of a coin, Bowlby threw his lot in with Klein.