

INVISIBLE WOUNDS: A GENEALOGY OF EMOTIONAL ABUSE AND OTHER PSYCHIC HARMS

INTRODUCTORY CHAPTER

This dissertation is about how the concept of harm, damage or wound is applied as a metaphor to a site often called the self or the soul. This is the social space of the individual subject, which is, paradoxically, placed by our language and culture in a person's interior – a place where we are all said to be vulnerable and endangered by a potentially hostile environment. The thesis consists of a series of studies which are designed to show how the concept of harm to an inner life emerges from different discursive contexts, and how it does so in distinctly variable versions: psychological, emotional, neurological or social, in more or less stable hybrid forms. Using primary sources which are mostly documentary, supported by some interviews, the studies range from a look at the psychiatric history of post traumatic stress disorder (PTSD) and at the story of its rewriting in English tort law; the recent reprised popularity of attachment theory and its marriage to neurology and a look at the career of the concept of the emotional abuse of children as a social problem category in the legal/administrative processes of Child Protection. These are introduced by a first chapter which concentrates on the metaphoric content of invisible wounds or psychic trauma

and the way it produces particular forms of the self. The studies which follow this are clustered around the literature and practices of the psychiatric, psychological, psycho-analytic, social work and legal professions, in order to show how the work of these professionals makes the concept of a psychic injury visible, discussible, treatable, administrable and justiciable. Through their efforts, it is argued, the concept moves from being a metaphor, hooked onto the palpable reality of a physical wound, to acquire a 'facticity' of its own; it becomes a reality through its achieved status as a social problem category and an ever present risk to self and self regulation at the turn of the 21st century.

I. JOURNEY INTO THE INTERIOR

Starting Out

The roundabout ways in which I approached this subject and its title were, indeed, something of a journey. When I started this project in 1999, I was well acquainted with severe psychological problems, and their variable descriptions and treatment modalities, having worked for some years, over the 1980s, as a single-handed social worker, family therapist and professional systems consultant in a psychiatric unit for adolescents, in a large National Health Service teaching hospital. But, in the early 1990s, I changed jobs to work as a Research Officer on an ESRC funded study, *Social Workers Attitudes to Risk in Child Protection* and I was keen to ground my thesis in the knowledge I had gained here. I wanted particularly to look in detail at the risk assessment process for Local Authority Child Protection case conferences and the way social workers and assessors of paedophiles accomplished the task of applying the rigid, technical categories of risk management to the indeterminate, turbulent and morally ambiguous world of their clients. From there, I became increasingly interested in what I thought was, at the turn of the new century, the smallest category of child abuse, the one least applied to children in the Child Protection

registration process,¹ certainly the one least talked or written about: emotional abuse – a vague puzzling idea and one which would take most work and ingenuity to dress up in the calculus of risk. What was it that was ‘at risk’ and what would count as evidence in the administrative and legal processing of cases where this cruelty was suspected?

My curiosity about this concept and its application was enhanced by two events. The first occurred when I began to investigate the meagre literature in this area and discovered that there was a copy of the first US book on the subject by John Garbarino and colleagues (Garbarino *et al*, 1986a) in the University Science Library – where else? I found it there wedged between two other books. On the left was a large medical tome on the physical abuse of children, a photographic compendium of injuries on small, fragile bodies, images which were powerful and quite pornographic in their raw, red detail; on the right was one of the first volumes published on the sexual abuse of children, which consisted in chapters of compelling oral testimony by adult survivors, transcribed into the written word. I was struck by the force and the directness of their visual and oral communication and by the contrasting invisibility and silence of the problem I was interested in. The ‘injury’ caused by this abuse could not be seen and nor could the inchoate experience of a small child, who had known no other life, be put into words. How could the intermittently cruel behaviour of parents be observed without continual access to the private world of the family? To be made public and visible, this was an injury which would need a subtle form of policing and the mediation of a certain sort of professional knowledge. It required some convincing theory or stockpile of lay wisdom, which could relate, by inference, observable behavioural signs to an invisible mental state and some causal parental actions or poor familial relationship. It was hardly surprising that the emotional abuse of children had never become the subject of a political and media campaign in the US and the UK, in the way that child physical abuse, in

¹ In fact, according to the Department of Health (DOH) figures for registrations of child abuse by category in 1999, not published until 2000, the figure for emotional abuse just overtook the numbers registered for sexual abuse.

the form of baby battery and child sexual abuse, had done in the 1960s and the 1970s-80s respectively. It lay in a hidden territory, which, as in Foucault's version of the psychoanalytic confessional, could only be known or explored through the arcane knowledge of experts.

And who were these experts? This question triggered the second event: a memory, this time, of a session of an International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Congress in Oslo in 1995, where a social work academic from Northern Ireland gave a paper on the urgent necessity of finding a definition that would distinguish between the *emotional* and the *psychological* abuse of children. I was surprised by a paper on this little-discussed form of child abuse, surprised that what was problematised here was the classification of this particular form of deviancy, rather than the behaviour it purported to describe. I was even more struck by the vigorous way in which some of the leading players in the Child Protection field entered into the consequent discussion of taxonomy. I later realised that, at that point, the paper's author had published the only UK monograph on the subject, but that these other experts were about to enter the field. Compared to other social problem categories, the terrain of emotional abuse was as yet unoccupied and I was witnessing my colleagues laying claim to a new strip or two.

It may seem cynical to go from an initial interest in a social problem category straight to the politics of its inception, promotion and public recognition, rather than to the causes, manifestations and consequences of the problem itself – the distress and difficulty located in the child and family. But I had trained in and practiced a therapy which, whilst it acknowledged and worked with distress in all its forms, intervened with clients at a cognitive rather than an emotional level. It was primarily interested in how the client construed the problem, in the belief that any such construction, be it lay, psychiatric, psychological or social, could be superseded by an infinite number of re-descriptions. It was the helpfulness of this framing to the client, rather than its approximation to any

objective state of the world, which was of ultimate importance. With such a relativist approach to my work (with all its much criticised drawbacks in terms of lack of a moral marker), I was also sensitive to the constant negotiation and renegotiation of the nature of child and family problems in the eclectic, multi-professional field of child welfare. Here, child psychiatrists, psychologists and psycho-analysts rubbed shoulders with teachers, social workers and lawyers. They met in clinics, courts and case conferences, where difficulties for children and their families were constantly being rewritten in the light of different professional rationalities and organisational imperatives – most especially those entailed by scarce resources.

I was aware, of course, that these professional rewritings were not infinite. Apart from the limitations imposed by institutional structure, professional rationalities depended on a limited set of knowledges, which crossed institutional and professional boundaries and were found in multi-professional training manuals, journals, literature on sale at conferences and publishers' lists. The items of this repertoire were often mixed up with each other even in the language and practices of one individual, let alone in those of one profession or institution. On the whole, day to day practice and decision making in this area seemed like a thoroughly commonsense affair, in which particular pieces of technical talk were adopted for rhetorical purposes – to prove a point or assert a professional identity. Nevertheless, several broad discourses could be identified in everyday professional practices in the area of emotional abuse and in the academic and professional literature. These partial models explaining the behaviour of children and families, were sometimes purely behavioural, but more often invoked theories of an interior life – medical (psychiatric, psychological and neurological) theories of the psychic reaction of human beings to sudden loss or shock, often called trauma, socio-medical (psychological and biological) theories of the emotional and behavioural reaction of children to poor, disturbed or dangerous mother-child relationships, socio-legal theories, more feminist, hybrid, rights-based narratives about the depredations of patriarchy and the

psychic reactions of victims to abuse of power in all its forms, psycho-social and biological theories of child development – all of them set in a rich legacy of two centuries of discourse about danger to children from the aberrations of adults, both individually and collectively.

It was clear that if I wanted to make problematic the status of the emotional abuse of children as an administrative and legal category in the world of Child Protection, I could do it in two different ways: first by looking at the inter-professional politics of its emergence and growth in considerable institutional detail, which might indicate a sort of social history of this problem category in the form of a classic social constructionist thesis and, second, looking more at the genealogy of the concept, marriage, divorce and death in the particular knowledge streams that gave birth to the concept. I did not think these two were mutually exclusive in theory, but it became clear that, in terms of time and the direction of research effort, it would be hard to manage them both. In that sense, I had a choice about where to concentrate my gaze. And, simply, I think, because I was already familiar with the administrative and legal world of child protection, it was the genealogies, the related world of the ‘psy’² professionals, with their more esoteric knowledge, which aroused my curiosity. I wanted to think more specifically about the psychological or emotional harm said to be done by this version of abuse and how particular psychiatric, psychological and legal versions of psychic harm contributed to the way it was construed and treated.

At this point, a literature search on emotional abuse in general threw up two self-help books. The first was called *Invisible Wounds*, by Kay Douglas, a writer and therapist from the US. This was a book for women who felt subjugated and hurt by men, written by one who had shared their pain (Douglas, 1996). I was taken by this metaphor and began to find other examples of its use located in the

² This is a shorthand for the professions purveying knowledge of individual behaviour and its explanations, psychiatry and different forms of psychology and social work. It was first used by Michel Foucault and other French poststructuralists.

discourses I was already interested in. Apart from the instance of the broken, bleeding heart in literary or religious iconography (not always invisible), the obvious one was psychic trauma. The word ‘trauma’ is Greek for a wound or a piercing of the body’s skin. Its first use, as recorded in the *Oxford English Dictionary*, was in the mid-17th century. In the second half of the 19th century, its use was extended to include a form of ‘nervous’ injury by British neurologists working on the effects of railway accidents. Freud himself first used trauma as a metaphor for psychological harm in his work on hysteria (Breuer *et al*, 1955 [1893-1895]; Freud, 1966 [1892-94]) as did William James, who, almost contemporaneously in 1894, described certain reminiscences of shock as ‘psychic traumata, thorns in the spirit, so to speak’.³ Now it is part of a flourishing vernacular about shock and psychic hurt and has emerged in the medical world as the diagnostic category of post traumatic stress disorder. There is the notion of traumatic attachments in the mother/child relationship and that of spiritual wounds inflicted in racism or hate speech, bullying or harassment, or collective wounds to groups and even nations, an example of which occurs in the discourse of Truth and Reconciliation Commissions.⁴ This language of the wound was also accompanied by its causes and consequences, as in wounding words, psychic pain, mental anguish, damage, sickness, healing and scarring, and its location, as with deep wounds, spiritual lesions, hurting inside and, of course, the notion of vulnerability and so impending danger. I began to think about the power of the physical metaphor of the wound and the work that it does in discourse. How might it help to make the incorrigible private experience of psychic harm into a social problem which was discussable, theorisable and even legally actionable? At the same time, I was curious as to how the dualistic philosophy of the law, in which the mind inhabits its body as a possession, could ever accommodate to the idea of harm to an inner life.⁵

³ In *Psychological Review* 1:199.

⁴ See Chapter 1.

⁵ This is considered in Chapter 3.

Metaphor and Interiority

At first, it seemed clear that the metaphor of invisible wounds primarily locates the injury in some kind of mental or emotional space inside an individual. This was underlined by the metaphor of the second self-help book I had found, called *Inward Bound: Exploring the Geography of Your Emotions*, by Sam Keen, a clinical psychologist, which was reminiscent of John Sutherland's earlier biography of the distinguished psychoanalyst Ronald Fairbairn, *Fairbairn's Journey into the Interior* (Sutherland, 1989). If I embarked on a study of invisible wounds, how was I going to deal with the whole topic, even assumption, of human interiority, 'the world passed within', as Charles Taylor put it in *Sources of the Self* (Taylor, 1989)? I was in no danger of making my own journey into the vast and intractable terrain of the interior world of the self or the soul (a space which, though it is continually explored and rewritten, is still as mysterious as the dark continent of Africa was to Western explorers in the 19th century). For all I knew it was the Kingdom of Prester John, a land of myth and legend. I was not going to 'go native'. I was (and remain) agnostic about the real nature and location of this interior, seeing the accounts of those who claim to have been there as dependent on the culture and practices of the explorers, themselves, and their colonising homeland. For example, Foucault saw this tricky, even hostile land, with deep, impenetrable subterranean caves, as created and elaborated in the context of the psycho-analytic confessional, where the arcane techniques of experts helped the inhabitants to imagine and map their world, making it the subject of systematic 'scientific' knowledge and therefore power and regulation. In the more recent psychological paradigms of cognitive or cognitive behavioural therapy, the natives are the informants, giving first-hand accounts of the lie of their flatter and less savage landscape – expert, privileged observers of their own mental behaviour. In both cases, the maps and charts are all produced within the linguistic and therefore social processes by which subjectivities and their worlds are made up. Any pre-cultural psychic

interior cannot, by definition, be seen or spoken of. It may be a no-place, though not, according to Freud and Klein, a utopia!

Moreover, not only can it only be broached within a cultural domain, it would, as the last paragraph testifies, be hard to imagine without metaphor. This is a complicated claim which is based on the fact that many of the abstract theoretical constructs which are used to explain human behaviour within a psychological paradigm started life as everyday concepts, and often as metaphors, from which the figurative content has been gradually lost, as they have become abstract, reified, technical categories; they are inferred from certain sets of observable behaviour, which they are then used to explain. Like the language of the emotions (Griffiths, 1997), metaphors of a psychic interior, concepts like depression, stress and, of course, trauma – a psychic wound – and emotional abuse as harm, seem to lack an obvious referent, although they have meaning, embedded in language's figurative history and current social use. Aristotle, the arch-realist, wrote that 'metaphor consists in giving the thing a name that belongs to something else.'⁶ In a realist world, it is the nature or existence of this thing which is problematic.

So any discussion, examination or elaboration of the nature of a psychic interior plunges us further into a figurative world; any consideration of the work that the metaphor of the psychic wound does in discourse to make this interior place public, treatable, administrable, immediately involves *more* metaphors. Most especially, it involves a spatial trope, based on a dichotomy between interior and exterior sites, public and private domains, and on movement between the two; a narrative about 'bringing forth' from incorrigible self-knowledge to vocal expression or visibility in the social domain. These two registers of knowledge of another, according to Susan Sontag, are the basis of the two modes in which metaphor functions – the 'expressive and the scientific' (Sontag, 1991: 91). If

⁶ Aristotle *The Poetics* 8. Chapter 21, 1457b1 - 30. translated by Ingram Bywater, quoted in Garrett, J. (2007), *Aristotle on Metaphor*, <http://www.wku.edu/~jan.garrett/401s07/arismeta.htm> [accessed, 22 February, 2008].

this dissertation were just about the work of metaphor as something which locates, names and ‘brings forth’ a ‘private place’ into the social world, it would simply be part of the process it was writing about.

But I have already declared agnosticism about this inner world – a belief that it is ontologically subjective, a creation of the social domain. So I had to be clear that while metaphor may be said to reveal or make discussable a private place, it also facilitates its creation as a new form of life. The language and practices of the invisible wound can not only be described as revealing a particular form of subjectivity; in the revealing, they also make it. Susan Sontag writes in her introduction to *Aids and its Metaphors* that ‘saying a thing is something-it-is-not is a mental operation as old as philosophy and poetry and the spawning ground of most kinds of understanding’ (Sontag, 1991: 91). We could add that saying, in metaphor, that a thing is something-it-*is*, creating facticity, seems to be a similarly ancient mental occupation. We are all expert users of this linguistic convention, just as we are all expert users of language in general.

But what is significant in Sontag’s formulation is that it catches the *negative* basis of metaphor. For example, in the case of a spiritual or psychological wound, we do not really think that when someone declares or shows extreme distress that their soul or their psyche is pierced or opened up painfully by a forceful object or weapon. But our language and ways of thinking about this process are almost totally taken from the body and its hurts.⁷ So, to describe distress, our words for bodily hurts must be qualified by the adjective ‘mental’, ‘psychological’ etc. And to start with, at least, such qualifiers have a certain *disqualifying* connotation. For example, the qualifier, ‘invisible’, for a wound, suggests that the wound is *not* a gross bodily lesion after all; that is, *not* a

⁷ Apart from the word distress (from the Latin *districtus*: divided in mind) words like pain, hurt, harm, injury or damage all primarily refer to the physical; they are either connected to the neural system or, in law, to the body as property and, only very remotely, to a person’s rights.

wound. As the critic John Lanchester pointed out,⁸ ‘all metaphors have, to some extent, an anti-realistic effect’ and Gilbert Ryle went further when he reminded an Oxford seminar that ‘making a mental note’ was precisely not to make a note at all (Eagleton, 2001: 163)! The suggestion is that with time and habitual use, these qualifiers lose their disqualifying power; they are taken for granted and become part of a phrase with a unified meaning, not dependent on its supposed metaphorical referent; they can be dropped, and a powerful, often implicit, theoretical context used to provide their intention. This process is traced in Chapter 4 on the history of the concept of emotional abuse as a problem category, where these historical stages in the development of a metaphor are identifiable.

So, over time, the figurative content of a metaphor seems partly lost. In the current use of the word ‘trauma’ in the psy sciences, for example, there is little qualification. But when Freud first used the wound as metaphor at the beginning of the 1890s in his notes on an edition of lectures by Charcot (Freud, 1966 [1892-94]), he talks of the ‘traumatic *hysteria*’ and ‘*psychical* trauma’ He makes it clear that he is talking about the psychic consequences of a material event, a trauma. ‘Hysterics suffer mainly from reminiscences’ (Breuer *et al*, 1955 [1893-1895]: 7) and whether the event is an accident involving physical injury or one which merely causes intense fright, anxiety or shame, is immaterial. The word trauma is subtly expanded by Freud from an identifiable event, which might perhaps be or cause a physical wound, to include its psychic sequelae (Freud, 1966 [1892-94]: 137). So, in the concept of psychic trauma, the physical references seem to fade – or do they? Is it just that they are present at a subliminal or habitual level, directing our thoughts and ideas about the inner life, and their practices, in certain ways rather than others?

⁸ In a Guardian newspaper tribute to Muriel Spark.
<http://www.newagebd.com/2006/may/12/liti.html> [accessed 22 February, 2008].

Edward Manier (Manier, 1980) has described how, in the development of scientific programmes of work, a series of tropes – figurative representations – are used. These are then gradually replaced by literal, unequivocal, technical expressions. Imaginative correlatives of the language used fade and words come to have a unitary, scientific or technical meaning. The full ontological significance of a theory, he says, can only be recaptured through attention to its dialectical relation with its cultural context. It appears, however, that, in the case of the metaphor of the wound, this process of theorisation is far more complicated and the technical expression is far less detached from its cultural context than Manier suggests above. This is for two basic reasons. The first is simply the ideological nature of psychology itself, in which so many categories are, like those for the emotions, grounded in the vernacular (Griffiths, 1997: 2-5). Besides this, the fact that the human mind and emotions are both the subject as well as the object of its observations confers a highly ambiguous ‘scientific’ status on the psychological sciences, as noted in Chapter 1. What appears to be objective is sustained by tacit knowledge from introspection or the testimony of subjects within a linguistic and, therefore, social domain which is saturated with figurative understandings.

The second reason is that the same processes of figurative loss, abstraction and reification, to which Manier refers, in scientific theorisation, also constantly occur in popular usage, for which science itself, far from providing merely abstract ideas, provides a new and fertile source of metaphor.⁹ When Freud first envisaged traumatic harm to the psychic system, he still used the language of 19th century physiology - the cell or the neuron (Freud, 1966 [1895]). However, he later shifted this physical schema to provide a more figurative account of

⁹ Caroline Steedman notes that tracing the dissemination of discourse from dominant cultural forms, official and often scientific texts, through a sort of trans-social diaspora is the most difficult task for the historian of ideas. **Steedman, C. (1995) *Strange Dislocations: Childhood and the Idea of Human Interiority, 1780-1930***. Cambridge, Mass: Harvard University Press. It would presumably be as difficult the other way around, tracing the exact pathways by which demotic and figurative concepts become embodied in theoretical and often reified categories.

psychological or psycho-dynamic concepts (Freud, 1950 [1920]: 3-64).¹⁰ Over a period of time, these bodily influences have been, at least partially, shed, so that the notion of trauma as purely damage or hurt to a psychic interior – ‘the feelings’ – has acquired a legitimacy of its own as a theoretical construct in the psy disciplines, in the manner Manier describes. But it has also found its way into self-help literature and back into popular ‘psychologised’ discourse. Thus in the expressive, figurative language of literature and the everyday, the more recent ‘technical’ concept of ‘trauma’ joins and elaborates the metaphor of ‘wounded feelings’; it suggests that a private event might be likened to one which has some legitimate public status, one which has a name which is lodged among an array of official diagnostic categories, necessitating medical attention, if not legal compensation.

Metaphor is clearly not a simple linguistic device; all language functions in complex ways, and the metaphor of the invisible wound is no exception. First, it covers a large domain of meaning; second, this domain is constantly enlarging through time and spreading over different social contexts in a sort of ‘metaphoric flow’ between bodies of thought (Figlio, 1976: 26), as it migrates between expressive and scientific language and back again; and third, it works to create new meanings for the concepts it refers to in ways that may have social and political significance. All of these points are enlarged in Chapter 1.

Techniques of the Interior

Although I was addressing figurative accounts of a wound to some inner site, I had to remain clear that I was not just looking at a linguistic phenomenon, an exercise in syntax and semantics; and although it was tempting to do a sort of cultural ‘reading’, I decided to confine this to one chapter only – Chapter 1 – and, even there, I do not attempt to engage with the millions of accounts of human suffering, present in world literature since the *Myth of Gilgamesh*, the

¹⁰ See Chapter 1.

oldest written story (Godwin, 2002: 18-22). What I wanted to concentrate on was the notion of psychic *harm* as opposed to *suffering* – suffering-induced (and inducing) change for the worse; damage to the wholeness and integrity of the soul; a departure from the normal. For this implies in its study and formulation not just experience or observation or literary expression; it entails its very creation by a range of helpful and expert others: it is shaped by a self-confirming understanding both driven and limited by skills in intervention and healing – in a word, by technique .

Although the exploration of this inner world is presented in the narratives of those who claim to have been there, these expeditions, as in the great 15th and 16th century ‘Age of Exploration’, could not have been envisaged without contemporary technological advance in navigation, boat building, weapons and the rest – ‘ways and means’ (Latour, 1988 [84]: 47) – a thoroughly technological, interventive understanding of being. As in the new forms of micro-biology, the method of study is no more the hermeneutic gaze of subject on object (Heidegger, 1977; Rheinberger, 2000). These were not just voyages of discovery, but, also, of colonisation and control. So accounts of psychic hurt had to be seen, not just in terms of what was related, but of who the explorers were; who were their friends and professional colleagues; who had funded their expeditions and for what purpose; what were they trying to prove; whose account were they trying to disqualify and why; what other expeditions were they trying to pre-empt? Besides this, and most important, what maps did they emerge with to locate and describe what they had seen and by what practices and accomplishments did they try to make this interior territory a part of the known world – not some exotic other, but literally mundane, a place where the same social customs and rules would be as applicable as everywhere else? How did they make this place the subject of regulation?

In fact, I did not have to wait long to discover one such technique. This was a piece of evidence, a picture, with all the truth and immediacy of a travel

photograph, taken in the interior and brought back for our inspection. There it was on the page of a Sunday Newspaper, a large grey, grainy image of a human brain with its two hemispheres of slightly uneven size.¹¹ Above it was the headline:

HARSH WORDS CAN DEFORM CHILDREN'S BRAINS FOR LIFE

And, below it was the caption:

An abused child's brain is uneven – the larger hemisphere rules the rest.

Neuro-imaging: a snapshot of harm to this internal territory; a piece of compelling evidence of the dangers to human development of a discouraging and hurtful social environment. This was not the picture or the place I had expected. Was the invisible wound located in a psychic or a biological space, or were these indistinguishable? On which side of the rift valley between body and soul had the conflicting accounts of the explorers placed it; where had they located the raging sea of the passions or the still mere of motives (Danziger, 1997)? And if the invisible wound was sited in the body, was it, with all the techniques of modern medicine, invisible; or was it, in fact, a visible wound, sited at a microbiological level – not a metaphor at all?

Obviously, this was just one technique of discovery and one version of the inner world amongst a plurality of techniques and accounts, their form arising contingently in different social situations, with different professional imperatives and different local conditions. With this in mind, I decided that the best way of resolving my different leanings and using the work I had already done was to make a series of studies of different social and organisational contexts in which

¹¹ Burke, J. *The Observer*, 31 December 2000: 4.

instances of the invisible wound are created and made visible by the writings and practices of academics and professionals (in the broad sense of the word). I had in mind:

1. the development of the concept of trauma in the history of PTSD in psychiatry and tort law – the ‘pure’ case of the wound, since it does not necessarily involve crime by another or even always arise in an interpersonal context;
2. the career of the concept of the emotional abuse of children as an official problem category in government guidance to Local Authorities on their statutory duties in Child Protection, and
3. an account of this wounding relationship in modern developments in attachment theory within the psychoanalytic, neurological and child welfare communities.

These studies would be prefaced by a chapter, introducing the metaphor of invisible wounds and its appearance in psychiatric, psychoanalytic and therapeutic literature across a wide spectrum of sites, and attempting to trace the particular form of subjectivity that this metaphor serves to create.

The following case studies could only expose small pieces of the social surface to view, localised snapshots of a potentially vast social problem area; in which discourses merge and part across time and social space and where there are no clear discontinuities. It was obvious that these were not going to throw up any major generalisations or grand narratives – except perhaps that there can be none – but an emphasis on the contingency and local nature of different assemblages of techniques and practices. Nevertheless, certain key themes seemed clear from the beginning and from these I distilled three key questions that I wanted to explore: first, how this concept of invisible wounds, in its varying manifestations, has grown and changed from a metaphor hooked onto the palpable reality of a physical wound to something which has a reality of its own;

second, to what extent is it made real by its location in the interior of the body rather than in an emotional interior, in a biological rather than a psychological space, and third, by what route has the threat to this interior space been elevated to a major social risk at the end of the 20th century.

II. INVISIBLE WOUNDS: THE SOCIAL PROBLEMS

That psychic harm is seen as a major social risk is indubitable.¹² Obviously, such a claim involves appeal to social changes and particular discursive shifts over the last half century, which have none of the clarity of the sort of institutional changes that can be pinned down statistically. But the former do manifest themselves in the language and preoccupations of the media, academic and professional literature and, more important, official government documents and guidelines for specialists, which effectively regulate both language and practice in the professions of the wound. In these, psychological harm, as a social problem category, seems to sit at the centre of a Venn diagram, a unique site, where several different major social preoccupations or projects overlap. There are, no doubt, many that could be named, but those that seem to stand out can be listed thus:

1. the increasing use of the language of psychology and individualisation in accounts of social and even political problems (Nolan, 1998);
2. a broad and complex risk discourse (Douglas, 1992; Luhmann, 1993);
3. the growth of identity politics with its claims to harm, injury or the uneven distribution of risk (Brown, 1995; Clarke, 2004);

¹² As I write, the UK is just recovering from extensive flooding. The spokesperson for the Institute for Environmental Management and Assessment (the government regulatory agency), while roundly rebutting accusations that flood defenses were inadequate, identified the *psychological* distress of the victims as the area which had not been sufficiently studied or prepared for.

4. our perennial concerns about childhood, child safety, welfare and development (Hendrick, 2003);
5. the socio-political project of producing the flexible, self-motivating, self-appraising, self-governing individual (Rose, 1999) and
6. somewhat paradoxically, the increased disciplinary role of the state (Brown, 1995).

Risk of Psychic Harm

The infliction of an invisible wound on another covers an enormous number of cruel and sometimes criminal acts by individuals, sometimes collective, as well as events of unprecedented power and psychological consequences for those involved which are not due to the destructive intention of an individual or group but to negligence or chance. These can all be construed in the technical language of risk as environmental hazards which threaten us all.¹³ Although some of these events are extremely infrequent, they carry highly aversive outcomes, which have, until recently, been largely thought of in their physical form; when we insure against accidents or ill health, we are usually thinking of the physical kind.¹⁴ But threats to our psyche are gaining more credibility as legitimization of our claims to rights and needs (Douglas, 1992).

It is a commonplace of a particular strand of realist sociological writing that the Western world at the end of 20th century was and is a 'risk society' (Bauman, 1994; Beck, 1992; Beck *et al*, 1994). Reflexive modernity is accompanied by a sense of the essential contingency of self, science and society; the technological project of controlling and exploiting nature is subject to the stochastic nature of the world; uncertainty accompanies every human decision, in which, 'for something gained, something is always lost' ((Luhmann, 1993). The cosmic

¹³ For an analysis and critique of this approach, see **Douglas, M. (1986) *Risk Acceptability According to the Social Sciences***. London: Routledge.

¹⁴ Medical Insurance both in the USA and the UK will cover treatment for clinically diagnosed psychiatric illness.

bottle is half empty rather than half full. And this is said to be accompanied by a breakdown of trust in the willingness and ability of government and big business to respect individual rights; the traditional knowledge of academics and professionals no longer has authority and trust moves to self-help groups and the law – a system which, because it is based on notions of human intentionality, is not ultimately equipped to deal with the problems of risk as an actuarial phenomenon (Luhmann, 1993).

In this context, psychic harm can be said to loom on the horizon as an environmental hazard as real as any spouting volcano – an outcome of natural and technological disasters which are now socially accepted as distressing, debilitating and legally actionable (see Chapter 3). In these particular cases, the medium of the harm is fear for the physical safety of self and those emotionally close. The list of such disasters in the last twenty years is evocative: Hillsborough, the Torrey Canyon, the Zeebrugge ferry disaster, Bhopal, the Paddington train crash; with Lockerbie, Nine/Eleven and Seven/Seven adding the factor of intentional human agency and a new form of risk called ‘terror’. Since a team from the Tavistock Clinic (Garland, 1998) first decided to set up shop at the scene of the Zeebrugge ferry disaster, it has become automatic for UK local authorities to set up counseling services for shocked and bereaved victims and distressed rescue workers.¹⁵ Powerful and debilitating psychological consequences of fear and horror in participants, witnesses or relatives are what is expected and part of the tally when the economic and social costs of such events are estimated.

¹⁵ See **R. J. Ursano, C. S. F., A E. Norwood (2003)** *Terrorism and Disaster: Individual and Community Mental Health Interventions*. Cambridge: Cambridge University Press. The effectiveness of such therapeutic debriefing has not gone unquestioned. See **Rose, S., Bisson, J. & Wessely, S. (2003)** A Systematic Review of Single-Session Psychological Interventions ("Debriefing") Following Trauma *Psychotherapy and Psychosomatics*, **72(4)**, 176-184.

By the same token, psychological harm is an expected outcome and cost of the horrors of war, for both the military and civilians involved.¹⁶ Though its presence, in the form of shell shock, was much written about in World War I, such harm for the professionals was only finally legitimated by the compensation paid by the US government to Vietnam veterans in the late 1970s, and by the writing into DSMIII¹⁷ of the new diagnostic category of post traumatic stress disorder in 1980.¹⁸ In the UK media, it was a feature of the aftermath of the Falklands War and it is notable that part of the discourse of the British press in even contemplating the recent invasion of Iraq was the prospect of psychological as well as physical injuries to our soldiers. The US studies on returning soldiers produce a figure of 1 in 6, rising to 1 in 3 veterans suffering depression or PTSD.¹⁹ It is simply part of modern warfare, though a soul count is not yet used in its memorialisation, in the way that a body count of the dead and injured still serves (Scarry, 1985). In the case of civilians the psychological risks of warfare, ethnic cleansing, genocide and mass rape are incontrovertible and documented in a vast international academic and institutional literature, from UN publications onwards.²⁰

Psychic harm is also part of another environmental danger, listed by the technicians of risk as ‘crime’,²¹ a problem involving the effects of human agency. Under this heading are forms of communication in threatening relationships: the crime of psychic assault, a sub-category of grievous bodily harm, which induces fear for physical safety in the victims (Horder, 1998), as

¹⁶ A new book estimating the economic cost of the Iraq war (**Stiglitz, J. & Bilmes, L. (2008)** *The Three Trillion Dollar War: The True Cost of the Iraq Conflict*. Harmondsworth: Allen Lane.) includes the cost of care and loss of manpower to the economy from PTSD, as a diagnosed medical condition, attributed to returning troops.

¹⁷ The profession-wide diagnostic rubric of the **American Psychiatric Association (1980)** *Diagnostic and Statistical Manual of Mental Disorders*. (3d edn). Washington, D. C.: American Psychiatric Association.

¹⁸ See Chapter 2.

¹⁹ <http://www.cbsnews.com/stories/2007/11/13/terror/main3498789.shtml> [Accessed 20th January 2009].

²⁰ See Chapter 1.

²¹ For an example of such lists see **Slovic, P. (1987)** Perception of Risk. *Science, Washington*, **236**, 280-285.

do the crimes of harassment and stalking (Best, 2008). Other forms of verbal communication, which are not generally criminalised, are said to produce different negative emotions in addition to fear, such as shame, humiliation and self loathing (Nussbaum, 2004). Whilst public defamation and libel, one-off events, are judged in civil law for compensation on the basis of consequent loss of goods like reputation and earnings, these emotions induced by cruel words over a long period are said to produce a slow death of the spirit or 'soul murder' (Shengold, 1979). Emotional abuse, hate speech, psychological torture, racism, bullying, harassment at work and other acts are seen as abuses of power, which may be justiciable under some interpretations.²² Current social panics in the UK concentrate on the 'culture of bullying' of young army recruits at Deepcut and Catterick army barracks, the sexual humiliation of Iraqi prisoners at Abu Graib, the degradation of internees at Guantanamo and the rest. Sexual assault, degrading treatment of the elderly and vulnerable, and physical and verbal aggression in close family relationships, marital and parental, are also said to have such an effect on mental states (Kennedy, 1993) and, for example, a diagnosis of Battered Wives' Syndrome has been used as mitigation in some cases of women accused of spouse murder.²³

The threat of psychic, or any harm to children is thought of as a social problem of particularly high valency, since for the last two centuries, at least, the child has had such a symbolic importance in our culture. After WWII and the shock generated by the poor physical and educational state of the child evacuees who poured out of London, children and families became a prime object of social policy (Rose, 1999). With the start of the Welfare State, childhood, as a social

²² The Criminal Justice and Immigration Bill passed by the British parliament in 2008, contains provision for longer sentencing for crimes of violence or incitement, aggravated by 'hate', i.e. motivations of hostility on the grounds of race, gender, sexual orientation or abilities. Harassment on these grounds appears in Employment Law, in tribunal cases in which aggravated damages are awarded for 'injury to feelings', as well as 'injury to health', cost of care, loss of earnings and the rest.

²³ See the case of Sally Thornton, whose 1990 conviction for murdering her husband was converted to that of manslaughter in 1996 because of responsibility 'diminished by abnormality of mind' (Will Bennett in *The Independent*, 31st May, 1996). [accessed 25th Jan, 2009].

ideal, became elevated to a protected space, watched over by Mother – a nostalgic place of primal innocence and happiness, despite the contemporary theories of Freud and Klein. Images of children at risk are constantly used to enhance political movements and campaigns, from community panics about paedophiles through law-and-order issues and the crisis of the disintegrating family, to matters of global ecology, in which ‘children yet unborn’ and ‘generations to come’ are overwhelming objects of concern. Formally, UK Local Authorities have been running a child protection system of increasing cost, sophistication and organisation since 1970; the right to protection was written into the UN Convention on the Rights of the Child (signed by the UK in 1991)²⁴ and, recently, the government has created a Minister for Children to safeguard their especial interests. Meanwhile, child emotional abuse, that is abuse that does not touch the body, became an official registration category in this system in 1980.²⁵ In the administrative processing of abuse, it was initially low on the hierarchy of ‘dangerousness’ implicit in the figures but seems to be rising fast (see Chapters 4 and 5) as a major risk to children and their psychological and emotional development, though it is now coded in another language.

For, here, as elsewhere, ‘risk’ is being reframed. The official parlance of the Department for Children, Schools and Families (DfES) has for some time avoided the use of the word ‘risk’. Children at risk of abuse were administered under a system called ‘Child Protection’ and now children are no longer just ‘protected’ but ‘safeguarded’. This, it seems, is thought to have more positive and more universal connotations²⁶ and is twinned, in Government speak, with the reframing of issues of risk in general as those of ‘security’ – a positive

²⁴ See <http://www.everychildmatters.gov.uk/strategy/uncrc/> [accessed 10th Dec 2008].

²⁵ **DHSS (1980)** *Child Abuse: Central Register Systems*. LASSL (80) 4 London: HMSO.

²⁶ Part of the ‘safeguarding procedures’ is presented as the statutory programme of assessment for need (rather than risk) and applies to every child that crosses Social Services’ threshold and every child about whom any involved professional has any concern for her well being or development. This is prevention, at least at a secondary level, if not at a primary one, and a case of what is called ‘net widening’ in the Criminological literature. **Cohen, S. (1985)** *Visions of Social Control*. Cambridge: Polity Press.

programme for making safe in the face of threats.²⁷ It is not only the positive emphasis that is subtly different. For example, whilst in the UK ‘security’ is still very much concerned with ‘protection’ (protecting borders against unwanted threats such as immigration and protecting the population against terrorism and crime), in the world of international relations the concept of security has migrated away from the realist one of sovereign nation states, like individuals, manning their own boundaries to become amalgamated with the discourses of human rights and human development forming the concept of ‘human security’, which is a universal, individual and communal aspiration across borders, concerned with the ‘downside risks’ caused by famine and war (often internal) to these same rights and development (Ogata *et al*, 2003).²⁸ This discourse therefore includes an insistence on positive as well as negative freedoms, the rights of individuals to have their basic needs met and to develop on some optimal path of wellbeing. It is the downside risks to this optimal development which have to be guarded against, not just by protection from threats and curative action in response to calamity but by the empowerment of people.²⁹ Psychological health is one such need and a therapeutic process, by definition, is one which penetrates the boundaries of individuals as well as states. Thus its relationship to empowerment, which invokes the concept of negative as well as positive rights, is somewhat problematic.³⁰

The Consequences of Psychic Harm

A general reading of the psy academic, professional and social policy literature and the UK media suggests that these consequences are dire for individuals and society as a whole. For adults, what seems to be threatened by a psychic injury, is varying levels of reactive mental illness, depression, PTSD, dissociative

²⁷ For example, ‘energy security’ involves a nation making sure of its supplies of oil, gas etc.

²⁸ The UN Advisory Committee on Human Security was established in the UN Secretariat in 2004.

²⁹ See **Ogata, S. & Sen, A. (2003)** Human Security Now. New York: United Nations Commission on Human Security.

³⁰ See Chapter 1.

disorder, obsessive compulsive or eating problems, suicidal or other disturbed behaviour (often called maladaptive), signs of unhappiness, restlessness, inability to concentrate, unwillingness to socialise, unprompted aggression, substance abuse, delinquency and the rest, all of which may last for varying periods of time. There is no doubt that psychic harm enlarges the pool of mental health problems, which one in four of the UK population is said to have experienced (The Royal College of Psychiatry, 2008), especially in the worrying guise of environmental ‘stress’, which is apparently ‘the number one complaint of British workers’ (*Observer*, 31 October, 2004) – ‘a stress epidemic’, Richard Excell of the TUC calls it. (*Financial Times*, 1 March, 2004)

The negative consequences here are seen as twofold and represent a bifurcation in the way that psychological problems are construed and controlled in this country. Stress sufferers either enter the formal medical sector, consuming costly care and treatment, with escalating use of mood and personality enhancing drugs, like SSRIs,³¹ which are an ever-increasing drain on NHS resources. They may present problems of social control, because of compensatory substance abuse which frequently accompanies long term psychological problems, sometimes supported by delinquency, and problems of depletion of the work force. This is less an issue of loss of skills, but more, according to this government, that of the numbers on Incapacity Benefit,³² in turn, partly a matter of cost and partly because a lack of employment is seen to loop back into poor mental health, as well as more traditional satanic activities.³³

The alternative is that stress sufferers make their way into the burgeoning alternative medical sector, through self-help books or groups, private counseling or therapy. According to Frank Furedi, the UK has become a ‘therapy culture’, and this, he thinks, presents us with a meta-problem. The profound discursive

³¹ Selective Serotonin Re-Uptake Inhibitors. Tradenames: Prozac, Seroxat etc.

³² This is the thinking behind the Layard Report. <http://cep.lse.ac.uk/research/mentalhealth/> [accessed 15th January 2009].

³³ <http://www.workingforhealth.gov.uk/Carol-Blacks-Review/> [Accessed 15th Jan, 2009].

shift, manifest in the huge growth in the therapy sector, does not just track our psychic vulnerability to the dangers of our physical and social environment, it creates it. We react to events in ways in which we have learnt are culturally appropriate; we know how victims ought to behave; our lack of emotional resiliency is self fulfilling (Furedi, 2004).

Our psychic vulnerability is also said to pass from generation to generation, one of the results and one of the causes of a crisis in the family and the care and control it is seen to provide. The negative effects of parental mental ill health and marital conflict on children's health and welfare is a commonplace of our family narrative. In general, we hear, the diagnosis of depression among children is rising rapidly, as, not surprisingly, is their consumption of drugs like SSRIs and Ritalin for hyperactivity (Horwitz *et al*, 2007; Wong *et al*, 2004).

Meanwhile, the Health and Lifestyle sections of the Sunday newspapers have taken up the publication of neurological research suggesting that emotional deprivation affects the development of children's brains (Burke, 2000). Neuro-imaging provides powerful visual material for new 'narratives of endangerment', designed, like the government's pro-familial policies, to keep parents on the job.³⁴

Consequently, we are told, this sadness and behavioural disturbance in children has significant social outcomes, affecting our collective welfare in complicated ways. Apart from its immediate effects on levels of delinquency and poor educational attainment, it signals poor adult adjustment. If we cannot raise mentally healthy adults, we cannot enjoy the high levels of economic wealth we currently experience. According to the hedonic calculus of some economists (Di Tella *et al*, 2003; Layard, 2008) we are just not happy enough, too depressed to appreciate what we have got (James, 2007).

³⁴ See Chapter 7 for a discussion.

In the longer run, mental ill health may affect our very powers of wealth creation. Unlike World War II paternalism, which rested on a concern for the collective psychological health of the nation, current policy pursues the collective wealth of the nation. Our governmental blueprint for the future is a vision of private individuals and corporations functioning in a global economy, mediated by the state through facilitating partnerships, and by the family and civil society in similar roles (Giddens, 1998). For these individuals (and institutions) to function, people have to be healthy in body and mind. Above all, since paternalism has gone, the contribution of state and family to their welfare is education, teaching and training in order to produce a flexible response to changing work role expectations; participation depends on transferable social and technical skills. These, in turn, rest on the ability of the individual to process information, and to manage the self and the emotions at all times. Training for this begins early. The Personal, Social Health and Economic Education section of the *National Curriculum*, (2000) provides a perfect template for the production of such a paragon of reflexivity and control, who, for example, has learnt how to mourn the loss of parents in family breakdown by Key Stage Three.³⁵

Finally, all this happiness and wealth is still at risk, because even a population of flexible, self-motivating, self-controlled individuals may be adversely affected by the major calamities that the modern world has in store for them, accidental disasters, civil wars, violent bereavement and the rest. Psychic harm may be too much even for these models of psychological health and normality, unless they have the ability to bounce back from trauma, to carry on in the face of overwhelming odds in the form of shock and grief or devastating social circumstances and to survive mentally, where ordinary people would succumb to stress. Probabilistically, of course such extraordinary people were a statistical phenomenon, the tail of a bell curve, picked up in early epidemiological studies

³⁵ <http://curriculum.qca.org.uk/> [Accessed, 14th January 2009].

of child developmental psychopathology.³⁶ But we now learn from epidemiological studies that such ‘resilient’ people exist, a minority of the population, for instance at the level of 40% in a study of New Yorkers exposed to the events of 9/11 (Ahern *et al*, 2004; Behrens *et al*, 2007; cited in Young, forthcoming). Furthermore, such ‘trait resiliency’ can be measured (Connor *et al*, 2003) and learned through psychological interventions,³⁷ or induced through regimes of medication, which promote an optimistic frame of mind (Davidson *et al*, 2005). But most surely and lastingly it can, literally, be incorporated in the individual by the right developmental experiences³⁸ (Young, forthcoming).

In a way, the story is obvious. Stress and risk, those two great reifications of the late 20th century, lurk somewhere in the ether waiting to get us when we are down on our luck, joined now by ‘terror’ as the hazard for the new century. And their social threat is maximised when the danger is to children, repositories as they are of our uncertain future and icons of human vulnerability to harm and its unjust distribution. Their proper growth and development is crucial to the social production of the self governing individual of the neo-liberal state and, further, to a subject who is resilient to shocks both to the individual and to the social system (Young, forthcoming). This process of development is, paradoxically, so important that it cannot be left to individuals. The child and the family, above all else, become sites where the disciplinary role of the state can be said to have increased (Brown, 1995), along with the ceaseless occupation of the confessional in the treatment of the psychologically sick in both the alternative and the statutory health markets. For behind all our preoccupation with trauma and treatment is the fantasy of resilience, the inner capacity of an individual to rise above adversity – not impervious to suffering shock and emotional pain but not long-term harmed or altered by it either. On the contrary, ‘Resilientman’ grows stronger in crisis and difficulty; he bursts the clothing of the normal and

³⁶ See, for example, **Rutter, M. (1985)** Resilience in the Face of Adversity: Protective Factors and Resistance to Psychiatric Disorder. *British Journal of Psychiatry*, **147**, 598-611.

³⁷ See the American Psychological Association’s *Road to Resilience* program, devised in response to the events of 9/11 (Young, forthcoming).

³⁸ See Chapters 6 and 7.

the everyday like some psychic superhero who, whatever befalls, by the end of the episode, has achieved resolution ‘and moved on’.

III. PSYCHIC HARM: THE SOCIOLOGICAL PROBLEM

Metaphysics

In Part 1 of this chapter, I have committed myself unequivocally to a study of the social processes whereby a social problem category is made and, in this case, how it is made visible, how it becomes the object of professional knowledge and techniques, talk, text and social practices. I have suggested that this involves me in some sort of a social constructionist theorisation of psychic harm, combined with a more Foucauldian history of the present, elaborated below.

The social constructionist approach is an old and sometime honourable position in sociology, developed in the seventies by Malcolm Spector and John Kitsuse (Sarbin *et al*, 1994; Spector *et al*, 1977) and, later, Joel Best, (Best, 1989) as the theory of constructing social problems. But its roots lay further back in the work of Peter Berger and Thomas Luckmann (Berger *et al*, 1966); in the micro-sociology of Erving Goffmann and the symbolic interactionists (Goffmann, 1961; Goffmann, 1963; Goffmann, 1974) and in Howard Becker’s work on the sociology of deviance (Becker, 1963). This work was given a new twist by a wave of more recent studies done under a more relativist, post-structuralist philosophy, many of which are reviewed in the first two chapters of Ian Hacking’s book, *The Social Construction of What* (Hacking, 1999). Of these, the most relevant to this study would be Rom Harre’s *The Social Construction of the Emotions* (Harre, 1986), Kurt Danziger’s *Naming the Mind* (Danziger, 1997) and Allan Young’s *The Harmony of Illusions* (Young 1995), as well as Hacking’s own essays, in the same book, on child abuse and schizophrenia, together with his earlier work on multiple personality syndrome (Hacking,

1995b). Lastly, this approach is given a more political turn by Nikolas Rose, using Foucault's theorisation of power/knowledge, the genealogies of discourse and the notion of governmentality (Foucault, 1979b; Foucault, 1982) in order to write the history of the psychological production of the modern soul (Rose, 1989).

I have also clearly stated a leaning to a broadly post-structuralist philosophy, a position which is still often conflated with social constructionism – another vague term, much used in the United States to denote the nominalist as opposed to the realist side in the 'science wars' which have riven the US academy (Hacking, 1999). So I have left an engagement with the so-called real world to grapple with the world of communication or text. I use appropriate words like 'narrative' and 'script'. I express a robust agnosticism about the existence and whereabouts of this territory called the self. I am therefore more interested in the political purposes of those who purport to describe it, than in the truth or falsity of their descriptions and I want to know the institutional origins of the regime on which they base their claims to objectivity and fact. I distance myself from their knowledge; it becomes an 'other', an object of observation. And this is true both for the knowledge of other disciplines like psychology, psychiatry or psychoanalysis and also for other sociological theories, like realism, marxism or feminism, which construct and critique particular versions of subjectivity and the harm it may sustain. They seem to be relegated, all alike, to bit parts in the discursive drama which is played out in this social space... and I am the audience.

I confess to feeling, at times, a sort of giddy exhilaration at this absurd omnipotence. Most of the time my position is uncomfortable, both morally and, also, epistemologically, as the social constructionist stance for a researcher is, on the face of it, fraught with paradox. One aspect of this logical pickle was picked up by Steven Woolgar and Dorothy Pawluch in their well known critique of social constructionism called 'Ontological Gerrymandering: The Anatomy of

Social Problems Explanations'. This accuses social constructionist studies of 'a selective relativism with respect to the phenomena it seeks to explain' (Woolgar *et al*, 1985: 214). These studies, the authors claim, foreground the definitional processes in social problem formation, whilst 'backgrounding' or merely imputing the identification of a constant (real) set of conditions or behaviours, which the variable and contingent social problem category purports to define but, usually, inflates or distorts in some other way. Also, it is argued, in this contradictory stance, they assert the empirical validity of their description of these socially constructed phenomena. This 'selective relativism', these 'lapses into realism,' (Woolgar *et al*, 1985: 224) they suggest, are gerrymandering,³⁹ doing boundary work, which sustains 'the differential susceptibility of phenomena to ontological uncertainty' (Woolgar *et al*, 1985: 216). Thus they are the social accomplishment of sociology departments, which all have to manage the contradictions inherent in presenting objective accounts of social phenomena.

There seem to me to be four potential solutions to this problem for anyone attempting a social constructionist study, though I am not sure that any are entirely convincing. The first, of course, is just to live with paradox and be proud of one's gerrymandering accomplishments. The second is to opt for radical relativism. This is the strategy of Stephen Pfohl, author of 'The 'Discovery' of Child Abuse,' which was selected by Woolgar *et al*. for criticism (Pfohl, 1977). He replies to Woolgar from a position so provisional that it seems to deconstruct around him as he writes. He pleads the contingency of both the 'real' conditions and their social descriptions. His purported lapses into realism are (in fact ?), he claims, just 'instances of metaphoric condensation' (Pfohl, 1985: 230). The third, Ian Hackings's alternative solution, outlined in his book, *The Social Construction of What*, is very different. Set in the reasonable,

³⁹ Gerrymandering was an electoral practice in which the boundaries of constituencies were moved to alter the demographic characteristics of its voters, which would then favour the party in power. This was rife in the 19th century, but accusations of such moves were not unknown in the 20th.

commonsense language of the Philosophy Department, his project is to clarify the claims of social constructionists and possibly to reconcile the claims of nominalism and realism in this area, though this second is undeclared (Hacking, 1999). He approaches the problem, initially, by looking at social constructionism as an activity rather than a theory of knowledge. For, as one reviewer of Hacking observes, it is only when it is seen as a metaphysic that social constructionism ‘goes astray’ and ‘degenerates into an impossible form of idealism’.⁴⁰

Hacking goes on to examine what sort of a political activity social constructionism is, identifying a hierarchy of claims for the categories described as constructed, from neutral claims for their contingency or lack of inevitability (a historical or ironic approach) through ‘reformist’, ‘rebellious’ and ‘revolutionary’ versions. These run from merely ‘unmasking’ to claims that such social constructions are undesirable and ought to be abolished (Hacking, 1999: Ch 1).

This dichotomy between doing and being social constructionist is the first of a series of useful distinctions that Hacking makes. The second is a careful marking of difference between what Nelson Goodman called ‘kinds’, names for a class of things (for example, a social problem category might be a ‘social kind’) and the concrete instances of this general kind (for example, certain forms of interpersonal behaviour which are named by this social category). These kinds, these names of instances, he claims, exist only under a description; they are subject to historical contingency; their existence in the social world is not inevitable but an outcome of social circumstances – as indeed is the world in which they exist (Goodman, 1979; cited in Hacking, 1999: 44,45 and 128-131). This brings us to the third and vital distinction, which Hacking attributes to the linguistic philosopher John Searle (Hacking, 1997; Searle, 1995). These linguistic forms (the social problem category in general and a name for a

⁴⁰ Paul Boghossian. <http://philosophy.fas.nyu.edu/docs/IO/1153/socialconstruction.pdf> :11 [accessed 22nd February, 2008].

concrete example) are, for the reasons just given, ontologically subjective. Since they exist in the world, in the public domain, up for discussion and, in the case of ideas, they are observable within the social matrix of their use in public rhetoric, claims making and associated practices, they are also epistemologically objective. In this respect, they are rather like Foucault's archaeological layers of discourse, where meaning is dependent on the observable internal structure of their rules, rather than anything hermeneutically endowed. Thus, they, as linguistic categories, can be studied and objectively described (Foucault, 1972).

On one level, this neat argument based on marking the difference between ontology and epistemology appears to have solved the contradictions managed by ontological gerrymandering, without abandoning the question of metaphysics. Indeed, one of my problems with it is that Hacking's shelter from paradox is in a realist world. Besides this, it seems almost too good to be true. He adds a rider about the contingent changes to a social problem category 'looping back' to influence the behaviour of those so categorised – 'human kinds' emerging and transformed simultaneously with the language that describes them (Rose, 1999: xix). (He calls this process 'making up people', which is hardly a new idea and basically indistinguishable from the old concept of 'labeling' in the sociological study of deviance.) Moreover, he says nothing about the social work done, when such a category changes, (or even when it does not) in deciding on how to recognise its concrete instances – that is, in applying the category. There is nothing on the looping back effects on the worlds and on the practices of the people who make these observations, and thus on researchers themselves. It is as if the linguistic categories were the beginning and the end of the social process (Hacking, 1995a).

Nevertheless, Hacking's work does provide a place from which to build some coherent account of what any particular social constructionist account is doing. A refuge in radical relativism would not be nearly so challenging, if all one could claim to be doing was 'a reading'. In Hacking's hierarchy of social

constructionist claims, this dissertation on the invisible wound would be low on the radical count (though perhaps it might attain the status of irony!). An argument for the lack of inevitability or of the contingency of its various social forms is certainly being made, although even this seems hardly necessary. For instance, it is a commonplace in the Child Protection literature that child abuse is ‘socially constructed’, mostly described as dependent on contemporary values. However these ‘values’, seem to transmogrify over time as effortlessly as language does in Hacking’s accounts. As stated earlier, this thesis it is more about the effort - about *how* this set of problem categories has been socially produced. If this can be shown, then the question of *whether* they have been will take care of itself.

This brings us to the fourth solution, which is to forget about metaphysics and go for a position of irrealism – an indifference to the nominalist versus realist debate and even to metaphysics at all.⁴¹ This involves an assertion that, while selective relativism might be unacceptable, it is a legitimate exercise in academic enquiry to examine only one aspect of a complex problem, holding the other variables constant. Agnosticism about the existence and location of the territory known as ‘inner life’ and its wounds is not denial. I am simply not interested in exploring the question of its ontological status; what interests me is the ‘exploration industry’ itself, its claims to discovery and its creation of new versions of the territory called the self.

This solution suggests that I should avoid the term social constructionism, with its metaphysical implications and concentrate on a version of Foucauldian genealogies, or a history of the present. And, if social constructionism involves tracking the forging of a problem category in the crucible of competing professional claims and practices, then it is just a small step to the way that Foucault thinks about the emergence of discourses out of the power struggles of

⁴¹ 'Irrealism' or an indifference to metaphysics is Goodman’s term, which, Hacking points out is also a metaphysical position. In **Hacking, I. (1999) *The Social Construction of What?*** Cambridge, mass: Harvard University Press. pp 60 and 61.

people wielding professional rationalities. Genealogy, his name for this history of discourse, is a word which he took from Nietzsche, who saw ideas as arising from everyday and extremely low level squabbles (Foucault, 1977). Foucault himself was more concerned with knowledge encapsulated in the more formal theories and practices of what he called 'the unsafe sciences' – the human and social sciences (Foucault, 1973). Perhaps the difference between the two approaches lies somewhat in the linguistic unit to be studied – the social and political career of a problem category, a unit of knowledge, a name, with contextual origins and implications, as opposed to 'discourse', a more extensive set of formal, autonomous rules which created the possibility of claims to knowledge and truth and in which knowledge, techniques and social practices and assemblages were fused (Foucault, 1970).

Not that Foucault's approach to history does not present some methodological problems of its own. Foucault, it would seem, was never really free of metaphysics, in the sense that, as noted above, his theorisations always had to avoid hermeneutics and the meaning-giving observer (Dreyfus *et al*, 1982). So, for Foucault, the archeologist, discourses were synchronic, discrete, discontinuous and objectively recognizable sets of rules, because their meaning was created by the rules themselves. They were in no way dependent on the meaning given them by an interpreting subject. With the introduction of the genealogical metaphor into his later work, discourses became diachronic, looser, more mobile phenomena, still discontinuous, emerging into a social space and submerging again, criss-crossing the social surface in a series of marriages and divorces, fusions and fissions, which make an ordinary family tree look like a very orderly affair (Dreyfus *et al*, 1982). It was in genealogical method that Foucault famously married knowledge and power in their complex interdependent relationship (Foucault, 1979a; Foucault, 1980b). And, of course, in his studies of power in the social world, he re-encountered the problem of the interpretive observer, also a subject of power/ knowledge (Dreyfus *et al*, 1982).

His answer to this problem of interpretation was to write a very concrete and pragmatic form of history, totally divorced from appeal to subterranean forces and metaphysical explanations. This he called 'genealogy'. The surface of human activity is looked at from high up, from which point a map of all the empirical connections between persons, texts and apparatuses would be apparent. These connections were not interpreted by the observer but rather traced into the past, as one would trace the ancestry of a present living individual on a family tree. This genealogy was not like the old history of ideas which was, paradoxically, dehistoricised (in which concepts and theories drew their meaning from their own self-contained trajectory, developing according to some internal rationality). Moreover, in contrast to current history, where events and ideas draw their significance from their place within the social context of their time, these events were significant only for what they did or allowed to happen next, rather than for any meaning attributed to them by the genealogist. This method Foucault also called 'a history of the present', in which was mapped a chain of happenings which lead to a current state – inexorably, it would appear, with the hindsight of the present, but in fact, of course, a random and chancy business – as with evolution.

In the main body of his work, Foucault's 'histories of the present' trace the emergence of particular technologies of disciplinary and regulatory power. In his late work, however, he begins to relate particular discursive transformations to the current forms of government in advanced liberal states (Foucault, 1982; Foucault, 1985), work which is later taken up by others (Barry *et al*, 1996). And this suggests another possible methodological difficulty, one residing in his theorization of power. His version of knowledge/power, which, for me makes his writing so compelling, becomes more elusive as his work progresses – so infinitely diffuse that it merges into 'life itself' – and so may lose any analytical usefulness (Foucault, 1985). On the other hand, if the concept is pinned down, as it is by Donzelot, for example (Donzelot, 1979), to the social praxis of certain institutions and a certain form of state, accounts of the genealogies of dominant

discourses can resemble functionalist explanations, with their more realist concepts of power.

The last methodological problem in my list is this: I suspect that, according to Foucault's transgressive thinking, the whole notion of a 'Foucauldian Methodology' is a contradiction in terms. Dreyfus and Rabinow (1982) suggest that Foucault's approach to history writing is largely rhetorical and that others should not try or hope to reproduce the pyrotechnics of his astonishing, playful and persuasive style. Finally though, as he would wish, this is not a problem but a liberation.

So I approach my series of studies with a set of generic 'Foucauldian' concepts and questions. First, my approach will be *genealogical*, as described above, mapping the ancestors of present forms of invisible wounds – what allowed them to come into being, necessary but not sufficient conditions for their existence. In this 'history of the present', I will be asking: what are the social conditions under which each form of the invisible wound discussed here was made visible – that is to say, knowable, discussable, treatable, administrable and justiciable; what were the different regimes of truth which prevailed; what were the discursive conditions under which truths, facts and explanations, theories of the wound, came to be formulated and accepted; what were the different individual and institutional power relations and hierarchies of authority and prestige, technological conditions and practical affordances; what was the political context in which such knowledge emerged?

Second, what is to be studied here is the emergence of these wound categories at the level of *discourse*, not in everyday speech or social interaction but within the broad context of scientific, professional, policy and legal texts⁴² and the practices they enshrine. A discourse is defined here as a relatively well ordered,

⁴² This context is stretched a little in Chapters 1 and 7 to include the writing on internet sites of less official groups and organisations.

though not necessarily internally consistent, system of knowledge. It consists of ideas, beliefs, attitudes and practices, linked by certain styles of thought, key concepts and techniques, which construct both their subjects and the truths about the worlds of which they speak and write. It is an open system, draws on multiple sources and is constantly changing over time.

Third, it is assumed here that discourses are not just sets of *knowleges* but, in their construction of subjects and their worlds, they, also, carry with them relations of *power*. Ways of thinking are linked to ways of acting; human agency, even down to individual action, is shaped and constrained by formally defined capacities and legitimations at the discursive level, though these, in their turn, are changed over time by social action and interaction from which new discourses emerge. It is this emergence which this thesis addresses as an exercise in what Foucault called ‘historical ontology’, charting the birth and growth of some of the categories of the wound: PTSD, nervous shock in tort law, emotional abuse and attachment disorders, particular forms of knowledge, which have become fundamental to our ways of knowing ourselves. As such, they are also, as Hacking has observed, involved inexorably in world-making, in our ways of being and in our forms of power. But this ‘looping back’ of socially constructed categories into the making-up of people and their forms of government is the part of a recursive system which I have largely to assume, rather than examine in any detail, simply because there is a limit to what I can do here. The exception is Chapter 1, where I look at the work done by the metaphor of ‘invisible wounds’ in the creation of a particular form of subjectivity. In the other chapters, I do not look at what forms of government or Foucauldian forms of power these categories of the wound allow. I am concerned only with the political conditions of their *emergence*. Of course, these two relationships of power/knowledge are inseparable in practice, but I have found it essential to separate them conceptually in the interests of a manageable thesis.

Reading Literary Sources

I am also limited in my power to map all the ‘social conditions’ of these excursions into the interior, the particular political, cultural and technical contexts in which knowledge emerges. As stated above I am concentrating my gaze largely on social problem formation in various discursive and therefore non-concrete locations, for which my sources are largely literary.⁴³

Of course, within these limits, I provide a contextual account based on broader texts as secondary sources, and some social commentary, using both secondary and primary sources, largely internet generated. In the chapter on the legal construction of psychological harm in tort law, my primary source is the dicta of the Law Lords as published in the Law Reports over a period of a century, but legal text books and Law Commission reports provide background, as does the academic literature on the history of PTSD. Institutional and organisational background and history is most detailed in my study of the emotional abuse of children, as I was familiar with the work and issues of Child Protection and used both conferences and orientating conversations with some well known and influential figures in the field – interviews as a source of historical material rather than text for analysis. But, when studying the academic literature on attachment theory and intervention, I also looked at peripheral literature and attachment-based organisations on the internet; studied official policy-based publications and attended a number of training days and conferences, to discover who attends such events and what the salient practice issues are that subscribers raise and hope will be addressed (See Appendix).

Apart from this, my primary data is also textual. It consists of academic and professional literature, as well as alternative, internet sources. And it is this

⁴³ After much negotiation, I gave up any attempt at ethnographic studies of particular, concrete, local sites of activity – a particular social services department for instance – and concentrated on a purely textual study.

literature itself which comprises the individual social sites in which the emergence of these categories of the wound is traced. So my approach to these academic and professional writings is a little different from that commonly understood to be used in a 'literature based dissertation'. Conventionally, to say that the academic and professional literature in the small sections of the vast field of psychological literature that I am studying is my primary source for all the chapters, as well as my secondary one, does not convey anything much except that I am interested in the content of this writing, not just to collect the information imparted but to attempt some sort of textual or sub-textual critique or discourse analysis. My approach comes nearest to the latter but I am also interested in what the writers are *doing*, as well as what they are saying – even at a subtextual level, and in their revealed relationships with each other. For me, a database print-out for a particular field of study, organised say around particular key words, reveals a fascinating picture of a particular site of productive activity. Although it is virtual, it is as much a space for the making of knowledge as any factory for frozen food or clinic for pathology, a site which is as full of conflict and ambition, fashion and trend as any other social enterprise, with enough low level squabbles to satisfy even Nietzsche. This activity is likewise structured, guided and constrained by the technologies of research, communications and publishing, the availability of funding streams and the organisational form of the academy. These, in turn, are influenced by government's attitude to particular scientific endeavours as a public good, the size and structure of tertiary education and professional training and the quasi market conditions which prevail, creating the need for institutions and individuals to produce value for money in the form of publications.

Search any social science or medical data base for topics in psychiatry, psychology and social work over the second half of the 20th century and a stunning growth in the number of books and articles will be found, especially in the last two decades, What looks like a dazzling research effort in the fields of PTSD, child abuse and developmental psychology, for example, suggests, on a

conventional positivist reading, an impressive increase in our knowledge of the many facets of human psychology and psychopathology. Such a reading concentrates on the informational content of the literature, given the research methods and findings, which is, ideally, reproducible by anyone with access to the same research sample and so independent of who did the research and in what social context. However in the psy field of research – a soft science by any accepted criteria – research is seldom reproduced, for good technical reasons, and particular slants or interests in the work tend to be author or institution specific. And a glance at the authors and publishers of these works over time gives another, more sociological reading.

Databases not only provide abstracts or whole articles, but also information on authors and collaborators, on their institutions, on their acknowledgements of help and reading of their work and often on their sources of soft money. Any of these can be followed up by visiting the author's departmental websites, which usually provide detailed *curricula vitae*, charting professional, publication, funding and research supervision histories. So databases scrutinised over time show career pathways through PhDs and resultant articles, the joining of a research partnership, the establishment of a research centre, the breaking off of one partner to establish another such centre and the promotion of specialist topics through personal tributes, conference and official, professional, government and pressure-group publications. The output of key research figures continually expands as they reproduce their articles and themselves in a process of fusion and fission. We see also a multiplication of different diagnoses and pathological conditions. This multiplication is not just correlated with proliferating environmental risks, amongst which psychological harm and abuse itself increase through the fragmentation of the concepts and their colonisation by metaphor; it is also correlated with the growing number of knowledge workers in the field and promoted by particular academic entrepreneurs.

Much of what I present here, except for Chapter 1, involves this sort of sociological reading of the academic and professional literature.⁴⁴ As well as a favourable epistemic and technological (discursive) context, this assumes that the promotion of different forms of psychic harm as social problem categories involves human activity and striving. This is not exactly based on the old sociological idea of a ‘moral entrepreneur’.⁴⁵ The word ‘moral’ seems superfluous here, despite the location of these concepts within the field of the caring and helping professions. Given the incentive structure in the academy for the production of publications, the word entrepreneur is sufficient, though, as in rational choice theory, the rewards of the system are not necessarily monetary. Nor am I suggesting this latter theory provides a sufficient *explanation* for the development of new forms of knowledge. Though parsimonious, this would be simplistic and somewhat circular. For the methodological reasons I have cited, I prefer to see the development of new knowledges at the impersonal level of discursive change, but power/knowledge is diffuse and produced and reproduced at the micro/individual level. Given that particular forms of knowledge production are the organising principle of academic life and ‘original contributions to the literature’ the *telos* of academic activity, there will inevitably be creative and combative individuals in the field of human science, who will exploit new practices, new technologies, and possibly each other, to produce key contributions to the making of new forms of life.

CONCLUSION

At the beginning of this section on Methodology I hinted at some ethical confusion, a lack of certainty about whether my position was either overwhelmingly arrogant or, in contrast, pathetically humble, constrained by a

⁴⁴Since many professional/clinical posts are now attached to universities, this distinction is fuzzy, though the difference in principle between laboratory/epidemiological research and clinical research remains.

⁴⁵ **Becker, H. (1963)** *Outsiders: Studies in the Sociology of Deviance*. New York: Free Press.

realist metaphysic into feeling that, if I cannot make claims to truth, then I really have nothing useful to say. My doubts were exacerbated by the cold reception I was frequently given, when I tried to explain my research approach to questioners who were keen to sympathise with the emotional strain that such work must cause me or to connect it to their own psychological state and memories of childhood. For, as it became clear that I was not a potential technician of human suffering, I seemed to lose all claim to feel compassion – let alone to expertise or to truth. I tried to answer this scepticism by declaring, ‘truthfully’, that, of course, I feel the utmost sympathy for the subjective reality of individual suffering, be it psychological or physical, but that just was not the point of my research... But what, then, *is* the point?

The question was answered for me when I found this justification for the genealogical method in the introduction by Nikolas Rose to the second edition of his book, *Governing the Soul*.

The aim of such genealogies is a kind of destabilisation or de-fatalisation of our present. In describing its contingency, in therefore opening up the possibility that things have been different, could have been different, they try to make it easier to assess that present, in order to make judgments about how to act upon it. If the history of our present is more accidental than we may like to believe, the future of our present is also more open than it sometimes appears (Rose, 1999: xii).

This made sense of putting compassion and truth in brackets and getting on with it. It is a thoroughly political justification of research; research as intervention. Although I may have many reservations about what Rose calls the ‘ceaseless confession and solicitude’ of therapy (Rose, 1999: xxv), I was taken back to the work I did fifteen years ago. In the way I questioned my clients, it was precisely this ‘de-fatalisation’ of the present that I was trying to achieve.

CHAPTER I: INVISIBLE WOUNDS

INTRODUCTION

INVISIBLE WOUNDS: *A self help guide for women in destructive relationships* by Kay Douglas (1994).

A foreword by Stephanie Dowrick

Kay Douglas has written an extraordinary book about a terrifyingly 'ordinary' phenomenon: emotional abuse of women by men.

This is so ordinary, in fact, that even those living with emotional abuse often tend to confuse it with and excuse it as normal behaviour. If you don't have broken ribs or bruises; if you are not being raped, do you have any right to complain, or any need to act to save your own life?

This painful confusion about what a woman is entitled to expect for herself and from her male partner comes through most powerfully in these pages.... *Invisible Wounds* shows that denigration, belittlement, contempt, censorship and blaming are not and never can be valid expressions of love.

Yet many women ... may hesitate for many years before saving themselves from an emotionally abusive relationship. And sometimes it may be even harder for women to act, when there are no obvious bruises, when it is wounding words and punitive silences that are the weapons of attack.... Kay Douglas ... knows how hard it can be for even the most enlightened woman to face up to the reality that is in front of her eyes, that may be snoring in her bed, when she wishes with all her heart that things may be different....

Living with emotional abuse means [existing] within a cramped life, a fear driven life, an unloved, unappreciated and uncherished life.... Freedom and individuality are gradually eroded.... [She] is gradually stripped of her rights and identity ... her self esteem [attacked]....

Invisible Wounds is the strong wise companion every woman needs who doubts her right to a life free of emotional abuse and the shame and self blame that so often accompany it... Kay Douglas understands suffering. But her own life, and the rich insights she has gathered for this book, show that she also understands love, courage and freedom. For those are the emotions that can reconnect us with ourselves, and will heal even the deepest of our wounds (Douglas, 1996: 15-18).

This foreword to a book also fronts this chapter and this thesis because it captures perfectly the discourse of invisible wounds, as they lie open in a matrix of confusion and contradiction.

They are of course 'ordinary'. It is completely taken for granted that the terms emotional abuse and invisible wounds will be understood by the reading public, though ten years earlier this might not have been the case; by the 1990s, when this book was published, they are just part of the moral vocabulary of a generation whose emotional lives are primed by daytime television.

But the distancing italics go round the word 'ordinary', as they well might, because we are given the impression that this phenomenon is statistically, descriptively the norm but not *normative*, not prescriptive, not what should happen in a healthy or well-ordered world.

Male abusive behaviour is ontologically and epistemologically objective, like the snorer, a thing in the world which women should recognise when they see it, if only they have the courage to adopt the right mental set – which means, of course, that it is also a subjective matter of observer perspective!

The nature and status of the harm done is equally ambiguous. Psychological harm is conjured up in the form of deep injuries; the metaphor of the human body at war predominates, in the notion of wounds, of conflict, attack and

defence. This harm is potentially severe, dangerous. Women should act to 'save their lives'. This is not their physical lived lives, however, rather some ideal of what a good healthy life should be, a future possibility. The harm is not the major, one-off, debilitating wounds of a battle, rather the cumulative results of skirmishes and attrition, which affect the growth or development of the self to its full potential; it damages or causes psychological harm by cutting people off from what might have been. And to stunt the growth of a soul is tantamount to its murder.

The abusive relationship is described in a mix of quasi-legal rights talk and the language of the psy sciences. The abuse contravenes women's rights and entitlements; it constricts autonomy; it disempowers. On the women's side, on the other hand, there is an indication of a disorderly subconscious, repression and denial. The self, who is the object of this abuse, is a split self and one who has become a little disconnected from reality – there is just a hint at multiple personality and dissociative disorder, or at least the sort of condition which demands therapy. But then, she is also a whole self, a narrated self, a self in history, one who can recognise what relational events are doing to her, and, though vulnerable, take action. This is a self who can know and manage herself. On the one hand she needs help and on the other hand she does not.

A perfect compromise is offered. The reader is a human subject, not the object of medical observation. She has a voice and will find it with the help of this book, whose writer's knowledge is not a form of objectifying expertise but is authenticated by her own hurtful experience and that of others who tell their story – a community of suffering selves, who, through inter-subjective communication, can feel their own and each other's pain. By using the book, the reader joins a group of victims, who have suddenly seen what has been staring them in the face, have together found their voice and have become survivors.

Making the Wounded Self

This passage is a fine example of the powerful vernacular of invisible wounds – the language in which claims to injury and psychological harm are often made. On the other hand, this vernacular rests firmly on the efforts of knowledge workers in the academic and professional fields of psychology, psychiatry and psychoanalysis, who have fashioned a more technical, ‘scientific’ set of categories. The emotive figure of speech, used, as above, to gain readers, invoke sympathy and express a sense of injury, is also a metaphor, which over the course of the 20th century seems to lose some of its figurative content and transform, in part, into the technical, medical discourse of trauma and the diagnostic category of PTSD. So these two languages, the vernacular and the scientific, run along side by side, often merging; they not only reinforce each other but are the conditions of each other’s being. So a particular, somewhat conflicted view of the inner life emerges, when the self or the soul is looked at through the prism of psychic harm or wounding. And this is what is taken up in this chapter.

The technical version of trauma, on its own, is complicated enough, as it presents itself in two forms. First, the medical version, PTSD, is defined as a severe disturbance of the mind caused by a uniquely shocking or horrifying event or set of events – unpredictable aversive environmental changes that the medical profession decided sometime in the 1970s to call ‘traumatic stress’ – literally, events that wound and events through which the history of an individual is completely disrupted and rewritten. (Chapter 2 looks further at this diagnosis and Chapter 3 at its legal version.) Second, however, the concept of invisible wounds is not limited to sudden and violent one-off events, this ‘unpredictable environmental change’ mentioned above, as Freud’s original ‘summative’ version of trauma demonstrates.⁴⁶ There are other claims to

⁴⁶ Breuer, J. & Freud, S. (1955 [1893-1895]) Studies on Hysteria. *Standard Edition of The Complete Works of Sigmund Freud* 2.

psychological harm, as in our foreword. Here the wounding events are insidious and cumulative, proceeding over a lifetime to change and transform the growth trajectory of an individual and creating, it is said, a deformed life and a dislocation from an optimal developmental pathway. (Chapters 4 and 5 look at the career of the concept of emotional abuse, which is said to produce such developmental alteration and Chapters 6 and 7 look at the growth of attachment theory, which is both a theory of developmental psychopathology and, also, a theory of developmental normality, security and possible resilience to environmental stress or wounding.)

What is more, even in the technical version, the ‘ordinariness’ of invisible wounds, mentioned in the foreword, is confusing. It was Canguilhem who pointed out that, within the life sciences, the understanding of normality, ordinary ways of life at all levels of complexity, depended on the study of *abnormality* of living form or function, both physical and psychological, that is pathology and developmental deformity (Canguilhem, 1991; Foucault, 1980a). In the case of trauma, we are talking about something different, however: an understanding of the self arrived at not through a study of its diseases, but through the idea of a severe hurt to the soul or psyche, so severe, in fact, as to result in prolonged psychic distress and disorder. Though the effects of the wound are *as if* the mind itself is diseased, this is, nevertheless, a disorder which, over time, has come to be seen neither as a symptom of an organic condition nor a ‘constitutional weakness’, neither caused by an illness nor by the predisposing factors which are stochastic features of the landscape in modern, statistical medicine, but by events quite outside the individual that could wound just anybody and from which we are all at risk. This, of course, creates a paradox (one which the Appeal Court Judges struggle with in Chapter 3). Since the effects of trauma are psychologically debilitating, attracting medical diagnosis and drug or counseling therapy, the individual sufferer can be said to have a psychiatric condition, but one, on the other hand, which can be said to be normal – a sort of normal pathology.

This contradiction seems to be held in place by two major discursive shifts towards the end of the 20th century. The first is the story of the vulnerability of all bounded individuals toward risk or danger in their physical and social environment (Beck, 1994) or what has alternatively been called ‘the victim culture’. Far from meeting danger with social solidarity (so the story goes) the growing individualism of the late 20th century makes for a breakdown of trust in big business and all branches of state governance to protect our interests, as well as the failure of the traditional sources of support under paternalism – professionals, parents and the like. The individual falls back on solitary assertion, complaint and litigation or rights-based political pressure groups. Whilst the discourse concentrates on the physical effects of technological disasters and the breakdown of law and order, there are increasing claims of psychological harm from fear and horror, as well as from cumulative lack of care and respect – danger not to the body but to the soul. The danger is of wounding and scarring, the stunting of cognitive and emotional development, the leaching out of self esteem and, lastly, of that dreadful affliction, disempowerment – the vitiation of the project of self management and regulation in a neo-liberal state. Stress and risk are a dreadful threat to which we are all alike exposed.

And who are these selves who are so vulnerable, so readily hurt? The answer is the second part of the story which is a narrative about the self in ‘late modernity’ and its relationship to its social environment. The influential work by Philip Reiff on ‘*The Triumph of the Therapeutic*’ in *Western Thought* (Reiff, 1967) has been followed by a raft of books describing the development of *Therapeutic Culture* (Furedi, 2004) and *The Therapeutic State* (Nolan, 1998) and exemplified by a current attempt by some psychoanalysts to extend therapeutic thinking into the political domain (Kraemer *et al*, 1996; Samuels, 2002, for example). Nolan suggests that the self produced by this therapeutic turn no longer exists within the old authoritative moral orders and transcends even the psychoanalytic self, as

the latter struggles to adapt to the demands of ever present social imperatives. This latest self is the product of more humanistic therapies; it exists in a milieu in which it alone is the 'touchstone of cultural judgement' (Bell, 1978: 117); the self and its experience alone is authentic and central to its moral universe: any moral schema that exists for self regulation is ultimately self-referential. So Nolan finds in his study of political discourse in the USA that the language constantly invokes the goal of individual emotional development, rather than the individual moral growth that used to be seen as the means and end of adaptation to external social mores. As he puts it: 'where once the self was to be surrendered, denied, sacrificed and died to, now the self is to be esteemed, actualised, affirmed and unfettered' (Nolan, 1998: 3). It might be observed that anyone whose mental welfare requires all *that* must be a little liable to disappointment!

So what sort of entity *is* this vulnerable and demanding self? Nolan, it seems, tends to conflate this morally unfettered, free-floating and reflexive self with the fragmented, decentred self of post modernity, cognitively aware of its own contingency and social construction and reproducing itself by its own operations (Nolan, 1998). But the political language of the therapeutic self posits the soul as a source of emotional control and self regulation, one of the products of normative development, as an individual who is at the centre of its social world, who interacts with it and may be encouraged or harmed by it, but not in some continuous process of social reproduction. This is not a self recreated anew in every social encounter (Gergen *et al*, 1989), but a self held together, integrated, by memory and its sense of its own history. In short, it relies for its meaning on a more realist version of personal identity: the authentic, whole, centred individual of humanism.

And the metaphor of the 'invisible wound', in one way, assumes such a self. The concept of psychic harm or thwarted emotional development posits a vulnerable, woundable individual, thus one who is fixed, continuous, there to receive a

causal blow. However, as already noted, this self bifurcates into two, depending on the nature of the harm: first, one whose self narrative or observable behaviour may be altered by a powerful traumatic event⁴⁷ and, second, one for whom the harm is ontogenetic because more subtle and continuously cumulative over time.⁴⁸ To complicate matters, this already split self splits again around the distinction between observed behaviour and self narrative – the visual versus the oral register. The subject of observation is carried by the largely medical metaphor, organised around the concept of trauma, abuse and attachment disorganisation, as dealt with in the following six chapters. These invoke a linear and positivist psychiatric/psychological model of personal functioning and, in fact, a conventional doctor/expert–patient relationship. But the subject of narrative is the owner of voice, whose identity develops in some dialogical relationship with her social world, who can claim her rights and for whom therapy is an inter-subjective conversation of empowerment.

It has already been suggested that there is something paradoxical about the very notion of therapy (which invokes professional or quasi professional expertise) in self actualisation, as there is something strange about the notion of empowerment of one person by another.⁴⁹ Moreover, this self actualising version is often conflated with the medical one, indeed depends on it for legitimisation of claims to harm, as in the foreword to the book by Kay Douglas and in many other uses of the wound metaphor discussed in this chapter. And both are so overlaid by figurative expression and alternative paradigms that ‘wound culture’ (Das, 2003: 297) seems to abound in ontological confusion.

Besides this, there are other puzzles. For, even in a constrained psychological model of individual interaction with a social environment, it is not clear where the self is located – in the neurological system or in some parallel inner world

⁴⁷ Like the sufferers from PTSD or Nervous Shock detailed in Chapter 2.

⁴⁸ As in the foreword to the book by Kay Douglas, or in developmental versions such as Attachment Theory, discussed in Chapters 6 and 7.

⁴⁹ For example, injunctions to ‘be independent’, ‘think for yourself’ etc. are ‘double binds’. See Gregory Bateson’s (1972) *Steps to an Ecology of Mind*. University of Chicago Press.

that might be called consciousness... or in unconsciousness, or in both.⁵⁰ At what level is the wound ‘invisible’? This raises deeper questions about metaphor itself and the metaphysic in which it sits, described in the Introductory Chapter.

These confusions and complications are touched on in this chapter and they also run right through the dissertation, as it addresses the question of how the metaphor of the invisible wound serves to fix the fragmented, protean, self-reproducing or socially constructed soul of post-modernity or post-structuralism into particular forms. This is not just a matter of language, but also of practice. The metaphor is part of a discourse in which language and practices, in particular those of psy professionals, are inseparable. Later chapters look at the practices of the invisible wound as they evolve in the context of professional journals and other texts. This first chapter is, however, about language and thus more literary, less sociological in content. It traces the implications of the metaphor for particular narrated forms of the self with all their contradictions. It does not attempt to sort out or rationalise the discourse, merely seeing it as reflecting the diversity of social praxis. It picks up examples from a rich varied usage which has grown over time, migrated across social context and, itself, moves freely between figurative and technical modes of thinking and expression, in both the oral and visual registers.

These examples are taken partly from the psychological literature on trauma – particularly its history – and the bio-medical version reviewed more extensively in Chapter 2, since this underlies and structures the vernacular usage within a present anglophone culture which is saturated with ‘trauma talk’. This talk generally covers a wide domain, including identity politics, religion and the more alternative therapies. Some background research was also done in these

⁵⁰ This is a contested question of the utmost complexity. See **Jerry Fodor** (1981) on *The Mind/Body Problem* at <http://philosophy.ucsd.edu/faculty/rarneson/Courses/fodorphil1.pdf> [accessed 17 January 2009]; Steven Rose in **Rose, S. (2001b)** *The Future of the Brain: The Promise and the Perils of Tomorrow's Neuroscience*. New York: Oxford University Press. And **John Searle** *Consciousness: What We Still Don't Know* in the *New York Review of Books*, 13 January 2005: 36-9.

areas in the process of making sense of the main source of material, which is an ordinary Google search for 'Invisible Wounds' conducted at the beginning of 2006. This search provides, even for this more restricted version of psychological harm, a stunning array of usages across different social contexts, from personal testimony of the psychic costs of chronic physical disease to counseling sites and self-help books offering help for emotional or sexual abuse; from teen magazines discussing racism and bullying or dating violence to religious sites with personal testimony from depressed clergy; or legal or quasi legal sites dealing with sexual harassment at work. There are copious references to a series of zombie films called 'The Living Dead' and, improbably, some interesting visual representations, mostly by German artists, on a site called *fotocommunity.com*. By far the most prevalent context for the use of this metaphor, however, is discussion of the handling and treatment of military personnel, war and 'peace-keeping' veterans – from Vietnam to Iraq through the holocaust to the former Yugoslavia or Rwanda – and of the indigenous victims of these and other conflagrations and mass injustices around the world, of oppression by cruel dictatorships, of disappearances, torture, mass rape, ethnic cleansing or genocide. And here the metaphor migrates by means of another metaphor; the self becomes, by analogy, the psyche, not just of an individual, but of a group, a nation, the world even; the bearer of the wound and of scars becomes a whole people. Trauma, memory, memorialisation and healing become cultural and political phenomena; 'identity' is collective (Ignatieff, 1996).

I do not claim here that such a search throws up a set of data which is completely representative of the way this metaphor is used across different social contexts, but it does produce examples from a range of sites which do not use the language of psychological, legal or administrative expertise and might be said to give some glimpse of the diaspora of the concept of trauma, as it has become part of what Terry Eagleton calls the 'custom piety, intuition and opinion' that society observes (Eagleton, 1990: 23). The present chapter looks at

the work this metaphor could be said to do in the production of a particular hybrid version of the self in relation to his/her physical and social context. This is an individual soul with breachable boundaries, like an individual body, operating defensively in a potentially hostile environment which may cause lesion, shrapnel or foreign bodies lodged in the wound, scarring and long term damage. These wounds are administrable by medical experts in healing, and their relations, but serve and even legitimate the practices of religious solace, political rights claiming, social welfare and international aid.

The Figurative Body

The metaphor of the invisible wound, with its cargo of unreality, emphasises that what it refers to is *not* a wound, at least at a gross physical level. It draws on a linguistic and conceptual distinction between the body and some more interior site, say the soul. But at the same time, the abstract soul is understood through our experience of the frailty, vulnerability and mortality of human flesh. And, as if this were not complex enough, it has to be recognised that the body itself is not free of figurative loading. The bodily metaphor does not only link the soul to obvious physical or corporeal characteristics. The body comes freighted with its own set of metaphors which then, through the serendipity of language, the soul itself acquires. For example, in all societies, the human body has a starring part in the creation of symbolic and social orders (Durkheim *et al*, 1963). We know it so well. It stands proxy for models of cosmic and human organisation (the ‘body politic’ of Plato and Aristotle) or any hierarchical system with the head at the top. With the development of the life sciences, the body is also the frequent bearer of metaphor, its intricate functioning likened, by Descartes, to a machine, or to mechanical systems of organs and tubes, nerves and neurons or various homeostatic cybernetic systems (Schindler, 1988). Picking up the political metaphor in reverse, it can also be seen as ‘an engineered communications system, ordered by a fluid and dispersed command-control-intelligence network’ (Haraway, 1989: 14).

Particularly relevant here is the metaphor of the body as a nation state. According to Emily Martin, in her anthropological work on immunology, this contains two essential notions; first, the notion of the body as the spatio-temporal, or the cellular (Schindler, 1988), basis of individual identity which implies a rigid and absolute boundary between the body (self) and the external world (non-self). Second, 'the identification of the non-self world as foreign and hostile' (Martin, 1990: 411), which implies the notion of boundaries as protective, defences against an invasive and dangerous environment. Martin quotes Peter Jaret's florid description of the way the immune system functions:

Besieged by a vast array of invisible enemies (bacteria etc.), the human body enlists a remarkable complex corps of internal body guards to battle the invaders (Jaret, 1986: 702);

and Lenart Nilsson:

The organisation of the human immune system is reminiscent of military defence, with regard to both weapon technology and strategy (Nilsson, 1987: 20).

I have already quoted from Sontag's work, as she describes the use of a military metaphor in the way we figure cancer and AIDS. In this discourse, the defence of the body extends to the defence of the body politic in its perpetual war against encroaching micro-organisms, in the form of disease or mere mortality (Sontag, 1991).

I will argue here that, through the metaphor of the spiritual wound, the soul, itself, acquires this freight of defensive individualism, precluding any notion that it is part of some universal animus or some systemic, all-pervasive mind (Bateson, 1979) or a construct of the social (Gergen *et al*, 1989). This bodily metaphor places the psyche neatly within each individual body-bag. Also, crucially, what it is that lies in the interior of the body is a 'soul-bag', with its

own defensive boundaries that can be attacked and pierced by powerful forces from outside – forces outside the body or outside the soul, until, that is, that moment when Freud split the soul into three, so that it could be entirely at war within and with itself.⁵¹

So, crucially, the metaphor presents us with two distinctions: first, *within* the individual, between the body and the soul and *between* the individual psyche and the potentially hostile outside world. First, it constructs, through the concept of invisibility, an interior psychic space, problematically related to a physical analogue. But, paradoxically, since it is a bodily metaphor, it somatises the spiritual, suggesting the abstract nature of the ‘inner life’ as concrete and observable. Second, it individualises the social aspects of the psychological within a linear, causal or interactive model. In this way, third, it creates a particular form of subjectivity and also functions in a subsidiary way to create, by analogy, the possibility of collective identity. Fourth, it medicalises its administration and, lastly, through the concept of interiority, creates a rich discourse about its bringing forth. These functions will be discussed in turn below, though there is much overlap between them.

I. THE MIND–BODY BOUNDARY

Body and Soul or How Interior is Inside?

One of the main features of the metaphor of the invisible wound and its variants is that the notion of invisibility leaves open a wide set of options for the wound’s location. The wound cannot be seen and we are not told where precisely it is supposed to be. Only a vague notion of interiority is invoked. The following extract from a story in the newsletter of the Network for Family Life Education,

⁵¹ See next Section

Rutgers University, called '*Sex, Etc*', is typical of much emotional abuse literature. The story is entitled:

Battered on the Inside: Emotional Abuse Inflicts Invisible Wounds.

The heroine, we are assured, had not endured *physical* violence:

She had no broken bones, no bruises that anyone could see.

Nevertheless, she 'was abused. Her wounds were on the inside'. And we are assured that the wounds are 'real' by inference from the subsequent listing of the cruel and 'abusive' acts to which she had been subjected, as the narrative continues with

The New Jersey teen was a victim of emotional abuse, a form of abuse that many don't regard as real abuse. But it is.⁵²

So the ontological objectivity of the hurt is established from the reality of the hurtful acts and its interior location left tantalisingly unspecified. Nor do statements like the following from lawyer, Andrew Vachss, clarify the exact whereabouts of inside:

Emotional abuse scars the heart and damages the soul. Like cancer, it does its most deadly work internally. And, like cancer, it can metastasise if untreated.⁵³

But this notion of invisibility creates some complexity in the use of the metaphor, especially in its technical form of trauma. Here the interior wound could be located, first, in the depth of the New Jersey Teen's body, at some micro-physiological level, not visible to the naked eye or even the cruder techniques of medical detection; second, it could be located in the more arcane

⁵² <http://www.sexetc.org/story/abuse/1983> [accessed 13/01 2006].

⁵³ *Parade Magazine*, 28 August 1994.

reaches of the human psyche, at an abstract psychological, emotional or spiritual level; third, at both levels – seen either as dual systems that run in parallel and reflect each other through mimesis or are connected by some causal mechanism (either way round, depending on perspective) or, finally, fourth, in both systems, combined in the ‘individual’ in the sort of overarching holistic relationship envisaged currently in DSM1V⁵⁴ and in waves of philosophical and religious thought over the centuries.⁵⁵

In the history of trauma, invisible wounds started off as not a metaphor at all. When it was first used by the neurologist, John Erichsen (Erichsen, 1866), to describe the invisible lesions in the spine which were the consequence of what he called ‘nervous shock’ engendered in railway accidents, this was not a figurative use. Nervous shock already meant something to neurologists of his generation, because it was the functional equivalent of the phenomenon of ‘surgical shock’ – a condition, also newly discovered, in which people who sustained wounds, even though very slight, might display a disproportionately serious set of symptoms, which could be attributable to the shock of the accident, rather than the physical injury itself. Nervous shock *was* a wound in the spine, so tiny as to be unobservable within the limit of current techniques, but not necessarily in principle. It was caused by the blast of crash and the shaking up of the railway carriage etc; there was no suggestion of any psychological processes like fear or of memory as a psychological or even somatic concept. It was assumed that this *was* a wound, as yet invisible (Erichsen, 1883).

⁵⁴ The DSM IV committee reflected on the title concept, ‘mental’ disorder (their inverted commas), and the unfortunate nature of the implicit distinction that it draws with ‘physical’ disorder, which they ascribed to ‘a reductionistic anachronism of mind/body dualism’. **American Psychiatric Association (1994)** *Diagnostic and Statistical Manual of Mental Disorders*. (4th edn). Washington, D. C.: American Psychiatric Association.: 21.

⁵⁵ For example, see **Butler, J. (1993)** *Bodies That Matter*. London: Routledge. **Grosz, E. (1994)** *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington and Indianapolis: Indiana University Press. And **Nedelsky, J. (1995)** *Meditations on Embodied Autonomy*. 2 *Graven Images*, 159.

The wound usage slid into metaphor through the work of successive neurosurgeons and neurologists. By the 1880s, it was accepted among medical men that extreme fear on its own could produce consequences comparable to surgical shock (Jordan, 1880), although they never quite solved the puzzle of how ‘fright and fright alone’ (Page, 1883: 117) could reproduce the effects of a physical blow or injury. Since they saw the equivalence of symptoms empirically, they just accepted the proposition that fear *is* an assault, as it was held to be in the common law offence of psychic assault from the eighteenth century onwards. Fear, it seemed, could produce the symptoms of bodily harm through pathological and physiological pathways (Young, 1995). This is described in Chapter 2 on the development of PTSD – part of the strong neurological strand in medical thinking about psychiatric disorder, also described in the next chapter.

Further, the wound or lesion changed in medical thought over time to become a sort of disorder of memory (Young, 1995), not a wound at all, but something going wrong with the ordinary homeostatic processes by which a human body adapted to changes in its physical and social environment. This was produced by the effect of shock on the neuro endocrine system, in which the event was, as it were, relived by the body. It was no longer a wound but still a bodily harm; not penetrating the skin like a wound, not visible to the naked eye; located at a micro level in the body’s interior, but, it is now claimed, accessible to detection through scientific observation of a rigorous empirical nature conducted under laboratory conditions.

Over the same time period as the invisible wound became located in the body’s interior, it was also creating an equivalent emotional or cognitive space. It was a short step from the work of these early neurologists with their reliance on instinctive fear as an explanation of physical symptoms to Charcot’s insistence on the power of an idea to produce strange bodily ‘conversions’ in the state of hysteria (Charcot, 1889). In this way, he called on the other strand in medical

understanding of disorders of the mind: that of a psychological and, later, after Freud, a psychoanalytic dualism. From this perspective, the traumatic disorder of memory was located in the compulsive recall and forgetting of words and images; that is, in the cognitive and emotional functions of the mind as it related to the social history and cultural context of an individual, which gave them their meaning.

Freud, himself, in his work with Breuer (Breuer *et al*, 1955 [1893-1895]), saw his patients' narratives and behaviour as embedded in a very complex, somewhat mechanical system of cells and neuronal pathways (Freud, 1966 [1895]). Although he never quite abandoned the hope that the psychic self could ultimately be explained in this way, he was also the inheritor of the 19th century preoccupation with human phylogenetic and ontogenetic inheritance – an existence *apart* from the purely instinctive reactions of the animal kingdom and interiorised by a growing sense of history as identity in all its complexity. This culminated in his famous and controversial abandonment of the incest theory for the Oedipus complex and the split he established, by the time he wrote *The Interpretation of Dreams*, between material (or bodily) reality and what he called 'psychical reality...a particular form of existence not to be confused with (the former)' (Freud, 1953 [1900]: 620). For the later Freud and his psychoanalytic inheritors, trauma or invisible wounds are located in a psychical interior, detectable only through the skills of therapists in the confessional context of the clinic (Foucault, 1980b), who are endowed with a professional knowledge which rests solely on metaphor and its theoretical developments.

What developed, historically, were these two locations for the invisible wound, the somatic and the psychic, representing the two approaches to mental disorder in the history of psychiatry (elaborated in the next chapter) and developing side by side.⁵⁶ The metaphor is more complex still, however. As in current

⁵⁶ Of course there are other splits and much academic psychology is organised by the study of artificial intelligence and the notion that there is no difference between the mind and the brain –

modernised psychiatry, where the unifying emphasis has been on diagnosis in the Kraepelinian tradition,⁵⁷ there are still differences of opinion on the understanding and treatment of such disorders, so there are differences in the approach to psychological harm. It would probably be agreed amongst medical personnel that the body and the mind can, at least, be seen as two analogous systems (van der Kolk *et al*, 1985: 318), in which change in one is reflected by change in another. Put crudely, this means that a wound might be located in both systems, although there would be disagreement about which way round any causality might run.

Besides this, as already noted, the medical establishment has formulated a version of mind/body holism in DSMIV (American Psychiatric Association, 1994)⁵⁸ – the fourth and alternative location for the invisible wound, inside the ‘individual’ as opposed to the mind *or* the body or the mind *and* the body. In this approach body and soul are both parts of a recursive system in which their interaction is undifferentiated by any causal, or even bi-causal model – a combination of ‘thought bodies’ ((Rose, 2001a) and embodied thoughts (Butler, 1993; Grosz, 1994; Nedelsky, 1995). The problem with this model is that it requires a new meta-linguistic to be articulated at all, since its understanding is constantly overridden by the dualistic punctuations of our language.

It is argued in Chapter 2 that, in practice, the diverse versions of trauma privilege one side of this duality or the other. It also contends that the social structure of modern medicine privileges the neurological approach to harm over a cognitive/emotional variety. However, in the modern project of clinical psychology, the cognitive functions of mind prevail, whilst in psychoanalytic therapies these are conjoined with the emotions in an alternative psychic space.

that consciousness is some metaphorical production of the brain itself, which produces the illusion that it is different. Whereas others of a different epistemological persuasion might point out that it is the mind, as it develops socially, which studies the brain and therefore determines what we know about it. A chicken and egg problem, which is not solved and probably not soluble. See footnote 48.

⁵⁷ See Chapter 2 of this thesis.

⁵⁸ *Ibid.*

Which system is privileged for intervention and study depends on the diverse beliefs, professional knowledge, organisational constraints and socio-economic conditions of a multitude of professional practitioners worldwide, each with their own local and idiosyncratic considerations.

Moreover, as already argued in this chapter, the technical use of trauma in a context in which its metaphorical status is ambiguous, is still predicated on the experience of the human subject, on the expressive language of the vernacular, the figurative language of trauma and a broken heart. Though such personal testimony might concede the possibility of accompanying neurological change (perhaps in the now nearly defunct language of nerves),⁵⁹ in the websites cited by the Google 'Invisible Wounds' search it is generally used to describe the experience of a psychological harm – the psychological sequelae of a deeply unpleasant experience.

A fine example here is the language of the Christian religion which places the wound firmly in a spiritual interior. It is the latter, still significant in the discourse and running alongside the medical or psychological versions of trauma, which offers the most interesting version of this invisibility as a psychic location. The talk is that of spiritual suffering and healing and, especially among the more proselytising or evangelistic versions, about faith and forgiveness as the 'healer of invisible wounds'. An article under this title in the news letter of *The Catholic Advocate* website (5 November 2003), runs:

There is a healing ministry in the Archdiocese of Newark that doesn't have to do with hospital chaplains or the Anointing of the Sick, per se. Rather it involves the spiritual and psychological healing that comes with forgiveness.⁶⁰

⁵⁹ For an account of the status of 'nerves' in the late 19th and early 20th century see **Shephard, B. (2002) *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century***. Cambridge, Mass: Harvard University Press.

⁶⁰ <http://www.rcan.org/index.cfm> [accessed 15th Jan 2006].

This ministry offers help for those suffering from ‘post abortion trauma’, a mental condition, whilst on the website of the United Methodist Church an article on ‘Clergy Depression’ refers to a ‘wounded healer’.⁶¹ On the same website, a bookstore advertises three books for the bereaved, under the sales line ‘Faith As Balm for Grief’s Tragic Scars’. An article on the Santana High School shooting by the Associate Pastor at a local Baptist Church, also titled ‘Invisible Wounds’, insists that

The healing can’t be rushed. It’s like pulling a scab off. You have the deaths and the injuries, and now you have to have the grieving time.⁶²

There is no mistaking the psychic location for the invisible wound in the lurking presence of the metaphorical body.

The Abstract and its Incarnation

It has been argued that, despite the complex relationship between body and soul, in both the technical and the more figurative versions of trauma and psychic harm, different versions of an invisible psychic space are created and elaborated. So it would be unsurprising if the work done by this bodily metaphor in making this space manifest and thinkable is equally complicated. The metaphor is made more complex by the fact that actual physical suffering is associated with the spiritual, not just in analogous parallel systems, perhaps in a causal or holistic relationship between the soul and the neuro-endocrine system, as described above, but as manifest physical illness or lesions are used as *expressive*, as a sign or symbol of their spiritual analogue – the body as a walking metaphor for the soul, bringing forth or acting out suffering in a psychic interior, a medium for its communication.

⁶¹ http://www.umph.org/resources/publications/circuit_default.html [accessed 16th Jan 2006].

⁶² <http://www.signonsandiego.com/news/metro/santana> [accessed 16th Jan 2006].

For example, take again the religious juxtaposition of faith and healing, illustrated above. Whilst it is faith that is the healer of invisible wounds, it is also the healer of *physical* wounds. For, clearly, despite the initial quotation's denial of its connection with physical sickness, the juxtaposition of healing with forgiveness and faith refers to an older tradition, before healing became the purview of the medical profession, and especially to the figure of preacher-as-healer, which goes further back in time than the ministry of Jesus of Nazareth himself. But, in this tradition, what was at stake was not just the healing of the body. Such healing events were not only a sign of the miraculous powers of the healer and therefore the high levels of his own spirituality, they were also a sign that the soul of the sufferer had come into a state of grace. The manifest wound or sickness was the sign of an 'invisible' mental suffering, an absence of the holy spirit. The psychic nature of the wound is emphasised or enhanced by a symbolic physical manifestation, its invisibility marked by its juxtaposition with the visible.

This is a different 'mind over matter' dualism from the tradition of psychosomatic suffering which has also existed in medical thinking, somewhat controversially, since Charcot's work on hysterical conversions at the Salpêtrière (Charcot, 1889; Harris, 1989), although definitions of hysteria by Showalter and others are also distinct (Young, 2000). Young's three way typology is useful here. First, in hysteria, symptoms are psychogenic and mimic somatic disorders which encode meanings or expressions of a psychological state. Second, psychosomatic symptoms are expressions of psychological conflict or stress (as in neurasthenia) but have no particular meaning. Crucially, both these psychogenic processes are unconscious, whereas the third category of mind/body relationship, the use of the body as a form of metaphor, is not. As Young explains,

The language of the body is employed self consciously ... to define symptoms, link them to a preferred aetiology and situate them within a web of significance (Young, 2000: 141).

An esoteric example of this is the production of stigmata on the human body by extreme spiritual devotion and mental identification with the passion of Christ, in which it is said that ‘the mind wounds the body’, though the stigmata are thought not to behave like real wounds, as they do not smell (except, in one case, of roses), become infected or heal.⁶³

The ultimate example of communication through bodily wounds, however, is the Christian account of the crucifixion itself and the wounds of Jesus. The Judaeo-Christian God was an abstract God – a voice, who forbade the making of graven images (Scarry, 1985). His first and only substantiation in the Christian story was his incarnation in the form of the Messiah, Jesus Christ. He put on human flesh in order to suffer and to sacrifice himself for the sins of man. The suggestion is that suffering is a bodily phenomenon, which is puzzling, since we also know that the disembodied souls of the damned can suffer eternal torment in hell. But, if the incarnation is seen as a conscious use of the body as a means of communication, then the story of doubting Thomas makes sense of this puzzle. It suggests that the incarnation was a way of showing or making manifest God’s sacrifice to man as a somewhat concrete thinker. For when Thomas put his hands in the wounds of Christ, it was to convince himself of the reality of his body and, therefore, of his suffering. The poet, U. A. Fanthorpe, calls him ‘Tom, for whom metaphor was anathema’, as she reflects on God’s problem of communication with man, in her poem *Getting it Across* (Fanthorpe, 1989). As man has remained this concrete thinker, through vast swathes of his history, the bodily wounds of Christ move in and out of the realm of metaphor or symbolism, especially in the form of his wounded and bleeding heart.

⁶³ This example is made more complex by the description of some stigmata as ‘visible wounds’, which come and go from the surface of the body and some as ‘invisible...those covered by the forces of God for the inner comfort of the sufferer’, as the invisible wounds of St Catherine of Siena on her hands and feet. (RTE Television: The Afternoon Show). <http://www.rte.ie/tv/theafternoonshow/1028742.html> (accessed 13 Jan 2006).

The heart, of course, has many confusing dualities; it is the real, physical, emotion-bearing centre of the body and a symbol of sensibility (Godwin, 2002). A wound evokes this dual function of heart as both the bodily organ that reacts most powerfully to changes in the neuro-endocrine system and also the heart as the figurative centre of emotional life. Thus its metaphorical status has always been ambiguous. The Elizabethans with their love of paradox played with the physical mobility of the figurative transfixed heart (or 'hart'!).⁶⁴ In contrast, the holistic view of mediaeval medicine and religion, to which the anti-rational 19th century Society of the Sacred Heart of Jesus aspired, made no distinction between the body and the spirit. Christ's spiritual and physical suffering were one in the bleeding heart. When He revealed his wounded heart to the inspirer of the Sacred Heart cult, St Margaret Alacocque, in 1673 or thereabouts, allowing her to put her hand inside his body and touch it, it was the real thing (Godwin, 2002: 100-103). It could be said that it is only the rationalistic, enlightenment or psycho-dynamic dualism, persisting into the 21st century and reinforcing the intuitive punctuations of our language, which make the concept of a spiritual lesion a metaphor and the body a symbol for the soul.

II. THE INDIVIDUAL AND THE SOCIAL WORLD

The Boundaries

If the boundary between body and soul required by the metaphor is not always clear, the boundary between self and external world that it invokes is conceptually simpler, at least on the face of it. The model of psychic harm, which underlies the medical version of traumatic stress and PTSD, as well as the psycho-analytic, implies something semi-permeable, in the sense that the individual exists in and depends on a social world, but is also defensively

⁶⁴ See 'The Bargain', a poem by Philip Sidney in *The Oxford Library of English Poetry*. Vol.1, ed. John Wain (1990).

organised against potential hostility by boundaries which are breachable only by a forcible entry made by a weapon. This model also has implications at the level of social psychology and its relation to political and social theory.

The exact nature of this boundary is most discussed and elaborated in psychoanalytic theory. For Freud it was ‘the mind’s protective shield’ (Freud, 1950 [1920]: 31), constituted by a sort of ‘fabric’ of the inner world (Freud, 1924; cited in Garland, 1998: 10); for W. R. Bion it is the ‘psychic envelope’; and for the Object Relations school in general the boundary of the inner world is also the ‘container’ (Lopez-Corvo, 2003) of set of histories and beliefs, phantasies and associations which are defensively organised, internally around ‘good objects’ and their projection onto the external world (Garland, 1998).

Freud’s original model of the mind laid out in ‘The Project for a Scientific Psychology’, was essentially a neurological system open to external stimuli (QE) but programmed to discharge the excitation they produce through motor and psychic activity – a homeostatic, negative feedback system with a permeable boundary. Self is open to the ‘other’ and dependent on it as a source of force or energy, but also organised defensively to preclude more than some equilibrium or ‘healthy’ level of excitation. The defensiveness of the system lay not so much in its external boundary, presumably the skin of the body, but in the structure and function of the individual cells of which it was composed and the way in which Q (the stimulus) was exchanged between them in a series of paths of conduction between each cell and the contact barriers around them (Freud, 1966 [1895]).

Having rather abandoned neurological explanations soon after this exposition, Freud returned to the cell in 1920 in *Beyond the Pleasure Principle*, where the idea of the ‘protective shield’, surrounding ‘the organ of the mind’ first arose. For he used the single cell as a metaphor for the mind, in order to describe how this protective layer is formed, as if a transformation of the contact barrier

through its bombardment by external stimuli. He refers to ‘a living organism in its most simplified form ... an undifferentiated vesicle of a substance that is susceptible to stimulation’. As a result of ‘the ceaseless impact of external stimuli’, a kind of crust is formed around the cell ‘which at last would have been so thoroughly baked through by stimulation that it would present the most favourable possible conditions for the reception of stimuli and become incapable of any further modification’. It is at this point that consciousness arises. The shield remains receptive to some level of Q necessary to the functioning of the organism, but its primary function remains protective (Freud, 1950 [1920]; cited in Steedman, 1995: 89, 90).

Another, more picturesque, example of the boundary of the soul, as shield, is cited in the health and wellbeing section of a Sunday newspaper. This is the holistic Taoist idea of ‘heart protector energy’, which forms an ‘energetic sheath’ surrounding the heart. The sheath is said to support the spirit or ‘consciousness’ and hold it in the body, there to protect it from ‘painful information’.⁶⁵

The Enemy without... and Within

It is this ‘painful information’ that is the enemy in the outside world, potentially hostile or inimical to the wellbeing of the soul. For the early Freud, however, the enemy was not so much information, more a sort of physical force which produced too much neuronal stimulation of an aversive, unpleasurable kind - too much, in the sense that it could not be processed in the normal way. Normally, it would be defensively ‘repressed’ and then brought to consciousness by a series of re-registrations at the level of consciousness, until the strength of the negative emotions attached to it was eventually diffused. If there is too much stimulation, and the excitation would become stuck at an unconscious level, a piece of

⁶⁵ See Barefoot Doctor: Heart of the Matter. *Observer Magazine*; 25 May, 2003.

shrapnel in the wound that prevents healing (Breuer *et al*, 1956 [1893]; Freud, 1966 [1895]).⁶⁶

For the later Freud of the elaborated unconscious, the enemy lay within the psyche but was projected onto the outside world in order that the soul's defenses could be mobilised, *as if* the threat came from its social environment. The move from seeing neuroses as the result of external enemies and dangers to seeing them as the result of internal ones concentrated his theory on a divided inner life (Freud, 1923). So by the time of *Beyond the Pleasure Principle*, he had shifted his interest from material to psychic reality and had evolved his concept of the unconscious as id. Thus he discusses the way in which the protective shield provides no such defense against the excitations coming from within the vessel itself, which were of much greater intensity than those from the outside. In 'the Project', endogenous stimuli only arose from the normal cellular activity of the body; now they arose from another part of the mind, the unconscious, desires and fantasies laid down in early childhood, constantly struggling with the ego. But in an attempt to deal with these 'internal enemies' the vesicle treated them as if they came from outside, so that it might be possible 'to bring the shield...into operation as a means of defence against them' (Freud, 1950 [1920]; cited in Steedman, 1995: 89,90). So the inside had to be ejected to outside, the self to become other to make use of these defences. Crucially, the timeless ahistorical fantasies of the unconscious had to be slotted back into history for the ego to wrestle with them. For defence is not just a spatial concept;⁶⁷ there is a notion of time involved in cause and effect, the weapon, the assault or event, the wound and its consequences all running in sequence.

It is claimed that since Freud's move away from the seduction theory, the psychoanalytic movement has been divided in its understanding of trauma between those who emphasise the enemy without and those who are more

⁶⁶ For a fuller discussion of this process of repression see Chapter 2 on Traumatic Memory.

⁶⁷ Neither is 'repression', which uses a spatial metaphor of hierarchical layers of the psyche which become the unconscious id, the ego and the superego.

interested in the enemy within (Brett *et al*, 1993). Certainly, in the medical history of post traumatic stress disorder, the first has dominated, thanks to the early influence of Abram Kardiner, and the diagnosis of PTSD itself is predicated on an identifiable external event (Kardiner, 1941). In this thinking, it is the early Freud who is most influential, although his concept of the enemy slightly changed over time. Freud's model, in keeping with the mechanical paradigms of his time, was of an organism activated by stimuli as a sort of force or energy from the outside world (Freud sometimes calls it a 'current'). Later, Mardi Horowitz (Horowitz, 1976) developed this into a model of an information processing organism, as cybernetics became a customary way of conceptualising psychological processes, although, far from modern cybernetics, information for him was not a neutral phenomenon, since it held an emotional content which affected the ability of the organism to process it.⁶⁸ This work, with its emphasis on explaining the symptom clusters contained within the diagnostic description of PTSD, has formed the basis for further theorising in behavioural and cognitive psychology, described briefly in Chapter 2.

So the external enemy became exogenous bits of information of a shocking and cognitively dissonant nature and the Google search on the metaphor of the invisible wound comes up with an array of examples of these. They range from the witnessing or experience of terrible accidents, violent and brutal warfare torture and rape through to more domestic abuse of a physical, sexual or emotional nature. Articles on 'The Wounds of Spouse Abuse'⁶⁹ are particularly eloquent on the destructive power of words, as 'drawn swords' (Psalm 55). And a women's group discusses 'the many forms that a malicious invisible knight might take' and 'how to battle that which we cannot see.'⁷⁰ 'Shattered Words' is

⁶⁸ For Freud, this emotion was 'unpleasure'. **Freud, S. (1966 [1895])** Project for a Scientific Psychology. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud. Volume 1* (ed J. Strachey), pp. 281-397. London: Hogarth.

⁶⁹ www.gospelcom [accessed 16 January 2006].

⁷⁰ www.diana'sgrove.com [accessed 16 January 2006].

the title of one article on verbal abuse by Teresa Brouwer, which is followed by another called 'Emotional and Mental Rape,' by the same author.⁷¹

The enemy within meanwhile is seen more as inner conflict which is precipitated by exogenous events.⁷² Later interpretations of internal struggles caused by aversive external events from the followers of Melanie Klein and the school of Object Relations turn less on the notion of an internal enemy projected to the outside and more on the idea of a forcible meeting of the inner and outer worlds, causing a massive adaptive failure (Kardiner *et al*, 1947).

The Breach of the Boundary

The above represents an extension of the meaning of trauma, which, as already noted, is, literally, an open injury, caused by cutting, piercing, hitting and similar percussive acts. We have also noted Freud's notions of a breach of the protective shield between self and other and his thought that a delusion is like 'a patch over the place where originally a rent had appeared in the ego's relation to the outside world' (Freud, 1924; cited in Garland, 1998: 10). Furthermore, this is a language taken up by Caroline Garland, head of the Tavistock Trauma Unit, in her edited book, *Understanding Trauma*, with trauma as described as 'a rent in (the mind's) fabric' and 'the catastrophic breach in the protective shield' (Garland, 1998: 10 and 18). Whatever the protective boundary is made of, however, a fabric, a shield, a crust, or Bion's 'envelope', with trauma it is not just the outer defences that are in disarray. The word represents, for the Object Relations

⁷¹ www.suite101.com [accessed 16 January 2006].

⁷² For example, Freud's diagnosis of war neurosis at the end of World War I did not depend on any notion of shell shock or neurasthenia.⁷² War neuroses are a defensive formation, as are all neuroses and the defence is necessitated by internal conflict between the fundamental drive to self preservation of the id and two warring egos, the soldier's old peaceful one against the new warrior one. So fear is not that of external events but of this new internal enemy, the new warrior ego, which threatens survival itself. Thus, structurally, war neuroses resemble psychoneuroses in their origins in inner conflict and fear of internal enemies, the first the new ego, the second the sexual drives of the libido. He also explained the horrific content of patients' dreams or indeed intrusive memories, by both the idea of 'fixation' on the shocking event and by 'the compulsion to repeat', which was to anticipate retrospectively the danger that had precipitated the trauma, explaining the continued state of arousal that such patients showed.

school, an invasion of the inner world by the outer, which leads to the disorganisation and disintegration of the whole personality. Here, for the individual, meaning is also of the essence and not just in the struggle with cognitive dissonance; cognitive schema are here the whole psychic history of an individual and their inner representations of the world, including their deepest fears, the 'objects' lurking behind the protective shield. Lack of fit does not just lead to attempts to rework a terrible memory, but a complete loss of the sense of the outer world and of the purpose of life. Garland criticises the mechanistic approach of Freud's description of the way that (traumatic) events breach the protective shield:

It describes the breakdown of the smooth running of the machinery of the mind, but not the collapse of meaning: the failure of belief in the protection afforded by good objects, and from that point onwards the longer term consequences for the entire personality....

She continues:

Once the catastrophic breach in the protective shield has taken place ... the traumatic influx of stimulation from the present stirs up early phantasies of devastation and cruelty, and a paranoid view of relations between objects, which then get bound up with the present events in a way that is hard to undo (Garland, 1998: 18).

In other words, the result of what she calls 'a collision between an individual and an event' is an interactive process, as much dependent on the internal world of the victim as on the external world in time and history. This is much like saying, in the metaphor of a physical wound, that the nature of a lesion is not just the work of a powerful, percussive, moving object entering the passive interior of a body, but is formed by a complex exchange between object and flesh, blood and bones.

Clearly, although a wound to the body represents a breaching of the physical defences, an intrusion into private space, an invasion of the interior of the self by

an alien object, the piercing of the body's protective skin is not a simple notion. Nor is the piercing of the soul. For, as well as invasion, the metaphor of a wound to the body is also accompanied by two other powerful ideas: that of the escape through the breach of something that should be contained and that of penetration. For an example of escape, we go back to Taoism. The Barefoot Doctor writes:

When the energy of your heart protector becomes momentarily ruptured by trauma and shock, the heart energy itself is effectively weakened and loses control of your consciousness, which moves up out of your body and into your brain, where it gets stuck in a claustrophobic loop of self punishing thoughts.⁷³

For the spiritual implication of the notion of bodily penetration, we go to religious symbolism and the iconography of the heart, where both the physical and the spiritual carry a dual implication. For penetration is not just the breach of something that was closed; it is also its opening up, the making of a connection between the outside and the inside to reveal and also make available an interior. In terms of the body, it is significant that a slang word for the female genitalia is a 'gash' or a 'wound', as if the bounded body of the male is transformed by the opening of the body bag into something unbounded, incomplete, penetrable and passive, that is, paradigmatically female (Naffine, 1998; Nedelsky, 1990). But this 'wound', as a passage from the exterior to the inside, also reveals the body's secrets, like the wounds of Shakespeare's Caesar, which could 'ope their ruby lips' to speak the names of his assassins. The labia, as the opening to the birth canal, are the means by which women become the nurturing, female 'mother'. Further, the feminist theologian, Caroline Walker Bynum, has written on the 'feminisation' of Christ's body in the iconography of his wounds and his bleeding heart (Walker Bynum, 1992). In Chapter 3 of her book, entitled *The Body of Christ in the Later Middle Ages*, she describes representations in which 'mother' church herself is born through the wound in his side; the blood from this wound runs down his groin to become like a

⁷³ See Barefoot Doctor: Heart of the Matter. *Observer Magazine*; 25 May, 2003.

menstrual flow and he suckles hungry sinners at his breast. But this mother also feeds his children directly with his blood; it is what flows from the wounds in his heart and side that, symbolically or not, still feeds his flock at the service of Mass or Holy Communion.

If blood is a sign of suffering but also fertility and feeding, the heart pierced by Cupid's arrow bears a homologous duality; the arrow enters the flesh to pierce the heart, as the seat of sentiment, to open it up to the sight and the sensibility and, also, the cruelty of another, thus to all the pains and pleasures of erotic love. We see this curious conflation of anxiety and ecstasy in the Alexandrian poets, in Elizabethan love poetry, where pleasure predominates,⁷⁴ and in the more miserable emphasis of Aphra Behn's great sonnet of love's cruelty:

Love in fantastic triumph sate
Whilst Bleeding hearts around him flowed....

where the pleasure goes all to her lover, as she inherits the pain (Wain, 1986b).

If this opening up through suffering is a trope in the metaphorical use of bodily wounds, it has also become a figurative aspect of spiritual lesions, the gash in the soul. The media treatment of the life and death of Princess Diana is saturated with a discourse of spiritual wounds, the 'psychological wounds' from her childhood',⁷⁵ 'the wounds opened up by her passing',⁷⁶ and the consequent flow

⁷⁴ The last verse of Sir Philip Sidney's poem, *The Bargain*, says it all:

His hart his wound received from my sight:
My hart was wounded with his wounded hart,
For as from me, on him his hurt did light,
So still me thought in me his hurt did smart:
Both equall hurt, in this change sought our blisse:
My true love hath my hart and I have his.

Wain, J. (ed) (1986a) *The Oxford Library of English Poetry: Volume 1 Spencer to Dryden*. Oxford: Oxford University Press.

⁷⁵ <http://www.foxnews.com/story/0,2933,285456,00.html?sPage=fnc/world/diana#> [accessed 3 December 2008].

⁷⁶ http://www.ew.com/ew/article/0,,289454_2,00.html [accessed 3 December 2008].

of emotion to communion with the common man – or more frequently, woman. Far from needing to enter into the body of others to feel their pain, as Adam Smith suggests (Smith, 1976: 9), it seems necessary, at the turn of this century, only to share their hurtful experiences, albeit mediated by the body, to be opened up to the great community of victims. After all, Diana called herself the ‘Queen of Hearts’.

III. THE WOUNDED IDENTITY

So far we have discussed how the metaphor of the invisible wound has created a variable narrative about the vulnerability of the individual psyche to a hostile world of shocks and cruelty, rather as the individual body is seen in the discourse of immunology and invasive disease. As is suggested in the introduction to this chapter, this notion of the vulnerable individual, an individual susceptible to wounds or trauma, is constitutive of a particular form of identity, which also reciprocally creates a particular form of harm. And this is discussed here in conjunction with another narrative which takes the form of a burgeoning critique of the notion of trauma and traumatic identity, both for individuals and, by extension, communities and nations. The critique organises itself around the fact that so called traumatogenic situations might more helpfully be addressed not at an individual psychological level, but at the level of socio-economic, cultural or historical explanations.

‘There’s no such thing as society’

To start with, and perhaps to state the obvious, the discourse of trauma presents a picture of the world peopled by discrete individuals, separated from others by permeable but defensive boundaries. They are rather like the atomistic individuals of enlightenment philosophy, but different, in the sense that these rational beings were not afflicted by the emotions, which this traumatic version

of the individual has acquired (Danziger, 1997). Tautologically, the discourse explains the inner state of an individual at a psychological and therefore an individual level. The social world, society, is a collection of individuals. Hence the ease with which the discourse slips from talking of scarred individuals to traumatised nations and wounded worlds.

An example of this slippage is, as Richard Wilson argues in his book, *The Politics of Truth and Reconciliation in South Africa*, the rhetorical creation of a community of suffering by the Truth and Reconciliation Committee in the post apartheid state, as part of a conscious nation building exercise (Wilson, 2001: 13 - 16). He quotes Archbishop Tutu's response to a witness complaining of torture in police custody:

Your pain is our pain. We were tortured, we were harassed, we suffered, we were oppressed (Wilson, 2001: 111).

Further, he suggests that the TRC was creating a new identity, the 'national victim':

Individual suffering which is ultimately unique, was brought into a public space where it could be collectivised and shared by all and merged into a wider narrative of national redemption.... (Wilson, 2001).

The suffering of an individual became symbolic, emblematic, because, also, it was part of the suffering of a whole people. Such a collective of *individual* suffering calls up the idea of the outflow of feeling consequent on the penetration of the soul's protective shield in the metaphor of the wound and the creation of a 'sentimental' community of the traumatised mentioned above.

*Patior ergo sumus.*⁷⁷

⁷⁷ This is a corruption of a corruption – a version of Descartes' original 'cogito' by the constructivist philosopher, Heinz von Foerster (**von Foerster, H. (1991)** *Through the Eyes of the Other*. In *Research and Reflexivity* (ed. F. Steier). London: Sage.. On page 67 he discusses the linguistic and therefore essentially social nature of thought. *Cogito ergo sumus*.

Whilst it has been argued that this ascription of a psyche to a group or community is improper (Ignatieff, 1996) (and, logically, it is) as a metaphor it is not awkward if the difficulties are only those of quantity and addition.⁷⁸ That is, if a community is just a multiplicity of individuals and nothing more – if there is no such thing as society.

History is Dead

However, even at the level of the psychological individual, there are problems with the metaphor, especially in the relationship of an individual to his own history, which the discourse of the wound implies is completely organised by the traumatic event. For what defensive individualism omits to address, and what the metaphor of the wound precludes (even in the more florid and complex form presented by the Object Relations school, in which the individual is a more active shaper of her own experience of psychic trauma), is that the world may also be the powerful and constant shaper of the individual and her inner life. There is a ceaseless interchange which does not start or suddenly stop with catastrophe. This is, after all, one event among many, although the individual ‘system’ may, indeed, be violently ‘perturbed’ (Maturana *et al*, 1980). The metaphor of the wound (at least in its first shocking non-ontogenetic form), on the contrary, seems to imply the total transformation of the life trajectory of a previously formed individual by an event which, we will discover later, breaches the limits of what is ‘expectable’.

First, the metaphor assumes the definitive nature of the individual laid down by her own narrated social history (for Freud, before the age of three), a continuous entity existing behind some defensively organised, though semi-permeable, boundary, through which new information produces a gradual adjustment, which we sometimes call development or growth, with all its normative implications.

⁷⁸ See Kenneth Arrow’s ‘Impossibility Theorem’ for a discussion of the irrationalities that arise in any attempt to add the preferences of individuals. **Arrow, K. (1974) *The Limits of Organisation*. New York: Norton.**

This version of personal history has an element of determinism to it, as something contained within normative bounds. For a traumatised individual, the wound interrupts the gradual process of change with a discontinuity, a violent transformation produced by forces from outside. Isabel Piper Shafir, writing of the discourse of trauma prevalent in Chilean society following the end of the Pinochet regime, puts it like this:

The fundamental idea is that the history of each one of us was constituting us into subjects with a relatively stable and definitive personality, which was likely to be maintained. We were subjects that were constituted or were in the process of being. Nevertheless, the experience of the dictatorship broke the stability, that is it traumatised us (Piper Shafir, 2005: 2).

So here is the idea, not only of discontinuity with the past, but the rupture of a sort of preordained future, one that, by implication, was manageable and predictable, more or less more-of-the-same, 'stable'. Trauma, as a discontinuity, not only cancels out the past and its narratives, it violates our expectations; something deeply unnatural has happened, something that was not 'meant to be'.

Moreover, this talk of the breaking of stability that Piper Shafir identifies as a 'fracture' leaves a mark or a scar. Subjects of trauma are not the same again. Even if they heal, they are scarred. Trauma, she says:

operates as an origin of what we are as a society and of the identity of its direct victims ... the origin of our major pains (Piper Shafir, 2005: 2).

She calls the discourse of trauma 'a rhetoric of marks'.

Second, this sense of normativity in an individual history and its dislocation from an orderly to a disorderly pathway is reflected in the lack of attention to the wider and continuous social context of an individual in the medical model of trauma. For, in all the multiplicity of epidemiological and clinical research on traumatic stress and its aftermath, the social context of an individual victim, if it

figures at all, is seen as either a reflection of disturbed intrapsychic processes, a symptom of trauma, or merely presents itself as one ‘factor’ which can influence outcome, statistically adding particular ‘resilience’ or ‘vulnerability’ to this reified affliction (Summerfield, 2001).

Long Live History!

However, even if more attention is paid to the continuing social history of an individual, this still seems to obscure the wider historical issues which contextualise traumatic events. This is the point of Piper Shafir’s critique. As she points out, even attempts by social psychologists to take a less intra-psychic and more interactive perspective still construct the individual as a continuous entity in some sort of causal or bicausal (interactive) relationship to the social world at the level of behaviour and events – and one event in particular.⁷⁹ This restricts recognition of the role of wider socio-economic and cultural factors – what she calls ‘practices of domination’ – in the production of identities (Piper Shafir, 2005).⁸⁰

She argues that attempts by Baro (Martin-Baro, 1990; Piper Shafir, 2005) in El Salvador, and other theorists in South America, to radically reconceptualise trauma as ‘political trauma’, according to a more Marxist interpretation, have been defeated by the medical discourse. They still ‘construct notions of the individual and society that contribute to the reproduction of the same social order that they seek to contest’ (Piper Shafir, 2005: 4-6). Like the notion of healing and the Human Rights discourse of reparation in, say, Truth and

⁷⁹ For an excellent discussion of the limits of the of ‘the social’ in traditional social psychology, as it is comprises the interpersonal, rather than wider political and cultural considerations, see **Riley, D. (1983)** *War in the Nursery: Theories of the Child and Mother*. London: Virago Press. and **Burman, E. (2008)** *Deconstructing Developmental Psychology (2nd Ed.)*. New York: Routledge/Taylor & Francis Group.

⁸⁰ This point about the innate conservatism of the therapeutic model in politics, is also made by Wendy Brown in her book on identity politics, *States of Injury*, where she points out that the so-called ‘radical’ new political movements, organised around claims to injury, paradoxically reinforce the authority of the existing state.

Reconciliation Commissions, it calls on the return to a normal or whole past for the victim. It requires the wiping out of the effects of violence. But these are the effects of a particular piece of history, in this positivist interpretation, a cause located in a past which cannot be changed. The discourse of trauma suggests that the only thing that can be changed is the wound, through healing, and draws attention from what needs to be changed at a structural level, as reflected in current social and political practices and relations. Most importantly, the metaphor of the wound, in fixing a victim identity on individuals and on communities, detracts from their ability to make these major changes, since their defined role in the discourse is to 'work on their healing' (Piper Shafir, 2005: 7,8; Summerfield, 1999).

The critique applies both at the level of personal and domestic as well as public politics. In the domain of sexual abuse, for example, young girls are supplied with literature such as *The Courage to Heal* and *The Courage to Heal Workbook*, with no mention of socio-economic or cultural issues (Bass *et al*, 2002; Davis, 1990).

Working on healing is a complicated business in both the private and the public, and the individual and the collective domain, involving as it does a recovery, not only from a harm, but also, in many cases, from a wrong – a violation not only of some inner psychological space of an individual, but also of some quasi legal space called 'rights'. For example, on the private level, therapy for incestuous families in the pioneering treatment centre in Great Ormond Street in the early 1980s was incorporated into a sort of legal framework, in which the moral roles of victim, villain and the rest were laid out and had to be acknowledged and adopted by the participants before any reparative scenario could be played out (Bentovim, 1986; Bentovim *et al*, 1984). Since then, the idea of healing through justice has infused many Western legal systems with the spreading practice of Restorative Justice (Braithwaite, 1996). It is accompanied at the discursive level by a widely used formulation of the grief, anger and despair associated with

sudden loss through crime or chance, as curable only through the establishment of lines of human accountability and blame for causal events, so that the victims or their families may ‘have resolution (or closure) and move on’ (Duff, 2006).

This merger of moral/religious, legal and therapeutic models was reproduced at the national/collective level by Truth and Reconciliation Committees in South Africa and South America, which promulgated a combination of both a healing, a legal and a religious/redemptive discourse. Here, it is claimed, the concentration on individual trauma, testimony and transgression and the construction of the notion of violence and suffering as the result of ‘political intolerance’ or ‘racism’ at a personal level avoided a higher level, structural critique. This advanced the notion of individual reconciliation and the ANC project of nation building on the basis of individual healing. Richard Wilson writes:

Accentuating the normative and moral dimensions of conflict and inequality was crucial to the TRC’s nation building mission. This meant that reconciliation could be more of the religious and redemptive variety, where individuals could readily change their attitudes and join the rainbow nation, redeeming both. Explaining violence with reference to the social and political organization of conflict and inequality was more problematical, as this implied a long-term and contentious program of socio-economic redistribution and transformation of South African state and societal institutions (Wilson, 2001: 93).

IV. THE PATHOLOGISATION OF IDENTITY

It has been argued that the metaphor of the wound creates a particular form of individual identity in a particular relationship to the social world. A critique has been described which claims that the discourse of trauma locates social problems at the level of the individual, militating against social explanation and possible social solutions. But the metaphor of the wound goes further – as does

the critique – in that the problem it locates at the individual level is not just a moral or socio-legal one, but primarily a socio-medical condition, pathologising the individual and requiring specialist knowledge in its recognition and treatment, therapy or drugs. Essentially, it cedes power to experts, to their cultural assumptions, their techniques and the social structures that maintain these – in a phrase, to their regimes of truth.

It hardly needs saying that PTSD, as the product of a highly sophisticated, modern, evidence- based psychiatric medicine, needs clinical expertise in its diagnosis and treatment. Even the most mechanistic and rigid questionnaires such as the much used Diagnostic Interview Schedule (DIS) designed technically to be used to anyone to discover and locate morbidity, have problems both of specificity and sensitivity (Robins *et al*, 1986). These are not solved by less reliable semi-structured technologies and only resolved by clinical discretion (Spitzer *et al*, 1992). And yet a different sort of expertise is required, when the unconscious where the traumatic memory is lodged is Freud's bubbling cauldron of desire, where time and historical causality have no meaning, until it is elicited by dynamic interaction and interpretation in the therapy room. Foucault, in his famous *History of Sexuality*, (1980b) discusses the manner in which the terrain of individual sexuality was established by the psychoanalytic profession as an area only to be accessed by conscripting the priestly techniques of the confessional to psychiatric knowledge and power.

Something of this same argument is produced by critics at the level of communities of individuals or nations, where this process is seen as reproduced by the pathologising discourse of invisible wounds or psychic trauma. This therapeutic turn in the construction of war and hunger, does not just disempower the individual and create dependency, so the critique goes. It is the basis for a new international security paradigm, which reproduces, in the name of health

and helpfulness, all the political and cultural imperialism of the old.⁸¹ International agencies with UN legitimation, international aid programs and charitable activities form a different sort of invasion of a sovereign people in the name of therapeutic programs for national and individual recovery, rather than the rebuilding of economic activity and social infrastructure. Traumatized individuals (or peoples) seem to lose negative freedoms and rights to lack of interference; they acquire medically defined needs (a right to be treated, even!) which appear to be the duty of professional others to meet with a pressing urgency (Pupavac, 2004).

Trauma may be experienced at an individual level, but the number of traumatized people is legion. Trauma of peoples is portrayed in the discourse of international aid agencies as a health crisis of epidemic proportions. Whilst the Report on Health Security of the UN Advisory Board on Human Security assiduously avoids discussion of mental health issues, a brief look at the material from the Google 'invisible wounds' search shows that trauma has been elevated to a major health problem in Western thinking. And this is not only a matter of individual well being; it is also presented as a public health crisis on an international scale, which eclipsed hunger in the nineties as the issue most flagged up by international aid agencies (Pupavac, 2004).

The on-line material is dominated by two sets of claims. The first is about the health needs of soldiers, US veterans of two wars in Iraq and Canadian peace keeping veterans of Rwandan genocide. For example, 'Invisible Casualties',⁸² and 'These Unseen Wounds Cut Deep',⁸³ both cite numbers of Iraq-based US soldiers needing psychological counseling as about 20% and rising, quoting expectations of the post Vietnam level of over 30% of veterans. They note that

⁸¹ See Kapur, R. (2005) *Erotic Justice: Law and the New Politics of Postcolonialism*. London: Glass House Press. In Chapter 4, 'The Tragedy of Victimisation Rhetoric: Resurrecting the Native. Subject in International/ Postcolonial Feminist Legal Politics. She makes this point at a more theoretical level.

⁸² Daily Press.com [accessed 23 Jan 2006].

⁸³ environmentalistsagainstawar.com [accessed 23 Jan 2006].

more medical resources are needed in Iraq – for US troops! – and that the VA centres in the US will not be able to cope with demand for help. 20% is the Canadian figure too for troops returning from Rwanda. A feature in the CBC flagship news programme, the National, on PTSD (‘The Unseen Scars’), laments the slowness in the Canadian military to address this problem and the reluctance of soldiers themselves to seek help.⁸⁴ The second claim, as made by Dr Richard Mollica, Director of the Harvard Program in Refugee Trauma, working in Cambodia and Bosnia and quoted in an article by Maria Vega for Inter Press Service, is that

One sixth of the people in the world today are psychologically scarred by war, ethnic conflicts, natural disasters, social upheavals, torture, terrorism and landmines, which kill 15,000 people every year and mutilate many thousands more’.⁸⁵

Vega’s article goes on to cite civil or guerrilla warfare in El Salvador and Peru, natural disasters in Haiti and their legacy of ‘depression, fear and anxiety’ widespread in the populations. ‘Existing mental health policies are insufficient, because these problems have traditionally been ignored in national health care plans.’⁸⁶ And there are other articles about the troubled populations of war infested zones, about Bosnia,⁸⁷ about a ‘Mental Health Crisis in Afghanistan’ and, in Africa, about Rwanda again and about ‘Sierra Leone’s Invisible Scars’,⁸⁸ all claiming the desperate need for psycho-social support programs in these areas.

⁸⁴ <http://www.cbc.ca/national/> [accessed 23 Jan 2005].

⁸⁵ This article was written on the occasion of the International Congress of Ministers for Health for Mental Health and Post conflict Recovery held in Rome on 3rd and 4th December 2004, ‘for all 60 conflict/post conflict societies’. <http://ipsnews.net/> [accessed 13 Jan 2006].

⁸⁶ This was preceded by a conference in September for only seven strife-torn countries in Sarajevo, Bosnia Herzegovina, which Mollica with money from the Fulbright New Century Scholars Program, sponsored by the US State Department.

⁸⁷ <http://www.cies.org/articles/sarajevo.htm> [accessed 23 Jan 2006].

⁸⁸ Afghanistan: WHO Special Report, 6 November 2001. Rwanda: Dr Lynne Jones, of the International Medical Corps, on BBC News: <http://news.bbc.co.uk/2/hi/africa/405279.stm> [accessed 13 Jan 2006].

With the claims outlined above, goes the obvious implication that scarce resources are poured into post-conflict countries for attending to *visible* wounds and for the rebuilding of infrastructure – called by Mollica the ‘blankets, bricks and mortar’ approach (in a 2002 internet article on ‘Healing the Wounds of War’ for the International Exchange of Scholars). This competed for finance with what is implied as the more important task of rebuilding the mental health of nations. While Mollica concedes (2006) that this can be most successfully undertaken in the context of some return to normalcy (school and work) for the afflicted populations, as these assist with psychological recovery (or resilience), he also suggests that this recovery is a crucial, necessary condition for the development of peaceful and economically prosperous societies (Mollica, 2000; Mollica, 2006) – crudely, that war and hunger in the world are some function of mental ill health.

This is the next development for claims to individual pathology. Not only do these individuals need treating; not only do their numbers constitute a threat to health on an international scale, their unresolved trauma and its consequent pathology passes on to the next generation in the form of helplessness, anger and more major disturbance. Intervention is justified by the paradigm of trauma and therapy on conventional security grounds, because psychological injury is seen as a trigger for future wars, as this extract from a paper produced by the US-based Center for the Study of Mind and Human Intervention suggests:

Disasters deliberately caused by other groups lead to massive medical/psychological problems. When the affected group cannot mourn its losses or reverse its feelings of helplessness and humiliation, it obligates subsequent generations to complete these unfinished psychological processes. These transgenerationally-transmitted psychological tasks in turn shape future political/military ideological development/decision making (Volkan, 2000: 3).

Thus, the World Health Organisation, for example, invokes a ‘vicious cycle’ of brutality, ‘psycho-social dysfunction, new instability, new vulnerabilities and

new hazards' (WHO, 2002: 6). Explanations of wars now sit in human psychology rather than old socio-economic explanations of tribalism, or the ritualistic imperatives of revenge.

The online material contains one swingeing attack by Vanessa Pupavac on this new therapeutic basis for international governance (Pupavac, 2004), making the following points: first, that Mollica's is not a lone voice but part of what is now the prevailing discourse among international agencies (UNICEF, the World Bank and WHO, for example, as well as a multiplicity of NGOs). She argues that: 'a therapeutic ethos now pervades international policy making with its diagnosis of traumatized identities around the globe' and that this ethos extends not just to short term emergency intervention but to issues of security, prevention and long term governance (Pupavac, 2004: 159). She cites the example of international intervention in Bosnia for therapeutic purposes, the practices of innumerable psycho-social programmes and interventions, spiralling into general involvement in public policy by the Office of the High Representative after the Dayton Agreement (1995)⁸⁹ in a way which vitiates local institutions and undermines national sovereignty (Pupavac, 2004: 160).

Second, Pupavac comments that international post-conflict management, too, has become therapeutised in its focus, in the post-Yugoslav states, on improving the self esteem and soft communication skills of individuals rather than capital investment. The failure of political resolution or economic development in post conflict states is attributed to the low psychological state of its population, rather than to structural explanations like current political arrangements, histories of exploitative imperialism or the poverty and inequity which results from global capitalism.

⁸⁹ The General Framework Agreement for Peace in Bosnia and Herzegovina, signed Dayton Ohio, 21 November 1995. <http://www.nato.int/Ifor/gfa/gfa-home.htm> [accessed 24 January 2009].

Her third critique is that this Western psychological paradigm pathologises ordinary feelings of grief and anger in culturally inappropriate ways. Insisting on the need for specialist support and counseling undermines people's power to invoke social solidarity and to make changes. Pupavac draws attention to the oxymoron in international policy talk in Bosnia of 'self help through professional intervention', so reminiscent of the contradictions contained in the foreword to the self-help book with which this chapter starts. Since this therapeutic understanding has been extended to the notion of human rights, there seems, she says, to be 'no contradiction in the formal upholding of Bosnian sovereignty and its effective suspension' (Pupavac, 2004: 160). She argues that the holder of human rights seems to have slid from the classic legal concept of the autonomous subject with negative rights to lack of interference, to an emotional, vulnerable, damaged self who has positive rights to have his/her needs met. 'The therapeutic construction of the subject as a vulnerable damaged victim requires third party enablers for self-empowerment' (Pupavac, 2004: 161). This, she says, provides an excuse for long term Western occupation of sovereign but war torn countries and, it has been suggested here, paralleled on an individual level by Foucault's conception of the role of the psychotherapeutic confessional in making and bringing the individual subject under regulation?

V. THE VOICE OF THE TRAUMATISED SUBJECT

So far, it has been argued that the metaphor of the invisible wound has helped to create a version of the self which is vulnerable or injured by events in the social world and in need of professional facilitators to bring it forth; that is, to make it visible, observable, a subject of science or quasi science, or the religious, psychoanalytic or self help confessional. But in looking at Truth and Reconciliation Commissions, for example, we have also found a discourse which suggests that the individual, private self behind its boundary is not only wounded by the social world but can and must then speak out, give testimony,

use the language of the social world to give shape and meaning to his experiences. This relies on the notion that the individual, by giving voice to his suffering, by naming the trauma, by narrating its details in the metaphorical language of the wound, can bring it forth into the social world unaided by science and professional expertise. Further, that this is a process that can create individuals anew, re-author them as subjects with an active rather than a passive voice and bring about the healing of their wounds.

From this stems the South African TRC's rhetoric of 'testifying' as the restoration of dignity to the subject and the healing power of storytelling – what Fiona Ross identifies as 'the equation of self with voice' (Ross, 2003; Tutu, 1997) 'Revealing is Healing' read the banners at its meetings. More generally the discourse was characterised by Achille Mbembe in his work on the issue of suffering and self creation in Africa as 'I can tell my story, therefore I am' (Mbembe, August 2000). This call to testimony was also accompanied by what Ross called its 'construction as an authentically African mode of communication' (Ross, 2003: 328; TRC, 1998)), through the oral tradition and the notion of individual and communal healing and redemption (TRC, Volume I: 112). It should also be pointed out, however, that the oral tradition as self affirmation and a site of resistance to oppression is still alive and well in those Western countries where science, as knowledge, is most privileged – and, perhaps for that reason.⁹⁰

This approach to testimony of trauma is supported by a raft of literature, (Agger *et al*, 1990; Gurr *et al*, 2001; Herman, 1992, for example). Agger and Sorenson describe testimony as 'a universal ritual of healing' in which the individual becomes whole by reincorporating painful experiences into the self.

⁹⁰ Examples would be the framing of the process of disclosure in cases of sexual abuse as 'therapeutic', or the ritual of self revelation on US daytime television.

[Self] as a concept has a special double connotation: it contains objective, judicial, public and political aspects as well as subjective, spiritual, cathartic and private aspects (Agger, 1994; 9, cited in Ross, 2003).

The approach has, also, been subjected to major critique, however. The first, by Fiona Ross, accepts the possibility of benefits to the individual from testimony but questions whether these have transpired in the context of the TRC hearings in South Africa.

Much of the Truth and Reconciliation Commissions work was publicised in terms of giving voice to the voiceless, assuming an unproblematic link between 'voice' and 'dignity' and between 'voice' and 'being heard' Transparency of communication and clarity in reception are presumed; the unevenness of social fields and their saturation with power are not (Ross, 2003: 327).

Crudely, her argument is that the format of the TRC proceedings produced formulaic testimonies and, more importantly, the workings of the media, radio television and print served to alienate testifiers from their story, since it became public property and, in some sense, commodified. She also links this process to the problems of interviewing for any academic piece of research, where individuals attempt to operate in fields of power over which they have no control.

The critique operates at another level by questioning whether it is possible to bring forth private suffering in a shared and therefore public language at all. Elaine Scarry's book, *The Body in Pain*, was the seminal text for the examination of the rupturing, fragmenting effects of violence and terror on communities and individuals and the relationship of their experience to time and language. Pain, she says, is 'the unmaking of the world' (Scarry, 1985). Of others writing on the same theme, Agamben's book on Holocaust witnessing is the most cited:

Testimony is the disjunction between two impossibilities of bearing witness.... Language, in order to bear witness, must give way to non-language, in order to show the impossibility of bearing witness. The language of testimony is a language that no longer signifies (Agamben, 1999: 39).⁹¹

Writing in *Trauma and the Memory of Politics* on ways of communal memorialisation, Jenny Edkins develops this failure of language in communicating trauma:

There is no language for it. Abuse by the state, the fatherland, like abuse by the father within the family, cannot be spoken in language, since language comes from and belongs to the family and the community.... By situating ourselves as citizens of a state or political authority or as members of a family, we reproduce that social institution at the same time as assuming our own identity as part of it.... In what we call a traumatic event, this group betrays us.... The language that we speak is part of the social order and when that order falls apart around our ears, so does the language.... This is the dilemma survivors face. The only words they have are the words of the very political community that is the source of all their suffering. This is the language of the powerful, the words of the status quo, the words that delimit and define acceptable ways of being human within the community (Edkins, 2003: 7).

This discourse about both the possibility or the impossibility of bringing forth or making public invisible wounds, not through the visual but the oral register, on one level confirms the picture of individual identity that, it is argued here, the metaphor of the wound creates. First it relies on the idea that personal narrative is a social affair; it takes place within 'fields of intersubjectivity', where in the dialogical process of speaking and being heard we constantly re-author our identity (Jackson, 2002; Jackson, 2005).⁹² But what it also assumes is an authentic and continuous private self and an authentic private hurt, existing at a pre-linguistic level (Elaine Scarry's irreducible, incorrigible sense of pain),

⁹¹ See also **Das, V. (2003)** Trauma and Testimony: Implications for Political Community. *Anthropological Theory*, **3(3)**, 293-307., for a discussion of an alternative to anchoring narratives of violence to juridical discourses – finding 'forms of making the experience knowable, when saying gives way to showing': 293.

⁹² Note the Lacanian notion that identity lags action in dialogue so that we are constantly in a state of becoming – and never become.

calling up the concept of private ‘experience lived’, as opposed to public ‘experience told’, of some feminist research (Ribbens *et al*, 1995), in which the image of midwifery is hard to escape. There is an implication that trauma is experienced viscerally, bodily, or as if there were a psychic space of pure emotion, of private pain and suffering that is not mediated by thought and, therefore by language; that there is some part of the individual which is not social, lurking, presumably, behind the protective shield and not subject to the constructing and constraining forms of language and relations of power, and that this is a real or lived referent for the metaphor of the wound, as that which words can, or cannot, bring forth. A less political version of this is the idea of repression or traumatic memory, which is discussed in Chapter 2, or in the theories of differential hemispheric brain function in memory, touched on in Chapter 7.

Lastly, this ‘lack of language’ can be juxtaposed against a very different version of invisible wounds. This is the Post-Lacanian position, in which individual identity, including the unconscious, is thoroughly socially constructed in the flux, the uncertainty and the provisionality of social forms and of language. There is no authentic self (Zizek, 1999). For this social individual the only certainty is the flux, itself, and the impossibility of closure, either at a personal or a socio/political level – what Zizek calls ‘the ontological crack in the universe’ (Zizek, 1997: 214). It is this cosmic insecurity, this lack of closure, which *is* trauma, the traumatic reality which lurks at the centre of every shifting subjectivity, although we deny it and fantasise its absence. It is this trauma, which is exposed in the context of violence and horror. And it is this trauma which is the one real aspect of the world which all our social fantasies cannot eliminate.

This is a tragic but tempting version of the human condition with which to close. But it should be observed that this account of trauma is the product of a highly esoteric academic elite. In its own terms, it can be seen as the most recent

epicycle in the social production of knowledge of the psyche, in which trauma seems to offer to replace sex as the human fundamental. Thus it is yet another way in which the metaphor of the invisible wound creates a psychic space as fact – in this case, it would seem, its only occupant!

CONCLUSION

What I have argued here is that the metaphor of the wound is not just a bringing forth of a private psychic space but also that which serves to create it. Further, that whatever the claims to locate and identify the real referent of the metaphor of the invisible wound, this concept has been inscribed on an internal space by particular forms of linguistic use and their accompanying practices. I have also argued that this metaphor and its use also bring forth a somatic version of this space and of the individual's relationship to the social world. The implications of this relationship in reducing social and political problems to one of individual psychology have been examined and the tension noted between the demands of a traumatic identity and both individual and national recovery. These are partly problems created by pathologising the individual or collective self, which emphasises individual and national healing at the expense of wider socio-economic change. It is also the tension described in the foreword to this chapter. Trauma is a pathology which is also normal, common, (one sixth of the worlds population!) but the pathologisation of normal individuals inherent in the discourse of the wound, so the critics argue, renders them helpless, cuts off their recourse to ordinary community support, or their own resources, and leaves them with the imperialist interventions of 'experts', whom they both need and do not need.

Also, on a more abstract level, what I have traced here (and it is developed in Chapter 2) is that, despite its obvious figurative uses, this metaphor of the invisible wound, as transposed into the concept of trauma, has, through the

migration and creeping technicalisation of metaphor (Manier, 1980), become reified in medical, psycho-analytic and therapeutic discourses into an observable diagnostic category or an authentic, positive fact about the world and individuals, problematically related to language and voice. No longer a metaphor; in the last version, it is the only real fact about humanity! But if it is not a metaphor, it presents, in the dualistic context of language, a puzzling contradiction in terms. Consider the concept of a psychic lesion for an enlightenment thinker, or a more extreme version of the oxymoron, the description of sexual assault or racist hate speech as ‘soul murder’ (Shengold, 1979) or ‘spirit murder’ (Williams, 1987), for anyone reared in the Judaeo-Christian tradition. It is as if the immortal human soul had put on the vulnerability of the body once more; as if, in a new epicycle of the Substantiation Story, the agonised, Godless, self-referential and decentred subjects of late modernity desperately seek to prove their authority and agency by assuming flesh and wounding themselves – thus only confirming the closed cycle of their self reproduction.

Whatever else, this contradiction is solved in two different ways: first, by a thoroughgoing somatisation of those parts of the soul which are thought vulnerable to distress, as I discuss in the next two chapters on the technical medical category of PTSD and its legal form and in Chapter 7 on Attachment Theory. The second alternative is to remain in the linguistic domain – accepting the metaphor, remembering its figurative aspects, which whilst they depend on this dualistic distinction, also fudge it. The implication of both solutions is that the secularised, ‘scientised’ soul of the late 20th century,⁹³ far from being everlasting, is mortal, as the flesh is. The bodily metaphor places the human spirit in domains of destruction; the cockpit of war, fields of criminal or accidental violence and, above all, the hospital ward. Just as the regulation of bodies in the military, the law, the criminal justice system and local authority

⁹³ See **Hacking, I. (1995b)** *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. Princeton, N.J.: Princeton University Press.

tutelage has come to need the legitimation of the medical profession, so knowledge of the destruction of the human spirit has become a special branch of medicine; the wounded soul is the bearer of a particular sort of illness, in need of expert care and techniques of healing, encompassing the solace or forgiveness of religion, politico/ legal rights claiming and social welfare, and ensuring its continual oversight.

**CHAPTER TWO:
SUFFERING FROM NERVES:
THE MEDICAL MANAGEMENT OF
SUBJECTIVITY AND PSYCHOLOGY IN CLAIMS
TO PSYCHIC HARM**

Mind-body dualism, because it insulates mental life and psychological processes from their biological substratum, torpedoes the hierarchy of nature and science on which psychiatric fallibilism has constructed its distinctive epistemology. In the contest between dualism and fallibilism, dualism (whose standard bearer is psychodynamic psychiatry) has lost out (Young, 1995: 287).

INTRODUCTION

After this overview of the way the metaphor of invisible wounds is used in a variety of social settings, I now go on to examine in more detail four specific social contexts in which different versions of the metaphor are made into fact, acquire form, life and social importance. In this chapter and the next, I look at how the language of nerves and the putative occurrence of an overpowering, negative environmental event is used, in sites in the psychiatric profession and the law, for the production of two related versions of psychological harm, in which an individual history is said to be overthrown as the result of a sudden trauma. These are versions which, as in all that follows, are made, over time, by

‘experts’ and the subjective experience of an individual is subordinated to objective, ‘scientific’ observation (or the gaze of the ‘man on the Clapham omnibus’, which is the speciality of the law).

This present chapter addresses the medical concept of psychic trauma and the diagnosis of post traumatic stress disorder, which came to be enshrined in psychiatric nosology in the 1980 version of DSM III. (American Psychiatric Association, 1980).⁹⁴ It gives what can only be an outline account of the diagnosis, in order to provide an essential context for the next chapter, which looks at the rewriting of this medical concept and diagnosis as the legal category of ‘nervous shock’. This is the name for psychic harm in the English law of tort, which is the area of the law which processes claims for damages for negligently inflicted psychiatric illness. This process is examined mainly through a reading of the findings, or ‘dicta,’ of Appeal Court judges in cases spanning the whole of the 20th century up to the year 2000, backed by some academic commentary on this area of tort and the report of the Law Commission on *Liability for Psychiatric Illness* (The Law Commission, 1998).

Although they are set in quite different professional contexts, both chapters describe versions of psychological harm which elaborate the sort of tensions and contradictions that were identified in the last chapter and which seem to run through all the different forms of the wound metaphor. First, and notably, is the way that the metaphor moves over time from a concept hooked onto a physical reality to something which has a reality of its own, creating new and complex relationships between mind and body. Is the locus of an invisible wound the putative inner space of psychology, or does it lie in the body in the micro

⁹⁴*The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association* (DSM I – IV) is an authoritative compendium of diagnoses used across American and then Western psychiatry for the purposes of clinical consistency and epidemiological research. For a particular take on the history of this manual see **Kutchins, H. & Kirk, S. A. (1997) *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders***. New York: Free Press. The only alternative system to be so widely used is the WHO International Classification of Diseases, ICD 10. <http://www.who.int/classifications/apps/icd/icd10online/> [accessed, 3rd January, 2007].

processes of the neuro-endocrine system? Second, the environmental and therefore potentially universal nature of the wound's cause which raises difficult questions: are its symptoms a normal reaction to such a cause, or are they symptoms of a pathology and, depending on the answer, how are such harms to be compensated and treated? These are both questions which continue to be raised in the present chapter and the next. Further, one more crucial and related issue, only touched upon in the last chapter, is added in this present chapter on PTSD. It concerns this notion of environmental cause, the weapon, the hostile act, the accident or the 'aetiological event', as it is called here. How does this 'external enemy' – something real and observable – which the metaphor of the wound binds together with an interior harm, endow a series of sometimes nebulous, contradictory and invisible symptoms with objective reality and meaning, so that the specification of what counts as an aetiological event vitally affects the inclusiveness of psychological injury as a social problem category?

Here we also look more closely at an elaboration of the wound metaphor. This, in its simple form described in Chapter 1, suggests a force from the outside world piercing the boundary of some inner space of an individual to inflict a kind of damage. Theories about the exact nature of this kind of damage were only mentioned briefly there. But consideration of the history of PTSD adds a more precise specification of the sort of harm that might be caused and the way in which suffering and abnormal behaviours are produced. As already described, what developed in late 19th century psychology and psychiatry was an account of the crucial causal mechanism which links very shocking, horrific events to resulting symptoms of traumatic stress – a mechanism which became known in the literature as 'traumatic memory', a memory so horrific that it has to be repressed below the level of consciousness (Young, 1995). This new version of memory had important ramifications for the history of the psy sciences and all the proliferation of social agencies and organisations dependent on their knowledge. Not only did it produce, over time, changes in the way that certain forms of invisible wounds were apprehended and sited, but, in the words of the

title of Ian Hacking's book on multiple personality, it succeeded in 'rewriting the soul' (Hacking, 1995b). For, in the concept of repression, the old enlightenment version of agency, self knowledge and moral responsibility was challenged⁹⁵ and the soul became, not just the *subject* of self reflection and action but an *object* of the nascent science of psychology and psychiatry, producing experts in understanding what is hidden – not just from others, but even from the self (Harris, 1989, cited in Young 1995). The idea of traumatic memory reduces the autonomous subject of enlightenment thinking to an objectifying medical gaze.

It was out of the history of this 'traumatic memory' – and of psychiatric medicine and its war time forms – that the diagnostic category of PTSD emerged, claimed by two of its enthusiasts as opening 'a door to the scientific investigation of the nature of human suffering' (van der Kolk *et al*, 1996a). It was written into DSM III in 1980 – a document which represented the culmination of a modernising project for US psychiatry, which, as ever, influenced its counterparts in the UK and other Western countries. Its production was timely – one response to the pressing social and political problem for the US administration caused by disaffected Vietnam veterans and their demand for compensation. It provided a bona fide diagnosis allowing legitimate claims to be made. The process of its production was made complex, however, by the fact that traumatic memory, like psychiatry in general, had, over time, developed along two different tracks: the neurological and the psychological. The psychological version of PTSD was placed in a psychoanalytic interior, which could only be accessed by experts in analysis; attempts to access it by the positivist questioning of modern medicine entailed all sort of contradictions. So, while both versions are written into the diagnosis, in the recent history of

⁹⁵ In the dualistic enlightenment philosophy of Locke and Hume (Hacking, 1995), memory, its content of words and images, the capacity for retrieval and the location in which they are stored, was that which formed identity and held together momentary flashes of self consciousness and sense data reception into some continuous subject with will and responsibility for the behaviour of the body.

psychiatry, modernisation has been achieved somewhat at the expense of this psychological strand. There has been a reinstatement, after the Freudian revolution, of the somatic understanding of mental illness, which was prevalent in the 19th and early 20th century as the product of hereditary taint or physical disease.⁹⁶ Now, a highly elaborated language of neuro-endocrinology is used: then, the simpler, now vernacular, language of ‘nerves’ and ‘nervous shock’ was important and still plays its part (Shephard, 2002).

The language of nerves, neurasthenia, nervous shock, shell shock, traumatic stress and PTSD have a long and fascinating history, which I can only touch upon here. Much work has been done in this area of medical and military history, including a raft of recent research by Edgar Jones at the Institute of Psychiatry, London.⁹⁷ I have used sources in the psychiatric and psycho-analytic literature, but have relied heavily on two books for historical details: Ben Shepard’s *A War of Nerves* (Shephard, 2002) and Allan Young’s *A Harmony of Illusions: Inventing Post Traumatic Stress Disorder* (Young, 1995). For analysis, Ian Hacking’s *Rewriting the Soul* (Hacking, 1995b) has been helpful, but I have returned repeatedly to Allan Young’s book and later work, which presents a rich anthropological version of the making of PTSD. As a case study of social construction, within the constraints of a particular symbolic order, it seems to me impeccable, if at times obscure. The medical story I refer to here is essentially his.

⁹⁶ The idea that the soul could be sick or the object of harm was still something medical men of that time, socialised as dualistic enlightenment thinkers, found hard to swallow. They were presented with a conundrum when confronted by madness – if the individual mind was the rational, autonomous subject of moral decisions, heroic observer of a world which includes the body machine that he inhabits, then how could he (used advisedly) ever be mad? Disorder or pathology must be an attribute of the body. The response to this problem was a strong streak of somaticism or biological reductionism in their characterisation of psychiatric disorder. After all, the asylums for the insane were largely populated by those in the advanced stages of syphilis and other forms of neurological degeneration (Porter, 2002 and Scull, 2005).

⁹⁷ For example, **Jones, E. & Wessely, S. (2005a)** *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*. Hove: Maudsley Monograph, Psychology Press.

In Part I, I have very briefly summarised his version of the history of traumatic memory, as the theory behind PTSD and also the main historical trends in Western psychiatry. After this, any historical references here are partial and used in an analysis of the controversial PTSD diagnosis, itself, and its place in the shifting constellations of diagnostic categories which constitute the Diagnostic and Statistical Manuals of the authoritative American Psychiatric Association. For setting out the features and implications of this problem category is an essential preamble to my account, in Chapter 3, of the making of the concept of psychological harm in the related area of nervous shock in tort law.

This chapter and the next should be seen as twin studies, set in two different social organisations, first, Western psychiatry, especially in the USA, whose powerful research establishment also dominates the medical establishment in the UK, and, second, in the English legal system, in particular within a system of case law in which judgement is based on precedent. It is also the study of two different ‘regimes of truth’ and how one is exchanged for another, as the Law Lords make clear that while medical positivism is gaining in prestige and respect, even in the ‘suspect’ area of psychiatry, the truth that prevails in the law is quite different – more of an idealized common sense. But it also argues that, in spite of this declared difference, the two rationalities, medical and legal, have three significant factors in common. These are:

I. They seem to manage subjectivity, not just by the employment of ‘objective’ psychological science for the identification of a wound, but, further, by the tendency to place the invisible wound in a biological, as opposed to an emotional or psychological space, though they place it there for very different reasons (philosophical, organizational, and political) and, of the two, the law emerges as the more committed to a historic form of dualism.⁹⁸

⁹⁸ This is the Cartesian dualism of legal philosophy, as set out on at the start of Chapter 3.

2. Both medical and legal traditions deal with the tension between normality and pathology endemic to their problem categories by evoking an aetiological or causal event of such magnitude and horror that *anybody* who experienced it would, against the drift of recent epidemiological evidence, become ill.

3. They hypothesise an event which is not just universally pathogenic, it is so shocking and immediate that there is a suggestion that it operates entirely at an intuitive and neurological level, in which any psychological or cognitive mediation may be fleeting, at best. In this last, the psychiatric profession and the law part company, as diverse social conditions differentially affect the specificity with which they define the nature of the event and so the size of the category. As we shall see, the use of the medical category as a diagnosis has continued to grow, especially in epidemiological research, where its definition has become much more inclusive. In contrast, the Law Lords have so tightly defined the conditions of the causal event in nervous shock that this branch of tort law has almost fallen into disuse.

I. TRAUMA AND ITS BACKGROUND HISTORY

The development of the concept of PTSD and its inclusion in DSM III in 1980, as a diagnostic category, emerged out of two histories: first, that of traumatic memory touched on in Chapter 1 and elaborated further here and second, the history of Western psychiatry over the 20th century, whose broad trends are summarised next.

Traumatic Memory

Neurological Memory

As described already in Chapter 1, the phenomenon of ‘nervous shock’ was first noticed in the victims of railway accidents by a 19th century neuro-surgeon called John Erichsen. Patients with the condition of ‘railway spine’, as he called it, seemed to display all the symptoms of a physical wound, where none was to be seen and ‘compensationitis’ or malingering was ruled out⁹⁹. Seen as a functional equivalent of the phenomenon of ‘surgical shock’ (see Chapter 1), railway spine was as like a wound as it could be without actually being visible within current medical techniques (Erichsen, 1866; 1883). Since anyone, even the strongest and most robust person is vulnerable to a physical wound (even if invisible) this normalised the condition of nervous shock. So his findings were helpful to plaintiffs seeking compensation from the railway companies. Paradoxically, his contemporary, Herbert Page, another neurosurgeon, who also attributed symptoms to ‘morbid changes of the nerve centres which underlie them’ (Page, 1883), was hired by the railway companies defending these claims. This, argues Shepard, is because Page’s interpretation of nervous shock was more ‘psychological’ (Shepard, 2002), this word implying, at that date, at least some kind of susceptibility or weakness of the ‘nerves’. Certainly, he saw the affected nervous system as more diffuse and elusive; not just the spine. He thought he was observing changes ‘very materially different from the gross pathological changes we are accustomed to see upon the post mortem table, or ... [through] the microscope’ (Page, 1883:198-99), suggesting some kind of secondary or parallel nervous system of the type posited by Hughlings Jackson (Jackson, 1931a; Jackson, 1931b), or Freud himself (Freud, 1966 [1895]). Whilst Erichsen put this down to the forces present at the traumatic event, the particular percussive, violent and sudden nature of railway accidents themselves, Page acknowledged certain factors which could be thought of as mental: the desire for compensation and *fear*.

⁹⁹ Since 1864, when the provisions of the Campbell Act, 1846 (under which compensation was paid to the families of those killed by accidents caused by the negligence of a second party, was extended to the victims of railway accidents), both Erichsen and his colleague, Page, recognised that desire for compensation may be a powerful psychological cause of the symptoms of nervous shock, even, according to Page, working at an unconscious level (**Page, H. W. (1883) *Injuries of the Spine and Spinal Cord without Apparant Mechanical Lesion, and Nervous Shock, in Their Surgical and Medico-Legal Aspects*. London: J. and A. Churchill.**

By the 1880s, it was accepted among medical men that extreme fear on its own could produce consequences comparable to surgical shock, through neuro-physiological pathways (Jordan, 1880 cited in Young, 1995), though they never quite solved the puzzle of exactly how ‘fright and fright alone’ (Page, 1883:117) could reproduce the effects of a physical blow or injury.

Whether such effects of fear were seen as quite normal is another matter. Certainly, the lectures of Charcot at the Salpêtrière¹⁰⁰ suggested otherwise (Charcot, 1889). He too saw fear acting to produce symptoms of a hysterical nature, bodily conversions with no organic origin. For him, however, they were produced by *psycho*-neurological pathways (Young, 1995). The effect of fear or extreme shock was to produce a sort of self induced hypnotic state in which the victim is open to auto-suggestion from powerful ideas, which presumably remain after the event is over, a sort of memory (Charcot, 1889). But, in contrast to anything previously thought of as memory – a store of ideas in the form of words and images (following Hume) – this memory was converted into physical symptoms. So, Charcot insisted, the effect of nervous shock was a form of hysteria, which was not just a female malady, in that it presupposed no necessary constitutional susceptibility or vulnerability; its origin was merely fright. And yet he seems never to have abandoned the idea that hysteria was a unitary phenomenon with an underlying physiological aetiology and with heightened suggestibility as one of its symptoms: that is, a conventional mental illness in those biological times (Barossa, 2001; Harris, 1989; Showalter, 1985). Something of this ambivalence is still observable in modern psychiatry.

Despite Charcot’s thoughts on the explanatory power of suggestion and therefore of ideas in hysteria (a theme developed by others, including Freud, as discussed below, and W. H. R. Rivers (Rivers, 1920) whose work as Siegfried

¹⁰⁰ This was the hospital in Paris where Charcot, the prominent French neurologist, was Professor of Anatomical Pathology.

Sassoon's therapist has recently acquired literary fame quite disproportionate to his contribution to the history of PTSD),¹⁰¹ the neurological strand and the discourse of nerves still dominated the medicine of WWI and the diagnosis of shell shock. This seems to have resembled 'railway spine' quite closely, at least at the beginning of the war. It required the witnessing or participation in an event, which most people would find horrific, at close quarters, close enough to experience what could only be described as 'shock waves.' Though these could not be shown to have any existence in physics, there was a sense that the diagnosis required the experience of 'commotional',¹⁰² as well as emotional shock. Any psychogenic factors were mostly seen as operating *with* physical factors or as mediating invisible, physical micro-processes (Young, 1995).

Later, after 1916, shell shock just became a generic word for the 'war neuroses' – hysteria, a diagnosis largely given to the ordinary soldier and neurasthenia, an emblematic disorder for artists among the Edwardian upper middle-classes, for the officers (Shephard, 2002; Young, 1995; Young, 1999). For the Royal Army Medical Corps, the war neuroses were called 'neurological disorders' and the doctors who attempted to treat them, 'neurological specialists'. These disorders were also seen as 'functional', in the sense that they reproduced the symptoms of known neurological problems but did not share the same aetiology, which was a puzzle (Young, 1995). The specialists, were, on the whole, not too interested in the *aetiology* of shell shock itself, or its exact location, and expended less time on worrying about its cause and refining its classification and more on getting its sufferers back to the front (Shephard, 2002).

Around this time the neurological strand was also developing experimentally and the laboratory research done by US neurologists, George Crile and Walter Cannon (Cannon, 1942: 177), on decorticated cats would have been known to at least some medical personnel. These showed the process by which fear

¹⁰¹ In **Barker, P. (1991)** *Regeneration*. Harmondsworth: Penguin.

¹⁰² Commotional shock is defined as delivered by an explosive and concussive force (Young, 1995).

reactions,¹⁰³ assumed to be normally adaptive stimulus responses and part of everyone's ontogenetic and phylogenetic inheritance, could become pathological (Cannon, 1942). The deactivating of the cerebral cortex, the part of the brain which damps down the activity of the sympathico-adrenal system, reproduced a continuing state of intense arousal, as in anger or fear, and this arousal, experienced without cease, seemed to lead eventually to exhaustion of the body and a gradual drop in the animal's blood pressure, until the heart stopped beating (Cannon, 1914; Cannon, 1929). Continual but lesser, intermittent shock had, through a process of 'summation', a similar effect. This Cannon graphically illustrated by a study of the workings of fear in the victims of voodoo death (Cannon, 1942).¹⁰⁴ This work was taken an important stage further by Pavlov's famous operant conditioning experiments on rats (Pavlov, 1927), as he showed that the rats, subject to intermittent, inescapable shock seemed to internalise the source of pain by coming to associate the contiguous conditions of the shock with the shock itself – what he called conditioning – so that these sensory associations acquired a sort of 'mnemonic power' (Young, 1995), the power of calling inexorably on some sort of pathogenic memory of the pain. Since, in Pavlov's thinking, stimulus and response were in no way cognitively mediated, this pathogenic memory was essentially somatic.

Modern neo-pavlovians such as Bessel van der Kolk and Roger Pitman, taking up Crile and Cannon's basic emphasis on the neurological adaptation of organisms to their physical environment, evolved a further theory in relation to PTSD. It was framed as a description of the neuro-physiological analogue of memory, explaining shock victims compulsion to revisit the event or its associations by their development of an addiction to the endogenous opioids released into the bloodstream in moments of traumatic shock. Whilst Pavlov's rats' fixed pattern of stimulus response is the source of pathology, lurking as it

¹⁰³ They also extended Page's understanding of fear reactions to include the vital notion of pain and the memory of pain, understanding that fear was not fear of injury per se but of the pain that goes with it.

¹⁰⁴ Essentially death from a prolonged state of fear, induced in someone by the belief that he/she was the object and victim of voodoo magic, **practiced** in South and Central America.

were in their bodies, exactly like the metaphorical piece of shrapnel in the wound, Van der Kolk and Pitman hypothesised endorphin addiction as something going wrong with a complex and ever changing process of the neuro-endocrinal adaptation of an individual to his equally complex and protean context. It was a disequilibrium – no longer a pathology but a disturbance of function (Pitman *et al*, 1990; van der Kolk *et al*, 1985). Broadly speaking, the work of Crile and Cannon and its Pavlovian offshoots is still the basis of current neurological research on PTSD, albeit at a highly elaborated and technically more sophisticated level.

Psychological Memory

Traumatic memory in the more familiar form of an idea, words and visual images, was well developed before Pavlov. Although it started out in a more abnormally pathogenic form, as with its somatic analogue, it also became, by a series of interesting transformations, just a disturbance of the normal processes by which an individual organism regulates its relationship with the outside world. This change can be tracked by the way the notion of the unconscious mind developed among psychiatrists over the late 19th and early 20th century, from Charcot, through Ribot and Janet to Freud. The story, already touched on in Chapter 1, runs, very briefly, like this.

Charcot was only interested in the unconscious as the place, cut off from conscious processes. The patient knows nothing. Ideas were implanted in the unconscious by hypnotic suggestion and produced a paralysis, not at the time of the terrible event or accident, but ‘only after an interval of several days, after an incubation stage of unconscious mental elaboration’ (Charcot, 1889: 387). The *content* of these ideas was only of interest in that it determined the form of patients’ hysterical conversions (Barossa, 2001; Harris, 1989; Showalter, 1985).

Whilst the French philosopher and psychologist, Theodule Ribot, took up this idea of thoughts ‘incubating’, concealed and cut off in the subconscious, calling this pathogenic memory ‘a parasite’ (the psychological equivalent of shrapnel in the wound), his main contribution to its development in his monograph on *Diseases of Memory: an Essay in Positive Psychology* (Ribot, 1883:108-9) was threefold: first, he formalised, for the first time, the problem of hypermnesia, remembering too much, which he sees as symmetrical with the well recognized problem of amnesia. ‘Forgetfulness,’ he argued, ‘except in certain cases, is not a disease of memory, but a condition of health and life’ (Ribot, 1883: 61). Second, as a basis for this adaptive view of forgetfulness, he formulated a twofold version of the self which was to influence the developing theories of the young Freud – a model of constant turnover, predicated on some normative assumptions about the limited capacity of the human mind and so some healthy or equilibrium level of activity. And third, in relation to the unconscious mind, he distinguished between two types of amnesia: the ‘underdeveloped’ form associated with ‘the victims of somnambulism, natural or induced’, and the ‘developed’ form, which consists of alternating conscious personalities, each with their own self narratives, which he called ‘double consciousness’, a state in which one fully developed personality took turns with another, of which she (used advisedly) had no knowledge (Ribot, 1883). It was Pierre Janet, the French psychiatrist, who in 1889 described how, by using techniques of ‘distraction’, he could talk to more than one such personality at a time,¹⁰⁵ and so made the first suggestion that the mind could be split into parallel and co-existing domains of consciousness: the conscious and the ‘subconscious’, or ‘that which is hidden from the other’ (Janet, 1889).

¹⁰⁵ See his descriptions of his experiments with Leonie, a middle aged woman who had been a somnambulist since the age of three years. Through 'distraction' he discovered that Leonie I had an 'alter', Leonie 2, of whose existence and actions, in response to Janet's commands and questions, Leonie I had no knowledge. **Janet, P. (1889)** *L'automatisme Psychologique: Essai De Psychologie Experimentale Sur Les Formes Inferieures De L'activite Humaine*. Paris Alcan. 243-4.

For Janet, this split was pathological, and associated with ‘psychological automatisms’ of a total or partial variety, which often originate in traumatic experiences (Janet, 1889). Two sorts of secret, pathological remembering and pathological forgetting were both thought of as ‘subconscious fixed ideas ... [that] grow, [that] install themselves in the field of thought like a parasite’ (Janet, 1901: 267). And the reason why they are thus ‘split off’ into the subconscious mind is the unassimilability of these memories. They cannot be accommodated in a person’s account of himself; they make no sense within his existing cognitive schema and the emotions they stimulate cannot be tolerated. It is the existence of these ideas which is the malady, rather than the symptoms themselves (Janet, 1889: 345). Therapy helps the patient to discover the ‘fixed idea’ and by a constant verbal re-recital put it in its proper narrative place (Janet, 1925).

Initially, there was very little difference between Freud’s and Janet’s accounts of traumatic memory, though, as already noted in my introductory chapter, Freud was the first of the two to use the word ‘trauma’ or ‘wound’ as metaphor for a psychic injury.¹⁰⁶ His main contribution to the development of this concept and the process of the normalisation of pathology contained in its history was threefold. First, though Janet, according to Freud, attributed to hysterical patients ‘a constitutional incapacity for holding together the contents of their minds’, for Freud and his collaborator, Breuer, traumatic hysteria, though enhanced by hereditary disposition, could occur in people of the ‘greatest character and the highest critical power’ (Breuer *et al*, 1955 [1893-1895]: 13). Like PTSD after it, traumatic memory could afflict just about anybody who experienced the right (or, rather, wrong) environment. Second, his notion of the unconscious extended it from Janet’s *subconscious*, the hiding place of pathogenic ideas or ‘alters’, to

¹⁰⁶ This was first used in 1892 in his notes on an edition of lectures by Charcot, where he talks of the ‘traumatic hysteria’ and ‘psychical trauma’ (Freud, S. (1966 [1892-94]) Extracts from Freud’s Footnotes to His Translation of Charcot’s Tuesday Lectures. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud. Volume 1* (ed J. Strachey), pp. 137-143. London: Hogarth Press. ‘A trauma’, he writes, ‘would have to be defined as an accretion of excitation in the nervous system, which the latter has been unable to dispose of adequately by motor reaction.’ Ibid: 137.

the *unconscious*, a permanent part of normal psychic functioning – a universal. Third, he elaborated the ideas of Ribot and Janet on psychic structure and memory into an (almost) coherent equilibrium model of a system, which processed forces or energy fed in from the outside and organised for its own defense and regulation in an unstable environment (Freud, 1966 [1895]). Here an excess quantity of excitation of an aversive kind might be impossible to discharge in the usual way and would thus disturb its homeostasis (Young, 1995: 40). Paradoxically, the second achievement could not be complete until he had abandoned the third, namely the psycho-neurological basis for the traumatic origin of hysteria and other psychoneuroses. But, in spite of his controversial dropping of the seduction theory of infantile sexuality for the Oedipus complex of *Beyond the Pleasure Principal*, (Freud, 1950 [1920]), much of the basis for his later work on the dynamic and split self, to be found in his concepts of defense or repression and their rationale, was essentially there in the psycho-neurological modeling of his early work with Breuer and underlies most of our current understandings of the psychology of memory, even of a non-psychoanalytic variety.

After Freud, there have been as many versions of the traumatic memory as there are psychotherapies, as well as of its neurological analogue. Horowitch's 1976 generic version of modern traumatic memory, as described in Ch 1, is perhaps the best example, and is still recognisably Freudian. To summarise: an individual is a homeostatic system operating in an energy field or (later) an informational environment and seeking pleasure. Some stimuli are so powerful that she cannot deal with the quantity and unpleasing nature of the information. She represses its perception at the conscious level. She tries to process it in the way she would normally, by successive registrations and verbalisations at the level of consciousness, until it loses its power (displayed in flashbacks dreams and other symptoms) but this fails because the verbalisations are too painful. So the memory gets 'stuck', as it were, at an unconscious level, like a 'foreign body' (Breuer *et al*, 1955 [1893–1895]: 6), generating both the symptoms of

unbearable memory and complete forgetfulness in dissociation or amnesia. As outlined in Chapter 1, Freud's original model is criticised, even within the psychoanalytic community (Garland, 1998), as being too mechanical and taking no account of the memory's meaning for different individuals.¹⁰⁷ This is rectified by cognitive or cognitive-behavioural versions which use the notion of cognitive dissonance and 'individual fear structures' (Foa *et al*, 1986; Lang *et al*, 2001) and by more psycho-analytic accounts, including the English Object Relations school, which see trauma as the 'collision', for an individual, of their inner and their outer worlds (see Garland in Chapter 1).¹⁰⁸

Trends in Twentieth Century Psychiatry

The first of these trends, as suggested in the introduction, represents the successful project of psychiatry as serious science. In the 19th century, psychiatrists were little more than asylum keepers (Scull, 2005) and, even at the International Medical Conference of 1913, the small psychiatric section was considered, by the neurologists at least, not to be serious.¹⁰⁹ While Freud and the psychoanalytic movement brought, after World War I, a whole new inner, psychological dimension to the possibilities for psychiatric treatment by the profession and was embraced by some part of the intelligentsia, the emblematic psychiatrist of popular culture was still a little tainted by the 19th-century craze of mesmerism – a white haired old man with a couch and alien English; a

¹⁰⁷ Both Freud's and Horowitz's version of traumatic memory is also criticised as failing to generate the depressive symptoms which feature in the PTSD constellation.

¹⁰⁸ Lately, other theories of memory function in PTSD have been put forward, including that of Chris Brewin, who hypothesises a version of traumatic memory in which everyday mnemonic mechanisms, consisting of two neural networks, supporting both a consciously retrievable verbal memory and a situationally accessible memory, are functioning in unusual ways, due to the physical effects of high levels of arousal, following the traumatic experience. As Allan Young suggests in his review of Brewin's book, this theory implies that 'repressed memory' and the theories that go with it 'are no longer credible features of PTSD'. **Brewin, C. R. (2003) *Post Traumatic Stress Disorder: Malady or Myth***. New Haven: Yale University Press, **Young, A. (2005) Review of Post-Traumatic Stress Disorder: Malady or Myth? *Transcultural Psychiatry*, 42, 155-157.**

¹⁰⁹ In one session, the neurologists speculated on what the Psychiatrists could possibly find to talk about and were much amused when someone suggested that they were exchanging information on a new sort of chubb lock. **Shephard, B. (2002) *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century***. Cambridge, Mass: Harvard University Press.

Svengali-like figure who promised enchantment, but was hardly respectable. By the 1960s, psychoanalysis as a cure for disorder was beginning to be the subject of critique (Wootton, 1959), prompting negative evaluations written up in the 1970s (Luborsky *et al*, 1975; Strupp *et al*, 1979). The psychiatric establishment, which had embraced it, was in some disarray. But while the 1960s was its nadir, the 1970s saw a campaign of ‘modernisation’ by a section of US professionals¹¹⁰ following ‘neo-Kraepelinian’ positivism, with its emphasis on the ordering and rationalisation of diagnostic categories, based on symptom clusters alone¹¹¹ and, thus, ‘theory free’. This culminated in the publication of DSMIII, where PTSD was, in fact, the only exception to the rule, in that the diagnosis included its own aetiology (American Psychiatric Association, 1980). Once the DSM III method of diagnosis was generally, though by no means universally, accepted,¹¹² differences in explanatory theories became less threatening to professional unity. Thus the classification of behavioural symptoms alone became the basis for epidemiological and clinical research, which might conform to some accepted norms for statistical reliability and validation (Young, 1995).

The second trend is the grounding of the modernisation movement in the techniques and subject matter of the harder and therefore hierarchically superior biological sciences, laboratory research, biostatistics and psychometrics (Young, 1995). This form of modernity was not implied by the diagnostic system itself, although the latter was necessary to it. If the new diagnostic uniformity it brought enabled the start of a more scientific, research based approach to psychiatry, this is not to say that a uniform biologically based understanding of mental disorder was thereby imposed on the profession. DSMIII left enormous

¹¹⁰ In 1974, the American Psychiatric Association set up a task force to devise a revision of DSM II, headed by Roger Spitzer, who is seen as a leading force in ‘The DSM Revolution’ (Young, 1995: 89-117).

¹¹¹ The reformulation of diagnostic categories for the DSM III purely as symptom clusters is widely attributed to the writings and methodology of Kraepelin. In fact, he favoured the use of case studies, which included the consideration of aetiological histories and outcomes as well as symptoms, as a way of formulating a set of diagnostic categories.

¹¹² The DSM methodology has remained a subject of contention, especially in the UK. See also **Horwitz, A. V. & Wakefield, J. C. (2007) *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder***. New York: Oxford University Press.

room for professional discretion among psychiatrists, which was well used. Treatments, including the use of pharmaceuticals, varied enormously and psychological therapies did not disappear; on the contrary. Nevertheless, it seems to be a consensus among historians of psychiatry that, after the publication of DSMIV in 1994, the profession took a more biological turn – *post hoc*, though not necessarily *propter hoc*.

As a matter of fact, over the 1980s, organisational change, in the UK NHS, for example, meant that diagnosis and treatment of mental health problems was increasingly accomplished by a multidisciplinary team. Growing specialisation, as a result of the increasing bureaucratic and organisational pressure of audit to specify and count exactly what work is performed by whom, resulted in clinical psychologists, social workers and psychiatric nurses taking on different forms of the psychological therapies, whilst medical personnel dealt more and more exclusively with the pharmacopoeia (Horwitz *et al*, 2007). Besides this, the 1980s saw a dramatic increase in neurological research, publications and legitimate knowledge for professional consumption and, whilst the language of DSM IV is holistic (mind and body are one¹¹³) as a matter of fact, most of the psychiatrists working on this document were based in biological medicine (Horwitz *et al*, 2007; Rose, 2007). Perhaps because of this, the diagnostic list increased substantially over that in DSMIII, and its revision in 1987, (DSMIII-R, 87) as the fragmentation and differentiation of categories rose dramatically. As Rose suggests, this was in line with the discovery, over the growth of neurological research in the nineties, of a multiplying complex of neural circuits, each one of whose chemistry might be targeted by psychotropic drugs of increasing sensitivity and specificity (Rose, 2007).

¹¹³ 'The term 'mental disorders' unfortunately implies a distinction between 'mental' disorders and 'physical' disorders that is a reductionistic anachronism of mind/body dualism.' **American Psychiatric Association (1994)** *Diagnostic and Statistical Manual of Mental Disorders*. (4th edn). Washington, D. C.: American Psychiatric Association.: xxi.

So, in spite of the developments of psychological studies after Hume,¹¹⁴ in spite of the Freudian revolution of the early 20th century and the elaboration of a new and timeless emotional interior which contributed so much to the practice of psychiatry and in spite of the sophisticated vernacular language of psychic harm to be read in self help books and in other media, the old organic tendency in psychiatric medicine seems to have been firmly re-established over the last quarter of the 20th century, although it is presented in a more holistic dress (American Psychiatric Association, 1994:xxi). The current developments in pharmaceuticals, in computer modeling of the brain in cognitive psychology, in brain imaging in neurology and in the breakthroughs in bio-genetics, have all contributed to a burgeoning discourse of a subjectivity rooted in the body and bodily processes, no longer in the place within (Young, 1995 and Rose, 2007).

The third broad trend was one which might be called, somewhat paradoxically, ‘the normalization of pathology’ (Young, 1995). Within this, there were several strands. First, whilst psycho-analysis might be suspect, the Freudian notion of the unconscious as a universal phenomenon, rather than just a hideaway for the pathogenic secrets of the abnormal, was a powerful idea: it was the first coherent theory of human desire; the first suggestion that we all have our own ‘neurotic style’. The second, related strand was that of the inner world of an individual as reactive, not just to internal biological drives, or physical pathogens, hereditary taint, and the like, but to the forces of a social world outside – as a place, out of time, yet shaped in complicated ways by its own history ((Steedman, 1995). And, third, in the other ‘positivist’ project of psychology, emerging after World War II, alongside psycho-analysis and medicine, another case was being made for the psychological mediation of exogenous causes for both the social and the symptomatic bodily behaviour of an individual. The rather primitive notions of Pavlovian operant conditioning gave way to learning theory (Bandura, 1977) and cognitive behavioural theories (Beck, 1976), which applied to treatment of

¹¹⁴ For a history see **Danziger, K. (1997)** *Naming the Mind: How Philosophy Found Its Language*. London: Sage.

behavioural problems or psychiatric symptoms, in which people were thought to be the objective observers of their own mental behaviour and strategic generators of their social acts, according to some (tautological) imperative about maximising social rewards. Fourth, was a more sociological point of view. Although the radical critique of psychiatric diagnosis as constructed in social interaction (Scheff, 1966), and psychiatric illness as a myth (Szasz, 1962) or an epistemological error (Laing, 1961; Laing, 1964), rather faded after the 1960s, and systems theory has always remained marginal as therapy, the socio-economic correlates of mental illness were recognised in the few but powerful, because large, epidemiological studies conducted on mental illness over the 20th century.¹¹⁵

The problem here was always to construct convincing models which relate social factors causally to psychological sequelae, in which the recent development of a species of ‘stress’ models to explain psychiatric symptoms might be thought of as an unhelpful reification.¹¹⁶ Nevertheless, and despite the development of a diagnostic scheme to which cause is irrelevant, the idea that social forces to which we are all vulnerable can trigger the symptoms of pathology persists in pockets of the psy professional populations and beyond. This pathology is seen not necessarily as a sign of psychic abnormality or special vulnerability but just the result of one of the environmental risks that we all face. It is envisaged as a breakdown of normal functioning in the face of an

¹¹⁵ For example, **Brown, G. W. & Harris, T. (1978)** *Social Origins of Depression: A Study of Psychiatric Disorder in Women*. London: Tavistock. (See, also, the 1970's work of Paykel on depression, **Paykel, E. S. (1978)** Contribution of Life Events to Causation of Psychiatric Illness. *Psychological Medicine*, **8**, 245-253; Leff and Vaughan on schizophrenia, **Vaughn, C. E. & Leff, J. P. (1976)** The Influence of Family and Social Factors on the Course of Psychiatric Illness: A Comparison of Schizophrenic and Depressed Neurotic Patients. *British Journal of Psychiatry*, **129**, 125-137. and Michael Rutter on a career of studying the social causes of child psychopathology in **Rutter, M. (1989)** Isle of Wight Revisited: Twenty-Five Years of Child Psychiatric Epidemiology. *Journal of the American Academy of Child & Adolescent Psychiatry*, **28**, 633-653).

¹¹⁶ Brown and Harris, op cit., for example, use a psychodynamic model of depression taken from **Fenichel, O. (1945)** *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton., but seem to have difficulty in connecting this model of an internal process with the predisposing and precipitating social factors which they extract from their study of the circumstances of the depressed women of Camberwell.

external shock, the loss of equilibrium in the individual, as a homeostatic system, functioning defensively in a potentially hostile environment.

II. PTSD: THE DIAGNOSIS

The process by which the, initially, unique diagnosis of PTSD has been endowed with fact or facticity embodied all the trends in the social history of psychiatric knowledge itemised above: 1) the modernisation according to neo-kraepelinian symptomatic, ‘theory free’ diagnoses, 2) the tendency to somatisation and 3) to the normalisation of pathology.... and more. Nevertheless, according to the somewhat triumphalist history of positivist psychiatry, the DSM III had succeeded in giving a name and a status to something that was always there in the human story (Herman, 1992; Trimble, 1985). Not only was it that the long history of human suffering had been introduced to science; it was that, in this history, a particular symptomatic form could be recognised – as far back as the myth of Gilgamesh – once the symptoms had been collected in a unified diagnostic form and historians of psychiatry knew what they were looking for.

These symptoms are found in many contemporary accounts of the effects of war or major catastrophes, a supposed universal and constant over different histories and cultures (Young, 1995). Iconic figures in our British history are thought to have suffered PTSD: Samuel Pepys, after the great fire; Charles Dickens after a train accident, and so on. In fact, the term embraces all people who are said to have exceeded by far the boundaries of the word ‘distressed’; people in a constant state of hyper-arousal, as in intense fear; who relive horrific past events in the present in the form of intrusive thoughts and flashbacks with all their original emotive power, at the same time avoiding, or sometimes, conversely, deliberately seeking similar or associated situations; occasionally amnesiac or dissociated and generally numb and uninterested in social and physical surroundings. All these symptoms are predicated on the one necessary condition

for the diagnosis of PTSD to be given: the occurrence of an objectively verifiable, objectively horrifying event, previous in time to the symptoms, recalled verbally by the individual sufferer, and established clinically to be the disorder's 'aetiological event'.

It is essentially the memory of this event inscribed on the person of the sufferer – lodged in an invisible wound – which is the cause of these symptoms. These are of both a neurological and a psychological kind – this is especially clear in the revised version of DSM III – representing the two disparate strands of psychiatric thinking, 'psyche' and 'soma' ((van der Kolk *et al*, 1996a). Not only did this diagnosis reflect psychiatry-wide developments by achieving a measure of agreement on the diffuse and somewhat contradictory characteristics of this disorder; the composition of the diagnosis itself embodies the two strands. In this way, though the diagnosis did not avoid a basic causal proposition in terms of the traumatic event, it left room, in accordance with the 'theory free' requirements of DSM III, for different theoretical understandings of traumatic memory and different explanatory theories for the array of symptoms.

These two strands are held together in the diagnosis by the specification of the essential aetiological event. This unifies and makes sense of the diffuse symptoms and also distinguishes them from the more conventional and widespread psychiatric diagnoses of depression, generalised anxiety disorder and panic disorder, many of whose symptoms are indistinguishable from the PTSD constellation – according, at least, to its critics (for example, Field, 1999; Young, 1995). The inclusion of the event in the diagnosis is what accounted for its social and political acceptance. It allowed the claims of the Vietnam Veterans to compensation for psychological injury in war. A diagnosis of depression, say, implying individual psychological susceptibility, would have made claiming much more difficult, as the next chapter elucidates. In this context, this special form to the diagnosis – the only one in DSM III which contains its own aetiology – was helpful, seen as a success and making a unique contribution to

modern psychiatry and its more austere and pared down diagnostic processes. In the words of two of its enthusiastic protagonists,

The PTSD diagnosis has reintroduced the notion that many ‘neurotic’ symptoms are not the results of some mysterious, well-nigh inexplicable, genetically based irrationality, but of people’s inability to come to terms with real experiences which have overwhelmed their capacity to cope.... The study of trauma has become the soul of psychiatry (van der Kolk *et al*, 1996a:4).

But, soul or not, the study of trauma encapsulates some major conceptual problems, which all centre on the inclusion in the diagnosis of the aetiological event, discussed below.

First, this inclusion must be the cause of the somewhat puzzling claim in the literature that PTSD is ‘naturally occurring’ but also ‘man-made’ (van der Kolk *et al*, 1996a). It would seem that the symptoms are thought of as ontologically objective – in the world, a universal, free of historical context – but that the diagnosis is ‘man-made’ in that the symptoms are given their diagnostic status by being linked up to a real happening, the aetiological event within the diagnosis. So the symptoms are, paradoxically, not free of historical context at all, since it is the historic event which gives the symptoms their special meaning.¹¹⁷ This evokes some of the thinking about invisible wounds in the last chapter, where, in the case of emotional abuse, it was the objective ontological status of the abuser and his/her actions which guaranteed the reality of the psychological harm, the ‘battering inside’ and its symptoms, and gave them significance. It also, in theory at least, compromises the usefulness of the diagnosis for research into its causal conditions, since its symptoms cannot be identified independently of their aetiology (Horwitz *et al*, 2007).

Second, the environmental origin of the PTSD symptoms really complicates the problematic notions of normality and pathology in psychiatry, although it seems

¹¹⁷ See Child Sexual Abuse, Battered Wife Syndrome etc in DSM IV.

initially to solve them for the purposes of awarding compensation. These two notions can so easily be stood on their head. Whilst the development of PTSD can be thought of as part of a process which normalises pathology, in that the diagnostic symptoms depend on an event which could severely affect *anybody*, it could equally be part of a process which pathologises normality, as some other critics maintain (Double, 2002; Summerfield, 1996; Summerfield, 2001; Summerfield, 2004). For example, Horwitz and Wakefield, in their book on the ever increasing diagnosis of depression, *The Loss of Sadness*, claim that its present over-diagnosis pathologises completely normal reactions to historical events and creates informational noise (Horvitz and Wakefield, 2007). PTSD is, by definition, essentially reactive to an event; the aetiological event is a condition of its status as a diagnosis of pathology. But, if we apply the argument above, it could be thought of as a condition of non-diagnosable normality.

The third, and most important, problem is the contradiction set up in the diagnosis between the symptoms of the causal trauma and the memory of its occurrence. The necessary inclusion, within the diagnosis, of the aetiological event recalled to verbal memory relies on individual testimony. But since this is delivered in the context of a disorder of memory, the content of the psychological strand is somewhat confused and its validity as a causal theory put into question (Young, 1995; Young, forthcoming). This, it is argued, opens the way to the more objective neurological approach which relies on the visual techniques of neurophysiological measurement and brain mapping (Young, 1995). These developments turn on the complex and contentious nature of traumatic memory and recall of its symptoms' horrific cause, as set out below.

Causality and Time

In the workings of medical positivism, cause precedes effect. It is one of the main arguments of Allan Young's book, *The Harmony of Illusions*, that the inclusion of the causal event preceding the symptoms in the diagnosis of PTSD

‘reverses time’, as it is experienced, subjectively, by patients supposedly suffering traumatic memory; it elevates, by implication, the importance of the patient’s subjective memory, and thus, the psychological understanding of the symptoms. At the same time, it makes a sort of nonsense of it and, therefore, of its function as a psychological explanation.

This is a complicated argument. The requirement of the DSM III diagnosis is that the aetiological event is not only something which is objectively horrifying, that is ‘horrifying to almost anybody’ but, by the 1987 revision DSMIII-R (American Psychiatric Association, 1987), that it is clearly, and in the mind of the patient, the event from which all his/her symptoms spring. The ‘re-experiencing’, ‘the avoidance’ or ‘intensification of symptoms after re-exposure to similar situations’ all predicated on the occurrence and, indeed, the memory of the event, if they are to have any diagnostic meaning. This is true even if the patient himself may have forgotten or never consciously remembered the precipitating situation or may never have thought there was one. For, unlike other medical assessments of mental state, which do not necessarily privilege the content of subjective testimony over that of significant others or medical observation, diagnosis relies on a subjective declaration of the patient about an incorrigible mental event in the affirmation of a ‘memory’, which, of course, assumes something to be remembered. But the psychological version of traumatic memory essentially models a process which could be described as a *disorder* of memory, in which patients are troubled by exactly that which cannot be consciously recalled or verbalised. So the version of cause preceding effect is the opposite of the way in which the aetiological event is often psychologically and subjectively experienced. This was especially relevant in the case of Vietnam Veterans, many of whom were said to have ‘late onset PTSD’, possibly years after the so called aetiological event. Fifty years before this, during World War I, Rivers, for example, was not interested in what may have actually triggered symptoms in his patients. He saw remembered events as merely images on which the men could hook their distress (Young, 1995).

Since the diagnosis of PTSD imposes a framework which makes sense of the patient's troubled and often dissociated subjective state by undermining it, its use in the ordering and measuring of the clinical facts requires intensive work from the PTSD knowledge makers, from researchers and clinicians dispersed around the Western world in widely diverse therapeutic contexts, who, in a sometimes slow and painful negotiation with their patient, reverse time and produce the objectivity of the event – a fact created with hindsight, as in 'recovered memory'.¹¹⁸ And this process of fact finding is aided by the discourse of disaster, since much of the clinical and epidemiological work described in the literature has been done in the wake of high profile horrors – as in England, for example, following Lockerbie or the sinking of the Herald of Free Enterprise,¹¹⁹ which first mobilised clinical interest among those who would found the Trauma Department of the Tavistock Clinic in London (Garland, 1998). In the public presentation of PTSD as both a clinical and a research phenomenon, the tenuous and subjective attachment of the patient to the event, its uncertain memory and meaning, is lost from the story, whilst the objective significance and horror of the occurrence is deemed to have brought their symptoms into being and given them this unique sense (Young, 1995).

With this complication of the psychological strand in the making of PTSD, it goes without saying that the more reliance can be placed on neurological symptoms and manifestations of this diagnosis, both clinically and epidemiologically, the more easily the aetiological account of the symptoms can be validated, or so it is claimed. As Young writes:

¹¹⁸ This refers to the controversial claim that memories of childhood abuse can be recovered by adults in therapy. This is contentious partly because of the fact v. fantasy dispute in psychoanalytic theories of the origins of neuroses, and partly because of its concrete result in the retrospective prosecution of parents. For accounts see **Lynne Segal (1999)** *Why Feminism*, Polity Press, Cambridge: 116-48, especially 131-3, and **Hacking, I. (1995b)** *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. Princeton, N.J.: Princeton University Press.: Chapter 8.

¹¹⁹ They were both major disasters, an aeroplane crash and the sinking of a large passenger and car ferry, involving many deaths and injuries, highly distressed participants and onlookers and bereaved families.

The neural-hormonal theory offers an ... advantage to PTSD researchers for it provides a solution to the problem ...with veterans' verbal accounts of their traumatic memories: the problem of getting time to run consistently in the right direction. The neural-hormonal theory solves the problem by shifting the locus of enquiry downward, from words and meanings to biological states and substances. To obtain facts and findings, researchers now interrogate blood and urine, rather than men (Young, 1995: 283).

A move from the aural to the visual register potentially establishes PTSD as a fact of nature, the invisible wound firmly established in a biological site. But those who study blood and urine so carefully may use crude, stereotypic psychological stimuli in words and images, assumed to have universal meanings, to promote symptomatic neurological reaction in the laboratory or consulting room, and this might remain another difficulty (Young, 1995).¹²⁰

PTSD: The Research

Since its naming in 1980, the phenomenon of PTSD has been the subject of a rapidly growing research effort, which seems to have established it more firmly within the diagnostic firmament. In the medical literature it is celebrated as a success (van der Kolk *et al*, 1996b), the final achievement of a name for something that was always there in nature:

‘The vast majority of researchers believe that PTSD is real in the same way that polio is real: it is a natural phenomenon that exists independently of the diagnostic conventions, technologies, and practices through which PTSD is encountered in the clinic and represented in psychiatric research (Young, Forthcoming: 2).

The invisible wound has achieved ontological objectivity and, as a name for this fact of nature, PTSD is a sound diagnosis, which has also achieved reliability in the statistical sense. This, in turn, has been the necessary basis for a research programme of quite mammoth proportions – not just clinical and laboratory

¹²⁰ This is a difficulty not confined to neurological research on PTSD.

studies – slanted to establish internal processes, whether psychological or neurological, but also to a burgeoning epidemiology. It is these statistical studies, which have implications for questions about the normality of this particular pathology, about its prevalence and about the size and inclusiveness of this category of internal harm.

The triumphalist version of PTSD is not without its critics, however. In fact, PTSD is presented in more recent literary reviews as ‘highly controversial’ and a set of ‘skeptics’ in the research establishment are identified (Brewin, 2003).¹²¹ Whilst these ‘skeptics’ question the ontology of the PTSD enterprise¹²² and others, at a political level, question the value of a psychiatric diagnostic category in helping or healing those who are victimised (Summerfield, 2004), at the level of method, there is the view that these ‘fact making technologies’ do not even conform to their own norms of truth. For example, the research literature contains the sort of statistical sleight of hand that many similar bodies of academic literature display. Studies in which hypothesised relationships do not reach the required level of significance are not published, thus creating the impression of unanimity in the literature. If they are published anyway, their caveats are soon forgotten and their results become part of the accepted wisdom, assumed up to the level of facts. Studies with contradictory results¹²³ also become part of the citation ritual and the negative nature of their findings is conveniently overlooked; indeed, criticism and controversy expand the body of

¹²¹ These skeptics include Simon Wessely and Edgar Jones (psychiatrist and historian, authors of seminal research on socio-genic disorders and post traumatic symptom attribution (Jones et al. 2003, 2002; Wessely 2004; Wessely and Jones 2005; Bartholomew and Wessely, 2003); Richard McNally, an authority on memory (McNally, 2004, 2003), and Allan Young (see Brewin 2003:23, 41, 225-8 on his work).

¹²² The skeptics think that ‘the operant mechanism in the emergence of PTSD consists of social practices and fact-making technologies, a collective mode of knowledge production rather than a psychological process of empathetic identification with the victims of the attacks.’ (Young, Forthcoming: 2).

¹²³ For example, **Macfarlane, A. C. (1986)** Post Traumatic Morbidity of a Disaster: A Study of Cases Presenting for Psychiatric Treatment. *Journal of Nervous and Mental Disease*, **174**, 4-14.

the literature (Young, 1995). Second, the diagnosis may have reliability but it has no independent validity.¹²⁴

More telling for my question about normality and pathology is a critique at the empirical level. This relates to epidemiological findings that throw the original formulation of PTSD into doubt and which have multiplied since Young's book in 1995. McFarlane's study of the psychological effects on fire-fighters in a major Australian bushfire was one of the first to suggest that the incidence of PTSD among an event-exposed population depended on pre-existing vulnerability factors or risk factors, rather than being 'dose related' – that is, depending, as it were, on the extent of exposure to the aetiological event, or the level of intensity of the event itself (McFarlane, 1986). McFarlane had access to medical records predating the event, but most studies before and since have had no such information and concentrated on exposed populations, in whom, what were taken to be symptomatic features of PTSD, could easily have been pre-existing risk factors for developing the symptoms associated with this diagnosis (Bowman *et al*, 2004). The psychiatric evidence to the Law Commission's Report on Liability for Psychiatric Illness (The Law Commission, 1998: 38-47), especially that from Richard Mayou and Bridget Bryant, question the prevalence of PTSD rather than other psychiatric conditions after major accidents.¹²⁵ This raises the whole question of the normality or otherwise of the PTSD symptoms as a reaction to traumatic stress: is it the event which is the pathogen, inducing

¹²⁴ Reliability of a diagnostic category is the consistency of its application over time by one rater to the same patient (test and retest reliability) and over different raters of the same patient (inter-rater reliability). By convention, reliable classification is a precondition for aggregating cases for research purposes and, for psychiatric diagnoses, demands either expert raters or a rigid, structured interview schedule. Problems here with specificity and sensitivity of classification negatively affect validity. Validity, in the psychiatric research literature, indicates that a given classification possesses intrinsic unity – it is neither a random phenomenon nor a product of research or treatment techniques. There appear to be three standards for validity: 1) face validity of a disorder is established when its critical features accord with the impressions of experts; 2) predictive validity if the disorder manifests itself along certain expected lines over time, and 3) most important, independent validity is acquired by a classification when research findings are thought to have established an underlying cause or process...like a biological marker. **Young, A. (1995) *The Harmony of Illusions: Inventing Post Traumatic Stress Disorder***. Princeton: Princeton University Press.

¹²⁵ See for example, Mayou, R (1996) Accident Neurosis Revisited *Br J Psychiatry* 168: 399-403.

symptoms in otherwise normal people? Or, are the symptoms the pathological response to an event which by no means induces PTSD symptoms in everybody, or even in the majority of those affected, but only in those ‘susceptible’ by virtue of pre-existing characteristics of self and/or social environment?

‘Conceptual Bracket Creep’¹²⁶: The Inclusiveness of the Aetiological Event in DSMs III, IIR and IV.

As for the inclusiveness of this version of the invisible wound, it crucially depends on what horrific happenings exactly constitute the part of the diagnosis which is the aetiological event. This is, also a matter of some uncertainty and the rather stringent requirements of Criterion A in DSM III and DSM IIR (that ‘the individual has experienced a traumatic event that (1) is outside the range of usual human experience and (2) would be markedly distressing to almost anyone’) were relaxed in the formulation of DSM IV in 1994. These now include, in Criterion A, those who ‘experienced, witnessed, or were confronted with an event or events’ involving fear for the physical integrity of themselves, but also of others, and not just family members or other close associates; that is, no relational limits are mentioned. To be ‘confronted’ by such events is vague and might include not just witnessing, but also ‘learning about’ them, simultaneity not specified, as long as ‘the traumatized person’s response to these events involved intense fear, helplessness or horror’ (American Psychiatric Association, 1994: 424, 427-8). This was some acknowledgement of the individual meaning of experience, which added another paradox to the diagnosis, as observed by Richard McNally, himself a member of the DSM IV Committee. He points out that, under Criterion C, symptoms of dissociation or numbing, especially prevalent in sexually abused or raped women, are a feature which make nonsense of the *feelings* of horror required by criterion A (McNally, 2004). Most important, DSM IV significantly enlarged the range of experiences

¹²⁶ McNally, R. J. (2004) Conceptual Problems with the DSM-IV Criteria for Post Traumatic Stress Disorder. In *Post Traumatic Stress Disorder: Issues and Controversies* (ed G. Rosen), pp. 1-14. London: Wiley.

that could officially be regarded as major stressors and so the range of people who could claim to be suffering from PTSD.

The submergence of the subjective in the elevation of an objectively horrifying aetiological event, set out in DSM III, of course, made PTSD a diagnosis which was eminently suitable for legitimating claims to compensation, because it appeared closely defined, stringent as well as generally accepted. This seems to have been one of the more political motives behind its creation. It was also accepted by the academic medical establishment as a measure with proven reliability, so that it became the subject of a major research program.

Paradoxically, once it was accepted in this way, it seems that a sort of political *volte face* could be achieved. The criteria defining the aetiological event could be relaxed; it could become more inclusive. In this way, the ease with which the diagnosis could be applied and with which not just US Vietnam veterans, but others, could claim compensation increased, as new wars and disasters came along and social and political circumstances changed. PTSD became, for example, a disorder found in children (Dwivedi, 2000). Allan Young calls the publication of DSM IV 'the repatriation of PTSD....bringing it back home from the jungles and highlands of Vietnam' (Young, 1995: 290). He argues that this opened the way to a sort of 'conceptual bracket creep' in the diagnosis, leading to it generally having much greater coverage by the year 2000 (Young, forthcoming). A revealing epidemiological study of adults in the Detroit Metropolitan Area, undertaken at the turn of the century, showed that, using criterion A in DSM IV, 89.6% of the population claimed life experiences that could be used to diagnose PTSD (although only 9.2% were actually so diagnosed). Using Criterion A in DSM IV instead of Criterion A in DSM III increased the total number of all such experiences by an astonishing 59.2%. (Breslau *et al*, 2001:703). As Young writes some eight years later,

In 1980, the stressor was initially defined as a rare event which always produces severe distress. Today it includes relatively common events that induce serious distress in only a minority of individuals. Thus the repertoire

of attributable memories and events has vastly enlarged (McNally, 2004) (Young, forthcoming: 3).

The possible set of causal events to which a diffuse set of symptoms can be attributed has grown to encompass more experiences, as its definition has become looser and more expansive. PTSD as a social problem category has expanded considerably over time.

CONCLUSION

In this chapter, I have concentrated on three main questions about the diagnosis of PTSD. First, the uncertain location of trauma in a cognitive/affective space or a biological space or both; second, the problematic relationship of normality to pathology in psychiatry when exogenous causes are mooted and, third, the status of this external environmental cause: the aetiological event. All of these ambiguities, which were each raised and discussed in Chapter 1, beset the diagnostic system of Western psychiatry, and they are particularly relevant to a diagnosis, such as PTSD, which, unlike the other diagnostic categories of DSM III, was established in relation to its social or environmental causation.

The dilemmas of PTSD spelt out in this chapter reflect generic difficulties in constructing meaningful operational versions of invisible wounds. The concept of invisibility is not just the essential qualification that makes trauma a metaphor – like a wound, but not a wound – but a genuine challenge to any positivistic explorer of a psychic interior. This is especially true of an interior which was first colonised as a psychoanalytic space, in which the wound lies buried – not just unspeakable, but also unthinkable, as memories of shock and horror are repressed at the level of the unconscious mind.¹²⁷ It may be possible, in time, to access these memories aurally, through the interpretive conversations of the

¹²⁷ And even cognitive or cognitive-behavioural versions have to include some version of repression like 'cognitive dissonance'.

confessional, where there is expertise at discovering what is hidden, but *not* through the administration of the DIS, or any schedule whose questions and interview techniques assume away the existence of what cannot be revealed. But, if the explorer attempts to identify a wounded interior through observation of visible behavioural symptoms, how can he/she distinguish the effects of a wound from the signs of other diagnostic categories? If, to solve this problem, a named horrific event is included in the diagnosis, this demands a clear, spoken memory of the trauma – precisely that which is not available! It is not surprising that the newer techniques of neuro-physiological mapping and measurement¹²⁸ which seem to give direct, non-paradoxical access to a biological interior and a physical wound, albeit at a microbiological level, might be preferred by the medical establishment, especially as it grounds its practitioners in the more prestigious natural sciences, nearer to the fount of funding.

The above is a classic double bind and one found in other situations in which a precise positivistic version of invisible wounds is imposed on this vague literary or psychodynamic idea that functions at the level of metaphor.¹²⁹ But such versions are required, not so much for clinical treatment, where the psychological and the neurological forms can coexist, but for medical research, epidemiology and for the legal and administrative imperatives of establishing guilt, accountability and the terms of compensation. Here, not only does an unambiguous pathology have to be established, but also an unambiguous cause, one that unequivocally induces pathology in normal people, where there was none. This is not helped by more neutral investigations of symptoms in recent reviews of the epidemiological research, which show that questions of causality, and normality versus pathology in the individual or the event are not, in fact, answered definitively (Bowman *et al*, 2004).

¹²⁸ See Chapter 7.

¹²⁹ **Lynne Segal (1999)** *Why Feminism*, Polity Press, Cambridge: 116-148, especially 131-3 and **Hacking, I. (1995b)** *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. Princeton, N.J.: Princeton University Press. Chapter 8.

Finally, the specification of the aetiological event decides how many people can be classed as psychologically harmed – whether they are a small exclusive set or whether they are legion. I have argued here that although its dilemmas have laid the diagnosis of PTSD open to increasing criticism, both within and without the profession, it has not obstructed its use, which has grown considerably both within the clinical and the epidemiological community. At first, this growth was predicated on an indication of the objective uniqueness of the sort of event which could induce this psychological harm, producing a diagnosis of great reliability and a basis for successful claiming and statistical research. Then, with acceptance and success within the psychiatric profession and academy, a loosening in the definition of what is to count as a causal event in DSM IV has greatly increased its inclusiveness, and thus the number of people who can make a medical claim to psychological (or neurological) harm. As the number of wounding events in the environment increase, then more people can claim invisible wounds.

The aetiological event seems to dominate the appraisal of those deemed to be harmed by suffering, much as the tail wags the dog. Not only is the existence and nature of the shocking event used to give meaning to vague symptoms, endowing them with the status of visible signs of an invisible wound, it is as if the shock itself makes a way into the interior. The trauma opens up the ‘protective shield’ to make it available, through the breach, for inspection by explorers from the outside world.

Of course, all three of these questions about invisible wounds – location, normalcy and cause – are much more tightly interrelated in the case of nervous shock in tort law. As we will see in the next section, they affect the inclusiveness of any diagnostic or other social problem category. It is the task of managing inclusiveness that makes these three problems a lot more pressing for the Appeal Court judges in their construction of a legal form of traumatic stress, than for psychiatrists or epidemiologists after 1980. Although it goes almost without

saying that law and psychiatry in the anglophone world influence each other and share the same cultural context, nevertheless, we will argue that the English Law Lords were subject to a very different set of social constraints from psychiatrists over the 20th century and certainly felt themselves to be. These constraints were often conflicting, but all related, in different ways, to the size of the category of those who could claim damages for negligence under tort law in cases of nervous shock. The category potentially expanded with the growth and influence of psychiatry but then, quite unlike the diagnosis of PTSD, which, one way and another, has gone on expanding, contracted again by the end of the 20th Century.

CHAPTER 3:

NEGLIGENTLY INFLICTED PSYCHIATRIC ILLNESS OR NERVOUS SHOCK

INTRODUCTION

The last chapter presented the thesis that the history of the medical version of trauma is partly the story of the development of a biological form of knowledge of the self and psychic harm, which has developed alongside the psychological and threatens to supplant it. In the development of trauma studies, the psychoanalytic dualism that predominated in psychiatry in the second and third quarters of the 20th century has been largely sidelined, along with the notion of subjectivity managed by medical positivism largely based on neuro-physiology. This chapter looks at how this medical version of trauma has been used by the English Appeal Courts to legitimate legal decisions about compensation for psychiatric illness due to negligence, as the Law Lords create their own somatic version of psychic harm. It is not claimed here that these developments have necessarily occurred because they are functional to this or that social group, either within medicine or the law. However, it does seem that the persistence of the language of nerves in medical discourse has allowed the law to incorporate the notion of psychic harm within the broad area of damage to property and, by analogy, to the body, just as the old common law ‘psychic assault’ is a sub-category of grievous or actual bodily harm as a criminal offence. Thus, an older, more historic form of dualism, legal rather than psycho-analytic, has been

maintained.¹³⁰ By drawing the definition of the aetiological event very tightly, implicitly defining causal shock by its physical rather than mental accompaniments, the law finds its own solutions to the vexed questions of normality versus pathology in the recipient of psychological harm and limits the size of nervous shock as a problem category.

As with medicine, we can see this position as partly dependent on philosophy or forms of knowledge. Cartesian philosophy is still the basis for legal thinking, as much as it was for medical men before Freud. The legal subject is rational, autonomous, morally responsible, and possesses and controls the body, where the passions reside. The idea of a psychic hurt or injury as a harm which is claimable is hard for this legal dualism to accommodate. Granted, the construction of the legal *subject* with its implications for criminal responsibility has changed over time¹³¹ and psychiatry since the late 19th century has played a role in providing evidence on the fitness to plea and the ‘dangerousness’ of the accused (Foucault, 1978; Smith, 1984), whilst, for example, ‘mental distress’ has a history as mitigation in criminal proceedings¹³². But the nature of subjectivity, or this interior world, as an *object* of crime or negligent damage is little contemplated in tort law. It raises awkward questions; it challenges a hierarchy of harms implicit in a law based on sovereign rights, with harm to land at the top, then harm to property, then harm to the body (in its cold, mechanistic legal construction as property), beneath which lurks a more sentimental version of the body in pain (Hyde, 1997). The notion of mental distress is hardly considered as a legal harm (Hyde, 1997). Note that the crime of sexual assault is still constructed in law as a harm which is inscribed on property – on the body as metaphorical property whose use is subject to consent.¹³³ The Lockean precepts

¹³⁰ See Horder, J. (1998) Reconsidering Psychic Assault. *Criminal Law Review*, June, 392 - 403.

¹³¹ Nicola Lacey, for example, has looked at this historical movement in 'black letter law' as well as contemporary literature See Lacey, N (2008) *Women, Crime and Character from Moll Flanders to Tess of the D'Urbervilles*. Oxford, Clarendon Press.

¹³² The nearest the English Common Law approaches to the French 'crime passionelle'.

¹³³ The principle of 'consent' still dominates the prosecution of trials for rape in the UK, hence a raft of work by feminist legal scholars insisting that the harm in sexual assault is inscribed also

underpinning the Anglo-Saxon liberal rule of law envisage the maximum freedom for society's atomistic individuals, preserved by limiting state intervention to a minimum. The idea of a psychic hurt raises the question of whether redress for 'mere mental distress' can be included within this minimum; is such a hurt to count as a harm and, even if it is, is it a harm that is to count? (Hart, 1961; Hyde, 1997) More broadly, how can it be contemplated at all within the Cartesian system of thought? It is simply a contradiction in terms. Psychiatric illness, seen as a physical illness like any other, is a better fit with legal thinking.

This is not a simple matter, however, and for the law, also, not just a question of its dualistic philosophy, but of its social and political context. For the first three quarters of the 20th century, the problem for the Appeal Court judges appeared to be how to think about and justify commonsense and humanitarian decisions to allow claims for psychological harm, especially where this had obvious physical manifestations. The diagnosis of PTSD, made official in 1980, conveniently legitimated legal decisions in this area of tort, and a *bona fide* psychiatric diagnosis became a necessary condition for successful claiming (The Law Commission, 1998). After this, the problem seems to have reverted to the central preoccupation of tort law, which is how to allow citizens access to compensation for harm and, at the same time, limit the amount and number of these claims. This dilemma came to a head with the aftermath of the Hillsborough disaster, when the floodgates of litigation were so nearly breached.¹³⁴ The judges wrestled with the question: does the relentless 'progress of medical science,' enhancing the authoritative nature of its diagnostic activity, mean that the area of 'mere mental distress', for which no damages are traditionally allowed (Hart,

on a psychological space, or, in the more holistic, thinking of some feminist philosophers recently, on the *whole* person. (Butler, J. (1993) *Bodies That Matter*. London: Routledge. Grosz, E. (1994) *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington and Indianapolis: Indiana University Press. and Lacey (1998) *Unspeakable Subjects*. Oxford: Hart Publishing.

¹³⁴ For a gripping account of politics of Hillsborough see Scraton, P. (1999) *Hillsborough: The Truth*. Edinburgh: Mainstream Publishing Projects.

1961) is an area ripe for colonisation by claimants? At this point, the new-found authority of medical science was discovered to have become a little less certain.

The relationship between psychiatry and the law, it seems, was ever ambivalent. The law's uneasy use of psychiatric expertise in questions of criminal responsibility, dangerousness, risk and so on, has been described elsewhere (Foucault, 1978; Smith, 1984), as has the use of 'welfare science experts' in the practice of law relating to children – in juvenile justice and family law – by Christine Piper and Michael King (King *et al*, 1990). The latter, following Luhmann (Luhmann, 1988) and Teubner (Teubner, 1989) see medicine and the law as two informationally closed, or 'autopoietic' function systems; the law's truth is not scientific truth, the law's notions of rationality and normality bear scant relation to their scientific counterparts. So, they argue, within a legal context, information constructed medically, for example, can only be used if it 'fits' with legal notions of admissibility. In this process of 'fitting', the two systems are said to be in a relationship of structural coupling, in which the medical can do no more than 'perturb' the legal (King *et al*, 1990; Luhmann, 1988; Teubner, 1989).

What follows is the story of this relationship in the area of claims to damages for psychic harm, in which the medical diagnosis of PTSD can be said to have 'perturbed' the legal in every sense of the word. But it argues that this is not just an account of the fit – or lack of fit – between two knowledge systems, but of the relationship between two regimes of truth as shaped by their social conditions, their professional imperatives and functions. While this chapter is an examination of the way that the notion of psychiatric illness or nervous shock has been constructed by the judges of the Appeal Court as they have talked their way round these three, now familiar, problems besetting psychiatry and PTSD (the location of the wound, the nature of normality and pathology, and the status and definition of the aetiological event) much of their voluble explanatory dicta is directly taken up with what they see as the social constraints which bear in a

conflicting way on their position. They present themselves as steering a difficult course between the rock of natural justice and a hard place manning ‘the floodgates of litigation’, swept along on the relentless progress of medical science, but always guided by a star that states that mere mental distress cannot be claimed for.

I. TORT LAW IN ENGLAND

The complexity of the English Law Lords’ position in the area of ‘nervous shock’ has to be seen in the context of the complicated nature of tort law in general, of which it is seen as a particularly troublesome sub-category (Harlow, 2005). Tort law is essentially case law in which decisions are based on precedent. It has never been rationalised and codified, like so many other branches of the common law, and various legal philosophers have tried, in vain, it would seem, to produce a satisfactory account of its rationale. Tort law cases are actions which exist between private individuals, in which one person sues another for compensation for a loss for which that other is held responsible. The law exists to make the loss whole, in what has been called ‘corrective justice’. But this law is just a small complement to a complex of state-run schemes for victim compensation and, as such, is also part of a system of ‘redistributive justice’, which has become more important in a ‘victim culture’, where the politics of class have somewhat given way to the politics of injury (Brown, 1995). Its deterrent and punitive aspects also link it to wider policy issues about society-wide risk management and security, and to the ambivalent relationship between lawyers and politicians, especially in matters of political economy.

Historically, tort was a relatively small and confined area of the law in the US and the UK, until a landmark case in 1932 put the tort of negligence on the legal map. After this, tort law grew quickly, culminating in something of an explosion in negligence litigation in the US and then the UK in the 1960s and early 1970s.

The US in particular is described as a ‘compensation culture’, in which litigation for employer and professional negligence (particularly medical) increased dramatically. The sums awarded in certain famous, indeed notorious, class actions reached many billions of pounds, a large proportion of which went to legal expenses (Harlow, 2005: 153-155). Although litigation in the UK has never reached such extremes and the approach of the judges has become more pragmatic and cautious in the last quarter of the 20th century, the ease of litigation for negligence is still argued by some to deter people embarking on risky, but innovative enterprises and socially necessary professions, as the cost of personal or professional insurance in some parts of the economy becomes prohibitive (Harlow, 2005: 164).

Thus the Law Lords’ pronouncements on appeals against the judgments of the lower courts in cases of nervous shock in tort, in which they hammer out a version of psychiatric illness or psychological harm, are subjected to all sorts of political and organisational pressures that hardly touch the medical profession. These are not just about keeping state intervention in private life to a minimum, but, given the above, to minimise costs both to the Exchequer and to employers and professional groups as well as private insurers. This is in contrast to the medical profession, whose Hippocratic imperative to cure and save lives at whatever cost have only recently become susceptible to the bureaucratic needs of budgetary rationalisation and the optimisation of spending on health in the UK. In the USA, the insurance system still perpetuates an extremely expensive service. Psychiatrists, also, have enormous space for professional discretion in decision making, behind the closed doors of the clinic and the therapy room. If the diagnosis of depression is anything to go by, they are not constrained in expanding a diagnostic category. In contrast, the Law Lords make the law in discussing and confirming or overturning what has gone before in a public, transparent and innately conservative process, like a huge, moving committee decision, where there is little room for mavericks. All these pressures on the Law Lords seem to produce a process which is dedicated to limiting the size of

this area of litigation to ‘reasonable’ bounds and a particular anxiety about the containment of the size of a claimable category called ‘nervous injury’ which, ‘once recognised, may extend indefinitely’ (Harlow, 2005:68).

Following this process, which is so constrained by legal, political and economic considerations, we look at how the Law Lords have constructed a closely circumscribed, somatic version of psychiatric illness; how a certain sort of legal dualism has been uncomfortably maintained, and how professional expertise over the nature and applicability of this and other diagnostic categories has been allocated. Overall, the findings of the Appeal Court judges can be read as a strange play of professional rationalities in which these fundamental psychiatric questions are given a distinct legal interpretation.

As if the status and description of PTSD were not complex enough, the English law in the area of nervous shock has its own added complications, the details of which must be gone through before we can get at the underlying legal constructions of psychiatric illness. Before these are discussed, I give a somewhat bald, brief statement of how the law stands now or rather stood in the year 2000, though there is little difference. Second, I present a historical section which gives a survey of how this situation was achieved. For tort is, of course, case law, and the notion of nervous shock has been negotiated in a series of landmark cases over the 20th century. This process of negotiation is described here and the main legal developments drawn out. This is, of course, material which is extensively dealt with in the legal literature on tort.¹³⁵ The brief sketch given here is designed to set the scene for what follows, which is a discussion of their Lordships’ notions of psychological harm, normality and causality.

II. NERVOUS SHOCK: THE LAW AS IT STANDS

¹³⁵ For instance, **Handford, P. R. (2006)** *Mullany and Handford's Tort Liability for Psychiatric Damage* (2nd edn). Sidney: Thompson Lawbook Co, **Mullany, N. J. & Handford, P. R. (1993)** *Tort Liability for Psychiatric Damage*: LBC Information Services.

What the PTSD diagnosis produced was an affirmation of an injury or a harm – something that could happen to anyone in such violent circumstances – caused by an identifiable event. Perhaps not a physical injury exactly, but as like one in its causes and effects as should make no difference to recoverability. Crucially, the fact that the medical assessment of these may only be minimally dependent on the patient’s subjective account, paves the way for a legal assessment which is even less so.

Of course the law adds several more epicycles to the PTSD story of psychiatric illness caused by an event whose experience would be markedly distressing to just about anyone. To start with, ‘the patient’ becomes ‘the plaintiff,’ who, with the help of his psychiatrist, has managed to remember that a certain accident or threatening happening in his life is the aetiological event which has caused all his debilitating symptoms of psychological harm for which he can claim monetary compensation at law. The uncertain nature of traumatic memory does not even surface as a problem in this context. Next, another person is introduced into the *dramatis personae* – another person, whose negligence or lack of care results in this event, which is, in law, the ‘reasonably foreseeable’ cause of the damage to the plaintiff, namely the defendant. Successful claiming for damages in the area of tort liability is organised around the necessity to establish three claims: first, that the defendant owes a duty of care to the plaintiff; second, that the defendant breached this duty of care, and third, that this breach was the cause of a particular sort of actionable damage. In tort, it is mostly damage to property or the person, resulting in economic loss in its widest sense.

The diagnosis of PTSD, which establishes a particular, objectively horrific causal event as part and parcel of a consequent ‘recognizable psychiatric illness’,¹³⁶ provides for one of two necessary, but by no means sufficient, preconditions for recovery of damages. (Of course, damages have been granted

¹³⁶ *Hinz v Berry* [1970] 2 QB 40, 42, *per* Lord Denning MR.

for other ‘positive’ psychiatric illnesses,¹³⁷ listed in the Law Commission Report,¹³⁸ but PTSD has become the diagnosis of preference¹³⁹ because the others present the major difficulties discussed below). If the first precondition is the establishment, medically, of the illness itself (the actionable damage), the second precondition is the reasonable foreseeability, by the defendant, of the psychiatric illness of the plaintiff, should he breach his duty of care. Indeed, without this ‘reasonable foreseeability’, he *has* no duty of care.

In the foreseeability criterion, the law begins to tighten its requirement for its own version of psychiatric illness. First, the event’s horrific nature (much less expansive than the DSM IV definition) has to consist in sudden or shocking fear of injury to self or another, felt by the plaintiff – and, specifically, injury to another who is close in ties of affection, a threat proximate to the plaintiff in time and space and apprehended by him/her directly and not through intermediaries. Second, in case of fear of injury to another, the defendant is entitled to assume, in assessing reasonably foreseeable psychiatric injury, that the plaintiff is a person of reasonable fortitude or ‘a normal standard of susceptibility’. Whilst the medical claim for the psychiatric condition of PTSD (questionably supported by the epidemiology) is a disorder which can be sustained by anyone subject to environmental trauma, it does not guarantee lack of susceptibility or zero predisposition to psychiatric illness in all those who are given this diagnosis. Nor can the law, in fact, guarantee that only the non-susceptible can claim. What it can do, in the interest of natural justice to the defendant, is to require, like the diagnosis, that the damage is sustained in conditions in which it would be reasonably foreseeable that even a person of ‘customary phlegm’ might suffer a recognisable psychiatric illness. The foreseeability criterion, also, lastly, requires that the question of whether a

¹³⁷ *McLoughlin v O’Brian* [1983] 1 AC 410, 431, *per* Lord Bridge.

¹³⁸ *Liability for Psychiatric Illness* (1998), p. 47-51.

¹³⁹ See *Alcock v Chief Constable of South Yorkshire* [1991] House of Lords 310. The Law commission report, *Liability for Psychiatric Illness* (1998:39-51) suggests that, while PTSD is the diagnosis most favoured by claimants because, in its cause-and-effect form, it is most suitable for establishing liability, many of the psychiatric consultants to the Commission’s inquiry pointed out its inadequacy in capturing all the symptomatic consequences of shock.

psychiatric illness is foreseeable is considered after the fact; that is, after the event which causes the psychic injury. Otherwise, plaintiffs may claim for genuine harm caused by genuine fear, for self or a proximate other, simply about what *might* happen – an infinite set of possibilities *ex ante*, especially for those of a particularly anxious and imaginative disposition, and in no way reasonably foreseeable by the defendant.

III. NERVOUS SHOCK: THE CASE HISTORY

Dulieu v White & Sons[1901] 2 Kings Bench 669 is constantly cited as the case which established nervous shock in the English law of tort. A pregnant barmaid was made ill when a brewer's dray was driven into the pub where she was working. She feared for her life and the baby was born prematurely, 'an idiot'. Here, Kennedy J. established that the only shock that can be claimed for is 'one which arises from a fear of immediate personal injury to oneself'.¹⁴⁰ The issue at debate was: could mental states count as part of a 'natural' causal sequence in the infliction of physical damage, to someone 'ill in body by negligent driving which does not break his ribs but affects his nerves'. Phillimore J. was of the opinion that 'the fact of one link in the chain of causation being mental only makes no difference'.¹⁴¹ For the first time, damages were allowed for physical illness (miscarriage) caused by 'fear and fear alone'. Here we can see the influence of Page, if not Charcot, although whether fear, which might be thought of as an emotion (and, therefore, in legal philosophy as a bodily state), also had a cognitive component was a moot point, as seen below.

In the history of tort it has been said that, in *Hambrook v Stokes Bros* [1925] 1 Kings Bench 141, the 'impact theory' – nervous shock is the result of a reasonable fear of impact to oneself – was challenged by a more general 'shock

¹⁴⁰ [1901] 2 KB 669 675.

¹⁴¹ [1901] 2 KB 669 682.

theory' in which, for example, the fear might conceivably be for impact and injury to another. This was a move which in the official DSM diagnostic category of PTSD did not happen until 1994, clearly reflecting the difference in the sort of cases to which it was applied. Here – and a far call from Vietnam veterans – the estate of an erstwhile pregnant mother of three claimed for damages for nervous shock, caused by the woman's reasonable fear, not that she would be hurt, but that her *children* would be hurt by a lorry she saw careering down the hill without a driver. One child was, in fact, killed and the mother became ill, miscarried and died. Again, there was much discussion of the relation of mental states to physical hurt and the nature of shock, but the shock theory was never put to the test, because the claim was allowed on the grounds of a very narrow extension of the duty of care. The defendant did have a duty of care – not just to the children but to the *mothers* of endangered children, who witnessed all the relevant events. How could the judges allow a mother in such circumstances to claim, if she (selfishly, it was implied) feared for her own life, but not if she feared for her children?

Bourhill v Young [1943] House of Lords 92 was a further test of which theory was to apply – impact theory or shock theory. A woman, again eight months pregnant, heard a motor cycle collision with a car, although she did not observe it because there was a bus in between her and the accident. As she said, she 'came over a pack of nerves' and her baby was stillborn. As a 'pursuer' only, the plaintiff was not near enough to the accident to be in fear of physical injury to herself through impact. The issue was: could she claim for mental shock which was actionable under other circumstances (thus turning over the point of law established by Judge Kennedy in *Dulieu v White & Sons*), rather than just extending it to mothers? This was discussed at length, including the highly pertinent question of whether it was relevant to the concept of nervous shock and its effect on the victim, that the mental state of the plaintiff, as one step in a causal chain, contained particular beliefs or fears. As the plaintiff described her

mental state, she seemed to have none: her mind was a blank. Thus Wright L. J. plumped for a thoroughly mechanical approach:

Modern medicine may, perhaps, show that nervous shock is not necessarily associated with any particular mental ideas. The worst nervous shock may for the moment paralyse the mind.¹⁴²

This interesting question, still not solved by the medical experts, was never decided, as the appeal was not allowed on the grounds that the defendant (now dead in the accident) did not owe the appellant a duty of care. She was too remote from the accident, so that her injuries were not ‘reasonably foreseeable’ by virtue of her lack of physical proximity. The defendant could expect ‘customary phlegm’ and ‘a normal standard of susceptibility’¹⁴³ from someone in this position, a requirement which, as Lord Hoffman, in *White v Chief Constable of South Yorkshire* [1999], pointed out, reflected ‘a robust wartime attitude’.¹⁴⁴

By the time of the next significant case, *McLoughlin v O’Brien* [1983] 1 House of Lords 410, the diagnostic category of PTSD had been established in DSM III and the notion of psychiatric illness as an illness of the mind, but an illness like any other, had gained more currency in medicine and the wider world. The House of Lords allowed the plaintiff’s appeal for damages for this ‘psychiatric illness’ although she also had physiological symptoms. Her husband and children were injured in car crash. She heard of it from a neighbour and arrived at hospital a while after her family, finding them all covered in blood and oil, in shock and her youngest daughter dead. The issue was, would this claim satisfy the foreseeability criterion, as she was not physically close to the accident? In allowing it, this criterion was stretched to its utmost and the so-called ‘aftermath principle’ established, in that experiencing the direct aftermath of a bloody accident might be as shocking as witnessing it oneself.

¹⁴² *Bourhill v Young* [1943] 1 AC 92 110.

¹⁴³ *Bourhill v Young*, [1943] AC 92 117, *per* Lord Porter and 110, *per* Lord Wright.

¹⁴⁴ 1 ALL ER 1 40.

The case is considered to mark the height of the expansion of tort liability and to have finally established the more general ‘shock’, rather than ‘impact’, criterion for the application of the foreseeability principle. The dicta support a wide theory of liability for claims for psychiatric injury in principle. But it is noted that, although so far in the history of nervous shock the floodgates argument had proved inapplicable, the embracing of the shock criteria might encourage increased pressure of litigation. There was much discussion about the need for limitations on the extension of the foreseeability criterion as a matter of policy. And Lord Wilberforce first enunciates the principle of policy limitations to claims, on the basis of close relationship to the victim physically endangered, proximity to the accident in time and space and the learning of it by direct apprehension, rather than communication by a third party. These so-called ‘control mechanisms’ limit the reasonable foreseeability of psychiatric illness but also, by limiting the process by which claimable harm can be sustained, implicitly limits the *type* of damage which is recoverable.¹⁴⁵

The famous case of *Alcock v Chief Constable of South Yorkshire* [1991] 1 House of Lords 310 saw this policy principle of limits to recovery put into practice. This was a case stemming from the Hillsborough disaster of 1987, where the stands of the Liverpool football stadium collapsed, 95 spectators were crushed to death and over 400 injured in the most horrific circumstances. A failure of policing was held responsible. The plaintiffs in this case, who all had relatives and friends among persons killed or injured, saw events in the stadium or on live television or heard a live radio broadcast, with seemingly devastating results to their health. They were all diagnosed with PTSD – the first time this diagnosis was so uniformly used – and incorrectly, according to the strict criteria of DSM III which then applied.¹⁴⁶ The defendant admitted negligence, but the question of

¹⁴⁵ *McLoughlin v O’Brien* [1982] 2 ALL ER 298 303.

¹⁴⁶ Those who did not experience the event directly were excluded by the aetiological event definition in DSM III and, as to fear not for self but for a relative, this was not specifically mentioned. The DSM IV Task Force committee reviewing this diagnosis decided that the initial

his duty of care to the plaintiffs remained. Were they sufficiently proximate in relationship to those for whom they feared? Is proximity of time and place to the event provided by a television broadcast? The judges ruled in the negative to both questions and the appeals were not allowed. What had to be reasonably foreseeable was not just any psychiatric illness but a psychiatric illness produced under certain conditions; implicitly, the type of harm had to be of a certain sort.

This was made more explicit by the judges adding a further epicycle to the conditions of proximity, which is known as the 'shock requirement'. This stated that a claimable psychiatric illness had to be the result of shock – in the sense of 'a sudden assault on the nervous system' which could only be produced by direct sight or hearing of the event, or its near aftermath. The aetiological event was all important. From this it followed that mere fear or grief, 'mere mental distress', however much it produced the symptoms of a psychiatric disorder, was not sufficient to recover. It was a vital and contentious distinction (discussed below). In fact, this case became a *cause célèbre*, a cause of outrage among the general public and some legal experts, who argued that these limits to recovery were arbitrary and imposed by policy quite against the dictates of natural justice.¹⁴⁷ One academic even went as far as arguing that nervous shock as a part of tort law should be abolished altogether, because it had fallen into such disrepute (Stapleton, 1994, p. 87).¹⁴⁸

Walker v Northumberland County Council [1996] Queens Bench Division 2¹⁴⁹
was something of an exception to the usual cases and not obeying the shock

definition of a traumatic stressor as 'being outside the range of usual human experience was "vague and unreliable"'. **Young, A. (1995)** *The Harmony of Illusions: Inventing Post Traumatic Stress Disorder*. Princeton: Princeton University Press.

¹⁴⁷ This view is put forward most forcefully by N J Mullany and P R Handford in their seminal book on this subject, *Tort Liability for Psychiatric Damage* (1993 and further in its second edition **Handford, P. R. (2006)** *Mullany and Handford's Tort Liability for Psychiatric Damage* (2nd edn). Sidney: Thompson Lawbook Co..

¹⁴⁸ See Dr J Stapleton, 'In Restraint of Tort' in P. Birks (ed.), *The Frontiers of Liability* (1994) vol 2, pp 94-6, who describes the law relating to liability for psychiatric illness as 'the area where the silliest rules now exist and where criticism is almost universal'.

¹⁴⁹ [1995] 1 All ER 737.

requirements. A social work manager 'brought down by the impact of the work on his personality' was allowed to claim for 'stress at work'. The other major cases in this field centred, as discussed above, round the question of how tightly these limiting conditions to recovery could be drawn. In *Page v Smith* [1996] House of Lords 155, a plaintiff claimed for damages for psychiatric illness resulting from a car crash in which he was involved but physically uninjured, although his existing chronic fatigue syndrome was exacerbated. His appeal was allowed by means of a newly drawn distinction between primary and secondary victims. Primary victims were those at risk of physical injury; secondary victims, those merely close in time place and relationship to those physically endangered. For primary victims, of whom Page was one, the foreseeability of physical injury was held to be a sufficient condition for claiming for psychiatric injury on grounds of a duty of care. Both physical and psychiatric injuries are personal injuries and not 'different kinds of damage'. So the requirement of the foreseeability of psychiatric injury, of 'reasonable fortitude' (which Page's claim would not have met) were dropped for primary victims. By the same token, in the case of secondary victims, the need for 'control mechanisms' as they were then called, was clearly recognised and asserted. These limits were again confirmed when in *White v Chief Constable of South Yorkshire* [1998] the House of Lords reversed the findings of *Frost* (1997). This had allowed police and rescuers in the aftermath of Hillsborough to claim, although the families of victims had been denied damages in *Alcock*. It was ruled in *White* that rescuers are not a special case of secondary victim and that the restrictions on the claims of these secondary claimants should apply on the grounds of distributive equity. The claims of natural justice (always a flexible concept) were, it seems, subtly rewritten here. No longer did they dictate arguments for meeting the claims of secondary victims, however pressing. Distributional equity dictated confining these claims to an absolute minimum, otherwise any lines drawn further out would seem arbitrary and unfair.

IV. DISCUSSION

In 1861, Lord Wensleydale in *Lynch v Knight*. [1861] 9 HLC 577 590, described mental pain or anxiety as ‘something which the law does not value and does not pretend to redress’. One hundred and twenty years later, in his authoritative *Casebook on Torts* 7th Edn. (1992) p 88, Weir gives the following account of nervous shock, in which he almost agrees:

There is ... no doubt that the public ... draws a distinction between the neurotic and the cripple, between the man who loses his concentration and the man who loses his leg. It is widely felt that being frightened is less than being struck, that trauma to the mind is less than lesion to the body. Many people would consequently say that the duty to avoid injuring strangers is greater than the duty not to upset them. The law has reflected this distinction as one would expect, not only by refusing damages for grief altogether, but by granting recovery for other psychological harm only late and grudgingly, and then only in very clear cases. In tort, clear means close – close to the victim, close to the accident, close to the defendant.

This is an ex post comment from a historian of ‘Black Letter Law’, for whom there is a distinction between observable physical harm to property or body and ‘mere mental distress’ or ‘psychical’ harm. Not only is this distinction clear, it is supported by public opinion which embodies a natural hierarchy of importance for these two harms, physical injury and ‘being upset.’ The late and grudging allowance of claims for psychic harm are seen as the exception which generally proves the rule; that you can claim for the first but not the second. This may be an accurate summary of where this particular section of the law of tort ended up by the turn of the century. But, it is argued here, it does not reflect the moral reasoning of the appeal court judges, whose dicta and decisions formed the concept of nervous shock and its ambivalent history over the whole of the 20th century.

As already suggested, there are at least four major interdependent themes which can be read into the discourse of the Appeal Court judges, which naturally

changed over this time – though, perhaps, not as much as might be expected. The first two themes feature strongly in the report of the Law Commission on psychiatric illness, published well after the Hillsborough disaster.¹⁵⁰ In fact, the Commission seems haunted by two major sources of anxiety, mentioned on nearly every page. The first is, predictably enough, the old fear of the opening of ‘the floodgates of litigation’, if what counts as a claimable harm is too inclusive. The second object of concern, and the potential cause of the first is the relentless progress of medical science, particularly after 1980. This second narrative refers to events detailed in the last chapter: the profession’s expertise is credible and useful in legitimating certain legal moves and the whole notion of psychiatric illness is more acceptable, more normal even, and has the weight of authenticated academic research behind it. This of course has its downside in potentially enlarging the numbers of those claiming for nervous shock; the ‘floodgates’ threaten to open, because of the expanding knowledge base and respectability of psychiatry – a somewhat surprising story given the uncomfortable nature of the old relationship between medicine and the law.

The third narrative centers around concepts of natural justice: the judges are humane and liberal men – and they *are* men – determined to show that there is no intrinsic reason to distinguish between physical and mental illness. They recognise that psychiatric illness can cause as much damage and disruption to lives as physical illness – more even! Medical science tells us so. Even mere mental distress can have appalling and debilitating effects on people’s lives. There is no intrinsic hierarchy in these different forms of harm. This expansive narrative was at its widest in the early 1980s, at the time of *McCloughlin v. O’Brien* [1982] but this was also the time when a fourth narrative came into play: that of the dictates of policy. It was also clearly recognised by Lord Wilberforce¹⁵¹ that, if there was no intrinsic hierarchy of harm, one might have to be created as a matter of policy for ‘floodgate’ reasons, as well as natural

¹⁵⁰ **The Law Commission (1998)** *Liability for Psychiatric Illness*. London: The Law Commission.

¹⁵¹ [1982] 2 ALL ER 298 303 *per* Wilberforce L. J.

justice to the defendant. There was much discussion in *McCloughlin* among other judges (notably Lords Scarman, Bridge and Edmund Davies) about whether it was the responsibility of the judiciary to include public policy matters in their deliberations. The question was whether these are 'justiciable' or should hold no relevance for legal decisions and are better left to the legislature. Still, this case gave a very different account of the 'control mechanisms' from that of Weir, above.

What we seem to be seeing here is the management of the old legal imperatives in a social context in which, as described in the last chapter, mental distress or harm has gradually come to be taken more seriously as a genuine affliction. This affliction is literally embodied in a branch of medicine rapidly improving its scientific credentials. It is an accepted cause for suffering and therefore complaint. Further, it is a context in which, in the search for legal as well as unofficial solutions to social wrongs, the voice of victims is increasingly heard. There is no way in which this is an easy tension to manage. The judges argue at length for embracing psychological harm as a cause for damages, talking themselves volubly into a position which potentially flies in the face of the English public school culture¹⁵² in which they were socialised, which devalues the emotions, suspects the neurotic and elevates the traditional British virtues of fortitude and phlegm. (It is no accident that the first three claimants in landmark cases were pregnant women and the fourth a prolific mother.)

And yet what Weir describes is indeed the state of the law of nervous shock at this time. The rulings after Hillsborough still outrage a section of public and legal opinion, which appeals to natural justice for shocked and bereaved families and rescue workers who have suffered since without compensation. So what happened? And why did the expansive narrative of the judges in the end become so confined? To invoke the floodgates argument and the powerful legal

¹⁵² There are some exceptions to this generalisation. For example, Lord Hoffmann was brought up in south Africa.

imperative to maintain Weir's hierarchical distinction between physical and mental harm gives only part of the answer. Another part at least must lie in the way the judges constructed the notion of psychological or psychiatric illness as a certain sort of harm for which damages can be claimed, particularly in the way they used what was relevant from medical knowledge and its social status to both expand and then contract the category.

This is not to claim causal power or status for an idea, but rather it could be said to be permissive, a flexible concept which was functional to the judges in arguing the way that legal and organisational imperatives pushed them, as these sometimes cancelled out the dictates of natural justice to claimants. It could be said that the driver in the case of *Dulieu v White* took a coach and horses through Weir's clear distinction between physical illness or injury and mental distress. What emerged from this case and those subsequent was a mediating concept – something between the two, later called psychiatric illness, which fudged the distinction and which, variously defined, belonged in either camp, both, or neither. The rest of this chapter is about the way that the legal version of a psychiatric illness due to traumatic stress, and called nervous shock, is made in the discourse of the judges. It describes how this version changes over its history, and how it differs from its medical counterpart. The process is viewed through its changing boundaries, first, with the concept of physical illness or injury, on the one hand, and, second, with mere mental distress on the other. A reading of the judgments for both of these distinctions can be divided into the three historical phases: 1) the impact phase, 2) the shock phase and 3) the policy phase.

The Physical/Psychological Illness Distinction

1) The impact phase

In this first phase, the judges predicated this expansive acknowledgement of the devastating nature of psychic harm on the indisputable claimability of physical harm, where there is a duty of care. They hooked psychic harm to the notion of bodily injury – just as bodily harm is hooked to the notion of damage to land and property. In their pronouncements, it was, in fact, just another version of physical harm and, as such, was clearly distinct from mere mental distress. The pronouncements in *Dulieu v White & Sons*, about ‘fright with consequent physical damage’ sounds much like those of the neurologist Page, already mentioned in the last chapter, whose work would have been well known in legal circles. Fear is inscribed on the nervous system, a trigger of bodily reaction and ‘gross’ physical symptoms. Phillimore J was of the opinion that ‘a bystander may have an action for physical damage, though the medium through which it is inflicted is the mind.’¹⁵³ The means of infliction may be mental but the harm is physical. As noted, the three claimants in the main cases of the first phase were all pregnant women who lost their babies following the shock of a threatening incident.

Not surprisingly, there are still puzzles, partly due to the ambiguities of the English language, in which expressions like ‘injury’ or ‘abuse’, refer to the act as well as its results. For example, Kennedy J plays with the question of whether nervous shock which causes serious physical illness, is *accompanied* by a physical injury as well or *is* itself a physical injury, or whether physical injury is merely its consequence:

For my own part, I would not like to assume it would be scientifically true that a nervous shock which causes serious bodily illness is not actually accompanied by physical injury, although it may be impossible, or at least difficult, to detect the injury at the time of the living subject. I should not be surprised if the surgeon or the physiologist told us that nervous shock *is* or may be in itself an injurious affection of the physical organism....

But he decides, anyway, that it does not matter.

¹⁵³ *Dulieu v White & Sons* [1901]2 KB 669 682 ALL ER Rep 353 366.

Let it be assumed, however, that the physical injury follows the shock ... as its direct and natural effect. Is there any legal reason for saying that the damage is less proximate in the legal sense than damage which arises contemporaneously?¹⁵⁴

Presumably damage would arise contemporaneously if the shock *were* the physical injury.

Sargeant LJ in *Hambrook v Stokes* takes up the question of how an event which only threatens forceful impact to the body of the plaintiff, but does not produce it, could produce a physical injury. This is just, simply, the forceful effect of shock on the nervous system – ‘such an immediate threat of impact on the plaintiff as to produce physical injury to him, or her, through the nervous system’. There seemed to him ‘no magic in actual personal contact. A threatened contact producing physical results should be equivalent’ and analogous with a threatened battery which may justify damages for assault.

In the case of a threat of imminent danger to a plaintiff resulting in illness through nervous shock, there is ... as real and direct an interference with the personality of the plaintiff as if the illness had been caused by actual physical contact with him.¹⁵⁵

The shock is the assault equivalent.

If Kennedy J had been unsure of the exact position of science in all this, later Appeal Court judges had no hesitation in invoking their own versions of it. Lord Atkin, in *Hambrook v Stokes Bros*,¹⁵⁶ recalled that there has been a theory ‘that damages at Law could not be proved in respect of personal injuries unless there were some injury that was called "bodily" or "physical", but which necessarily excluded an injury which was only "mental" There could be no doubt at the

¹⁵⁴ *Ibid* 362.

¹⁵⁵ [1924] All ER Rep 110 113.

¹⁵⁶ [1924] All ER Rep 110 114/5.

present day that this theory is wrong.... ‘ He suggests that it was based on a ‘false analogy between the action of negligence and the action of trespass to the person, involving some sort of impact to the person’ and ‘a belated psychology which falsely removed mental phenomena from the world of physical phenomena’. (Is he referring to psycho-analysis?) His stance is supported later by Lord Macmillan in *Bourhill v Young*, who stated firmly that ‘the distinction between mental shock and bodily injury was never a scientific one’.¹⁵⁷ In short, the latter produces gross damage and the former, neurological damage of a much finer kind, which may then manifest itself in more or less visible or gross physical symptoms. There is no distinction in science. Nervous shock is or produces bodily injury.

2) *The shock phase*

This phase starts after WWII and coincides with a period where psychoanalysis, and then other psychological therapies, achieved more of an influence medically and culturally in thinking about psychological illnesses or problems. It culminates in the case of *McLoughlin v O’Brien* [1982], which effectively establishes the ‘shock principle’, proposed by *Hambrook* but never really decided upon by a landmark case up to this point, since there was no decision on this matter in *Bourhill*. By 1982, nervous shock has become not a physical illness or injury whose origin was a causal event in the form of shock, but a ‘psychiatric’ one, pure and simple. In the first case Lord Wilberforce states:

Although we continue to use the hallowed expression ‘nervous shock’, English law and common understanding, have moved some distance since recognition was given to this symptom as a basis for liability. Whatever is unknown about the mind-body relationship (and the area of ignorance seems to expand with that of knowledge) it is now accepted by medical science that recognisable and severe physical damage to the human body and system may be caused by the impact, through the senses, of external events on the

¹⁵⁷ [1942] 2 ALL ER 396 402.

mind. There may thus be produced what is as an identifiable an illness as any that may be caused by direct physical impact.¹⁵⁸

But, according to Lord Bridge, another judge in this case, this identifiable illness is not a physical one produced by a mental event. It is ‘a psychiatric illness’ – an entity in its own right and, by implication, a state of mind, since it may or may not have ‘psychosomatic symptoms’.¹⁵⁹ The plaintiff is described by Lord Wilberforce¹⁶⁰ as suffering from ‘severe shock, organic depression and a change of personality’. He adds that ‘numerous symptoms of a physiological character are said to have been manifested’, but these seem to be symptoms of a psychiatric illness as distinct from a physical one.

At this point, although there is still a legal tradition that follows much medicine in grounding psychiatric illnesses in the physical – note the attribution of ‘organic’ depression to the plaintiff, though all the circumstances point to it being ‘reactive’ – it is clear that psychiatric illnesses do not need to be ‘physical illnesses’ to have claimable status. The plaintiff’s state is claimable by applying ‘the ordinary criterion of reasonable foreseeability to the facts, with an eye enlightened by the progressive awareness of mental illness’.¹⁶¹ As later confirmed in *Page*, psychiatric illnesses are another form of personal injury, equal in claimability for primary victims as physical injury – medically a different kind of damage, but not legally.¹⁶² Even for those in *Page* called secondary victims, later clarified in *White* as suffering from ‘pure psychiatric harm’, the final demise of impact theory establishes that claimants do not need the threat of physical injury to themselves to claim.

So the category of psychiatric illness threatens to unhook itself from its pairing with physical injury and, as it were, float free. The category of those claiming

¹⁵⁸ *McLoughlin v O’Brian* [1982] 2 ALL ER 298 301.

¹⁵⁹ *Ibid* 2 ALL ER 298 p. 311.

¹⁶⁰ *Ibid* 2 ALL ER 298 301.

¹⁶¹ *Ibid* 2 ALL ER 298 301/12 *per* Lord Bridge.

¹⁶² *Page v Smith* [1995] 2 All ER 736.

for psychiatric illness due to shock becomes potentially boundaryless and not necessarily contained by the foreseeability criterion. This is one problem, as already noted, much discussed in *McLoughlin*. The other, more pressing problem, as this pairing drifts apart, is that the distinction it maintained between psychiatric illness and mere mental distress becomes a lot less clear than when ‘illness’ was physical and ‘distress’ was mental. Although this was not discussed in *McLoughlin*, the horrific circumstances of Hillsborough, which involved so many in such distressing experiences, meant that the floodgates really threaten to open in this section of tort litigation for the first time.

3) The policy phase

This phase is marked by the reaction to Hillsborough and particularly by *Alcock*. With a reaffirmation of the control mechanisms and the specification of the nature of shock as opposed to other causes of psychiatric illness, ‘the shock principle’, the language of nerves that characterised the first phase and largely disappeared in the second, is back. With the reaffirmation of the shock principle, so the language of assault, damage and injury (see *Page*) becomes interchangeable with illness. Psychiatric illness is hooked up to physical illness again. Nevertheless, there is notably a subtle change in the argument. In the impact phase (1), nervous shock was claimable as a version of physical illness or injury, set in a cultural context which more or less took for granted Victorian neurology and the discourse of nerves still prevailing in World War I. In this policy phase (3), nervous shock becomes a psychiatric illness, whose status to claimability is supported by the advance in medical science, freeing itself from psychoanalysis and supported by the strong neurological, organic base of modern psychiatry. As Lord Lloyd said in *Page v Smith*:¹⁶³

In an age when medical knowledge is expanding fast, and psychiatric knowledge with it, it would not be sensible to commit the law to a

¹⁶³ *Page v Smith*, [1996] ALL ER 736 759.

distinction between physical and psychiatric injury, which may already seem somewhat artificial, and may soon be altogether outmoded.¹⁶⁴

This is confirmed by Lord Goff in *White v Chief Constable of South Yorkshire Police*. 'Psychiatric advances,' he says, 'are revealing that psychiatric illnesses may have a physical base.'¹⁶⁵

Somewhat puzzlingly, the story of the first phase seems to have been turned on its head. Having established first that a mental state can mediate physical illness and then, by appeal to the progress of psychiatric knowledge, that psychiatric illness is a claimable entity in its own right of equal status with physical injury, their Lordships next use the relentless progress of medical science to legitimate this process by arguing afresh for the grounding this illness in bodily function. But it is puzzling only until it is remembered that these shifts track the changing relationship of neurology to psychiatry in general, shown, in particular, in the history of PTSD.

The Psychiatric Illness/Mental Distress Distinction

If, in managing the boundary between psychiatric and physical illness or injury and keeping the two phenomena close together, the progress and reliability of psychiatry is continually called upon in one way or another, in the management of the boundary between mental distress and illness, it is the *inexactness* and lack of progress of psychiatry which is appealed to.

1) The impact phase

¹⁶⁴ *Page v Smith* [1996] AC 155, 188. Lord Browne-Wilkinson endorsed Lord Lloyd's remarks about the dangers of the court seeking to draw hard and fast lines between physical illness and its causes on the one hand and psychiatric illness and its causes on the other: 'Although medical science has not as yet progressed very far in elucidating the processes whereby psychiatric disorders come about, recent developments suggest a much closer relationship between physical and mental processes than had previously been thought': [1996] AC 155, 182.

¹⁶⁵ [1999] 1 ALL ER 1 16.

In phase 1, mental distress features prominently in the discourse of the judges as ‘that which cannot be claimed for’ – rather as sex features in the discourse of Victorian England as ‘that which cannot be talked about’.

2) *The shock phase*

The importance and the difficulty of distinguishing mental distress from psychiatric illness gets its first outing in phase 2 in *McLoughlin*. Lord Bridge, again, is acutely aware that his version, at least, of psychiatric illness begins to challenge this distinction.

The common law gives no damages for the emotional distress which any normal person experiences, when someone he loves is killed or injured. Anxiety and depression are normal human emotions. Yet an anxiety neurosis or a reactive depression may be a recognisable psychiatric illness, with or without psychosomatic symptoms. So the first hurdle which a plaintiff claiming damages of the kind in question must surmount is to establish that he is suffering, not merely grief, distress or any other normal emotion, but a positive psychiatric illness.¹⁶⁶

Here Lord Bridge establishes a normal/abnormal distinction, which on first reading seems plain enough. And yet relatives suffering from extreme reactions to Hillsborough and diagnosed with a psychiatric disorder, who could, presumably, be classed as displaying abnormal behaviour, were refused claims on the grounds of the proximity criterion.

3) *The policy phase*

Further discussion of this distinction in *White* suggests that this is a problem which could run and run, as phase three extends itself. Lord Justice Steyn gives this somewhat confusing summary of the position:

¹⁶⁶ [1982] 2 ALL ER 298 311.

There are those who did not suffer any physical injuries but sustained mental suffering. For the present purposes this category must be subdivided into two groups. First, there are those who suffered from extreme grief. This category may include cases where the condition of the sufferer is debilitating. Secondly there are those whose suffering amounts to a recognisable psychiatric illness. Diagnosing a case as falling within the first or the second category is often difficult. The symptoms can be substantially similar and equally severe. The difference is a matter of aetiology.... Yet the law denies redress in the former case: (see *Hinz v Berry* [1970]) but compare the observation of Thorpe LJ in *Vernon v Bosely* [1997] that grief, constituting pathological grief disorder is a recognisable psychiatric illness and is recoverable). Where the line is to be drawn is a matter for expert psychiatric evidence....¹⁶⁷

Or is it? Lord Hoffman, in the same case, casts some doubt on the helpfulness of psychiatry in determining this issue:

The courts have developed sufficient confidence in medical expertise to be willing to award damages for mental disturbances which manifest themselves in bodily symptoms (such as miscarriage) or in a 'recognised psychiatric illness'. The latter is distinguished from shock, fear, anxiety or grief, which are regarded as normal consequences of a distressing event and for which damages are not awarded. Current medical opinion suggests that this may be a somewhat arbitrary distinction; the limits of normal reaction to stressful events are wide and debatable, while feelings of terror and grief may have as devastating an effect on people's lives as the 'pain and suffering' consequent upon physical injury for which damages are regularly awarded.¹⁶⁸

In the management of this distinction, the success of psychiatry-as-science has produced great complications with the proliferation of diagnostic categories around the emotions of everyday life, in which distinctions are quantitative rather than qualitative and, as Hoffman says, lines drawn may be arbitrary. From the point of view of the Lord Justices trying to maintain a tight line between psychiatric illness and mental distress, the project of modernising psychiatry, at least in terms of its production of unquestionable illness categories, had better be seen as less successful after all. The Law Commission report for example refers

¹⁶⁷ *White v Chief Constable of South Yorkshire Police* [1999] 1 ALL ER 1 32.

¹⁶⁸ *ibid* [1999] 1 ALL ER 1 40.

frequently to DSM definitions of mental disorders and diagnostic categories, but quotes the DSM IV document itself as stating categorically that these diagnoses have been drawn up for clinical and medical research purposes. This ‘should not imply that these conditions meet legal or other non-medical criteria for what constitutes mental disorder’¹⁶⁹.

The Normal/Abnormal Distinction

So, somewhat surprisingly, given their celebration of psychiatric advances, there seems to be a legal consensus that psychiatrists cannot be called upon to manage the distinction between the normal and the abnormal in this branch of litigation. There is a *legal* category called psychiatric disorder organised around the notion of claimability. Mental distress is excluded by definition, as not being a psychiatric diagnosis and second any claims for excessive or abnormal distress, which might otherwise attract a diagnosis, are not reasonably foreseeable, as the defendant is entitled to expect a normal standard of susceptibility in the plaintiff. Now, it might be thought that psychiatrists whose distinction between normality and pathology and views on aetiology are, in modern medicine, supposed at least to be strictly statistical, might supply the best evidence to a judge ‘as to the degree of probability that a particular cause would have a particular effect’ (Lord Bridge).¹⁷⁰ But what is *reasonable* in legal discourse appears not to be that of science, presumably based on statistics, fact, *ex post*, and the laws of logic and inference. There is almost instant slippage in legal ‘rationality’ talk from what is reasonable to what is average or customary or even just intuitively obvious. The

¹⁶⁹ ‘DSM-IV itself specifically cautions that it was developed for clinical, educational and research purposes and in many cases the clinical diagnosis of a DSM-IV disorders not sufficient to establish the existence of a mental disorder for legal purposes, because of the imperfect fit between the questions of ultimate concern to the law and the information contained in a clinical diagnosis. Furthermore, it states that it includes, for research and clinical purposes, diagnostic categories such as pathological gambling and paedophilia, but that this should not imply that these conditions meet legal or other non-medical criteria for what constitutes mental disorder. The clinical and scientific considerations involved in the categorisation of these conditions as mental disorders may not be relevant to legal judgments which take into account such issues as individual responsibility, level of disability and competency’ **The Law Commission (1998)** *Liability for Psychiatric Illness*. London: The Law Commission. 52.

¹⁷⁰ *McLoughlin v O’Brian* [1982] 2 ALL ER 298 312.

legal distinction between the normal and the abnormal is normative and *ex ante*. In considering reasonable foreseeability, ‘the route usually taken and the route to be preferred,’ according to Lord Bridge, is that the Judge,

Relying on his own opinion of the operation of cause and effect in psychiatric medicine, as fairly representative of that of the average layman, should treat himself as the reasonable man and form his own view from the primary facts as to whether the proven chain of cause and effect was reasonably foreseeable.¹⁷¹

In other words, the legal distinction between mental illness, which is pathological, and mental distress, which is normal, is based on what a group of highly educated upper class men *think* that the man on the Clapham omnibus would think would be the medical view of the likely aetiology of certain behaviours and the degree of their pathology.

So a view of the legal construction of psychiatric illness which is a slightly strange one from a lay or medical point of view emerges. There is a hint of paradox about the way certain cases are described in the Law Reviews. In *Hunter v The British Coal Corporation and Another*,¹⁷² for instance, the plaintiff suffered ‘nervous shock and depression’ from hearing of a friend’s death in an accident that happened at about thirty yards’ distance from him. His claim, as a secondary victim, was not allowed, because his illness was ‘an *abnormal* reaction to the news of [his friend’s] death, triggered off by an *irrational* feeling of responsibility and not a foreseeable consequence of the defendant’s breach of a duty of care.’ It is as if the foreseeability criterion constructs a legal version of mental illness in which only the normal can be held to be mad and the abnormal must be held to be sane. Of course, once traumatic time is introduced here then the paradox unravels. It is the aetiological event which is crucial, as Lord Steyn, already quoted in *White*, averred. The legal notion of mental illness here constructed depends crucially not just on the reaction to the event attracting a

¹⁷¹ Ibid.

¹⁷² [1998] 2 ALL ER 97.

psychiatric diagnosis, but on *which* psychiatric diagnosis, and attracting the right sort of diagnosis depends on the aetiological event itself being horrific in a way which is beyond everyday experience. So, psychiatric illnesses such as depression and anxiety, which are abnormal extensions of mental distress, are pathological reactions to everyday events such as losing loved ones, seeing gruesome accidents and dead bodies strewn about the place, which those of ‘customary phlegm’ take in their stride. In other words, they are *abnormal* reactions to *normal* events. The psychiatric illness of PTSD, on the other hand, is a *normal* reaction to *extremely abnormal* events and the quality which defines the abnormality of this event is what it produces in the way of *shock*.

Shock

Brennan J in *Jaench v Coffrey* [1984],¹⁷³ quoted by Lord Ackner in *Alcock v Chief Constable of South Yorkshire Police* [1992]¹⁷⁴ defines ‘shock’ as ‘the sudden sensory perception – that is by hearing or seeing or touching – of a person, thing or event, which is so distressing that the perception of the phenomenon affronts or insults the plaintiffs mind and causes a recognisable psychiatric illness’. This definition suggests that shock, in legal discourse, is, literally, the relationship of three factors: (1) a uniquely horrifying event, (2) its proximate, immediate and therefore forceful perception and (3) its consequent effect on the plaintiff’s health and functioning – and any or all of these three. All are features in the legal usage of this very slippery concept. Shock (1) an event, appears in the Law Commission Report (1998)¹⁷⁵ as ‘a sudden occurrence’, or, according to Judge White, as ‘effectively one event.’¹⁷⁶ Shock (2) is a perception, and, according to Ackner LJ in *Alcock*,¹⁷⁷ ‘the sudden apprehension by sight or sound of a horrifying event which violently agitates the mind,’ which is in turn the trigger to a neurological reaction. Or it is ‘a sudden assault on the

¹⁷³ *Jaench v Coffrey* (1984) 155CLR 549 587.

¹⁷⁴ *Alcock v Chief Constable of South Yorkshire Police* (1992) 1 AC 310, 401. *per* Lord Ackner.

¹⁷⁵ *Report of the Law Commission: Liability for Psychiatric Illness* (1997) p.35, note 177.

¹⁷⁶ *Tredget v Bexley Health Authority* [1994] 5 Med LR 178 (CC) *per* Judge White.

¹⁷⁷ *Alcock v Chief Constable of South Yorkshire Police* [1992] 1 AC 310, 401.

nervous system’ (Keith LJ in *Alcock*)¹⁷⁸ which produces shock (3), a ‘shock induced injury,’¹⁷⁹ ‘a shock induced psychiatric illness’¹⁸⁰ or ‘nervous shock.’

It is the nature of definition (2), or shock as a perception, which remains problematic in these pronouncements. A perception is usually thought of as a mental event, a cognitive process which may trigger an emotional one. But a shock or a fright can be and is, also, thought of as operating at an emotional level only – an instinct; our flight/freeze/fight responses programmed by our phylogenetic inheritance. We see the opinion that the neurological reaction to a horrific event is not necessarily mediated by any particular thoughts discussed in *Bourhill*, where the plaintiff ‘came over a pack of nerves’. Unlike grief, which is always described as ‘a mental state’, and relies by definition on certain subjective and therefore incorrigible thoughts (Scarry, 1985), shock is a word that slips around. Some of its connotations are of physical forces like electricity, reminiscent of Freud’s early physiological explanations of ‘trauma’. It is the logic of the control mechanisms established in *Alcock* that shock (2) does not need to be verified by any thoughts stated by the plaintiff, but by its mechanical processes or effects. It could be subjected to the same criticism that Freud’s theory received from the psycho-analytic community, that the essence of nervous shock lies not in how the event is perceived in terms of its meaning to the plaintiff, but in how, in the sense of *by what means*, the plaintiff apprehends it: the suddenness, the forcefulness, the violence of the agitation, that is only produced by a physically proximate experience. This is emphasised, in particular, by the judgment in *Alcock* that words and images were not sufficiently forceful to convey the full horror of an experience recoverably shocking. In other words, their Lordships seem to be talking about shock and its effect on the individual organism *not* as an information processing model, but rather some model of physical forces, ‘commotional as well as emotional shock’

¹⁷⁸ Ibid, 398.

¹⁷⁹ *Young v Charles Church (Southern) Ltd*, *The Times* 1 May 1997; Transcript No QBENF 96/0920/C at p add page number.

¹⁸⁰ *Hegarty v EE Caledonia Ltd*, [1997] 2 Lloyd’s Rep 259, 266 *per* Lord Brooke.

and those palpable shock waves, unknown to physics, yet the cause of shell shock in World War I.

In this discourse, not only does ‘the nervous system’ stand proxy for the complex interaction between mind and body in a way which is no more worked out than in the time of Rivers and Freud, but this branch of the law has travelled even less far than the psychiatric profession away from ‘Railway Spine’. It is not quite back with *Dulieu v White & Sons*, where their lordships barely held the claimability of psychological illness caused by fear of impact on the person. But it has reproduced the opinion of the neurologist, Page, in which fear *is* the impact.¹⁸¹

CONCLUSION

It has been argued here that the internal wound or trauma, constructed by the discourse of the Appeal Court judges in processing claims for compensation for psychiatric illness in the area of nervous shock in English tort law, is, at the end of the 20th century, much as it was at the beginning. And thus, it is suggested, a traditional form of legal dualism¹⁸² has been maintained. This has been achieved not only by an insistence on a physical location for the wound and its symptoms, but by the visceral unmediated nature of the shock administered by the aetiological event, arising from the tight definition of the ‘foreseeability criteria’,

¹⁸¹ This has interesting parallels with the crime of Psychic Assault. Discussion of Clause 4 of The Offences Against the Person Bill, which proposed a definition of assault in the following terms:

“a person is guilty of assault if –

- a) he intentionally or recklessly applies force to or causes impact on the body of another ... or ...
- b) he intentionally or recklessly, without the consent of the other, causes the other to believe that any such force or impact is imminent.

In a discussion of this legislation, Jeremy Horder proposes that it is not the belief *per se* that constitutes the assault but the fear which goes with the belief. That is, that the crime of assault is the production of an affective rather than cognitive state. **Horder, J. (1998)** Reconsidering Psychic Assault. *Criminal Law Review*, **June**, 392 - 403.

¹⁸² As opposed to a psychodynamic dualism in which the emotions move from the body to the inner life of an individual.

which determine a duty of care for the plaintiff. First, the Appeal Court judges have been very much less open than the psychiatric profession to any consideration of the psychological mechanisms underlying the sustaining of an invisible wound. Not seen by the naked eye, it lies in the microcosmic level of the neurological system, which is visible in principle. Second, since mind or mental states are more or less eliminated from the symptoms and their cause, there is no taint of mental abnormality or weakness; this wound is only to be reasonably expected even in someone of normal or 'customary phlegm', given the enormity of the fear and shock which are its cause. Third, the policy conditions dictate that this shock is mechanical; it involves such proximity to its source for the plaintiff" as would be necessary for the infliction of an assault by physical forces. The wound produced by the judges is as near to an observable physical wound as possible, without actually being one, and the causal assault, in the experience of the body assailed and the consequences it bears, as much like a physical assault as possible without actually being one.

It is also argued that this is somewhat different from the position of psychiatrists in relation to administering the diagnosis of PTSD. It has been suggested that the law and psychiatry shared three philosophically problematic areas, at least in this area of case law: first, the relationship between mind and brain or the psychological versus the neurological strand; second, the 'normality' of psychiatric disorder, and third, what was to count as an aetiological or causal event in the environmental induction of this condition. It has also been shown that the advance of medical science was accorded a significant influence in the development of this area of tort law. However, the diagnosis it developed offers a far more inclusive category than that of nervous shock in legal terms. Despite the rise and rise of the bio-medical sciences in the 20th century and a positivist science of psychiatry which has all but taken over from the more psychoanalytic approaches of the mid-century, the psychological strand in the history of PTSD still exists, even if in much attenuated form. The contradictions and criticism around PTSD are managed within the profession and even add to the impressive

size of its body of literature. If the internal locus of the wound in PTSD is ambiguous or shifting, the causal happening that the diagnosis of PTSD allows is also now far more subjective. The definition allows thoughts as well as bodily instincts in the apprehension of events; it leaves little holes through which cultural meaning and interpretations, new forms of relationships and informational media can seep. Fear is not just a bodily assault. This difference in the way the two professions solved these problems seems closely related to the divergent organisational imperatives and social conditions to which the two disciplines were subjected over the course of a century.

Postscript

I have been discussing two very different socially produced versions of psychological harm and nothing points up the effects of social pressures on their organisational form more than their continued divergence since the millennium. Whilst there have been no new landmark cases in the area of nervous shock in English tort law, and the criticisms over the Hillsborough related findings are still being voiced, the use of the diagnosis of PTSD continues to grow in clinical practice in both psychiatry and psychology and in psychiatric epidemiology. It is particularly here, in this last site, that new forms and subtypes are continually being thrown up, as academics do not, it seems, feel the need to adhere to the DSM manual for the identification of what they are studying. For instance, already, by the turn of the century, there were the beginnings of a raft of work on ‘partial PTSD’ – a subtype of the diagnostic category, where not all the symptoms are present, but is deemed to be equally debilitating and potentially claimable for US health insurance purposes (Stein, 1997) cited in (Young, forthcoming).

Initially, these epidemiological studies were concentrated on Vietnam and Gulf War veterans and sexually abused respondents, but, by the end of 2001, history had provided a whole new set of research subjects at the epicentre of an event of

truly mammoth and unpredictable proportions. There was no happening in the history of the USA which had more potential as an aetiological event for PTSD than the bombing of the Twin Towers in September 2001. The US Authorities moved to protect the privacy of anyone actually involved, personally or through close relationship, with the fallout of the attack. Thus the PTSD researchers, who seemed determined not to lose the opportunity provided by this unique event to measure its effects on the nation's psyche (Behrens *et al*, 2007; Yehuda *et al*, 2005; cited in Young, forthcoming), turned to those millions of Americans who had watched the events, repeatedly, on television. Their symptoms, of which there were many, were identified in telephone interviews (rather than the clinic) and formulated into the epidemiological category of 'Virtual PTSD' – PTSD at a distance, in which the criteria of 'confrontation' defining the relationship of the patient with the aetiological event seem to have been relaxed out of sight. Certainly, it would not have been recognised by the uncompensated claimants of the Hillsborough disaster, for whom harm from repeated televisual images of a disaster to strangers violated all the legal conditions of 'closeness'. In this new disaster, television images of collapsing twin towers were deemed, epidemiologically at least, to be an assault equivalent. Although found to be individually 'dose related' (Ahern *et al*, 2004), they could also be seen as producing symptoms *en masse*, as the discourse turned from individual psychiatric illness to the reaction of a nation to the threat of international terror, and the containment of a mass expression of ontological insecurity – the collective wound discussed in Chapter 1. As Young concludes, the production of this new virtual version of PTSD was not just 'bracket creep', but an example of how new social circumstances, breeding different purposes and practices, may give rise to different and quite 'new forms of life' (Young, forthcoming: 10,11) and to different and quite new versions of invisible wounds and their causes and consequences.

CHAPTER 4:

THE EMOTIONAL ABUSE OF CHILDREN:

A CONCEPT'S CAREER

INTRODUCTION

Overview

In the last two chapters about the medical and legal versions of psychiatric illness due to traumatic stress, I looked at the way the fundamental problems endemic to notions of environmental harm to the psyche (its varying location, normality and cause) were managed in these two different regimes of truth. Also, the notion of 'bracket creep' was introduced and the idea that categories may bifurcate, or throw up new and divergent forms. This chapter and the next on the emotional abuse of children are about a social problem category, which is in some ways similar to the medical and the legal versions of post-traumatic shock, in that it, too, comprises three distinct forms of life: the medical/clinical, the medical/statistical and the administrative/legal. There are two differences here, however. The first is that, in these chapters, medicine takes the form of child welfare and paediatric knowledge, as well as psychiatry, and, in terms of the legal, court room action gives way to the workings of a statutorily constituted administrative system for Child Protection.¹⁸³ The second difference is that PTSD and nervous shock are the products of two separate regimes of truth, which existed side by side over the 20th century. In contrast, the medical and the administrative versions of emotional abuse arose almost simultaneously

¹⁸³ A study of the legal processing of cases in the English Family Courts, where emotional abuse has been registered, was beyond the scope of this thesis. It would involve extensive interviewing and preferably some ethnography. Meanwhile there is little UK research to call on and the DOH/DfES statistics on care proceedings and numbers in care do not relate to registration categories.

and formed a single, hybrid version, which expanded by 'bracket creep', until a statistical form broke off to make a life of its own. The clinical and administrative forms are still closely tied, however, causing tensions and confusions within the Child Protection system, where they are found.

Conceptually, whilst the idea of traumatic stress is rather simple, albeit complex in its elaboration and development, even the idea of emotional abuse is very complicated. To start with, unlike PTSD, where the injury inheres in the victim, there is the obvious ambiguity that this form of abuse can refer to a destructive act, the cause of an invisible wound, as well as the wound itself. In PTSD, the diffuse, non-specific symptoms of a wound are tied by diagnosis to a one-off, dramatic and supposedly incontrovertible cause. But in the case of emotional abuse, the cause itself is non-specific: first, the wound's cause is not just a single one off 'event' of major proportions; it may be an accumulation of smaller negative events over a whole life. Second, these events, these hurtful actions or words, may be of different types, whose number varies with the inclusiveness of the definition. In a word, the cause may be multidimensional. Further, the concept can be said to describe an intimate human relationship. This implies that, as a relationship, it may defy the metaphor of the wound, which is one-sided, intransitive, characterised by the wounder, the weapon and the wounded in a rigid pattern. With emotional abuse, the wound's cause, the wounder's behaviour, as well as its effects, may be developmental, ontogenetic, part of an interpersonal or systemic process in which identities are created over time.

Even if this lack of specificity of either symptoms or cause is a problem in describing and locating this version of the invisible wound, the requirements of the administrative and legal system which is Child Protection still demands a positive identification of the source of a child's distress or deviance. And this difficulty is not solved by any direct access to an emotional interior. It is not that psychoanalytic explorers have laid repressed memory there, as in the dilemmas of PTSD, or that a social context is unsympathetic to disclosure, or that language

itself is insufficient because the words of the powerful cannot encapsulate the horror of the oppressed, as discussed in Chapter 1. This wounded inner life is that of a child and has been formed over time by abusive circumstance, so that, even if the language is available, there is nothing to say. The ‘abuse’ cannot be recognised by a victim, who has known no other life. So, in terms of the three major considerations that dog the idea of environmental harm (its location, normalcy and cause), questions about the wound’s location in some psychological, analytic or neuro-physiological interior are hardly asked. The academic and professional literature does not contain much complex theorisation of an inner life; indeed, the harm is defined by its obvious differences from visible bodily harm of child physical abuse or the visible or narratable trauma of sexual abuse. Its nature is assumed rather than explored. Whilst this invisible wound is located in increasing numbers of children by the Child Protection process, it is only in the statistical work of psy academics that some version is accessed and measured – in representative samples of adults by retrospective questionnaire.

Also, questions about the ‘normality’ of the symptoms of emotional abuse, so important in the last two chapters, are put in the background. Emotional abuse is not seen as a pathology in itself; it does not feature in any official medical diagnostic system – as do the other forms of child abuse.¹⁸⁴ The focus of the emotional abuse literature appears to be the third problematic: the relationship between the wound’s cause and its effects, mostly long term and developmental. This is either discussed statistically, as described in the second part of this chapter, or it is looked at in terms of the definition and application of the category in a welfare system, which is the product and basis of medical and administrative action, as described in the following chapter. Thus it is the specification of emotional abuse and how it has changed over time and context that forms the subject matter of these two chapters. As ever, the inclusiveness of this invisible wound category and the space it occupies depends, tautologically,

¹⁸⁴ Both Physical and Sexual Abuse are diagnostic categories in DSM IV.

on the varying set of hypothesised dimensions of what is claimed to constitute causal, emotionally abusive acts.

The Shifting Terrain

Emotional abuse is an expanding category in everyday language as well as in the administrative discourse of the Child Protection system, through which the predicament of UK children is policed. It features increasingly in accounts of unhappiness in adult relationships, also, and the attributions of blame that are made. As in the forward to Chapter 1, it is part of a growing self- help literature and of the obsessive unpacking of remembered family life so popular in the media. It draws on an old moral language of unkindness, loss and pain in the iconography of the broken heart, a sort of cruelty behind closed doors. But it also invokes a more technical public discourse: the medical notion of a wound as psychic trauma, the welfarist notion of emotional needs and the quasi-legal language of rights and responsibilities. All these are impacted in a concept which, through the pervasive influence of a radical identity politics, has become primarily political. To claim that one has been emotionally abused is to invoke the concern and recognition of others. It is to become part of a great community of victims who feel each other's pain. And it is to be legislated a plan of action; not just private revenge or assertiveness, but a programme of combat and survival in the great socially sanctioned battle for the unimpeded burgeoning of the self.

And if the wider concept of emotional abuse in general has become part of the 'moral fabric' of our society and of a well-developed commonsense language of psychic hurt which can be used by both adults and children alike, it was the growth trajectory of the narrower social problem category of emotional abuse as a risk to children that propelled it into this position and still gives it meaning. This chapter and the next concentrate on the history of this narrower concept as

it emerged as a separate entity from the much more widely discussed, official category of child abuse in general.

Child abuse in the USA and the UK has been an ever expanding, fragmenting and transforming category from the early 1960s onwards. It named a phenomenon which was cast as one of the major social problems of our time, whose wide, detailed and emotive coverage by the media, professional and campaigning groups was characterised by Hacking in 1995 as ‘the most important piece of consciousness raising in the past three decades’ (Hacking, 1995b: 66). This was a campaign that hit a nerve. It was about children, whose iconic potency in our culture has not changed since the 19th century. It was also part of an expanding discourse about individual rights and their endangerment (Douglas, 1992), in which the diptych of child villain and child victim was much invoked. It is claimed that over the last half of the 20th century, Western societies have come to view the world no longer through the rose coloured spectacles of progress and utility, but through a complex calculus of risk (Beck, 1992), to the management of which the law may no longer be central (Luhmann, 1993). The safety of children has become a particular preoccupation in this ‘risk society’.

The emotional abuse of children is a special case of this abuse phenomenon – intriguing, as a problem category, because something of an exception. Unlike the other forms of child abuse, emotional abuse has not been the subject of major displays of public outrage and, presumably for this reason, has not been on any public political agenda, either here or in the USA. It was as physical abuse that child abuse first burst upon the world in Denver, Colorado, USA, as a serious and dramatic social problem, ‘an issue leader’ (Nelson, 1984). It was as a medical category, more precisely a phenomenon of paediatric radiology; ‘The Battered Baby Syndrome’, (Kempe, *et al*, 1962) in which the media assisted with a recital of horrors and the visual presentations of the wounding and emaciation of the frail, small bodies of children. It was later, during the 1980s, after ten years of feminist campaigning and mounting public scandals about

incest, that child abuse became synonymous with sexual assault (Hacking, 1999). As such, it was cast less as a diagnostic, more as a forensic phenomenon; the thrust of professional activity became more a matter of investigation of criminal adults, in which medical evidence became secondary to the child's own story as the main evidence (Parton, 1991). Either way, the newsworthy and publicly revealed aspect of child abuse was, and is, that of assault on a child's body; the symptoms of a syndrome, the physical evidence of molestation or the narratives of survivors. The category of emotional abuse, in contrast, is a cruelty which does not touch the body – a 'non-physical variation' (Hacking, 1999: 138) – and, it seems, cannot be encapsulated in a child's narrative. It emerged without public notice, almost as an afterthought to the medical and feminist furore – appropriately voiceless and invisible.

Yet the use of this voiceless and invisible category has grown enormously – albeit silently and out of the public gaze. Although it would be possible to trace its multiple genealogies from child welfare, psychiatry, trauma studies and the law, emotional abuse entered statutory language in the UK as a narrow, small administrative and legal category under which children are registered by their Local Authority Personal Social Services Department (LASSD) as likely to suffer harm from a caretaker, unless some remedial action is taken. It was slipped, unpublicised, into official usage by a Department of Health and Social Services (DHSS) amendment to statutory guidance to the Local Authorities in 1980 (DHSS, 1980), lagging similar additions to Child Abuse Reporting Laws in the USA by a few years (Nelson, 1984). Initially, it was not much used as a registration category, with only 4% of the total until the early 1990s, when it increased rapidly to 14% (DOH, 1999). It is now running at over 23%, a much larger percentage than child sexual abuse (CSA) at 7% of the total and, in 2003, overtaking even the category of child physical abuse (CPA) (DfES, 2003).¹⁸⁵

¹⁸⁵ Only the other 'hard to define' category of neglect has shown similar growth.

Though its official definition (DHSS, 1980) has not much changed, the category has clearly become a great deal more inclusive. What is more, there are increasing claims by therapeutic and welfare professionals that, despite the tendency of the medical and legal professions to somatise psychic hurt, *all* forms of abuse, physical and sexual assault, as well as harsh and threatening words, are inscribed, not just on the body, but more deeply and lastingly on the soul itself, or some modern version called ‘identity’ (Glaser, *et al*, 1997; Iwaniec, 1995, for example). In the case of voiceless children, this inscription cannot be spoken and is recognised by disordered behaviour and developmental delay.

The growth of this category’s application and its changing place within an official taxonomy of harm can be seen as part of a cultural shift or social change within the Child Protection arena or the field of child welfare, reflecting all the other contexts in which the gaze of professionals has gradually turned inwards and psychic trauma or emotional harm have become a popular currency. Here, I am not going to endow a discursive shift with causal status, however, but rather concentrate on the story of the emergence of the concept of emotional abuse. This is partly in the work of academics who have presented this category of abuse as underused, under researched and underestimated in its prevalence and damaging consequences and partly in the working out of child welfare policies at governmental level and in the inter-professional politics of the Child Protection system.

The tensions here should not be underestimated. This is a multiprofessional system which comprises statutory, administrative, therapeutic and legal activity. Emotional abuse, like other forms of child abuse, is the object of specialist, professional and/or ‘scientific,’ as opposed to lay knowledges. Decision taking in this area is accomplished within a dense discursive context, which includes the complex interplay of different organisational interests and practices. For instance, as an administrative concept, it is formally, at least, coded in the language of risk. As a legal concept under the Children Act, 1989,

considerations of child welfare are, in theory, paramount, although the doctrine of rights, both parents' and children's, tends to dominate practice. However, the traditional knowledge of welfare professionalism, which is grounded in medicine – paediatric, psychological and psychiatric expertise – is still used to treat and, also, to legitimate the legal processing of extreme cases. Moreover, all this activity occurs in a context in which the official application of this category, as with other forms of abuse, has enormous effects on the lives of the increasing numbers of those whose relationship is so classified. This is either directly through the power of the state acting through the courts, or within the court's gaze, which does not go uncontested, or, indirectly, through the subtle, recursive effects of labeling; the 'looping back' through which people are made up (Hacking, 1995a); and the 'iatrogenic' effects on the behaviour of those who have 'caseness' thrust upon them.

Chapter Structure

With such a protean context, the space into which this concept emerged was not a clearly bounded one, but constantly shifting over time. One can identify several, not entirely distinct dimensions to such a genesis – first, *developmental*: gestation, and birth, growth etc to its mature form; second, *textual*: its different locations in a professional or academic literature, in legislation and social praxis; and third, *spatial*: its migration or spread across different sections of society and between societies or cultures. There is no room here to take all these dimensions separately (let alone all their combinations) and what follows in this chapter and the next is an account in three parts only:

The first is a summary of emotional abuse's gestation and birth up to the end of the 1970s, in both the US and UK, where the first can be seen as influencing the second (and not just on a 'post hoc, ergo propter hoc' basis). In this phase, the academic literature, legislation and institutional practice are closely interrelated

and organised around a primarily medical/clinical concept, which expanded to incorporate social and administrative aspects.

The second section is a description of the US academic literature, which, from 1980 up to 2003, seems to take on a flourishing life of its own – the product of research programmes run from psy university departments, for which any definition of the concept of emotional abuse is made for the purposes of positivistic research. This is an approach which no longer identifies abuse with a ‘disease’, as did earlier research (Parton, 1985) but which, with its explicit use of a calculus of risk, is more appropriate to modern statistical medicine, epidemiology and psychometrics. More important, without the constraint of the treatment or administration of clients, these academic psychologists develop a technique for locating and measuring invisible wounds, through the direct interrogation of adults and their memories of childhood, which are quite uncomplicated by fantasy or repression.

The third section, which comprises the whole of Chapter 5, describes and maps the more clinical or practice based output of UK writers (1980-2003), which is not only professionally based, often in conferences, but for which the definition of the category used in the research has been made for the purposes of either treatment or administrative intervention. This presents a picture of the uneasy relationship between the clinical/welfarist version of emotional abuse and the administrative/legal one, to which the UK policy context is vital.

The US research literature also forms a vital prelude to this next UK chapter. For, although it contains definitions of emotional abuse made for different, statistical purposes, it supplies an important pool of legitimating ‘scientific’ knowledge for the claims of the UK protagonists described in Chapter 5. For, just as UK administrative and legal developments in Child Protection followed closely their US equivalent, it appears that nothing which purports to be academically respectable is written on child abuse in the UK without much

citing of the US research literature. For these three different forms of the concept of emotional abuse: the medical/clinical, the medical/statistical and the administrative/legal, which started life as one, still depend on each other, not just for legitimation, but also for meaning.

I. GESTATION AND BIRTH OF A CONCEPT 1960–1980

The concept of emotional abuse was born on the back of baby battery or physical abuse, of which it was seen as a rare variant. What is traced here is the gradual expansion of the concept of child abuse from the narrow medical category of baby battering to physical abuse as a socio-medical category and one which was eventually flexible enough to expand, by ‘bracket creep’, to include other forms of abuse and neglect.

The political acceptance of abuse as an ‘issue’

The social construction or political journey of child battery and non-accidental physical injury in the US has been very well documented, particularly by Jan Pfohl (Pfohl, 1977), Barbara Nelson (Nelson, 1984) and Ian Hacking (Hacking, 1999). Nigel Parton has linked this story with the UK politics of Child Abuse (Parton, 1985), in particular emphasising the influence in the UK of Henry Kempe, author of the original ‘*Battered Baby Syndrome*’ paper, given to the American Association of Paediatrics in 1961 and later published by the prestigious American Medical Association (Kempe, *et al*, 1962). Kempe’s is an almost emblematic career in child protection: Director of the National Centre for the Investigation and Treatment of Child Abuse and Neglect, in Denver Colorado, where he is a paediatrician, founder of the International Society for the Prevention of Child Abuse and Neglect, which ran a series of large international congresses for professionals and academics, the first one in Geneva in 1976, first editor of the *Journal of Child Abuse and Neglect* (first edition

1977) and co-author, with Ray Helfer, of the child abuse classic, *The Battered Child*, which runs to 5 volumes currently. Both men are described by Anna Freud's collaborator, Solnit, in the Foreword to the third edition, as 'international leaders in (the) crusade' (Solnit in Helfer, *et al*, 1980: ix). Parton sees Kempe and Joan Court (Director of the NSPCC Battered Child Research Unit in the UK) as highly influential in the promotion of this concept as a social problem category in their respective countries. Certainly, the NSPCC followed Kempe's lead, seeing the issue of abuse as a way of finding a new direction for an organisation which was being increasingly sidelined, as the state took on a bigger role in child welfare (Parton, 1985). Court and other NSPCC officials spent time training with Kempe in the US and the new child abuse treatment centre set up by the organisation in London was called Denver House (Parton, 1985).

Barbara Nelson also emphasises that the efforts of these individuals found a favourable ecological niche in the economic and social conditions of 1960s America and the UK. Both were prosperous, somewhat concerned with equality, favourable to spending on child welfare and beginning to be concerned about violence as a social problem. On the other hand, any more conservative resistance to spending – and this grew in the mid-seventies after the first world oil crisis – was pre-empted by the fact that child physical abuse was a narrow tight version of abuse: 'baby battery', a medical phenomenon, which was caused by individual pathology in parents. The backgrounding, at this time, of any social dimension, meant that it was not politically threatening, as, for example, talk of neglect might have been at this stage, raising, as it does, the spectre of child poverty (Nelson, 1984). US politicians, unmindful of any major resource implications, rushed with unprecedented haste to pass reporting legislation for the physical abuse of children in all the states of the union by 1968¹⁸⁶, seeing this as a cheap way of establishing their moral worth before the next election –

¹⁸⁶ In the USA the states are responsible for reporting laws which define child abuse and specify who is mandated to report it, whether to the courts or to the welfare services, and makes provision for the protective custody of children and the prosecution of abusers, if appropriate.

their public image much assisted by an intensive media campaign (Nelson, 1984).

UK politicians were a little less responsive to the campaigning of the NSPCC, even though this was supported by the medical establishment (the British Medical Association and its journal, the British Medical Journal, the BMJ, for example). Joan Court's prolific writings on physical abuse in various welfare journals was not matched by any Local Authority social work writing on the same subject¹⁸⁷ and, even though the (DHSS) produced its first official publication for Local Authority Social Services Departments (LASSDs), called '*The Battered Baby*', in 1970 (DHSS, 1970), officials there waited until 1974 (by which time Joan Court had moved to the DHSS to join them), before producing their first official LASSDs guidance, *Non Accidental Injury to Children* (DHSS, 1974a). This was a year after the establishment of a paediatric-led campaigning group of professionals, called the Tunbridge Wells Study Group, at an inaugural conference on non-accidental injury to children.¹⁸⁸ It was also the year that the Maria Colwell enquiry became a political *cause celebre* (DHSS, 1974b). It was only after this landmark case that child physical abuse gained the momentum of public interest in the UK.¹⁸⁹

Inter-professional Aspects of Child Abuse

¹⁸⁷ For a list of Court's articles see **Parton, N. (1985) *The Politics of Child Abuse***. London: Macmillan. Ch 3, Note 50: 213.

¹⁸⁸ See **Tunbridge Wells Study Group. & Franklin, A. W. (1973) *The Tunbridge Wells Study Group on Non-Accidental Injury to Children***. London: TWSG.

¹⁸⁹ The Maria Colwell Enquiry took place near the end of 1973 and was the catalyst which alerted the British public, via the news media, to the dangers of physical abuse to children and the inadequacy of social workers in protecting them. Having been pilloried in the press, it is not surprising that in the next year, 1974, the number of Place of Safety Orders taken by LASSDs had increased by over 300% over the 1973 level. For an analysis of the issues of this crucial case see Nigel Parton's account of what he calls 'the catalyst for the rapid emergence of a "moral panic"' **Parton, N. (1985) *The Politics of Child Abuse***. London: Macmillan. Chapter 4: 97.

This narrow, tightly defined, medical version of abuse, the serious physical injury of babies, which was politically acceptable as a campaigning issue and seen as scientifically researchable, had met with a conjuncture of favourable circumstances in both countries, which had propelled it into the position of a social problem category. Not surprisingly, inter-professional relationships were dominated by this concurrent politicisation and medicalisation of child abuse in 1961 – the defining moment of the period – but this period from 1960 to the early 1980s saw a gradual shift from the initial medical dominance of child abuse to a stretching of the medical frame to include psychological and social variables, and social workers, in the diagnosis and treatment of abuse. As administrative systems were set up in both countries designed to act on the additions to the law, the interplay of the medical, the legal, the social and the psychological, centred around the gradual transformation of a medical into a socio-medical phenomenon.

Initially, social explanations of abuse by parents were excluded by the paediatric recruitment of psychiatric knowledge. Abusive acts by parents were not seen as part of some social or even interactional phenomenon, but as acts mechanically produced by a combination of personal, historical and psychiatric predisposing, and precipitating factors. The aetiology was intra-psychic pathology, ‘unmet dependency needs’ and the like, rather than social or moral causes. The bid by sociologists (Gelles, 1979a; Straus *et al*, 1981) in the late 1970s for the inclusion of socio-economic stress as one of the main factors in the causal story was controversial. In an opening address to the influential Second International Congress on Child Abuse and Neglect in 1978, Kempe insisted that the high rate of abuse in army families, who were nevertheless financially secure, was a conclusive counter example (Kempe, 1979: xiii).

What happened after Denver in the USA and Colwell in the UK was a more aggressive state intervention in family life, but, also, the gradual widening of the definitional frame. The victim category changed to include older children; the

effect of the abuse was not just the wound; the longer term sequelae were effects on behaviour and development; and the field of development studies burgeoned. What started off relating childhood to adult psychopathology began to look at childhood development in relation to family environment, though it was not until the beginning of the 1980s that the first study relating this development to actual abuse in a sample of maltreated children was embarked upon.¹⁹⁰

In both post-Denver USA and post-Colwell Britain, administrative reporting systems were set up. Statutory responsibility to investigate abuse and to intervene in family life lay with the LASSDS in the UK, and with the States' child welfare services in the USA, invoking existing children's law if necessary. For paediatricians wanting to maintain their ownership of this concept, the problem was to accommodate to the inevitable multi-professional cooperation it would involve. It was not so hard maintaining a hierarchically superior and distant relationship with the police and lawyers. In the UK, at least, these were relatively low profile in the inter-professional processes of the Child Protection System until the run-up to the Children Act, 1989, and the Cleveland crisis.¹⁹¹ Just as baby battery was seen as affecting a child's health and wellbeing, rather than his legal rights, so the invocation of the law was seen (even by child care lawyers, it would seem), as an addition to the main thrust of therapeutic or curative intervention. It was the state's nastiest medicine rather than the final weapon in its armoury or punishment for the guilty (Parton, 1985). So the main problem for continued medical hegemony in this area was with the question of medical accommodation to the social: to both social explanations and social workers.

¹⁹⁰ See **Cicchetti, D. & Carlson, V. (1989)** *Child Maltreatment : Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. Cambridge ; New York: Cambridge University Press. This is a summary of the first ten years or so of a longitudinal study of a large cohort of abused and non-abused children in up state New York, claiming to pick up the considerable developmental consequences of all forms of abuse.

¹⁹¹ See Chapter 5.

While there was a sense in which this category widening was enlarging the medical empire, that is, paediatricians embracing the social and psychological within their own ambit, the social at least was fighting back. There was a strong strand of social work opinion – and social work in the UK, for instance, was at its most radical around 1980, at the time of the Barclay Report (Barclay/NISW, 1982) – which resisted the pathologising medical tendency, as it borrowed its individualising explanations from psychiatry and later psychology. Some highly critical accounts of the psychological research were published (for example Gelles, 1979b). Opposing accounts invoked ‘different childrearing standards’ and a ‘culture of poverty’.¹⁹² While it was the medical profession, paediatrics and child psychiatry, who kept control of the multi-disciplinary committees which guided the administration of child abuse procedures, it was health visitors and social workers, in their formal investigations of paediatric referrals, and also the magistrates courts in their legal handling, who had the power to limit the extensiveness of the category of abuse, which was being much more rigorously applied from a paediatric point of view (Dingwall *et al*, 1983).

Though it is not the case that any profession could be said to have achieved ownership of the concept of child abuse by 1980, from the point of view of the emergence of emotional abuse as a problem category in its own right, this emergence could be mapped onto the declining influence of a purely medical version of abuse. As will be seen, much of the research work on this concept, especially in the States, both on its causes and its consequences, is the product of psy statistics. However, it started out, in this period, as more psychiatrically-based research on the causes of abuse, based on clinical samples. Meanwhile, as the local welfare services, in both countries, became involved in child abuse administration, it was the influence of social workers, psychodynamically trained as the technicians of family life, which set the initial medical and psychological understandings of the causes of physical abuse into a complex

¹⁹² See Dingwall, R., Eekelaar, J. & Murray, T. (1983) *The Protection of Children : State Intervention and Family Life*. Oxford: Basil Blackwell. for a discussion of what they call 'cultural relativism'..

web of intra-familial relationships. This was the context in which socio-economic or purely material circumstances were psychologically or emotionally mediated. Gradually, these psychic or emotional factors, rather than the socio-economic ones, came to dominate accounts of the relational networks. And this did not just occur in the causal story, but also in the analyses of consequences – professional understandings of how abuse, of any kind, could have such profound effects on children.

The Emergence of Emotional Abuse

It could be argued that emotional abuse as a problem category was born into the world in 1961 in the slip stream of the concept of baby battering. This social problem was like a noisy and showy sibling who grabbed all the attention of the world, whilst, silent and invisible, emotional abuse lurked shyly in the nest, making only fleeting outings with its siblings. In the literature it gets the odd showing, but, since, as Hacking suggests, the concept of child abuse, as it emerged then as a social problem category, *was* physical abuse (Hacking, 1999), the idea of emotional abuse, and by the same token, emotional neglect, with its psychological qualifier, was still a metaphor – as in the psychic wound – with Ryle’s message, ‘*not* abuse’, ‘*not* neglect’, attached.¹⁹³

Though emotional abuse and neglect may have had metaphorical status, it was not the case that professionals, paediatricians, social workers and welfare administrators, were unacquainted with talk and writings that mentioned forms of abuse other than physical (although there was very little on any form until after 1962). They were particularly familiar with the concept of neglect, which was an old word in the world of the charitable organisations associated with child welfare. Indeed, it was a revived interest in the incidence of and services for ‘child abuse and neglect’ by the American Humane Society (the US equivalent of the NSPCC in the UK) and their review of this area in 1954, which

¹⁹³ See the Introduction to this thesis.

first caught the interest of the US Children's Bureau – a Government organisation and another institution looking for a role, which, flush with research money, then decided to fund the research of Henry Kempe (Nelson, 1984). In particular, one result of this earlier research was a report by J. Mulford of the American Humane Association (Denver Branch, appropriately enough) called *Emotional Neglect* (Mulford, 1958). This was, possibly the first publication in the literature of professional child welfare in the USA that associated, in its title, some form of an inner life with direct harm from parents, be it neglectful or abusive.¹⁹⁴

As suggested above, thinking about child abuse, family relationships and professional intervention did begin to broaden, over the 1970s, from the narrow version of the early days of physical abuse. It is possible to trace ways in which the ground is being prepared for the outing of emotional abuse into the world by its recognition and adoption as a social problem category in its own right. The first way is via the change in how the concept of neglect was applied to families. All the other ways are reminiscent of the conceptual pathways in which psychic harm or trauma or shell shock in WWI emerged from the fact or notion of physical injury or harm (see Chapter 2). The second way, for example, is that of communications or events, registered at the level of perception, but affecting adversely and observably the state of the body, as in shell shock or nervous shock as it was first conceived by Erichsen or Page. No doubt both were mediated by some micro-organic processes in the nervous system. In the world of child welfare, the homologous condition would be Failure to Thrive in infants. The third way construes these mental events or negative acts of communication as causes or risk factors for, or in the appropriate medical language 'prodromal' to physical harm. The fourth states that negative acts of communication may be a psychological accompaniment of direct physical harm, a) act in concert with it, as in shell shock, or b) amplify it as in surgical shock.

¹⁹⁴ There was, however, an earlier, untranslated book, *Die Seelische Kindermisshandlung* by G. V. Levetzow, published in 1934.

The long term harm from this combination is considered to be psychic rather than physical. Finally, there is the possibility that events at the level of perception may cause psychic harm, as in some versions of PTSD, unmediated by physical or bodily acts or harms.

Below, the emergence of emotional abuse is related to each of these developments in turn, as they are traced in the early days of the child abuse literature, legislation and conference speeches – in particular the Second International Congress on Child Abuse and Neglect, which took place in London in 1978. This was attended by a large set of multinational delegates, claimed by its two founders to be 1,000 people from 35 different countries (Helfer *et al*, 1980: 431). It seems to have been a key event in the history of early multi-professional responses to child abuse. Most of the papers were given by professionals from the USA or UK and many of the players in the future development of emotional abuse in the UK were there, though none giving papers on that subject. The conference was introduced by Henry Kempe and summarised at the end by Dr Alfred White Franklin, a UK paediatrician and leader of the influential Tunbridge Wells Study Group, close to the DHSS (Franklin, 1979; Kempe, 1979).

i) Emotional neglect

Neglect is a significant concept in the long history in child welfare and was originally thought of mostly in terms of the physical wellbeing of the child. But, by the mid-1970s, it seems to have included, by consensus, some notion of emotional as well as physical deprivation. Chapters 6 and 7 of this thesis describe a history of concern with the emotional life of children, centred in the child-psycho-analytic movement, which informed the practices of child guidance clinics, even before the Second World War. If in its early stages this concern was organised by childhood as the cradle of the adult psyche, after the war, the causation was reversed, in the sense that childhood wellbeing was seen more as a function of maternal actions, presence and emotional responsiveness.

In this socio-biological model of the family, often associated with ‘Bowlbyism’,¹⁹⁵ children were born into this world with a bundle of biological needs: for air, water, shelter reassurance and love, all placed in the same category and all of which a ‘good enough’ mother would naturally meet. Love was what mothers did, not what they communicated (which might be open to interpretation). One of the main proponents of the emotional needs of children was Mia Kellmer Pringle, a child psychotherapist (Pringle *et al*, 1975), and likewise Vera Falberg, who wrote some influential pamphlets for UK childcare practitioners, including some for the British Association of Adoption and Fostering in the early 1980s (Fahlberg, 1981a; Fahlberg, 1981b). It was in this area of childcare social work that the main concern about children’s emotional needs was felt – and still is.

The growth of the fostering and adoption field in childcare was due mostly to a shift in the political and economic circumstances in both the US and the UK in the early 1970s. Post-war paternalism at its most expansive succumbed to a combination of fiscal rectitude and the pro-market ideology of the New Right. This meant that welfarist child care policies, whilst retaining the rhetoric, were struck both by the resulting need to ration, in the context of other competing claims on Local Authority budgets, together with a crusading commitment to tackling child physical abuse as a psychological problem of parents, rather than a problem of poverty. Particularly in Britain, after the Maria Colwell Inquiry, the policy stance of the LASSDs was more interventionist, but also less in favour of prevention and more targeted on ‘child rescue’ in cases of abuse. The academic and professional literature was, consequently, much more bound up with the pros and cons of the state as psychological parent and the question of how a child’s ‘attachment’ could be transferred from a natural to a foster parent with least damage (Fahlberg, 1981a). It therefore focussed more specifically on the emotional as well as the material needs of children. The correlative of this focus was a greater interest in cases where these emotional needs were thwarted.

¹⁹⁵ See Chapters 6 and 7 of this dissertation.

These were cases of emotional neglect, which were no longer seen as ‘not real neglect’, but as a bona fide form – just as serious, or more so – than its physical equivalent.¹⁹⁶

By this time the category of neglect had not only expanded to include emotional deprivation, but the neglect of ‘Child Abuse and Neglect’ – the subject, by now, of numerous organisations publications and conferences – had acquired a somewhat different meaning. It would be fair to say that before 1962, neglect was a condition of parents, what they did, or rather failed to do to children. These were not acts for which parents would be prosecuted or children removed. This was the passive accompaniment of extreme poverty, drunkenness or abandonment. It was dealt with by welfare workers, both charitable and government social caseworkers, by hopeful support of the mother with material goods or psychodynamic casework – a process which Kempe described rather disparagingly as the ‘trickle down’ approach to child welfare, in his opening speech to the Second International Congress on Child Abuse and Neglect in 1978 (Kempe, 1979: xi).

By this stage, for Kempe, neglect had become, the *effects* of neglect, a state of deprivation and a medical and treatable condition of the child, an attitude which chimed well with the comparatively new rhetoric of children’s rights, which he also used. (The next year, 1979, was to be the first International Year of the Child). Though neglect had hardly featured in his first volume of the *Battered Child* (Helfer *et al*, 1968a), which was exclusively about physical injury, as were the first round of the reporting laws of all the state legislatures in the US (Helfer *et al*, 1968b: Appendix C :237), by the next volume, published in 1974, Kempe was writing of ‘Child Abuse and Neglect’ (Helfer *et al*, 1974) and neglect had made it into the reporting laws of most states, though only one, Kentucky,

¹⁹⁶ There is little literature on the subject – an isolated article like **Whiting, L. (1976)** Defining Emotional Neglect: A Community Workshop Looks at Neglected Children. *children today*, 5, 2-5. – but Barbara Nelson (Nelson, 1984) notes that following the passing of CAPTA in 1974, increasing numbers of children were being taken into custodial protection under the category of ‘emotional neglect’.

mentions ‘emotional neglect’ specifically (Helfer *et al*, 1974: 212). So neglect had become legally actionable and in the 1980 (third) volume of *The Battered Child* there were even two pages attempting to define the concept of emotional neglect for lawyers (Cantwell, 1980: 192-194). So emotional neglect as an accepted part of neglect hardened to become, in theory at least, an actionable condition in the child, also called ‘emotional deprivation’ (for example, by Franklin in his summing up of the Second International Congress, 1978 (Franklin, 1979: xvii)). And the line between emotional deprivation and emotional abuse, unlike the relatively clear distinction between physical abuse and neglect, has always been a fuzzy one, as Chapter 5 on definitions discusses.

ii) Failure to thrive (FTT), or the somatic consequences of mental states.

Non-organic failure to thrive is a medical diagnostic category, a condition in the child, in which failure to grow appears to have no organic, that is, physical reason; it is thought of as due not to ‘lack of calories’ but to ‘lack of love’ (Franklin, 1979: xvii). Known to paediatricians for centuries (Iwaniec, 1995) and brought out by Spitz’s studies of babies in German hospitals at the end of World War II (Spitz, 1945),¹⁹⁷ it relates events at the level of perception to a physical state, as its other names, ‘deprivation dwarfism’ (Franklin, 1979: xvii) and psycho-social dwarfism (Kavanagh, 1982) make clear. The non-assaulting behaviour of parents leads to a physical state of the child which can be construed as an illness category and therefore as a harm. As such, with its physical, tangible and measurable presence, in the form of paediatric growth scales, it is more easy to pin down than the more general ‘emotional neglect’, both medically and legally. It accords well with the medical construction of abuse as a condition of the child, as in ‘non-accidental injury’. What is more, any monitoring of the child or intervention in the family hardly needs a legal justification. For, as it is largely concerned with the condition of neonates, it is treatable on medical grounds alone. And these are also the basis for any psycho-

¹⁹⁷ See also the work of Harry Hendrick on medical accommodation of to the idea that psycho-social variables have measurable physical effects on babies and children. **Hendrick, H. (2003)** *Child Welfare: Historical Dimensions, Contemporary Debate*. Bristol: Policy Press.

social intervention with parents who produce this syndrome, who are 'treated' on the unquestioned assumption that this is all part of the package in any good public health perinatal service (Kempe, 1979: xiv).

As a medical category, FTT is a natural extension of the tight narrow category of physical abuse and the two paediatricians who introduce and summarise the Second International Congress in London in 1978 are very interested in it. There are several papers at this conference on the condition, though only one on emotional abuse (see below). Kempe, who has stuck very closely to the narrow physical interpretation of child abuse in the first volume of *The Battered Child* (1968) and of physical child abuse and neglect in the second volume (1973), announces here that he has come to the conclusion that there are, indeed, progressive steps in a society's acceptance of child abuse: stage 1. denial; stage 2. concentration on horrific injuries and gross neglect; stage 3. recognition of more run of the mill injuries and failure to thrive, 'an example of passive abuse' and, only after this stage is gone through comes stage 4., a recognition of emotional abuse and neglect. (Stage 5 is attention to child sexual abuse and stage 6. is attention to the needs of all children) (Kempe, 1979: x, xi). So Kempe himself, having constructed a developmental story, thought that the acceptance of the FTT syndrome, as a social problem, was a vital stepping stone to seeing emotional abuse as such. FTT was included by some states of the Union in the second round of the reporting legislation, in place by 1973, without emotional abuse. When emotional abuse was first introduced as a registration category in the UK in LASSL(80) two years later, it was presented in tandem with FTT, almost as if it derived some legitimation from this proper diagnostic category (DHSS, 1980). It was, however, clearly differentiated from it, being specifically, the *non-organic* result of psycho-social circumstances 'persistentneglect or rejection', for example, which is measured in delay in behavioural or emotional development rather than lack of physical growth (DHSS, 1980).

iii) Psychological risk factors for physical harm

Thanks to the influence of Kempe and Court, the professional response to the new social problem of baby battery in both the charitable and the governmental sector was a wish to take this problem on, not by wresting children from their parents but by preventing its recurrence through intensive treatment of children and families. So, after 1962, a series of child abuse prevention and treatment centres were established on the lines of Kempe's National Centre in Denver, both in the US and the UK. In the latter, some, like Denver House in London were run by the NSPCC, others were specialist NHS centres, like Great Ormond Street Hospital for Children, in London, and the Park Hospital, in Oxford. These were family centres, where the child was certainly treated, but where abusive parents were also subjected, often on a residential basis, to intense psychotherapy, usually of a psychodynamic sort, combined with more behavioural modeling of good parenting and the encouragement and supervision of play with their children. A good example of this is the work of the Park Hospital in an account by Lynch *et al*, 1975.¹⁹⁸ Dr Kit Ounsted was the senior Consultant there and Margaret Lynch his Senior Registrar.

Here was much talk of post war Bowlbyesque notions of poor attachments, bonding problems, or, worse, failure (Lynch *et al*, 1977b). The same problems had been for decades the stuff of family life seen by social workers and Child Guidance clinics. But now these were subjected to a much more intensive intervention which was 'preventative' in a new way. Whilst in the 'trickle down' era all forms of what we now think of as abuse of children (as well as spouses and elders) were all part of a general pattern of behaviour in 'chaotic families' with 'inadequate parents', symptoms of poverty, addiction and a generally tenuous hold on material existence, after 1962 and the concentration of social focus on child battery, there was a flurry of research studies relating, statistically, the incidence of physical abuse with characteristics of family interaction, child or parent, but mostly in parent. These largely psychological

¹⁹⁸ For a description and history of the Family Unit at the Park Hospital see **Dingwall, R. (1987)** Predicting Child Abuse and Neglect. In *Child Abuse: Professional Practice and Public Policy* (ed O. Stevenson). London: Harvester Wheatsheaf.: 51 Note 3.

characteristics were no longer just the symptoms of general chaos; they were now the predisposing or precipitating factors, the weak or strong risk factors, for physical abuse.¹⁹⁹ The Park researchers ran one programme trying to identify risk factors in the perinatal period that might be predictive of later child battery (Lynch, 1976; Lynch *et al*, 1977a; Lynch, 1978; Lynch *et al*, 1982). This was not very successful from any rigorous point of view (Dingwall, 1987) but the practice of screening mothers of neonates for risk factors for child battery became an institution in the maternity units in Oxford.²⁰⁰

As Bill Jordan the radical UK Social Work academic, rather disconsolately suggested, children who were ‘at risk’ used to be children who were ‘at risk’ of coming into care, but by the mid-seventies they were seen as ‘at risk’ from their parents. For uppermost in the articles emanating from these centres during the sixties and seventies was the assumption that these poor family relationships, in which parents, pathologically unable to give the nurturance to their children which their own childhood had lacked (due to their consequent ‘unmet dependency needs’ or just sheer ignorance of how it was done) and in which children, especially babies, failed to elicit the right emotional response from their parents, were a major cause of and one of the strongest risk factors for the physical abuse of children. This was certainly found in the research publications of the Consultants at the Park Hospital (Ounsted *et al*, 1974), where Dr Ounsted would quote, at ward rounds, his favourite lines from Horace:

Smile at your mother, little boy,
Because your life depends on it. (Personal communication)

iv) Psychological accompaniments and effects of physical acts of abuse

¹⁹⁹ For example, **Baldwin, J. A. & Oliver, J. E. (1975)** Epidemiology and Family Characteristics of Severely-Abused Children. *British Journal of Social and Preventive Medicine*, **29**, 205-221, **Smith, S. (1975)** *The Battered Child Syndrome*. London: Butterworth, **Starr, R. H. (ed) (1982)** *Child Abuse Predictions: Policy Implications*. Cambridge, Mass: Ballinger.

²⁰⁰ This was institutionalised as “the Ounsted Round”, named after Dr Kit Ounsted, the paediatrician and director of the Park Hospital.

It is not surprising that with its new concentration on the condition of the child, professionals working in this preventative area, should become aware that events at the psycho-social or emotional level were not just *risk factors* for child battery, but that they were also one of its *effects*. As Franklin said in his Summing Up at the Second International Congress:

Several strands run through the congress, perhaps the most important being the effects of abuse and neglect on child development, shown in delayed acquisition of language skills, in delayed emotional maturation, and, most strikingly in deprivation dwarfism.....

‘The end result’, he continues, linking emotional factors as causes with emotional factors as effects, ‘may be abuse and neglect in the next generation’ (Franklin, 1979: xvii).

These psycho-social circumstances also accompany physical injury, acting with it, possibly amplifying it. And it acts with it to produce not just physical harm, but also effects of a psychic kind. Franklin continues:

We are agreed that physical abuse is always accompanied by emotional deprivation, and that, of the two, emotional damage lasts longer, brain damage, blindness and death excepted (Franklin, 1979: xvii).

This is a common claim in the emotional abuse literature, though the last words are a chilling reminder of the less probable but, arguably, much worse, and certainly more arresting, outcomes attached to child battery.

v) Emotional abuse unmediated

From this position it was a small step to seeing the effects of these emotionally negative relationships between children and parents not just as neglectful, or as predictive of, or amplifying, physical abuse, but as abusive in their own right. Judith Trowell, Child and Family Psychiatrist at the Tavistock Clinic, described the thinking in the following way. Working as a young consultant at the NSPCC

centre, Denver House, she began to notice that, though the intense preventative approach could indeed stop the physical abuse of children, these same children did not necessarily 'do well' after the intervention – far from it. Of course, she could have attributed this to the long term sequelae of physical abuse, or to the sort of longer term emotional and psychological consequences of the deprivations that go with physical injury, suggested by Franklin. Her view was that, in the families she was seeing, hostile parent-child relationships were still actively harmful to the child, producing effects that had serious developmental consequences. These were not just the causes or the consequences of physical abuse, but since their consequences were just as serious, they were an abuse in their own right and thus could occur without the mediation of physical injury. She did not write this up until after 1980, but her article, entitled 'The Emotional Abuse of Children', published in 1983 in *The Health Visitor*, was the first on the subject in the UK (Trowell, 1983 and Interview, 2003–4).

An Abuse in its Own Right

Thus difficulties on a psychological and emotional level, from being the context in which physical abuse was embedded, became an abuse in its own right. And, clearly, Trowell was not alone in making this conceptual move. By the late 1970s, in the US literature, the concept of emotional abuse itself made a few lone appearances. First, a single paper at The Second Annual Conference on Child Abuse and Neglect in 1977 by Lourie and Stephano, sponsored by the US Department of Health, Education and Welfare (Lourie *et al*, 1978) sets the tone for a clump of further articles on the concept's definition: James Garbarino's, 'The Elusive "Crime" of Emotional Abuse', written just at the same time and later published in Kempe's journal; *Child Abuse and Neglect* (Garbarino, 1978) followed by four other articles²⁰¹. The International Congress too had a single

²⁰¹ **Dean, D. (1979)** Emotional Abuse of Children. *Children Today*, **8 (4)**, 18-20.; **Patterson, P. & Thompson, M. (1980)** Emotional Abuse and Neglect: An Exercise in Definition. In *The Maltreatment of the School-Aged Child* (eds R. Volpe, M. Breston & J. Milton). Lexington, MASS: Lexington Books.; and later, **Besharov, D. (1981)** Toward Better Research on Child

paper on emotional abuse by Dermot McCarthy entitled ‘Antecedents and consequences of parental rejection: a theory of emotional abuse’ (McCarthy, 1979), and in his opening address, as already described, Kempe announced the broadening of the abuse category to include a version of emotional abuse, which he defined as ‘seen in a child who is rejected, scapegoated, unloved and so emotionally deprived as to significantly interfere with the normal physical, intellectual and emotional growth and development’ (Cantwell, 1980; Kempe, 1979: xi). He may well have been using material by Garbarino, whose article would have been submitted to his journal before the conference. Later, in the third (1980) volume of *The Battered Child*, and perhaps due to the influence of the more medically oriented Helfer, he certainly does not push emotional abuse. It gets two single page references in the index – the same as the first edition. And although he and Helfer suggest in the Preface that in view of the widening of the concept of child abuse, they were thinking of changing the name of their book to suggest a much wider coverage for other forms of abuse, the new additions in Part II of the book are: ‘interviewing techniques; physical findings; failure to thrive; child neglect; sexual abuse and abuse by burning (Kempe and Helfer, 1980: xiv). There is not a sign of emotional abuse.

This ambivalence towards emotional abuse is also reflected in the US state reporting laws. By 1980, emotional abuse had crept into some states’ laws, most with custodial provision for protection of the child but few Legislative Directions involving law enforcement agencies. (Hence Garbarino’s use of inverted commas around the word ‘crime’.) In a 1997 survey of state laws (Hamarman *et al*, 2002) these still only numbered 20 states of the 51. And this was surprising as the Federal Child Abuse Prevention and Treatment Act (CAPTA) produced, as early as 1974, a notably broad definition of child abuse for its time:

Abuse and Neglect: Making Definitional Issues an Explicit Methodological Concern. *Child Abuse & Neglect*, **5**, 383-390. and **Kavanagh, C. (1982)** Emotional Abuse and Mental Injury: A Critique of the Concepts and a Recommendation for Practice. *Journal of the American Academy of Child Psychiatry*, **21**, 171-177.

The physical or *mental injury* (my italics), sexual abuse, negligent treatment, or maltreatment of any child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate the child's health or welfare is harmed or threatened thereby (United States Code, 1974).²⁰²

'Mental injury' was not a common term for emotional abuse, but this is undoubtedly what it meant, and has become, in more recent revisions of the act²⁰³. Perhaps the federal government's lack of influence on the states was due to the fact that any public discussion of this legislation in the US stuck to the narrower definition of physical injury to avoid political controversy (Nelson, 1984).

Meanwhile, in the UK, emotional abuse was gaining more political recognition, due, in part, to this country's more homogeneous political structure and due also, somewhat counter-intuitively, to the House of Commons Select Committee on Violence in the Family. This was convened originally in 1975 to consider 'violence in marriage' and then reconvened in 1976, with its wider remit. Its first report called *Violence to Children*, published in mid-1977, with much corroborating research, states significantly that 'violence against children is only part of a much larger problem of child abuse and neglect and how children should be brought up' (House of Commons, 1977, quoted in Parton, 1985: 110). It emphasised the diversity of social causes of child abuse, including 'stress,

²⁰² United States Code 5106g (4) Public Law 93-247: S 1191. Title: 'An act to provide financial assistance for a demonstration programme for the prevention, identification and treatment of child abuse and neglect, to establish a National Centre on Child Abuse and Neglect and for other purposes'.

With the passing of this act, sponsored by Walter Mondale, the federal government took the lead in the administration of child abuse prevention and treatment, providing the Centre to sponsor and monitor research and act as a clearing house for information, statistics etc The act allocated financial support to the states for administration and training in these areas, but this was only available to those which complied with all the act's provisions.

<http://www.libraryindex.com/pages/1362/Child-Abuse-History-MODERN-AMERICA.html> [accessed 10th December 2008].

²⁰³ In 1978, 1984, 1988, 1996 and 2003.

isolation bonding and unwanted pregnancies' (Parton, 1985: 110) and the importance of prevention at every level, including that of the community.

By mid-1978, the government had responded with a White Paper broadly accepting the Select Committee's framing of child abuse as a wider and more general problem than physical injury alone and of their broadly preventative approach. The paper produced the caveat of budget constraints and hoped (vainly) that better prediction could concentrate preventative resources on a smaller group of children (House-of-Commons, 1978, quoted in Parton, 1985: 111). The DHSS was clearly influenced by the Select Committee and also by the movement towards a wider definition of child abuse apparent in the US literature (and its smaller UK equivalent). It produced a draft circular to the Local Authorities, by the end of 1978, followed by the revised circular, LASSL (80), two years later. This, though it centrally addressed the question of rationalising the system of Child Abuse Registers across different local authorities, also recommended an enlarged abuse category in the following terms:

Previous guidance stressed the importance of multi-disciplinary management of cases of non-accidental injury, that is, physical injury and extremes of deprivation and neglect. However, it is increasingly being recognised that the same requirements should be applied to children who suffer mental or emotional abuse. (DHSS, 1980: para 1.1)

And these were minimum requirements of the Local Authorities in this modification of government guidance to statutory children's law.

The publication of the LASSL(80) circular did not create a huge public stir and even the social work weekly, *Social Work Today*, though it lead with the story by its staff reporter, Margaret Fogarty, spent only one short paragraph announcing that 'emotionally battered children' would now be included in the Local Authority child abuse registers. The rest of the article discussed the pressing question of the pros and cons of these controversial registers (Fogarty,

1980). Emotional abuse had arrived as an official social problem category in the UK, though this was hardly a fanfare.

World Passing Within

The making of emotional abuse as this, as yet, tiny social problem category, was a process which involved not only politicians, but the changing vision of their clinical and academic advisers on the social problem of child abuse, as they gradually shifted the locus of its consequences from the body, exclusively, to include some version of an internal territory to be explored. This change can be seen reflected in the movement of the DHSS publications on child maltreatment over the seventies, which went from *The Battered Baby* (DHSS, 1970), to *Non Accidental Injury* (DHSS, 1974), to the broader 'child abuse', which included other forms, including emotional abuse (DHSS, 1980).

The shift in thinking was more complicated than this sounds, however, for it seemed to involve the loss of any influence that radical sociologists and social workers might have had on the general understanding of abuse. The House of Commons Select committee, in its investigation of violence in families, like Kempe and his collaborators who advised on the US federal legislation, became gradually aware that this physical violence sat in a whole complex of interpersonal difficulties. As Parton argues, the politicians saw violence as a social issue (Parton, 1985), as the result of stress, social isolation and unwanted pregnancies, rather than one of individual or even family pathology. Nevertheless, in the delicate economic situation at that time, neither they nor the DHSS had any traction on lack of social support, poverty, demographic or distributional factors. So they concentrated on observable social interaction which was psychologically mediated, as in 'bonding failure'. As Kempe gradually *expanded* his consideration of the intrapsychic characteristics of abusers to include the interpersonal context, so the committee members, and the DHSS officials who responded to their report, *reduced* the social context to the

social psychological. And the gaze of both groups consequently turned inwards, not just to the hypothesised pathology of abusive parents, but to a psychological relationship and an abusive harm done to the inner life of the child.

What the politicians and civil servants saw in this internal space is not quite clear. But the committee was well served by experts, as were the subsequent publications of the DHSS. And the second part of this chapter is an account of how some of these ‘experts’ in the academic psy sciences, in the USA after 1980, developed out of the medical and administrative versions of emotional abuse a new, statistical version. Through this, they gained some form of access to the inner world of the child. And this, in its turn, made them much more aware of the psychological component of all forms of abuse.

II. THE EMOTIONAL ABUSE LITERATURE AFTER 1980 – STATESIDE

The US academic and professional literature on emotional abuse must be more profuse by a factor of fifty than its UK equivalent. It is also more technical in its language and approach, more embedded in mainstream psy professional and scientific journals, like the *American Journal of Orthopsychiatry*, more epidemiological and less oriented to the study of basic clinical and administrative identification and intervention – and the relationship between the two. One clear indication of this is a review of the content of research journals, whose editorial teams decide to devote whole issues to one subject of particular current and possible controversial interest, from time to time. The three special issues devoted to the exclusive study of emotional abuse, or psychological maltreatment (PMT), as it is more commonly known in the States, were in

psychological journals²⁰⁴ rather than in such specialist Child Protection journals as *Child Abuse and Neglect* (scion of Denver, Colorado). Likewise, in specialist books, like Kempe' and Helfer's, *The Battered Child*, emotional abuse only achieves a whole chapter for itself in its 5th edition (Helfer *et al*, 1997). After 1980, emotional abuse became a more general object of scientific study.

Thus, although it is part of an academic exercise which is predicated on the, admittedly, political events in 1962 and their aftermath, with their consequences for the availability of research funding, research on emotional abuse as a socio-medical category has to be seen, also, in the context of a broader psychological and psychiatric literature which has grown exponentially since the mid-sixties – a field of endeavour driven by the medicalisation of interpersonal relationships and the scientization of the soul (Hacking, 1995b), social panics about deviancy, professional projects and (lately) the forging of personal careers under academic audit and competition for research monies.

In the comprehensive Psychinfo database the references appear in sections of roughly equal size. The first section of academic psy literature, mostly from the UK and USA covers the period 1872 to 1966; the next section the following eleven years; by the mid-nineties, one section covers three years but, after 2000, can only cover half a year. An emotional abuse search of the same database, also using the terms psychological abuse and psychological maltreatment, which seem to be used interchangeably in the US literature, not surprisingly, shows most of the characteristics of this broader context; in the first long section the book in German published in 1934 sits alone; and there is nothing more till after the USA reporting legislation, when the series of articles on definition, already mentioned in PART II of this chapter, appear around 1980. Although these efforts did not really make the concept much less elusive the attempt at definition was the necessary basis for the start of a positivistic research project

²⁰⁴ *School Psychology Review*. **16 (2)**. Bethesda MD: NASP.; *American Psychologist*. 1987 **43 (3)** Washington DC: American Psychological Association. and *Development and Psychopathology*. **3 (01)** Cambridge: Cambridge University Press.

and the literature then increased at about the rate of other literatures in the psychological field.

This burgeoning literature in the database reveals the painful excavation by statistical instruments of more and more pathology in the world, more and more environmental causes (and, sadly, little corresponding increase in effective treatments). Information on all forms of abuse proliferated from the early 1980s, and the concept fragmented as the number of different forms increased. For example, the concept of ‘elder abuse’ which had been written into US reporting laws in 1978, soon after emotional abuse, broke up into the same forms as child abuse itself: physical, sexual and psychological and neglect, with the special addition of ‘financial/possession abuse’.²⁰⁵ Spouse or partner abuse also took the same basic multiplicity of forms (except neglect which implies relationships of dependency) and further articles attempted to relate each of these adult variants, for victim or perpetrator, to each of the childhood forms – with the causality running both ways round – in the ceaseless search for intergenerational cycles of violence or abuse, which seems to characterise the maltreatment literature.²⁰⁶

²⁰⁵ As with emotional abuse, definitions varied from state to state. See **Wolf, R. S., Pillemer, K. A., Hotaling, G. T., Finkelhor, D., Kirkpatrick, J. T. & Straus, M. A. (1988)** Intervention, Outcome, and Elder Abuse. In *Coping with Family Violence: Research and Policy Perspectives.*, pp. 257-274. Thousand Oaks, CA US: Sage Publications, Inc.

²⁰⁶ Here are some recent examples: **Brendler, J. & Combrinck-Graham, L. (2006)** A Model for Disrupting Cycles of Violence in Families with Young Children. In *Children in Family Contexts: Perspectives on Treatment.*, pp. 433-455. New York, NY US: Guilford Press, **Parkes, C. M., Stevenson, R. G. & Cox, G. R. (2008)** Making and Breaking Cycles of Violence. In *Perspectives on Violence and Violent Death.*, pp. 223-238. Amityville, NY US: Baywood Publishing Co, **Petchkovsky, L., Cord-Udy, N. & Grant, L. (2007)** A Post-Jungian Perspective on 55 Indigenous Suicides in Central Australia; Deadly Cycles of Diminished Resilience, Impaired Nurturance, Compromised Interiority; and Possibilities for Repair. *AeJAMH (Australian e-Journal for the Advancement of Mental Health)*, **6**, 1-14, **Walsh, C. A., Ploeg, J., Lohfeld, L., Horne, J., MacMillan, H. & Lai, D. (2007)** Violence across the Lifespan: Interconnections among Forms of Abuse as Described by Marginalized Canadian Elders and Their Care-Givers. *British Journal of Social Work*, **37**, 491-514, **Wijma, B., Thapar-Björkert, S., Hammarström, N. C. & Swahnberg, K. (2007)** Cycles of Abuse Nurtured by Concealment: A Clinical Report. *Journal of Psychosomatic Obstetrics & Gynecology*, **28**, 155-160.

Exploration and Measurement

Much of the earlier research on causes and consequences of child abuse were being savaged in the literature (for a good summary, see Sheppard, 1982) and the 1980s saw attempts at a more sophisticated research design and methodology. With research on emotional abuse of children, the problem was to identify abused populations, in order to mine the data for causal factors, as well as to study it as, itself, a risk factor for adult disorder. With certain exceptions (for example, Claussen *et al*, 1991), there are few studies of groups of abused children. They are difficult to locate for ethical reasons, and even harder to study over a period of time. In practice, these are confined to a few large cohorts of children and families organised, at some expense, by major universities, with diverse funding, including grants from government agencies, the National Institute of Mental Health (NIMH) and the National Centre on Child Abuse and Neglect (set up by CAPTA).²⁰⁷ Most of the research effort (especially for those, studying for research degrees, with limited resources) has centred on adult recall of abuse in childhood in more easily available research populations – generally, groups of adults in some way socially monitored. Apart from the self replenishing pool of college students, whose ‘dating behaviour’ is so much studied, subjects tend to be people on treatment or community programmes as well as those more completely institutionalised; that is small, usually racially defined, groups of the poor, the criminal, the addicted, the sick or the insane.

In the quest to operationalise this adult recall of childhood abuse, new scales, questionnaires, indices and inventories – and their acronyms – have been devised and, in the intricate world of family relationships and intra-psychic dynamics, everything is measured that can be measured. Here is just a selection of those which apply more or less directly to emotional abuse research: the

²⁰⁷ The first longitudinal study of a group of abused children for developmental consequences was started in the early eighties by Cicchetti, Carlson and Aber research group at the Harvard Child Maltreatment Project. The Minnesota Study of Parents and Children was instituted at about the same time.

Childhood Maltreatment Questionnaire (CMQ) and its Psychological Maltreatment (PMT) sub-category (Demare, 2001), the Comprehensive Child Maltreatment Scale (Higgins *et al*, 2000), Record of Maltreatment Experiences (ROME) (McGee *et al*, 1995), Attribution for Maltreatment Interview (AMI) (McGee, 1995), the Subtle and Overt Scale of Psychological Abuse (Jones *et al*, 2005), the Childhood Trauma Interview (Fink *et al*, 1995), the Betrayal Trauma Inventory (BTI), the Brief Betrayal Trauma Survey (BBTS), and the Traumatic Guilt Inventory (TGI) (Draucker, 1995; Goldsmith, 2005; Shields *et al*, 2001), the Childhood Trauma Questionnaire, (Bernstein *et al*, 1994), Youth Self Report (Achenbach *et al*, 1987), the Youth Psychopathic Traits Inventory (van Baardewijk *et al*, 2008), The Impact of Event Scale (Horowitz *et al*, 1979), the clinician administered PTSD Scale – Child and Adolescent version (CAPS – CA), the Psychological Abuse Scale for Married Women (Stein, 1982), the Domination-Isolation Subscale of the Scale of Measurement of the Psychological Maltreatment of Women by their Male Partners (Tolman, 1989), the Inventory of Interpersonal Problems (Murphy *et al*, 2001), the Verbal Aggression and Violence Scales of the Conflict Tactics Scale (Archer, 1999; Straus, 1979; Straus *et al*, 1998), the Defence Style Questionnaire (DSQ) (Andrews *et al*, 1989), the Paediatric Emotional Distress Scale (Spilsbury *et al*, 2005), the Childhood Stress Inventory (Marcil, 1996), the Dissociative Experience Scale (Carlson *et al*, 1993; Frischholz *et al*, 1991), the Behavioural Screening Questionnaire (Richman *et al*, 1971) and the famous Marlowe Crown Social Desirability Scale (White, 1981, for example). Each of these has a slightly new function but no longer identifies itself by its geographical location, as in older versions, such as the Tennessee Self Concept Scale (Deitche, 1959), the Texas Social Behaviour Inventory (Helmreich *et al*, 1974); the Hopkins Symptom Checklist (Derogatis, 1974) or the Minnesota Multiphasic Personality Scale (Winne, 1951).

Once measurements were established in the literature (that is, repeatedly used and cited, even if, psychometrically, their reliability over different research

populations did not turn out to be very high), it was possible to argue that research studies showed that emotional abuse or PMT had as much negative effect on a victim's future as other forms of abuse – more, even (Kaplan *et al*, 1999; McGee *et al*, 1997a; Mullen *et al*, 1996; Vissing *et al*, 1991). By the turn of this century, emotional abuse in childhood, rather like disorders of attachment, had been claimed as a risk factor for almost all pathologies and social problems, depending on the research population chosen: addiction and delinquency (Fraser, 2002; Moran *et al*, 2004), sexual problems (Ace *et al*, 2007), depression (Ali, 2000; Maciejewski *et al*, 2006; Stuewig *et al*, 2005) and other forms of 'negative affect' (Chirichella-Besemer *et al*, 2008; Harper *et al*, 2004), trait aggression (Garno *et al*, 2008) and general neuroticism (Karesh, 1996), personality pathology (Bernstein *et al*, 1998), 'erosion of identity' (Hirigoyen, 2000), dyslexia (Anyanwu *et al*, 2001) and dissociative disorder (Sar *et al*, 2006), PTSD (Veatch, 1996), anorexia and bulimia (Hodson *et al*, 2006; Mazzeo *et al*, 2002; Witkiewitz *et al*, 2001), and schizophrenia (Schäfer *et al*, 2006). In addition, cycles of abuse also feature, as for example in a study of adult offspring of Holocaust Survivors, where PTSD and emotional abuse are seen as transmitted across the generations (Yehuda *et al*, 2001).

Besides this, over time, as researchers reach for new angles, the limited set of available research populations are mined for more and more improbable dependent variables and their correlates. For instance, in the field of emotional abuse itself, it was possible to read in 1980, in an article entitled 'Aggression against Cats, Dogs and People', that – in a group of male psychiatric patients referred for cruelty to animals – paternal emotional unavailability was a strong risk factor for this behaviour (Felthous, 1980); whilst, by 2002, research on a population of incarcerated sex offenders suggested that emotional abuse, along with other forms of maltreatment in childhood, was a strong predictor of bestiality (Fleming *et al*, 2002). Further, in the same year, a population of female methadone maintenance treatment programme (MMTP) dropouts had their claims to emotional abuse in childhood – as measured on some version of the

Childhood Maltreatment Questionnaire (CMQ) – regressed against their current ‘HIV risk behaviour’ (Kang *et al*, 2002).

Lastly, by the millennium, a new problem has been discovered for psychometrics in the field of child abuse: the phenomenon of multiple type maltreatment (MTM) (Bryant *et al*, 1996; Higgins *et al*, 2001; Kinard, 1994; McGee *et al*, 1997b; Rossman *et al*, 1998), where respondents report more than one type of maltreatment as children. Whilst MTM was a phenomenon which did not show up so much on the few samples that there were of maltreated children (where they were classified administratively, mostly under single categories), an interrogation of childhood memories by questionnaire allowed for all sorts of variations and combinations. The problem that this raised could be characterised as follows: unless effects are type specific, how can we know what are the consequences and causes of what? Further, the effects of each type may interact and be cumulative. We know that multi-type maltreatment is associated strongly with poor adjustment in adults, so this is likely. We cannot be sure, however, unless effects are isolated and interaction studied. It may even be that ‘poor adjustment in adults is the result of a third variable (for example, family dysfunction or other childhood stressors)’ [sic] (Higgins *et al*, 2000: 17). MTM is a challenge which calls for a redoubling of effort and more research.

Trauma, Violence and Abuse²⁰⁸

MTM may have presented a challenge for psychometrics but it was an acronym for a situation which any welfare professional would have recognised – and one of the many in which the neat categories of psychologists are hard to map onto the chaos of human relationships. However, as a result of psychologists’ attempts to do just that, the categories of abuse shifted somewhat over this period. Not only did emotional abuse or PMT grow in seriousness and claimed

²⁰⁸ This is the title of a journal launched in 2000, *Trauma, Violence, & Abuse*. US: Sage Publications.

prevalence, but the category itself was suspected to be much more inclusive. Indeed, it was argued that psychological maltreatment, far from being an ‘also ran’, or even just an accompaniment to other forms of abuse, was integral to all forms and, indeed, lay at their very heart. This came about in two different ways, which are exemplified by the two major research teams in the US that directly and consistently address, over a long period, the issues of emotional abuse or psychological maltreatment.²⁰⁹ These two teams are led by the authors of the first two (edited) books on the subject since the couple of isolated volumes pre 1960. Both of these were published in the late 1980s: *The Psychologically Battered child* by James Garbarino, Edna Guttman and John Wilson Seeley in 1986 and *The Psychological Maltreatment of Children and Youth* by Marla Brassard, R. Germain and Stuart Hart in 1987.

The team of Hart and Brassard²¹⁰ secured a US federal government grant at the beginning of the 1980s from the US Department of Health and Human Services and National Centre on Child Abuse and Neglect, for ‘developing and validating operationally defined measures of emotional maltreatment’ (Hart *et al*, 1986; Hart *et al*, 1989), though these measures were not uncontroversial (Barnett *et al*, 1991; Bell *et al*, 1973; McGee *et al*, 1991a).²¹¹ This work supported the First International Conference on the Psychological Abuse of Children and Youth at the Office for the Study of the Psychological Rights of the Child, Indiana University, where Hart was and is attached, and the editing of the conference proceedings by the team, later published as an edited book (Brassard *et al*, 1987); it furnished the substance of articles published later in the decade, also into the 1990s, and inevitably formed the basis for the development of a rating

²⁰⁹ Although the work of developmental psychologists, like Dante Cicchetti or Robin McGee and their collaborators, touch on it considerably as part of child maltreatment in general.

²¹⁰ They are psychologists oriented to education: Hart is interested in the psychological rights of children and never moving from a base in Indiana University-Purdue University, and Brassard, at first, interested in child sexual abuse and in the way schools could address the affective and cognitive consequences of family difficulties, in general, and abuse, in particular. Brassard has been located in education departments and the child and family research centres of various East Coast colleges.

²¹¹ See the special edition of *Development and Psychopathology*. **3 (01)** Cambridge: Cambridge University Press.

scale, the PMRS (Brassard *et al*, 1993). During the 1990s they became the official lexicographers of the concept; no edited book on child abuse, of which there are many, has appeared without a chapter by them on PMT. They provided the PMT contribution to Volume 5 of *The Battered Child* (Brassard *et al*, 1997; Helfer *et al*, 1997), and to *The APSAC (American Professional Society on the Abuse of Children) Handbook on Child Maltreatment* (Hart *et al*, 2002; Hart *et al*, 1996). They have inaugurated the first volume of a new journal, *Emotional Abuse*, with a leading article, but also still continue separately with their own individual interests (Hart *et. al*, 1998).

It is not surprising that it is Hart and Brassard whose research has received an official imprimatur. Their work is in the psychological mainstream, still seeing abuse as a problem of individual pathology, and PMT as one hitherto neglected form of it. It is a diagnostic category to be mined from intra-psychic and intra-familial behaviour, always included in a swathe of abuse literature as the third or fourth type – the poor relation. Even after all their educational efforts, they are still describing emotional abuse or PMT as a ‘little known’ and ‘underused’ category in 2002 (Hart *et al*, 2002: 79) – although, according to a burgeoning epidemiological story, more potent in its effects than was originally thought. These two psychologists acknowledge the problem of MTM, but are not crudely mechanistic; they accept some interaction between these different abuse forms (Hart *et al*, 1991). Indeed, by the same year, they were so impressed by the epidemiologically revealed fact that PMT, in many instances, can accompany physical or sexual abuse, that they made another step in subscribing to the widely made claim (for example, Navarre, 1987) that, though it is little known and underused, ‘psychological maltreatment lies at the core of all abuse’ (Hart *et al*, 2002: 79).

Whilst the progress of Hart and Brassard to this grand claim was somewhat linear, developing from the original perception of the paediatricians of physical abuse, set in a psycho-social matrix, the same claim was precisely the message

of Garbarino's first article on emotional abuse (Garbarino, 1978) and the constant theme through all his work. He and his various collaborators come at psychological maltreatment from a very different angle, introducing the notion of violence to that of psychological abuse. Whereas the UK parliamentary committees (described in the last section) saw violence as set in the psychosocial relationships of the family and beyond, Garbarino saw psychological abuse set in a matrix of violence – interpersonal, intercommunity and international. He used PMT as the basic concept in a strong social critique: emotional abuse, no longer as a concept of positivist knowledge, but as a legitimator of powerful political claims.

Garbarino is of a systemic or ecological persuasion, therefore concerned with child identities constructed by the social environment and with the socio-economic context of abusive parenting, 'identifying sources of risk in the human ecology of the young child' (Garbarino *et al*, 2000) and their appropriate social policy responses. His book, with its play on Kempe's title,²¹² established that it is the psychological effects of adverse environments that are important – and not only the *effects*. Adverse environments have effects through psychological *means* also, through what they communicate (the social system is a communications system). Later, he coined the phrase: 'the meaning is the message' (Garbarino *et al*, 1997b: 101). Before the book, the most serious adversity seemed to be poverty – at least until he met his book collaborators. Apart from Janis Wilson Seeley, a young developmental psychologist (who became an educationalist at a US Mid-west community college), Edna Guttman was an Israeli researcher, working on the treatment of delinquent youth in Israel (Eisikovits *et al*, 1987), who moved on to work on male violence to women (Eisikovits *et al*, 1993). After their book, it seems that violence rather than poverty began to define an adverse environment at all levels of context.

²¹² Garbarino, J., Guttman, E. & Seeley, J. W. (1986b) *The Psychologically Battered Child: Strategies for Identification, Assessment, and Intervention*.

The title of the first article of a new collaboration with Nancy Dubrow, published in 1989, was 'Living in the War Zone: Mothers and Children in a Public Housing Development' (Dubrow et al, 1989). The partnership acquired another member in Kathleen Kostelny for an article called 'What children can tell us about living in danger', that drew on 'the authors' extensive fieldwork in five war zones' (Garbarino *et al*, 1991: 276). Work on children in dangerous inner city environments progresses to research in war torn areas of the world, like Palestine (Kostelny *et al*, 1994) and the second becomes a metaphor for the first. Violent communities are 'The American War Zone,' (Garbarino, 1995) or 'The War Close to Home' (Kostelny *et al*, 2001). Garbarino's own war metaphors are less florid than those of his editors in their book, '*Minefields in their Hearts; the Mental Health of Children in War and Communal Violence*' (Garbarino et al, 1996). In 1995, he introduced a new metaphor with his article, 'Growing up in a Toxic Society' (Garbarino *et al*, 1997a; Garbarino *et al*, 1995), in which he medicalised its effects by unofficially extending the diagnostic category of PTSD, and, more precisely, its aetiological event from one violent shock to the lower level, cumulative effects of living in a violent environment – acute trauma gives way to chronic trauma, a sort of slow acting poison of the soul, as in the work of Breuer and Freud (Breuer *et al*, 1955 [1893-1895]; Breuer *et al*, 1956 [1893]).

For Garbarino, the relationships of a child with a physically abusive parent or living in a context of marital violence are very much a small sub category of the wider interests of his 'Biopsychosocial Approach' (Garbarino *et al*, 2000: 76) and of the wider 'battering' environment or, as he entitles this article, 'The Human Ecology of Early Risk'. These are all part of the growing literature of a Western liberal crisis about the pervasive culture of violence, an issue which the panic over violence to children did much to put on the map (Nelson, 1984). What is more, this has met another powerful interest, this time with a feminist impetus, and another burgeoning literature. Interpersonal violence (IPV), in partner, marital and dating relationships, with its new violence related journals

started up over the 1980s and 1990s.²¹³ IPV, in partner and other relationships includes the sub-category of psychological maltreatment (psychological aggression or psychological violence) in all the research studies. This is not just the psychological effects of physical aggression, but verbal aggression as a form of violence.

Just as emotional abuse, from 1980 onwards, made up an accepted part of what constitutes the notion of abuse, an abuse in its own right, it became, over the 1990s, an accepted part of what constitutes the notion of violence. From being a concept which primarily referred to the use of physical force, violence migrates like trauma, via association and metaphor, to being the wounding force which accompanies shock and fear for the physical safety of self and others, as in shell-shock or 'railway spine'. From this it comes to be the force behind verbal assault, which may not be a one-off, but is just as likely to be an accumulation of smaller and subtler verbal attacks and cruelties over time. It is as if, having floated free of the body, invisible wounds becomes enmeshed again in

²¹³ For example, the *Journal of Interpersonal Violence; Violence and Victims; Aggressive Behaviour; Aggression and Violent Behaviour: a Review Journal* and *Journal of Family Violence*.; There was also an increasing literature over the nineties, in professional journals and at conferences, on the connection, statistical and clinical, between spouse abuse and child physical abuse: **Appel, A. E. & Holden, G. W. (1998)** The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal. *Journal of Family Psychology*, **12**, 578-599, **Browne, K. D. & Hamilton, C. E. (1999)** Police Recognition of the Links between Spouse Abuse and Child Abuse. *Child Maltreatment*, **4**, 136-147, **Nietzel, M. T., Susman, D. T., Bellack, A. S., Hersen, M. & Kazdin, A. E. (1990)** Crime and Aggression/Child and Spouse Abuse. In *International Handbook of Behavior Modification and Therapy (2nd Ed.)*. pp. 523-545. New York, NY US: Plenum Press, **Ross, S. M. (1996)** Risk of Physical Abuse to Children of Spouse Abusing Parents. *Child Abuse & Neglect*, **20**, 589-598.. By extension, the emotional effects of spouse abuse on children of the family also came to be seen as harmful, as in **Hughes, H. M., Parkinson, D. & Vargo, M. (1989)** Witnessing Spouse Abuse and Experiencing Physical Abuse: A "Double Whammy"? *Journal of Family Violence*, **4**, 197-209., so that by the turn of the century, the accepted list of child abuses featuring in some epidemiological work on outcomes has been extended from four: physical, sexual, emotional abuse and neglect, to five. The new category is 'witnessing parental violence', see **Fergusson, D. M. & Horwood, L. J. (1998)** Exposure to Interparental Violence in Childhood and Psychosocial Adjustment in Young Adulthood. *Child Abuse and Neglect*, **22**, 339-357, **Henning, K., Leitenberg, H., Coffey, P. & Turner, T. (1996)** Long-Term Psychological and Social Impact of Witnessing Physical Conflict between Parents. *Journal of Interpersonal Violence*, **11**, 35-51, **Kilpatrick, K. L. & Williams, L. M. (1998)** Potential Mediators of Post-Traumatic Stress Disorder in Child Witnesses to Domestic Violence. *Child Abuse & Neglect*, **22**, 319-330, **Somer, E. & Braunstein, A. (1999)** Are Children Exposed to Interparental Violence Being Psychological Maltreated? *Aggression and Violent Behavior*, **4**, 449-456.

metaphors of physical force and a violence whose effect is trauma and developmental delay.

Indeed, the concepts of trauma, violence and abuse became firmly married over this period, as a new journal of that name started in the year 2000 demonstrates.²¹⁴ Although the connubial glue may be a physical shock or assault, they are bedded in a psychological matrix. The story of emotional abuse has almost come full circle. For, as emotional abuse and trauma get together, as do attachment and trauma in Chapter 6, this underlines the possibility that invisible wounds are not just the consequences of harsh words, but also of physical and sexual assault. This time, however, it is not just seen as a psychological accompaniment to physical abuse. By the beginning of the new century, emotional abuse is claimed as the main, the more serious, the more lasting version of this problem category – the ‘core of all abuse’. This is an idea which was not confined to the US research literature, but much exercised the UK professional writers, in the next chapter.

CONCLUSION

What has been described here in this bipartite presentation is, first, the emergence of the registration category of emotional abuse from the tumultuous history of child abuse as a social problem category. This calls on and has the characteristics of traditional social constructionist work, which looks at the making of a social problem category within the context of a politico-professional milieu of claims making by pressure groups and professional and research institutions, all within the constraints of particular socio-economic systems and political organisations, including local government. It presents emotional abuse as a very minor socio-political phenomenon, a breakaway from a larger category, both having, at that time, a predominantly medical/welfarist and

²¹⁴ *Trauma Violence and Abuse*. New York, Sage Publications.

administrative/legal base. But what this social history also documents is how the gaze of child abuse experts gradually turned inwards. As the physical wounds on the body of the child became well documented and disseminated, and physical abuse was accepted as a political, administrative as well as clinical problem, then this hidden, and so more complex and challenging area seemed to offer opportunities for exploration. For, as the social context of physical abuse came under examination, and broader social considerations were eliminated from inquiry, so did the negative relationships that drove it and were its results. What other effects did these relationships have on a child, especially on that vital area called development? What were the internal harms that drove poor growth, unhappiness and anti-social behaviour? Attention gradually shifted to this invisible space and to a harm which, it was claimed, was just as serious – and potentially more so – than that which could be seen, or told. A new set of exploratory activities, new techniques and some new technicians addressed themselves to this inner space, although who it was who could claim the skills for this work was a moot point.

The second part of this chapter has presented one example of this exploration. It has examined the career of emotional abuse, after 1980, as part of the booming psy literature phenomenon in the USA. The boom was less a product of clinical research and more of epidemiology and psy-statistics, in which inner wounds are identified for psychometric purposes, whose techniques are then used to study them. The hidden interior world of the child is teased out and the wound measured and scored, not by analytic, clinical, administrative or even common sense conversations, but by interview schedule and adult recall. Not only that. As its technicians search for new angles with new collaborators, the invisible wound begins to fragment. Its different causes are identified. These shift between subtle forms of denigration, fear from violence or watching loved ones in danger, and, at its margins, the category of emotional abuse is reunited with the concept of trauma. Now emotional abuse begins to be seen, not just as a

consequence of psychological aggression or distancing, but also the main and more serious result of bodily assault and injury, the core of all abuse.

I have suggested at the start of this chapter that the category of emotional abuse bifurcated around the year 1980 and that the version of the wound produced by this US literature can be seen as a new form, which is not defined by administrative or clinical processes, but constructed in an academic environment which promotes epidemiological research. In this move to a somewhat different social context from that of the first, emergent form of emotional abuse described above, with different organisational imperatives, it expands and presents new opportunities for exploration and measurement and, free of administrative definitions, it presents to those with the appropriate techniques of visualisation its multifactorial relationships with other forms of abuse.

The next chapter represents the other half of this bifurcation: the category constructed by the UK professional and academic literature on emotional abuse over the 1980s and 1990s. In the discourse of this (small) set of articles and books, 'abuse' is a registration category, or a clinical concept – that which ought to be registered or recognised as a source of need – a hybrid, with normative medico-welfarist origins and legal implications. Here, the exploration of a wounded interior is scarcely attended to. Rather, its presence is assumed. Its invisibility and lack of specific symptoms or cause drive the experts to concentrate on the problems of its description, for the purposes of recognition and appropriate medical and bureaucratic processing.

CHAPTER 5:

EMOTIONAL ABUSE IN THE UK: A MAPPING

INTRODUCTION

The challenge of the US emotional abuse literature, of grand talk about violence and of political points swathed in military metaphor, has not been taken up in the UK equivalent. Garbarino, being first off the mark with writing on this form of abuse is ritually cited. But more citations go to Stewart Hart and his collaborators, whose work is more congruent with the ‘individual pathology model’ which prevails – and, given its organisation, *has* to prevail – in UK Child Protection. As noted, however, the model, in this UK context, does not produce the swathe of statistical research which is generated by well funded US university departments – even though, by the late 1990s, this research was more frequently referenced in DOH guidance and its other sundry publications, whose writers were aspiring to become more ‘evidence based’ (Ex Senior DOH Official, Interview). As I also noted, the UK literature is rooted in professional practice and, even for the medical diagnosticians and therapists, in the multi-professional world of Child Protection decision taking. As a result, it is much more of a commentary on the workings of institutions other than the academic: national government and statute, local government, NHS treatment centres, now Child and Adolescent Mental Health Services (CAMHS) and, increasingly, more non-governmental child and adolescent centred services.

There should be no doubt that, after the mid-1980s, this Child Protection system was completely dominated by the issue of child sexual abuse at all levels – political and professional: in the academic, practitioner and self help literature; in DOH documents, and in awareness-raising and treatment training courses all across the professions. Although, by 1999, emotional abuse, as a registration

category, just exceeded the size of sexual abuse as a proportion of the whole, the latter still dominates the airwaves. The academic and professional literature on physical and sexual abuse produced in the UK, and even more in the USA, by far exceeds that on emotional abuse, which, in comparison, is minute. Its small size confirms one of its prevailing narratives, which is that the emotional abuse of children is a far more pressing social problem than is generally believed or recognised by public and practitioners alike – an assertion, of course, belied by the actual number of children registered.

With its limited personnel, the progress of this category in the UK child emotional abuse literature is more easily traced and put into its political, social and discursive context. Part I of this chapter gives a brief summary of this context. Part II presents a short account of the literature, and Part III a mapping of the concept as it emerges in this body of work, over the course of the 1990s – the period of the category’s maximum rate of growth – to 2003²¹⁵. It suggests that this version of emotional abuse indeed reflects the professional and institutional context in which it is produced. As a category, it is primarily organised by the registration process in Child Protection, a bureaucratic risk management system. But it is a hybrid, which, apart from its figurative freight, encapsulates both a welfarist, medically based strand, which primarily refers to the effects of abuse on child wellbeing, combined with a notion of what is healthy in developmental terms, and a more legalistic strand which refers to the cruel actions of parents or other adults, seen against a standard of what is socially acceptable.

First, in this mapping, I tease out various definitions of emotional abuse, which involves much quoting of the US literature by UK writers in their attempts to pin down this elusive concept. I then look at the even more hazy question of its prevalence in the population, given the difficulties of definition and the

²¹⁵ In this year and those following significant organisational changes were made in Child Protection and its relation to other children’s services. These are signalled in the text but cannot yet be evaluated. It may be a case of *tout ça change...*

uncertain processes by which such statistics are made. Third, I look at the making of Child Protection statistics in particular: how these relate to competing claims to the category's definition, ownership of its administration or treatment and how these claims contribute to the inclusiveness of the concept. As with other versions of invisible wounds, like PTSD and nervous shock, the size of the category varies with what is included in accounts of the wound's cause.

I. THE UK CHILD PROTECTION CONTEXT

From 1980–1989

Since the drama of the Maria Colwell Enquiry in 1973, which put child abuse on a public and political agenda in the UK and increased Emergency Protection Orders by over 300% in a year (Parton, 1985),²¹⁶ the state had become more interventionist as far as the safety of children was concerned. Furthermore, the promotion of CSA over the 1980, by feminists, survivor groups and then by government agencies, as a social problem of massive prevalence and importance not only marked a further widening and fragmentation of the abuse category, it also promoted this shift of multiprofessional resources and organisation onto the investigation of abuse, rather than on 'working with problem families', or what was later called 'family support'.

This marked discursive shift from a socio-medical to a socio-legal approach to Child Protection (Parton, 1991), occurred in a period dominated by the Jasmine Beckford Inquiry (Dingwall, 1986), the Cleveland crisis (Butler-Sloss, 1988; Campbell, 1988), and the preparation and passing of the new Children Act,

²¹⁶ The first major DHSS funded research programme (**DHSS (1985) *Social Work Decisions in Childcare: Recent Research Findings and Their Implications***. London: HMSO.) on the child welfare system run by the LASSDs made it clear that, whilst it had become harder in the 1980s for families under stress to access help and support, there was a much greater tendency to make compulsory interventions into family life. This resulted in the often haphazard and unplanned removal of children and the assumption of parental rights by the state involve in 'child rescue.'

1989. It was accompanied by the decline in the social policy of paternalistic welfarism and a rise in the language of individual rights and risk – all features of the wider, new right ideological context. Freedom for individual responsibility and enterprise in the private and civil spheres was to be maintained by vigilant and forceful policing at the boundaries. This strong law and order imperative was applied to those who assaulted or molested children – theirs or somebody else's.

Child Welfare politics in the 1980s were also taken up with the run-up to the Children Act, 1989, in a period of hard campaigning by many disparate groups (Parton, 1991: Chapter 2). These included the broadly socio-medical advisers to the preceding Short Report (House of Commons (HC 360), Social Services Committee., 1984). This was a review of child welfare in the UK which was supported by a raft of DHSS-funded research by social work academics, (DHSS, 1985). It espoused traditional child welfare considerations, criticising the unplanned, inconsistent and sometimes arbitrary nature of social work child-care decisions and lamenting the departure from the preventative position of the Seebohm Report²¹⁷, which established the LASSDs as the last plank of the post-war Welfare State. There was also strong representation from pressure groups for parents' rights, as well as the rights of children both to autonomy and protection.²¹⁸

The resulting document can be seen as a fudge of different interests or, alternatively, as cleverly designed to have broad appeal. It can also be seen as the last throw of a sort of crypto-paternalism within the DOH. What was written into the act was an ideal of child welfare that could not be met at the time of the

²¹⁷ **Seebohm-Committee (1968)** *Report of the Committee on Local Authority and Allied Personal Social Services, Cmnd 3703.*

²¹⁸ .For example, the Family Rights Group and Justice for Children. See also the **Children's Legal Centre. (1988)** *Child Abuse Procedures - the Child's Viewpoint : Policy Proposals from the Children's Legal Centre* (2nd rev.ed. edn). London: Children's Legal Centre, **Parents Against INjustice. (1986)** *A Response to Child Abuse : Working Together : A Draft Guide to Arrangement for Inter-Agency Co-Operation for the Protection of Children.* Bishop's Stortford, Herts: Parents Against INjustice.

Act's construction. This was the time when officials from the Child Care Division and the Social Services Inspectorate of the DHSS, according to one that I interviewed, 'were not allowed to write about poverty under Thatcher' nor officially address their concerns about the emergence of an underclass during these years. Indeed, they had 'secret meetings' (Ex Senior DOH official, interview).

The Children Act 1989 was widely seen and described as a piece of legislation which not only pulled together and unified a set of disparate and fragmented pieces of legislation in the area of child welfare, in both public and private law, but which was also designed to clarify and shift fundamentally the relationship between the child, the family and the state. (Aldgate *et al*, 1996; DOH, 1989a). Basically, the welfare of the child was made paramount and his 'wishes and feelings' were to be taken into account in any decision made about his future (according to age). Apart from some dramatic changes in family law, the Act made two major provisions. First, the responsibility of the LASSDs for protecting children was enshrined in the Act in Section 47, though, in a way, much of the accompanying regulations to the Act concentrated on reducing the 'abusive' and intrusive nature of the Child Protection procedures. Children were seen as having rights to protection from an overweening state, as well as from abusive adults (Parton, 1991).

The second crucial provision of the Act was to enshrine in a coherent legislative form provision for ensuring the welfare of children and the recommendations of the Short Report. Part 3 of the Act was devoted to making LASSDs statutorily responsible for the provision of services to 'children in need' – who were defined, somewhat tautologically, as 'in need of local authority services'. These services were seen as voluntary and therefore 'non-stigmatising.' They were intended to cover a spectrum of children, from those who required protection at one end, to those who were disabled or in hospital at the other. Since Child Protection services were hardly voluntary or non stigmatising for parents, the

Act, in effect, established a conceptual dichotomy between, first, those children who were ‘likely to suffer significant harm’ and, second, those who were ‘likely to suffer significant impairment if their needs were not met’ – that is, those who were ‘at risk’ and those who were ‘in need’. From a purely welfarist point of view, there was not much difference in effect between significant harm and significant impairment (Brandon *et al*, 1996). Legally, the difference was an attribution to the actions of carers in the first case but not in the second. Thus, the first group of children was in the Child Protection system and the second was not.

An actual dichotomy was established by the economic circumstances under which the Act was designed and passed. The Act was ‘budget neutral’ and, since the local authorities were by no means doing their duty by welfare cases under the old legislation, there was no way in which they were going to manage new duties in this area. Most of the LASSDs’ scarce funds were earmarked for child protection. An already expensive system of procedures was elaborated and enlarged after the Act, acquiring all the characteristics of a formal risk management system, bureaucratically managed, with layers of surveillance from the Social Services Inspectorate at the top, to the child and family below. A rigidly technical discourse about sampling, monitoring and risk differentials was applied to a world which was as turbulent as ever, and where psychopathy had just been added to poverty as the defining characteristic of its inhabitants. Professional survival for social workers and resources for clients meant reframing them as dangerous or at risk.

1990–2003

Child Protection during this period saw the regrouping of the traditional socio-medical/welfare lobby, as the 1990s were dominated by an examination of the initial workings of the Children Act as well as by even more tightening Social Services budgets. The results of a raft of DOH-funded research on Social

Services decision-making under the new Act was published in 1995 (DOH, 1995).²¹⁹ Not surprisingly, given the financial difficulties of LASSDs, the traditional welfarist leanings of the largely social-work academics who conducted this research and its ideological nature (examining sets of decisions and procedures against some largely inexplicit notion of good practice), this work was highly critical of the Child Protection. Rather puzzlingly, Social Services Departments were criticised for investigating too many cases in proportion to the number of children registered (Gibbons *et al*, 1995)²²⁰ and of putting too much emphasis on the actual registration of children and not enough on service follow up (Farmer *et al*, 1995). Also, it was found that, either *de facto* or intentionally, the system seemed to have evolved in a way that required registration as a trigger for any services at all. The only ‘children in need’ being served, apart from the physically disabled and those with extreme learning difficulties, were those children ‘in need of Child Protection services’: that is, those children ‘at risk’ (DOH, 1995).

The child welfare rhetoric amongst the knowledge makers and advisers to the DOH was that the system had to change (Aldgate *et al*, 1995). This was a difficult act for Social Services managers, since the dependence of services on registration was a self-fulfilling cycle, which, one would think, could only be broken with more funding. In the end, in response to pressure from central government, directives went out from County Hall to Area Offices requiring Children and Families Teams to reduce the number of children registered by substantial amounts. A system of financial incentives to support this form of management was installed. The threshold for registration was thus presumably

²¹⁹ The funding of this research on professional procedures, rather than considerations of wider cultural issues involved in child abuse, such as intergenerational and gender power inequalities, is raised by some social policy academics as an inadequacy of government. There was also a consideration that this research did not look at the CP process from the point of view of the child and her desire for confidentiality. See **Fawcett, B., Featherstone, B. & Goddard, J. (2004)** *Contemporary Childcare Policy and Practice*. Basingstoke: Palgrave Macmillan.

²²⁰ Something that would seem a matter of a priori policy judgement about the desired extent of investigation, given the width of the net needed to catch x number of cases, rather than research.

raised, as numbers on the register dropped by the end of the decade.²²¹ This was seen as a cynical management ploy by those who had thought that the registration of a child was recognition of the fact that they were being abused. It was also a somewhat paradoxical result of what could originally be seen as a propaganda move of the welfarist lobby. It suggested that abuse was not something that could be recognised in the world, but was the movable result of local authority finances and administrative procedures.

Along with this, however, in 1999 came 'Quality Protects', a five year plan to re-emphasise and develop family support services to children, with, at last, the funding to go with it – nearly £900 million over five years, initially (DOH, 1998). This was twinned with the *Framework for the Assessment of Children in Need* (DOH, 2000) which instructed local authorities to change their initial and 'core' assessment procedures to relate to need rather than risk, the latter being just be a sub-category. Following this, the discourse of Child Protection was to become less forensic and recoup its socio-medical leanings, as it homed in on the long-term consequences for child welfare and development of all types of abuse.

It is not yet clear what the result of this has been. The new, resource-consuming assessment procedures are still (in 2008) bedding down in some LASSDs. There has been considerable high level organisational change, including the setting up of Integrated Children's Services in the Local Authorities (DOH, 2004), under the Department for Education and Skills and the Government Green Paper, *Every Child Matters* (Her Majesty's Government, 2003). This has introduced a more universal preventative approach to child welfare services and Local

²²¹ By 2001, the general figure on the Child Abuse Registers were down by 11%. The DOH statistician attributes this to a slight re-jigging of the categories (**DOH (2001a)** *Children and Young People on the Child Protection Registers. Year Ending 31st March 2001. England.* London: Department of Health.), but the DOH report on the Children Act 2001, made to Parliament in June, 2002 attributes it to a shift in resources from the Child Protection system to children in need and child welfare generally ---- (**2002**) *The Children Act Report 2001.* London: HMSO.

Authority responsibilities.²²² Nevertheless, the government response to the Laming Report on the death of Victoria Climbié (Lord Laming, 2003), published in the same year in the form of *Keeping Children Safe* (DOH; H.O.; DfES, 2003), concentrates on the Child Protection system and emphasises the importance of a wider more contextualised assessment procedure; a less incident-driven response and one orientated to a plan of intervention rather than merely registration. So, it is argued, the conceptual dichotomy between child welfare in the form of ‘family support’ and Child Protection, though deplored, was kept alive by the 1995 research and reactions to its message (*Fawcett et al, 2004*). Furthermore, the organisational dichotomy seems to be just as enshrined in the LA bureaucracy as it ever was.²²³

Amid all this inter-professional complexity and tension, emotional abuse as a registration category has grown rapidly, at least proportionately – and is growing still. The preoccupation of all services about how to respond to CSA has subsided and panic has on the whole been replaced with more measured responses. But the prophecy of some who envisaged the 1990s as ‘the decade of emotional abuse’ did not come true. It grew quietly, as a problem category, whilst the media responded to scandals about organisational abuse, and to paedophilia in all its real and virtual manifestations. Still, it did increase substantially in relation to other categories, and the way in which the invisible wound of emotional abuse replaced the external bodily wounds of physical and sexual abuse as a major source of social concern in the UK registration of children at risk reflects the processes already described in the last chapter.

²²² The Green Paper also introduces a new system for the collection, management and multiprofessional availability of data on all children about whom there is any professional concern. This prompted questions about civil liberties. See **Gallagher, B. (2005)** New Technology: Helping or Harming Children? *Child Abuse Review*, **14**, 367-373 and **Munro, E. & Parton, N. (2007)** How Far Is England in the Process of Introducing a Mandatory Reporting System. *Child Abuse Review*, **16**, 5-16.

²²³ For instance, in the organisational structure of most LASSDs, within the children's directorate, 'safeguarding' and 'family support' are the work of different social work teams and their leaders.

It has been suggested elsewhere (Cawson *et al*, 2000b), that this change may have happened, in part, because of the increased prominence given to emotional abuse by DOH publications, in which emotional abuse is identified as an area of potential maltreatment along several different dimensions. Typical was a much used DOH guide to family assessment, published in 1988 to accompany the 1989 Act and called *The Comprehensive Assessment*, (DOH, 1988). Similarly, the DOH summary of the 1995 research studies identifies a core problem of families ‘low on warmth and high on criticism’ as ‘a risk factor for adverse childhood experience’ (DOH, 1995: 54), whilst the *Framework for the Assessment of Children in Need* (DOH, 2000) goes further in identifying the importance to child development of an emotionally warm and secure home environment, and the dire consequences of its negative.²²⁴ However, these direct injunctions to social workers clearly found a very receptive audience and, since there was no great educational effort by the DOH on the subject of emotional abuse itself (Training Officer, Oxfordshire Social Services. Interview), it could be argued that there was a more subtle process in play.

The 1988 guide, nicknamed ‘The Orange Book’, was to be used by them in assessing the social circumstance of children who were to be the subject of a Child Protection case conference. It was indeed ‘comprehensive’ and set the investigation of any likely abuse into a welter of questions eliciting the most intimate details of family life, with more emphasis on the psycho-social dimensions than the material ones. The family was cast as the crucible of psychological problems, both for the potential abuser and the abused (DOH, 1988). This was reinforced by the re-emergence of a more welfarist slant to DOH preoccupations, with the programme of research published in 1995. In the 1990s, the advisers to the DOH were still socialised in the sort of post-war ‘therapeutic familialism’ that went with a largely psychoanalytic education for

²²⁴ This publication was known as ‘The Orange Book’ and was mainly notorious amongst social workers for the very detailed - some thought intrusive - information that it seemed to demand from families and the disproportionate length of time it took to administer all the questions. One Midlands social worker timed the whole interview at 96 hours (Allsopp and Stevenson, 1995).

social workers (Rose, 1999). Their welfarism may have included a concern for poverty and inequality, but since there was little they could do about that, their models for change, or at least for services, were centred on family tutelage and the management of psychological relationships. We should note here the resurgence of the popularity of attachment theory (discussed in Chapters 6 and 7).

The ‘family’ of ‘family support’ services to children ‘in need’ was being created as a psychological, not a sociological, entity and although the ‘support’ might be sometimes material or practical, it was certainly not financial. This point is underlined by a study by Ruth Sinclair (DOH, 2001b) of the ways in which social workers account for the needs of children in their caseload. Of a sample asked to choose the main causal category, 40% voted for ‘unstable family’ and not one ticked the ‘poverty and social disadvantage’ box – and this against a 20% to 4% differential on a similar piece of research commissioned by the DOH only four years earlier (Sinclair *et al*, 1997). Abuse, as a cause of need, in both studies, came out at about 13% (DOH, 2001b).

So, it is something of the same story as the last chapter. All forms of abuse are seen more and more within the context of a complex of ‘maladaptive’ psychosocial relationships from which the social is gradually lost. What remains is interpersonal and intrapsychic. From seeing intra- and then inter-psyche factors as the *causes* of physical forms of abuse, it is a small step to identifying psychological *consequences* of psychological causes and hypothesising a harm in some interior site. In a way, social workers had less far to travel along this road than paediatricians, used to working on the body, or politicians, who saw violence as the product of sociopathy. Social workers have always had their eyes half-turned on some inner territory, though the skills they have to find their way there are a little second-hand. But, whereas earlier they might have seen only sadness, anxiety and confusion there, in the 1990s they began to see more clearly the definite and actionable outline of a wound.

What is more, this story seems to suggest that the consequent growth of emotional abuse, as a registration category for children at risk of significant harm, has been one result of the re-valorisation of welfarism in the DOH. It has played its part in an ongoing debate on the proper role of social services, or more specialist child welfare experts, in Child Protection and on the place of Child Protection procedures in the overall social policy for children and families. For the concept of emotional abuse sits, uncomfortably, in a site where two orthogonal systems overlap: first, a much promoted governmental policy to relieve children in need, (including those experiencing the psychological consequences of all forms of abuse for child wellbeing and development), and, second, a system for managing risk which is largely legalistic and administrative and remains so, even if its terminology continually changes over time. The rest of the chapter, on the UK emotional abuse literature, illustrates this tension, out of which emotional abuse emerged as a larger, more serious social problem category and one which is fundamental to all forms of abuse.

II. DESCRIBING THE LITERATURE

The Emotional Abuse Literature: 1980–2003

Apart from Judith Trowell's lone article, (Trowell, 1983), there is virtually no UK publication on emotional abuse from the 1980s through to the early 1990s, although some on failure to thrive (see below). Arnon Bentovim, the GOSH Child Psychiatrist, who is well known for his work on the identification and treatment of child sexual abuse, did write a paper on emotional abuse for the Third International Congress on Child Abuse and Neglect in 1980, but regrets not having published it in article form.²²⁵ No doubt this omission was explained by the fact that his writing on child sexual abuse at this time was extensive, and

²²⁵ Personal communication.

with the help of his colleague, Child Psychiatrist, Danya Glaser, Great Ormond Street Hospital (GOSH), was fast being established as a national centre of expertise in this area and, for social workers with difficult cases, the referral of choice.

In fact, it was Danya Glaser, from GOSH, who became the ‘moral entrepreneur’ for emotional abuse in the 1990s, the promoter of ‘children’s emotional safety’ – the title of a paper she gave in a conference on Neglect in Ballymena, Northern Ireland in 1997. She is practiced at such promotion, having worked in this high profile way with sexual abuse and will take up other causes, including the training presentation of attachment theory for practitioners, especially its neurological aspects (see Chapter 7), having an ability to disentangle complicated ideas and write succinctly and simply for non-specialists. She published her first work on emotional abuse in 1993, in a book on clinical paediatrics, edited by Hobbes and Wynne, the Leeds paediatricians who achieved prominence in the Cleveland crisis (Glaser *et al*, 1993). Subsequently, she and two long-time collaborators, Margaret Lynch, ex-Park Hospital and now a consultant at Guy’s Hospital, and Vivien Prior, a researcher with Glaser at University College, University of London, were funded by the DOH to carry out a study for them on the registration process for emotional abuse in four Local Authorities in the South East of England (Glaser *et al*, 2001). This study was originally unpublished, although made available through the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN). This is the British version of ISPCAN and certainly the most important organisation of its kind in the country, its yearly conferences being the main meeting place for leading players in the field. Later, in 1997, its official journal, *Child Abuse Review*, one of whose editors happened to be Margaret Lynch, called for papers on emotional abuse for a special edition, whose first piece was by Glaser and Prior, describing their research (Glaser *et al*, 1997).

In the UK literature, this was the only special journal issue on the subject of emotional abuse. As already noted, unlike those in the US, it is grounded in the question of intervention and multi-professional relationships in the field of Child Protection (Browne *et al*, 1997). Not surprisingly, the composition of the contributors' list is quite representative of the various professional and intellectual positions contributing to the emotional abuse literature in this country. Apart from Glaser, there is also Judith Trowell, by this time at the Tavistock Clinic, London, representing child psycho-analytic psychiatry and writing of the work of a family centre and the question of case description and registration (Trowell *et al*, 1997). There is another paediatric strand, that of failure to thrive, represented by Dorota Iwaniec, an academic in the Social Work Department at Queens University in Belfast (Iwaniec, 1997), who worked on FTT with Martin Herbert (see Chapter 7) and produced her own PHD on the subject at Leicester University in 1983 (Iwaniec, 1983). She placed this diagnosis in its emotional abuse context in the early 1990s, producing the second UK monograph on this subject in 1995, *The Emotionally Abused and Neglected Child: Identification, Assessment and Intervention* (Iwaniec, 1995).

The social work or child welfare strand of emotional abuse is represented in the 1997 volume of *Child Abuse Review* by June Thoburn's research team, which again focuses on the registration process (Wilding *et al*, 1997). Thoburn represents the traditional quantitative research approach of the DHSS and DOH to Local Authority Child Protection processes, having contributed to both of the major government funded research efforts of the 1980s and 1990s, respectively. She has, however, not been much involved with the progress of the concept of emotional abuse and it was her fellow social work academic, Olive Stevenson, who wrote a contribution to the first volume of a new journal, *Child and Family Social Work*, entitled, 'Emotional Abuse and Neglect: Time for a Reappraisal', (Stevenson, 1996). Stevenson, trained at the LSE when Clare Winnicott was teaching for the social work programme, is a standard bearer of the traditional social work casework skills to be found in the pre-Seebohm Children and

Families' departments of the Local Authority Personal Social Services. She is also a champion of social workers against increasing criticisms and attacks for incompetence in government enquiries (she herself was on the Maria Colwell Committee of Inquiry, writing a minority report), and was primarily concerned with emotional abuse through her interest in neglect and her sense that it was not given enough attention in child protection. The latter was stirred by her experiences on the Stephanie Fox Inquiry, the only official examination of the death of a child where extreme neglect was an issue. She finally published a book on the subject in 1998 (Stevenson, 1998).

Apart from Doyle, another SW academic, who contributed a study on the prevalence of emotional abuse to the 1997 special issue of *Child Abuse Review* (Doyle, 1997a), the only other social work contribution to the development of the concept of emotional abuse is that of Kevin O'Hagan, a colleague of Iwaniec at Queen's College, Belfast, who curiously mixes a great concern with its taxonomy with many years as a practitioner and a rich knowledge of relevant case material. In his book, *Emotional and Psychological Abuse of Children* published in 1993, he is determined to pin down the difference between these two phenomena (O'Hagan, 1993) He contributes a paper pursuing this difference to an ISPCAN European conference in Oslo in 1995, where Stevenson and Glaser, among others, debate the question vigorously (O'Hagan, 1995).

Generally, emotional abuse has not had a high profile at multi-professional conferences. Some papers on the subject at a BASPCAN conference in 1994 influenced the setting up of a multi-professional project to identify, study and treat cases of emotional abuse in Nottinghamshire (Boulton *et al*, 2000). A paper at the 2003 BASPCAN conference, written by an Australian social work academic, based on an earlier book (Sheehan, 2001) was later published in the UK journal, *Child Abuse and Neglect*, on a study of the fate in the Victoria

family courts of cases where emotional abuse was registered (Sheehan, 2006).²²⁶ However, since the special issue, the literature has remained sparse and spotty. There is further work on prevalence by an NSPCC team (Cawson *et al*, 2000a); an article by Cheryl Dance and Alan Rushton (2000) on the very poor outcomes for what they take to be ‘emotionally abused’ children in the care system (Dance *et al*, 2002); another article by Glaser in 2002; a community approach to emotional abuse intervention by a health visitor (Hancock, 1998); ‘The Emotional Abuse of Elite Child Athletes by their Coaches’ (Gervis *et al*, 2004) and a few articles by psychologists more in the US style: one exploring the potential of the Child Abuse and Trauma Scale (CATS) in measuring the impact of childhood emotional abuse (Kent *et al*, 1998) and two more by the same team on emotional abuse as a risk factor for eating disorders (Kent *et al*, 2000; Kent *et al*, 1999). Another explores the question of whether maternal hostility to a child, as measured on the much tested EE or expressed emotion scale (pioneered by Vaughn *et al*, 1976) is a ‘sensitive indicator of emotional maltreatment potential’ [sic] (Calam *et al*, 2002).

The level of discussion of this form of child abuse at both conferences and in the UK professional and academic literature has by no means kept pace with its proportionate growth as a registration category in Child Protection. Perhaps this is because, as the next section will show, it is a concept which those who write about it claim to be elusive and hard to define.

III. MAPPING THE TERRITORY

Definitions of Emotional Abuse: Finding the Grid Reference

²²⁶ Research from Victoria, Australia (with a similar legal system) shows that emotional abuse is the hardest category to process legally as a simple abuse type registration, yet as an additional registration with another physical category, it makes care proceedings more likely to succeed. It is hard to make a case with just the sort of welfare evidence needed to support claims to emotional abuse. But hard evidence, incidents etc, can be subject to legal quibble and then the soft evidence of a child’s general emotional state may swing the case.

For these UK writers, academics and professional practitioners, the terrain around the emotional abuse of children is a very muddy field. The problem is where to find it. The term stands for a basketful of others, spreading out over the eclectic area of professional childcare talk, between which there are no clear boundaries: ‘emotional neglect’, ‘psychological deprivation’, ‘emotional withdrawal’, ‘psychological unavailability’, ‘emotional disturbance’, ‘mental injury’, ‘psychological torture or terror’ and ‘psychological maltreatment’. These are all examples given by Kevin O’Hagan in his book, mentioned above. His was the first UK monograph on this subject written after a decade in which the registration category of emotional abuse remained very small – under-used, he suggests, because practitioners find it hard to recognise. It is a ‘difficult, diffuse concept’ (Calam *et al*, 1989: 75, cited in O’Hagan, 1993: 20), or ‘nebulous, because the outward signs are hazy, indistinct and obscure’ (Morgan, 1987: cited in O’Hagan, 1993: 20). O’Hagan himself makes a heroic attempt to bring clarity to the field by pinning emotional abuse down to its adverse effect on child development and making a clear, though questionably helpful, distinction between emotional abuse which affects emotional development and psychological abuse which affects the psychological equivalent. After this, he resorts to a multiplicity of case examples, as do all the other authors of monographs in this field (O’ Hagan, 1993).

This process of defining by pointing to examples is not necessarily an invalid procedure or a sign of defeat. Ian Hacking (1995) has suggested that most often when we try to define classes or concepts, or names for things, we proceed by way of finding prototypes for the thing in question. We do not, for instance, tease out the essential ‘birdness’ of a bird, but rather use an example, like a sparrow or an eagle, which is seen as typical; literally, a fine example of its kind. We place the eagle at the centre of a definitional field, in which some other, more deviant, kind, like an ostrich, would be placed at the extreme periphery, distinguished mostly by its obvious difference from the prototypes. If this is a

useful procedure in the defining of natural kinds, how much more useful in the defining of seemingly vague ideas in the social world. Nevertheless, the literature about emotional abuse is ‘scientific’ and so proceeds relentlessly the other way about. Every research or clinical paper on the subject is prefaced by an attempt at a stipulative (or persuasive) definition, usually lining up a whole range of preceding attempts and opting for the one which, with embellishments, seems most appropriate to the preoccupations of the writer. Thus, in exposition, the case studies are merely illustrations of what has already been decided upon, although they may have contributed implicitly to the decision.

Nevertheless, in taking (literally) a more ‘bird’s eye view’ of the terrain of UK emotional abuse literature, the idea of the prototype is very useful in a different way: that is, in thinking about the place of emotional abuse within the wider category of abuse as a whole. Here, as Hacking has suggested, physical abuse and sexual abuse have been, and are, taken as the definitional prototypes of child abuse in general. In terms of his avian example, emotional abuse appears at first, at least, and in relation to the other two, to be rather like the flightless ostrich. It is easier to say what it does not resemble in the prototypes than what it essentially is: easier to define the boundaries of the space it occupies than to describe its detailed topography. But in exploring what it *does* resemble in the prototypes, it is possible to piece together a picture of its internal consistencies and contradictions. In doing this, one may discover, also, three different domains of usage in the building of a defining picture. The first is the figurative language of the vernacular with its emotive and persuasive definitions, which was addressed in Chapter 1 and not further investigated here. The second is the positivistic language of welfare science, which tries to locate this problem, through its indicators, in the real world of problems, technically defined, although, like all relatives of medical science concerned with health and wellbeing, it is entirely normative. The third acknowledges the socio-legal aspects of abuse and its relationship to varying legal and quasi-legal standards and administrative procedures.

i) The figurative domain:

One reason why emotional abuse is so hard to pin down is that it refers to injury in an area of human identity which is largely understood in terms of metaphor and, particularly, figurative tropes of the body, as already noted. It occupies a space bounded on one side by assault of a physical and or sexual nature, leaving visible bodily signs or wounds, and on the other by more subtle seduction and misuse of power which is revealed in the telling. As Judith Trowell argues, in emotional abuse, ‘victims are unable or do not speak of the abuse; ‘symptoms’ are non-specific and there are no pathognomic findings on examination’ (Trowell *et al*, 1997: 358). If emotional abuse leaves a wound, it is invisible, inscribed on some site that we might call the inner life. Any non-specific behavioural symptoms could be read as an outward expression of this wounded inner state.

ii) The domain of welfare science.

Battery, murder and abuse all refer to both a deviant action and its effects. But in the official DOH lexicon of abuse definitions, on one side of the border, child physical abuse is defined as the wound, the physical effects of abuse; on the other side, child sexual abuse is defined by the deviant acts of a perpetrator. This is probably due to their origins, the first in paediatrics and radiology and the second in the more abstract power-based discourse of feminism. So the abuse prototypes, in their official definitions at least, fall either side of the ambiguous space that emotional abuse occupies. Child emotional abuse is officially defined as both effect and action; the wound inscribed on behaviour and development, rather than the body as such and the abusive behaviour defined, somewhat tautologically, as is appropriate to a legal document, in terms of its effects, as:

The actual or likely adverse effect on behaviour and emotional development...caused by persistent or severe emotional ill-treatment or rejection (DOH, 1989b: 49).

This is not just an official partial-truism. Whilst authors in the research and clinical literature agree that the DOH definition is unhelpful, ambivalence about whether emotional abuse refers to a behaviour or its effects persists across this body of work. This may be partly due to competing traditions of research in which psychiatry has a long history of assessing ‘dangerousness’ in the perpetrators of crime, whereas the traditions of paediatrics, and then developmental psychology, are more obviously concerned with symptoms and growth patterns in its object – the child. While some writers give a set of definitions that focus on parental behaviour alone (Bailey *et al*, 1986; McGee *et al*, 1991a; McGee *et al*, 1991b), others (Iwaniec, 1995; Skuse, 1989, for example), as is appropriate to experts on failure to thrive, focus on the effects of parental behaviour on the child. Kavanagh (1982) focuses specifically on its physical effects in psychosocial dwarfism. However, these one-sided definitions create technical problems, since neither the parental behaviours nor their effects on children are highly predictive of or specific to emotional abuse (Aber *et al*, 1981; Trowell *et al*, 1997). Therefore, emotional abuse cannot be reliably inferred from either set of indicators. Just as in the diagnosis of PTSD, the symptoms are made sense of by the aetiological event, so effects have to be linked to acts to gain specificity. Thus Garbarino and his colleagues produced a much quoted combination of these two as ‘a concerted attack on a child’s development of self and social competence’. This takes five forms – ‘rejecting ... isolating ... terrorising ... ignoring ... corrupting’ (Garbarino *et al*, 1986a). This list is somewhat similar to that of Hart and his colleagues (Brassar *et al*, 1987), which is used by Doyle and extended by Glaser (Doyle, 1997a; Glaser, 2002a; Glaser *et al*, 1997).

These parental acts in emotional abuse definitions also distinguish themselves from those in the large boundary category of neglect, that is, essentially, acts of omission, and from those in its binary category of deliberate acts of cruelty, most clearly seen in the socio-legal category of sexual abuse. Again, emotional

abuse is seen by most writers cited as comprising both. In this welfarist definition, for example, emotional abuse consists of

parental acts that thwart children's basic emotional needs such as psychological safety, the need for a family environment free of extensive hostility and violence, the need for a stable and available caregiver and the need for self esteem (Barnett *et al*, 1991: 19).

'Thwarting' needs is stronger than 'not meeting' them, but still neutral as to whether it is a hostile or neglectful act. Questions of criminal responsibility and intentionality are not relevant to welfare considerations, in so far as it pronounces on effects only – matters of damage to health and development.

At the socio-legal level, it is partly *because* of their relation to the Criminal Justice System, that physical abuse and sexual abuse are defined officially, at least, as one-off acts, and are certainly investigated and thought about in relation to events which have already occurred. In contrast, Iwaniec and Glaser, for instance, insist that these emotionally abusive acts of parents should persist over time for them to be judged abusive (Glaser *et al*, 1997; Iwaniec, 1997). Otherwise, the definition is too inclusive of the odd lapse in parenting standards that may happen in the best of families. Such lapses are not allowed in perpetrators of physical injury and *any*, even remotely, sexual act with a minor may be processed as abusive. Emotional abuse is much more a matter of degree. Thus, Belsky, for example, asserts that it is important, in our attempts to measure the summative effects of rejection, terrorising and the rest, on development, not to ignore the immediate effects of such acts on a child's mental state, and that causing pain and unhappiness in the short term is as important and as abusive as its long term behavioural effects (Belsky, 1991). However, there seems a consensus in the literature that the negative nature of emotional abuse is in some sense cumulative and should be defined in relation to its long term consequences.

Unlike physical or sexual abuse, which may be constituted by the one-off act discussed above – ‘an event’ (Glaser *et al*, 1997), the infliction of an injury, a molestation, or even the taking of a photograph – Glaser and Prior insist that emotional abuse refers to

A relationship rather than an event. Such relationships constitute an heterogeneous collection of psychologically undesirable interactions or forms of ill treatment which are pervasive or characteristic of the parent-child relationship. The relationship may be actually or potentially harmful to the child (Glaser *et al*, 1997: 315).

Trowell, in the same volume, supports this view and emphasises the role of emotionally abused children’s ‘developmentally damaged’ behaviour in eliciting from parents, who might initially have been merely neglectful, negative and overtly hostile reactions. Thus, emotional abuse can be seen as not only cumulative but, potentially, growing exponentially, a system subject to positive feedback (Trowell *et al*, 1997). This more interactional approach towards abuse may reflect the part that systemic family therapy has played in the development of child psychiatry techniques and knowledge, but it also reflects similar descriptions of parent-child interaction by attachment theorists such as Crittenden and Ainsworth (Crittenden *et al*, 1989; Crittenden *et al*, 1991). These are thoroughly normative, unlike systems theory, and place responsibility firmly on poor parenting inscribed on a *tabula rasa*, the face of childhood innocence. It is the child that suffers from a poor relationship, not the parents, or if the parents do suffer, it is unimportant, because it is they who are responsible for the relationship and not the child. And this is the responsibility, Doyle (out of Hart and colleagues) reminds us, of all ‘parent figures, who are in a position of differential power that renders the child vulnerable’ (Doyle, 1997a: 331).

Finally, we have noted that emotional abuse, unlike sexual abuse and many cases of physical abuse, is seldom, if ever, indicated by a single event and can be seen as the result of a relationship over time. What constitutes abuse is a quantitative rather than a qualitative matter. In this, it is much like physical

neglect, which it also resembles in the way that parental acts are not necessarily deliberately destructive but are to be judged by the effect that they have on the welfare of the child. In both cases, the problem, both practically and theoretically, is where to draw the line; where does poor or inadequate parenting end and abuse begin?

iii) The socio-legal domain

Unlike severe physical abuse and sexual abuse, which are criminal acts and are partly, at least, investigated and assessed forensically (though of course acts of excessive physical punishment are more socially contentious), the drawing of the line in emotional abuse implies ‘tutelary’ intervention in families rather than criminal prosecution (Donzelot, 1979) and is a judgement based, presumably, on the knowledge of welfare or child-care professionals. This knowledge is not only factual but normative, being not only expertise in child development and what is statistically normal, but also in what is normal because healthy and therefore ‘acceptable’. The crucial question remains: ‘acceptable’ to whom?

According to Doyle (1997), emotionally abusive behaviour consists of:

Acts of omission and commission which are judged on the basis of a combination of community standards and professional expertise to be psychologically damaging. Such acts damage immediately or ultimately the behavioural, cognitive, affective, social and psychological functioning of the child (Doyle, 1997a: 331).

This suggests two sorts of judgments – the one, clinical, based on notions of health, in this case mental health, and the second, moral or evaluative, based on ‘community standards’ and more socio-legal considerations. It is not clear whether these standards relate to the acts *per se*, to unacceptable levels of damage or to their likelihood. However, this definition of emotional abuse is one of the few in this literature that acknowledges that some notion of social values and therefore contingency is implied in the term ‘abuse’.

Further, it is claimed by Glaser and Prior that the word abuse implies action – not just an expression of values but a particular type of process:

The abuse threshold is reached when the continued viability of the parent child relationship is regarded as unacceptable without attempted intervention (Glaser *et al*, 1997: 315-316).

Crucially, a poor relationship becomes abusive at the point at which it cannot be allowed to go on without this ‘intervention’, which in a clinical context means treatment and, in the multi-professional world of Child Protection, means administrative and occasionally legal action as well. As we will see, however, Glaser is not entirely sure of its desirability in all cases (see below).

Size Matters: the Prevalence of Emotional Abuse in the UK

The above delineates three distinct sources of difficulty in definition. The first concerns the precise applicability of figurative understandings; the second the task of recognising emotional abuse when you see it, because of the vagueness of the behavioural indicators and their embeddedness in the interactional patterns of a relationship over time. The third acknowledges the cultural context in which terms like abuse are used, which suggests that different meanings and, indeed, different professional practices attach themselves to the clinical and the administrative versions, although often, in the definitions offered, the assumed cultural context is not made clear.

In such presentations of a social problem category, attempts at definition are usually followed by estimates of prevalence. But with such a slippery concept, open to various interpretations, it would not be surprising that different claims are made about the spread of this phenomenon over the general population: to how many people this concept can be applied; what its location is in particular sections or classes; and its seriousness and importance as a social problem category. What is surprising is the level of unanimity on its under-representation

in the official figures, when how it is to be recognised and by whom is so contentious.

Of course, as with any social behaviour which is a feature of the 'private' or family sphere, and certainly with all forms of abuse, there is a public rhetoric about 'the dark figures' - those instances that will not be picked up by official administrative procedures, nor be revealed in answer to prevalence study questionnaires; a suspicion that there is more of it about than meets the eye and a call for more professional vigilance, more knowledge and, of course, more research (O'Hagan 1993). Iwaniec writes about 'a growing consensus among professionals that emotional maltreatment is more prevalent than was realised' (Iwaniec, 1997: 370). Certainly, the only two UK prevalence studies of emotional abuse available to date show a greater proportional identification of this category in the general population than in the Child Protection statistics. These are interesting examples of their kind and, as ever, it is the application of the category which is contentious, because of the bifurcation of the requirements of scientific statistical research from those of administration, referred to above.

The first study by Doyle, the social work academic, used a sample of 504 students, an equal mix of mature people on access and in-service courses and young undergraduates, who answered a detailed questionnaire (Doyle, 1997a; Doyle, 1997b). Using as clear and careful a definition as is available (from Brassard *et al*, 1987; Hart *et al*, 1983), the subjects' responses were scored against several different dimensions of the definition and these scores were checked by an independent judge, working professionally in child-protection, who used their responses to eliminate or exclude marginal cases. The child and family characteristics of this emotional abuse group was also checked out with a set of 112 Local Authority cases registered for emotional abuse, to which they appeared remarkably similar in major characteristics, so that a sort of negotiated

measure of ‘caseness’ was achieved.²²⁷ Of this sample, 29% were in the emotional abuse category; 14% in the physical abuse and 9% in sexual abuse categories (presumably also self reported). The size of the two latter categories are roughly similar to those from other earlier prevalence studies (Creighton *et al*, 1995; La Fontaine, 1990; Smith *et al*, 1995) which lends some credibility to size of the emotional abuse group. Also supporting these claims to caseness was the characteristics of the families involved and the style of parenting recalled, which matched those of the supplementary group of registered cases, as well as those of similar registered samples in other studies (for example, Glaser *et al*, 1997; Trowell *et al*, 1997).²²⁸

The later NSPCC prevalence study (Cawson *et al*, 2000b) uses a ‘nationally representative sample’ of 2869 young adults, whose answers to questions about their childhoods were researcher-scored on a highly complex multidimensional system.²²⁹ Although dwelling at length on ‘the innate difficulties of definition, measurement and proof’ for emotional abuse, noting the extreme volatility of the figures in US studies (Friedrich *et al*, 1997) and the discrepancy in such studies between professional identification and self report (McGee, 1995), the report came up with estimates for all categories, more conservative than Doyle’s, with neglect, physical and emotional abuse all running at about 6% of the sample, while CSA was lower at about 3% (Cawson *et al*, 2000b).

Either way, unsurprisingly, for both studies the numbers identified for the total population of the abused far exceeded the numbers of children registered. More surprisingly, the proportional relationships of the various categories of abuse and

For the concept of ‘cosiness’ see **Brown, G. W. & Harris, T. (1978) *Social Origins of Depression: A Study of Psychiatric Disorder in Women***. London: Tavistock.

²²⁸ For example, in the emotional abuse group families, on the whole, both parents, who were largely present, were involved in the abuse. The families showed significantly more socio-economic problems: financial distress; parental mental health problems and alcohol abuse, than did the non-emotional abuse groups (supported by Glaser & Pryor, 1997). These are clearly not specific to emotional abuse, being, not surprisingly, ‘risk factors’ across the whole spectrum of abuse.

²²⁹ Based on a combination of Hart’s and Garbarino’s multi-dimensional definitions augmented by the work of Bifulco and Moran (1998) on the links between child abuse and mental illness.

neglect are completely different from those in the official statistics, collected by the DOH from Local Authority registers starting in 1989. Far from being the largest category, or one of them, as presented here, in these classifications emotional abuse has always, until the turn of the century, been the smallest. It rose dramatically in the early 1990s from 4% to about 14% of the total and still grew, though more slowly, from 1995 to 1999, when, at 17%, it overtook CSA, which declined over this time from 24% to 15%. Neglect and physical abuse are the two largest categories, the first increasing from 30% to over 40% of the total from 1995-99 and the second reciprocally declining from 40% by about the same amount (DOH, 1999).

Given the usual caveats about the difficulties of definition, the non-reproduction of the study, the sample sizes and, in the first case, at least, its questionable representation of the general population, the huge discrepancy in the proportions allocated to the various categories is still remarkable. The fact that it is emotional abuse that is so widely recalled but not so widely registered seems to require explanation. Technical aspects of the way that the Child Protection figures are collected may account for a small but not a major part of the discrepancy²³⁰ but not the major part, however. The possibility that cases referred to Social Services represent a different, less socio-economically privileged part of the population than average also cannot explain much of the discrepancy. The families of those scored as suffering emotional abuse in the prevalence studies do seem to have the same socio-economic characteristics as those of the supplementary cases and, on the face of it, this should imply a smaller proportion of emotional abuse in the general population, rather than a larger one. (Doyle, 1997)

²³⁰The DHSS (1988) *Working Together* document states that 'all abuse involves some emotional ill treatment; this category (emotional abuse) should be used where it is the main or sole form of abuse.' Otherwise the child is registered under some other category of abuse. When, in 1995, the DOH, in recognition of the frequent coexistence of emotional abuse with other forms of abuse and neglect, invited Local Authorities to resubmit that year's figures for registration of emotional abuse as an equal category with some other form, this raised the figures for 1996 to 24% of total registrations for those 24 Local Authorities who chose to comply, taking it just above the numbers for sexual abuse but still nowhere near that for physical.

Of course, not even the most naïve realist would think that a prevalence study set against official data was comparing like with like, though these differences might be thought to operate for all categories of abuse claims. However, when the sources of difference are analysed it is possible that these have more influence on findings for categories which are vague and definition difficult. It is not just that recall is unreliable compared to some present assessment, or that self report may be more extravagant in these times of increasing interest in victimhood. On the contrary, all the research evidence suggests that professionals are more likely to classify certain behaviours as abusive, than victims or the general population (McGee, 1995). But first there is the important issue of saliency which causes major, though often unacknowledged, problems with any questionnaire data and also with its subsequent validation by professionals; these issues are recognised in an artificial way, because they are put high up on the agenda of respondents and experts alike by the research context and the well established volatility of the emotional abuse data supports this. These considerations would be even more influential for an experience which does not relate to an objectively verifiable event.

Much more telling for the argument from uncertainty is the thought that putting someone in a category for research purposes only has consequences for the research; the discourse is scientific. The classification by registration of children and their families in the context of a multi-professional Case Conference in Child Protection, however, is an administrative and legal process which has enormous, powerful and potentially negative consequences for all the actors involved. The process of its negotiation is hardly scientific, but rather, it is claimed by some (Parton *et al*, 1997; Thorpe, 1994; Wattam, 1992), primarily political – an activity which has little to do with the filling in of a questionnaire.

The Making of Child Protection Statistics

The making of Child Protection statistics over the 1990s is a multi-professional process which may also involve the community at large in the first stage of referral of a child. The Personal Social Services Department of the Local Authority is statutorily *responsible* for receiving and investigating concerns about the wellbeing of any child in its area and, indeed for the whole Child Protection process. Other agencies have a statutory *duty* to refer concerns about a child to Social Services (unlike in the USA where reporting is mandatory). On the whole, this duty is taken very seriously by all agencies involved with children and professional referrers may retain an active part in a case, or be drawn in at a later date where Social Services, as advised by the case conference, require.

When a child is referred to Social Services, he/she becomes an eponymous case file which will start on a journey. This journey can be seen from different perspectives and is mapped in several distinct ways in the Child Protection literature. Generally, it is seen as a series of alternative pathways and gateways at certain decision nodes, in the form of a decision tree. The story goes something like this: Decision node 1– a private individual or an agency decides on the basis of available information whether to refer to Social Services or not. The branch not chosen is pruned out. DN2 – The Social Services Duty team (or short term Children and Families team) who receive the referral, might seek more information (consult the police, for instance) then decide, on the basis of what they know, whether to investigate or not. The ‘not’ branch, again, is pruned, unless other services are offered. DN 3 – on the basis of an investigation about which the police will be informed and in which they may participate, a decision is taken to call a multi-professional case conference to consider registration of the child as in need of protection. If the need for protection is thought urgent and imperative, the local Magistrates courts are involved in considering a court order for the immediate removal of a child from her family into local authority care. If neither of these, the branch is not necessarily pruned. The child and family may be offered certain services via referral to a long term

Children and Families team. Too often, it is claimed in *Messages from Research*, (DOH 1995), there is ruthless pruning here – no subsequent support for families investigated, who in terms of their characteristics or ‘needs’ should qualify.

DN4 – the multi-professional Case Conference decides whether or not to register the child as having suffered or as likely to suffer significant harm (harm where a close caretaker is involved in its commission or lack of prevention). The conference is attended by the child, if of sufficient age, and her parents or significant others and by all the myriad professionals involved (by this time) with the key participants. It is serviced by the relevant Social Services department in terms of its chairing and reports, the key paper being a Risk Assessment compiled by the allocated short term Social Worker, on the basis of as much information as can be gleaned from families and involved professionals in the time available. This makes recommendations on the basis of evidence for what has happened to the child, her immediate safety and the best long term strategy for her protection. If it is decided not to register the child, again she may anyway be assigned some services, but not necessarily.

The consequent pathways for the child after registration are multiple. For all registered cases the child should, rather than will, be allocated to a different social worker from a long term team. He/she will manage the case and coordinate the efforts of the multidisciplinary team, act as mouthpiece and agent for the child and work ‘in partnership’ with her parents.²³¹ This social worker will also do a ‘Comprehensive Assessment’ of child and family, for which the bureaucratic requirements are enormous in terms of the number of questions specified and their detailed and personal nature. She may also request from other agencies more technical pieces of work in the assessment process. When this is ready, the conference will be recalled. On the basis of this assessment a Protection Plan will be formulated and its original decisions will be reviewed. Further review should happen every three months.

²³¹ Shortage of social workers, especially in the London boroughs, is a constant problem here.

The differing natures of the Protection Plans constitute the different pathways for the child. The system is designed to bring down the level of risk to the child to an acceptable level, which would be achieved differently for different forms of abuse, in contexts presenting different threats to the child at different levels of likely realisation. A high level of seriousness is often constituted by what is seen as parental lack of cooperation or denial of a problem. At this level, the Local Authority might take an interim care order on a child, if not taken already, whilst preparing to apply to the Magistrates Court for a full care order, while looking after the child in foster accommodation or with extended family. At a lesser level, parents might be offered a combined package of services and monitoring by Social Services plus other specialist agencies, designed to address family problems and bring about sufficient change in the child's social context to lessen risk. The procedures are designed to monitor the state of any child on the Register regularly, to respond swiftly to any deterioration, to aim for deregistration as soon as possible, and case closure when and if a satisfactory outcome is achieved. There is a horror of 'case drift' in the Social Services bureaucracy. This is not surprising, as the LASSDs supply figures for registration and deregistration, as well as numbers on the register, broken down by age, gender and registration category, to the relevant government department. These are then published and scrutinised for quality performance.

The decision tree described above has been framed to present a bureaucratic model of the 'if, then' kind: if certain conditions are fulfilled the child goes into a particular category and certain procedures are triggered. What is implicit in this rendering are categories of risk. This is the way the process would have been viewed by Local Authority Child Protection Coordinators, or their equivalent, whose role it was to devise systems for surveillance and monitoring of risky situations for children, and systems for monitoring systems. This could easily be reframed in terms of categories of need, although this reframing might affect the level at which standards are placed and lines drawn. After 2000, this

happened, as a new system has been phased into the functioning of local authority children's services (DOH, 2000). It extends assessment, in theory at least, to the needs of all children who cross the threshold of Social Services, and frames Child Protection interventions as just one service to children and, somewhat bizarrely, to parents as well.

Much research on the Child Protection process (usually financed by DOH) is, as already noted, an evaluation along these two approaches to decision making, or some combination of the two, against an implicit model of 'good practice'. But the framework of gateways and pathways may also tell an entirely different, more sociological story about the making of a 'child protection career'. This becomes an interactional process, negotiated between child, family and professionals, whose case talk, writing and meetings can be seen as a process of situated reasoning, in which the moral worth of parents is continually assessed (Dingwall *et al*, 1983; Parton *et al*, 1997; Thorpe, 1994; Wattam, 1992). Rittner and Wodarski claim that the complexity of abusive situations in families requires an ecological approach to its assessment, occurring, as it does 'within a milieu of family dysfunction, environmental stress and societal values relating to child rearing' (Rittner *et al*, 1995: 45). But the logic of an ecological approach is that the assessors too are part of a complex ecology²³² within which Child Protection statistics do not just describe or misdescribe the world, however complex. They are also made by it and make it; they are part of an intricate social process that has its own 'rationality' (Perrow, 1984).

Pushing the Boundaries: The Statistics and Child Emotional Abuse as an official Problem Category.

The Child Protection statistics for emotional abuse can be seen to embody all the complexity of their administration. Whilst they clearly grew over the 1990s,

²³² This view is part of what Gregory Bateson called 'second-order cybernetics'. For a summary, see von Foerster, H. (1974) *Cybernetics of Cybernetics*. Urbana Illinois: University of Illinois.

which might be taken as some indication of a cultural shift, either within Social Services, or the society at large, or both, the predominant narrative in the professional and academic literature on this subject – what little there is of it – is that there is still the sort of large discrepancy between the proportions of the different sorts of abuse that prevail in the population at large, or even in the population of Social Services clients, and those revealed in the figures that were discussed above. The story is that emotional abuse as a social problem is under-represented in the Child Protection statistics in comparison with other categories; that this is the fault of the administrative procedures and the decision making process, and that although this is a multi-professional process, it somehow reflects the inadequacy of social workers – a constant theme of all other professionals, Social Work academics and sometimes even Social Work managers.²³³

The first part of the narrative is the positivistic one about all the difficulties with definition noted above, which means that social workers and other professionals (but mainly social workers) cannot recognise emotional abuse when they see it (Kaplan *et al*, 1999; O’Hagan, 1993). Next, a development of this account, more legalistic in flavour, is that since all the behavioural indicators are non-specific, even if ‘the emotional abuse inherent in the situation’ is not ‘missed’ (Trowell *et al*, 1997: 338), it is extremely hard to prove that developmental delays in children are ‘caused’ by particular parental behaviours, singly or in combination. This is the proof that will have to be shown if ‘significant harm’ is to be established in court. Lack of proof might presumably prevent a case conference from putting an official imprimatur on a suspected case of emotional abuse. (In most of the 1990s, at least, there are countervailing arguments here, mostly using the controversial assertion that, in most Local Authorities, registration of a

²³³ They cite poor training, overwork, youth and inexperience, high turnover, difficulty in recruiting. There are well trained competent social workers from the New World, but they do not understand the social context here and, anyway, do not stay for long, because they live only temporarily in the UK. (Social Work Manager and Academics. Interviews).

child is needed as a trigger to any services at all and that registration is generally over-used (DOH, 1995).

The third, more prevalent narrative is that social workers or the Case Conference may recognise the characteristics of emotional abuse in a case under discussion, but not appreciate its seriously damaging nature in comparison with other forms of abuse and, therefore, not feel the necessity to register. This applies to emotional abuse when it exists on its own, or also where it co-exists with other forms for one child. Child physical abuse and child sexual abuse and even neglect are registered in preference. Circumstantial evidence for this is given in Trowell's analysis of a group of children referred to a North London Family Centre for treatment, where few are registered for emotional abuse but the level of concern, expressed by referrers and staff of the centre alike, is about the emotional and developmental state of the sample children (Trowell *et al*, 1997). Glaser and Prior (1997), in their DOH sponsored study of the registration process in four Local Authorities in South East England, note a significant delay in the registration of their sample children for emotional abuse, 96% of them previously known to Social Services, which, they claim is only explained by some reluctance on the part of the Case Conference/ Social Services to register. They observe that in contrast to those cases of abuse which, definitionally, depend on the occurrence of a particular sort of 'event', where registration is prompt, the registration of emotional abuse seems to depend on a slow build up of, probably, non-specific concern. This contrasts interestingly with registration for neglect, a process in which it has been noticed that a long term symbiotic relationship between Social Services and these traditional 'revolving door' clients is precipitated, catastrophe like, into a more coercive interaction by 'an incident' – an event involving actual physical or sexual injury to the child, or indicating, at least, a high level of its probability (Allsopp *et al*, 1995; Stevenson, 1998).

What is apparent in the case accounts of a large sample of social workers, interviewed in 1994, is an implicit hierarchy in the administrative response to different forms of abuse, explicitly recognised in this statement by a Social Services manager:

If we looked for emotional abuse we'd have half the country up Social Services. [So we look to see if children are] clean, well dressed, well fed, robust ... the outward and visible sign of inward spiritual grace, if you like.... If the same children were to appear with runny noses and muddy ears, with wet underwear and dirty clothes and not having had breakfast etc etc, it starts to be a different ballgame [neglect]. But even then we sort of hang on in there. But if they've got a lump missing from the side of their head, or Mum's boyfriend touched their bottom or something.... Its that bit which is very, very important' (Allsopp *et al*, 1995: 42).

It is this hierarchy which is implicitly recognised in the emotional abuse literature, in the constant injunction that emotional abuse should be allotted more importance in our concerns about the wellbeing of children. The claim is that emotional abuse and its effects are 'as serious' as (Glaser *et al*, 1997: 316) indeed 'more damaging' than (Iwaniec, 1995: 370; Trowell *et al*, 1997:358) than those of other forms of abuse.

What is being asserted here? Is it just that physical, outward harm is more easy to prove (Trowell *et al*, 1997) and so more children are registered under this label; or is it that members of Case Conferences genuinely think that the harmful effects of emotional abuse on children are so much less than that of other forms? What is also implied, though not explicitly spelled out in the literature, is that these decisions are the outcome of a process which is coded in the language of risk – an approach heavily criticised in the Child Protection literature since the mid-1990s. A commonplace of the DOH research on the decision making process (DOH,1995) is that most of the time is taken up with establishing whether a particular event has occurred, in order to identify abuse, rather than, more desirably, discussing future plans for ensuring the welfare of the child (Farmer *et al*, 1995). This preoccupation may be for legal reasons, but it is also

because an incident of physical or sexual abuse is the best predictor of another occurrence, without intervention. It may also be seen as an indicator of what may be escalating violence or a build up of stress as the ‘critical path’ models have it (Lynch, 1976). Given the characterisation of emotional abuse as a long-term relationship, the point in time of the intervention is not so crucial. As Glaser and Pryor, in their 1997 paper, point out, unless the intervention involves removing a child from her caretakers, any therapeutic plan can only be expected to make a difference to a child and family over the long haul. The situation does not threaten to deteriorate, catastrophe like, in the near future. It is the nearness of this future which may also be crucial to the different decisions taken for each form of abuse. According to the assumptions of welfare economics,²³⁴ however objectively equal the damage to the child in the different forms of abuse, the disutility of an event or outcome in the far future cannot be similar to that attached to an event which may be imminent – even if the process were entirely dominated by objective welfare considerations. But this is a system of risk management, in which the layers of surveillance and monitoring extend from the child and family, through Social Services management to the Social Services Inspectorate. With high levels of anxiety, accountability, and frequent turnover of jobs, it would be hardly surprising if the more imminent forms of harm had more saliency in the outcomes under consideration and the more predictable forms of abuse took precedence in the registration process.

Category Confusion

There is something strange about the logic of the claims of these academics and practitioners in the child welfare field, which extends across the medical, psychological and social work professions. In claiming the inadequacy of the registration process in recognising the extent of emotional abuse as compared with a, presumably, more accurate response to other forms of abuse, they are

²³⁴ In Welfare Economics it is assumed that economic agents have a “time preference”, so that, when thinking of future consumption they discount future income streams at a cumulative rate.

recognising that the production of this data is an entirely contingent process. Yet it is, at least partly, both on the basis of this data stream, and the concept of emotional abuse encapsulated in the government guidance of 1980, the ontologically subjective product of a human and highly fallible process, that much of their scientific, or social scientific research is based. Moreover, it is this research, through its enumeration of various behavioural indicators and family characteristics, or the way that self report questionnaires build up a threshold of 'seriousness', which is used to identify emotional abuse as a problem in the real world which has an objective existence, independent of the official Child Protection category.

Perhaps this is the confusion that underlies the assertion of the highly influential Child Psychiatrist, Danya Glaser, when she writes about the difficulties surrounding the interventions of the administrative processes in the psychiatric treatment approach to a case of emotional abuse:

This paper ... while advocating an early response to concerns suggesting emotional abuse, ... raises questions about the appropriateness of the immediate use of Child Protection procedures in the investigation and assessment of suspected emotional abuse. Alternative approaches are suggested which may not need to include police and Social Services in the early stages. The response to recognition of emotional abuse is more appropriately considered as working towards protection (Glaser *et al*, 1997: 315).

She follows the old medical line that registration and possibly court proceedings should be used as a last resort, its threat a therapeutic lever on the families she is treating – nasty medicine rather than a punishment. This approach is inimical to many social workers, who see the use of registration as a threat as, indeed, punitive. At the same time, they see it in bureaucratic mode and feel that registration is essentially descriptive; it should be used to register concern when abuse has been established; it is not there to be used strategically (Glaser *et al*, 1997: 324). They might also see in her stance shades of the old Child Protection problem of doctors wishing to retain medical confidentiality.

They might nevertheless agree that emotional abuse is not appropriately processed by Social Services, as the social work manager quoted above. He envisaged a complete flooding of the system, which does not seem to have happened. This could be attributed to a common attitude among Social Services managers and has been attributed by the medical sector, including Glaser, to the requirements of the procedures themselves, which prevent official recognition (as detailed above). Thus, Glaser arrives at a contradictory position, or at least at a position of wanting it both ways. She complains that the administrative category is not inclusive enough, that social workers or case conferences are not sensitive enough to recognise the medical fact of emotional abuse when they see it, but that if they were to recognise it, it should remain a medical category, otherwise it would trigger all the procedures that she finds so unproductive and inconvenient. Either way, this is a bid for expansion: to keep the definition and management of emotional abuse out of the Child Protection system and in the hands of medical personnel, where the only limit on its growth as a medical category would be NHS rationing.

In contrast, Olive Stevenson, described in Section II as a distinguished Social Work academic and one of the traditional welfarists mentioned above, also makes an expansionist claim in her keynote article in the first volume of a new journal, *Child and Family Social Work*, (Stevenson, 1996). Her opinion is that since the sequelae of all forms of abuse is emotional damage and developmental delay, techniques for managing emotional abuse should become the main feature of all Child Protection work. Such techniques should be informed by the sort of quasi-medical knowledge about children and families and their relationships which should be a major part of the knowledge base for the SW profession, since it is presumably they whom she envisages as doing the work.

Yet, while the child psychiatrist and the welfarist social work academic are making widely different claims about the proper ownership of this category, they

are not disagreeing about the definition. Glaser lumps Child Protection social workers with the police in the context of the Child Protection procedures, whilst Stevenson claims wider concerns and skills for social workers, (who are not just bureaucrats and can therefore recognise problems of abuse independently of whether they do or should invoke the procedures). Such skills can still be used and indeed are necessary to a proper use of the procedures themselves. However, social workers largely share what Stevenson would consider the appropriate set of knowledges for making their judgements, which are broadly medical, or those related to child welfare. Stevenson supports the notion that the concept of emotional abuse, even for social workers, should be something other than an administrative category (Glaser *et al*, 1997; Stevenson, 1996).

Category Inflation

However, Stevenson, here, is also making another sort of expansionist claim which presents a further /different aspect of the questionable logic in the bids of emotional abuse academics for an equal or higher place in a hierarchy of ‘seriousness’ for emotional abuse, as distinct from other forms. Her claim that the management of emotional abuse is the basis of *all* Child Protection work, because it is the consequence of all forms of abuse, amounts to a sort of curious ‘categorical imperialism’ (*pace* Kant) that is widespread in the emotional abuse literature (from Garbarino, 1978, onwards). It seems to be the consensus, in the professional research and clinical literature of those disciplines which assess and treat abused children, that ‘whether the abuse of a child involves neglect, physical or sexual abuse, it is the emotional and psychological damage that generally leads to long term difficulties.’ Trowell, who reproduces here the message of Franklin twenty years earlier, also supports Stevenson when she continues, ‘increasingly the emotional and psychological sequelae of other types of abuse are recognised as the target for work’ (Trowell *et al*, 1997: 357). Iwaniec, in the same journal, goes further in establishing, as Trowell did in 1983, that these sequelae *are* in fact emotional abuse in their own right, but, in

the contorted logic of the following piece of prose, it is also possible to detect that she is claiming something more:

There is now a growing consensus among professionals that emotional maltreatment is more prevalent than was realised; it is at the core of all major forms of abuse; its impact is usually more damaging than the effects of physical and sexual abuse; and it requires special attention to disentangle emotional from physical acts of maltreatment (Iwaniec, 1997: 370).

There is a subtle shift of definition here from emotional abuse or maltreatment as a category of abuse which comprises certain parental acts, which relate more specifically to certain developmental outcomes for the child, to one which refers more generally to ‘damage’ to some inner life, whatever the nature of the parental actions. The sequelae of all forms of abuse, emotional abuse becomes the ‘core’ of all abuse, following Hart. Although, at the same time, physical acts of maltreatment can still be ‘disentangled’ from the emotional, for the administrative purposes of registration say, they have also become emotional acts of maltreatment. Thus the set of all environmental causes of emotional harm is considerably widened, enlarging the category by many times. If emotional abuse is a concept which primarily refers to all ‘emotional and psychological damage’ inflicted by another, whether by physical or psychic assault, then it becomes a category which encompasses all other abuses, since they all have psychological sequelae.

This extended category also helps to confirm emotional abuse’s ontological status in the objective world of welfare science, requiring the ‘special attention’ of experts in its recognition and treatment, because, however the wounds have been inflicted, the resulting harms are *the* ‘target of work’. It is a larger, more important and serious proposition, it is claimed, than the category of the emotional abuse of children in the Child Protection registration process, which, in contrast, is a mere construct of administrative and legal processes and their participants’ obsession with proof and ‘incidents’.

CONCLUSION

These two chapters on the growth of emotional abuse as a registration category in child protection have much in common with the two preceding ones on PTSD and the law. There I identified different forms of life: the medical and psychological research extending to epidemiology; the medical-clinical and the administrative-legal. In these two chapters, I have identified other forms. First, the emergence in the context of USA and UK social policy of a problem category which had a primarily medical or socio-medical base, child physical abuse and emotional abuse as a rare variant. Second, the burgeoning of a research-based version of this phenomenon, using different forms of definition and identification, but still referred to as a source of knowledge by professionals and practitioners applying a very different category – ‘operational’ rather than ‘statistical’. It was partly due to this research base of adult recollections of childhood, that psychological abuse began to be seen as such a pervasive and serious category of abuse and a core part of all forms of maltreatment.

The present chapter has looked at the growth of the ‘operational’ form of this category to a similar form of pre-eminence in the legislative and organisational context of the UK after 1980. We have noted the shift of emphasis in the processing and understanding of abuse from a socio-medical, diagnostic, to a socio-legal, more forensic, formula and then possibly a re-emergence of the first, in a constant dialectic between a system ideal based on the administration of risk and one based on the administration of welfare. Further, the confusing nature of the concept’s profuse definitions in the emotional abuse literature has been identified, with conflicting claims to its correct application, as the category covers these two different domains: the medical-welfarist one and the administrative-legal one. It is argued that confusion arises at their interface, although the two systems for identifying and understanding this social problem

not only exist side by side, not only legitimate each other, but depend on each other for meaning – existence even.

Out of this confusion and multiprofessional difference, the category of the emotional abuse of children has grown enormously, in the process of which it seems to have gone through certain phases: 1) as non-existent or only metaphorically abusive; 2) as an also ran to physical and sexual abuse, a cause or a consequence, part of the psychosocial context and still half metaphor, as described in Chapter 4; 3) as another, much less prevalent form of abuse than physical or sexual abuse, used for registration and existing along side these other two; 4) as a more prevalent and just as serious or more serious form of abuse than the latter; and lastly, 5) claimed to be prototypical of abuse in all its forms. With these claims, it moves from the periphery to the centre of the definitional field, where Garbarino always put it. Such an inclusive category is no longer the last of the litter. And no longer an ostrich, but an eagle.

There is a difficulty here. This categorical eagle – emotional abuse as the long term developmental consequence of all forms of abuse – came into life and grew as a small legalistic registration category and grew quietly as such, though some claimed it as a class of damage to which the normal legal and administrative processes are not necessarily seen as appropriate (Glaser, 2002b; Glaser *et al*, 1997). For, like neglect, its definition draws more from child welfare knowledge, including details of child development over the longer term; concern is not triggered by discrete observable parental (or other adult) actions, which may be prosecutable under the criminal justice system and the welfare consequences of being ‘in need’ or ‘at risk of abuse and neglect’ are not greatly different. It can be argued that the growth of social work interest in acting to promote the emotional wellbeing and development of children, including all those that are abused, owed much to the efforts of the DOH to shift the LASSDs after 1995 towards putting more scarce resources into long term child welfare. On the other hand, this ‘action’ seems to have taken the form of registering more

and more children under the Child Protection category of emotional abuse, still an administrative form of life, generating an ever increasing consumption of resources under a sovereign compulsory regime for the state's intervention in family life, rather than any form of voluntary tutelage. This is something of a paradox and, perhaps, not what the welfarist authors of the Children Act intended. This eagle may be ready to fly, but it is still caged by a framework of legislation and a rigid, bureaucratic taxonomy of harm, which divides the mind from the body parts of children.

More generally, this study of emotional abuse as a child registration category raises issues quite separate from those raised by PTSD and nervous shock, where the wound is seen as caused by horrifying events and by fear and shock. There, in a situation where memory is impaired, the problem is to identify invisible wounds with sufficient positivity for compensation to be claimed – and to allow for it to be paid without breaking the bank. Looking at the career of the concept of emotional abuse – naming something which happens over time as part of a human relationship – raises much of the analysis of invisible wounds in Chapter 1. That is, the location of the problem in psychological individualism as opposed to any wider sociological analysis in Section 3 and particularly the 'critique of the therapeutic turn', described in Section 4. What has been traced in the present and the preceding chapter is a reproduction of this psychological and therapeutic turn at the local level. The emotional factors in abuse have gained official recognition through a process in which broad sociological explanations and consequences have been backgrounded and lost, as psychological explanations have been invoked and dominated the public understanding of abuse from 1961 onwards (Nelson, 1984). It is not surprising that the researchers and writers who specialise in the study of psychological or emotional abuse are claiming its ascendancy as 'the core of all abuse'. The more intense the gaze on an inner territory, the more it is possible to see.

Not only that: this seemingly reductive narrative has particularly affected our perceptions of close family relations – a process which is described and much elaborated in the next two chapters on attachment theory. Here mother/child relationships, as seen through the prism of the wound, are not only confined to the psychological, but the psychological itself is grounded in nature and based in biological needs.

CHAPTER 6: ATTACHMENT: AN ‘INTERNALISED SOMETHING’ AND THE NATURAL WORLD

INTRODUCTION

When reactive attachment disorder (RAD) was written into DSM IV in 1994, it joined a mounting number of other diagnoses of childhood in the canons of psychiatric medicine, including autism; attention deficit disorder (ADD) and attention deficit hyperactive disorder (ADHD); then most recently, bipolar disorder; and, of course, the depression being found in children in increasing quantity – much more of it about than was thought!²³⁵ As a diagnostic category, (RAD), itself, is barely distinguishable from these other childhood conditions, since none have a specific set of symptoms.²³⁶ It is a diagnosis given to a small but resource- consuming group of children, whose seemingly intractable and troubled behaviour presages high levels of deviance in adolescent and adult populations. These may be delinquency, mental illness or substance abuse and the more extreme and dangerous disorders of personality. It is the subject of books whose titles speak for themselves. Here are some examples from the bibliography of the IACD, the Institute for Attachment and Child Development, Evergreen Colorado, Director Forrest Lien, (‘Saving Children, Saving Families, Saving Lives’): *Broken Hearts; Wounded Minds*, (Randolph, 2001),²³⁷ *Broken*

²³⁵ Horwitz, A. V. & Wakefield, J. C. (2007) *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. New York: Oxford University Press.

²³⁶ Reactive Attachment Disorder is also a feature of DC10 F94.1, along with Disinhibited Attachment Disorder, a variation.

<http://www.who.int/classifications/apps/icd/icd10online/> [accessed, 3rd January, 2009].

²³⁷ <http://www.lizrandolph.com/rfrpublichtm.html> [accessed 28th February, 2009].

Spirits – Lost Souls (Ryan ebooks),²³⁸ *Can This Child be Saved?* (Cline, 1999), *Children who Shock and Surprise* (Randolph, 2002),²³⁹ *First Steps in Parenting the Child Who Hurts* (Archer, 1999a), *High Risk Children without a Conscience* (Magid, 1989), *Life in the Trenches: Survival Tactics* (IACD Manual),²⁴⁰ and, lastly, and most fundamentally, *The Primal Wound* (Verrier, 1993).²⁴¹ These titles give us a clue to what distinguishes this disorder of childhood from others. It is a question of cause or origins. Their symptoms cannot be attributed to a genetic/organic disorder, as with the others. These children are wounded. They have suffered invisible wounds – emotional harm inflicted by a hostile environment in infancy. Just as in PTSD, it is the environmental aetiology which distinguishes this category from those with similar symptomatology but possibly organic origins. And this environment is not physical or social in its broadest sense; it is the close and intimate environment created by the people who are the infants' main carers, who in most cases are their mothers. The wound is the internal effect of a poor relationship between mother and child.

It might be thought that attachment disorders or difficulties are a less dramatic, widespread and media-targeted social problems than these other pathologies of childhood and certainly the language of attachment in its technical psychological sense has not entered into the vernacular in the way that descriptions like 'depressive', 'manic', 'autistic' and 'hyperactive' have. Nevertheless, attachment problems have become part of the general diagnostic repertoire of the medical profession,²⁴² for example. Although categories in attachment theory, other than RAD, do not map easily onto official psychiatric nosology and the diagnosis is less widely used in the UK than in the United States, attachment

²³⁸ <http://ebooks.ebookmall.com/title/broken-spirits-lost-souls-ryan-ebooks.htm> [accessed 28th February, 2009].

²³⁹ <http://www.lizrandolph.com/rfrpublichtm.html> [accessed 28th February, 2009].

²⁴⁰ <http://www.instituteforattachment.org/index.php> [accessed 28 February, 2009].

²⁴¹ <http://www.nancyverrier.com/> [accessed 28 February, 2009].

²⁴² In the UK, from being the subject matter of the Family Doctor broadcasts of the 1950s,, attachment has made it back into Family Doctor advice, this time in a self-help book series of this name, published in conjunction with the BMA, as the basis for psychotherapy for stress sufferers. Wilkinson's (2005) booklet on Stress boasts sales of 200,000.

is increasingly becoming the language of expertise among psy professionals in this country, and especially the technicians of the family. Not surprisingly, attachment theory is seen as particularly relevant to the troubles of childhood and their treatment, the subject of a myriad multiprofessional conferences and training days, especially in the area of fostering and adoption, and part now of the language of the UK family courts, the Department of Health and the DfES in their statutory requirements for the assessment of children and families in ‘safeguarding’ procedures – children ‘at risk’ and children ‘in need’.²⁴³

Attachment theory is used to inform a huge state and charity funded preventative initiative aimed at improving childcare in the early years, from the perinatal period onwards, in both the USA and the UK. It is the subject of a large network of informative and hortatory websites, encouraging mothers to do better and spelling out the dire consequences of failure. Lastly, it is used as a basis for therapy in a host of treatment organisations of varying degrees of orthodoxy. Anyone doubting the influence of attachment theory in the realm of therapy should note that the relatively well established Institute of Attachment and Child Development (IACD) in the USA reveals on its website that, in its own town of Evergreen, Colorado (population 9,216 in the 2000 census), there are at least 6 clinics offering attachment therapy to families – one clinic for every 210 or so households with children!²⁴⁴

The concept of attachment has been chosen as the subject of this chapter and the next partly because of this increasingly commanding position among professionals as a theory of psychic harm within the family, and partly because, as such, it is the most coherent and well researched theorisation of emotional abuse or emotional neglect that exists. It maps onto this category of child abuse in three different ways. First, although the theory was originally predicated on studies of sudden traumatic loss to the child of his main carer – often called

²⁴³ The term ‘Child Protection’ in the language of the DfES has recently given way to that of ‘Safeguarding’, which, while lexically equivalent, is given more inclusive connotations in official writing.

²⁴⁴ <http://www.instituteforattachment.org> [accessed 6 June, 2006].

‘maternal deprivation’, the wound of attachment theory is less likely to be the result of any sudden occurrence. Rather, it is the result of cumulative events over time, as in Freud’s original summative version of trauma. Second, the way that the harm is done is ambiguous: it may be due to dangerous behaviour by the carer, often deliberate but not necessarily. It may also be due to inattention and emotional unavailability which results in a systematic failure to protect the child from a threatening environment. Essentially, it arises from a relationship in which fear is not managed. Third, the harm of attachment theory is less an invasive overwhelming of the inner world of the subject by aversive information, as for Freud, rather a more subtle distortion of its growth and development towards a state of mature self regulation, in which the complexities and dangers of the outside world can be faced with impunity.

It is the spoiling of this developmental process, which underlies all thinking about the sequelae of emotional as well as other forms of abuse, and it is this that is theorised in the working out and adjustment of attachment theory over time. For the theory, though starting from an engagement with sad and delinquent children and their developmental psychopathology, has also become the dominant psychological theory of normal child development – or so it is claimed – and this normativity refers not to statistical frequency but to the ideal of health, desirability and goals of attainment. Since the 19th century, the undeniable growth of children has been freighted with tropes of non-evolutionary development and progress to a better state – more differentiated, more knowing, more sophisticated and more civilised – making the child a repository of adult aspirations, as well as nostalgia for the promise of the past and a paradise lost (Steedman, 1995). If, as suggested in Chapter One, current formulations of trauma and abuse imply that, for the victim, history has taken a wrong turning, attachment as a theory of normal development describes how this might have happened, as well as what progress would have looked like, if promise had been fulfilled and history not been written another way.

So, whilst the last two chapters have outlined the career of emotional abuse largely as an administrative category, looking at its social context, connotations and consequences and not at its denotation or referend, the nature of the harm,²⁴⁵ these next two chapters describe one particular journey into the interior. For they are the story of how, in a hypothesised inner life, a particular cognitive and affective site called attachment was created and established by a metaphor – within the American and British academies, the world of psy professionals, of parents and of governments. Furthermore, in line with the question of this thesis, it is an account of how this attachment space was initially carved out not as a psychic generator of normal healthy behaviour but as that which is associated with pathology and deviancy; and of how, even with its emergence as a standard for psychological health, it remained a space in danger of growing malformed or spoilt and leading to developmental deformation.

Thus the story of emotional abuse turns from the issues of the definitions and inclusiveness of a category, looked at in the last four chapters, back to an investigation of one explanatory theory, attachment theory. This raises the old questions about the exact interior location and observability of psychological harms, together with the normality or pathology of those afflicted. Thus, these chapters are a threefold enquiry – a study of the theoretical development of a particular slice of inner life: first, seen through its questionable location and therefore its relationship to the ways it is made visible and knowable; second, viewed through the tension between statistical and clinical knowledge and, third, through the assumptions of the latter, which problematically relate what is abnormal to what is unnatural. It is the explicit engagement of invisible wounds with the natural world which comes more into play in this narrative.

²⁴⁵ This, within the language of the Child Protection bureaucracy is very largely taken for granted or assumed, knowledge of its meaning displayed by fluent discursive use. For a similar analysis of a different area of meaning in welfare bureaucracies see **Pithouse, A. (1987)**, *Social Work: The Organisation of an Invisible Trade*. Aldershot: Gower.

This chapter and the next are about the history of this theory from its birth in the UK at the end of the Second World War more or less to the present (2006), over a period when its professional status and popularity as a way of construing psychopathology and psychological harm to children in families waxed and waned with changes in social policy towards both families and academics. The story is divided very roughly into three periods, though, for narrative ease, some of the literature and references have been allowed to stray over the borders somewhat. The first period covers the ascendancy of the post-war welfare state, which can be said to start to decline in the early 1970s; the second stretches from the late 1970s until the late 1990s, during which time new-right thinking controlled policy; the state rolled back its frontiers; market disciplines were imposed by audit on academics (and many other public services) and policy aimed at the welfare of children became swamped by concerns about child abuse. These two periods are the subject matter of this present chapter. The next chapter, covering the final period of unprecedented policy activism towards children and families by New Labour, takes us to the present day. Under this regime, as described in the last chapter on emotional abuse, notions of risk and need have become more psychological, as has its crucial ideology of children as social capital, and attachment theory has flourished in the psy professions and in the language of government regulations.

What is presented here is an account of the various inscriptions on this interior site called attachment in an attempt to capture the fluctuations, the setbacks and the final flourishing of the theory which holds this abstract concept in place. This history also borrows something from the evolutionary tropes of its subject matter. It traces the developmental adaptation of attachment theory to social policy as its wider ecological environment and, within that, the niche of the American and, to a lesser extent, the British academics and their professional offshoots.²⁴⁶ This adaptive development makes for a theory of great complexity,

²⁴⁶ British attachment literature is much less profuse and has a more professional bias – in somewhat the same relationship as in the development of the emotional abuse literature.

methodological disputes and critiques which generate an ever increasing body of literature, to which it is impossible to do justice here. For clarity, I have tried to incorporate the major intellectual innovations into the narrative and explain briefly the theoretical and empirical issues involved, which are expanded in footnotes. To start with, I have produced an impressionistic sketch of attachment theory in the *present* – an overview of the literature, partly from the point of view of an academic specialist who sees the complexities of attachment theory and partly from that of an informed consumer of promotional websites or training days for psy professionals, where attachment is outlined as a coherent and straightforward narrative and a theory of seductive and deceptive simplicity.

I. ATTACHMENT THEORY – A SKETCH

This is a theory of child development which is indeed complex. It is described as ‘systemic’, based as it is on the identification of a motivational and behavioural system, hypothesised as essential to the survival of the species in a period of evolutionary adaptedness. The goal of this system is not an object in the world, either fantasised or real, but rather an (initially) spatial, dyadic relationship, best described as the proximity of an infant to its main carer, under conditions of perceived danger. The infant’s proximity-seeking behaviour depends not, as in psychoanalytic drive theory, on a biological need innate to the infant, the sexual instinct, or the death wish, or the infant’s drive for food or sociality, as such, nor even simply on fear. Its cause is teleological: the aim, a complex infantile state in which fearful arousal is not only resolved by proximity, but in which a positive position of felt security is achieved as a basis for exploration and learning – also hypothesised as an essential human survival characteristic. In the face of exogenous danger to the mother/child system, the infant’s reflex-like attachment behaviours are triggered. The mother’s response determines how these behaviours develop, and so how the growing attachment, or affective bond, between mother and child, is felt, displayed and gradually conceptualised by the

infant, as her cognitive faculties mature. This conceptualisation becomes an ‘internal working model’ of caregiver behaviour and future affective relationships (Bowlby, 1953a: 62).

The theory, at least in its broadest sense, reproduces Freud’s intuition that the initial relationship between mother and child is the developmental prototype for all further love relationships. But unlike much psychoanalytic thinking about human development as a process of individuation from parents and growing autonomy, attachment theory presents an essential paradox: that exploration, hence learning, cognitive growth and a sense of self in relation to the social and physical world, depend on the child’s sense of a ‘secure base’ (Ainsworth, 1969; Bowlby, 1988) with the parent. And, further, that secure, affective relationships throughout the rest of life are the basis for a well developed adaptive sense of self efficacy and independence.

The core psychological and physiological assumption behind this theory is one of affective homeostasis or equilibrium for an organism, which needs a certain level of stimulus from the environment, but not too much. The organism’s arousal system should respond sensitively to external dangers and other stimuli, but return to normal levels when danger is past, at the risk of physical and mental disturbance and debilitation, as in Crile and Cannons’ decorticated cats in Chapter 2. This is essentially the normative notion of a harmony or balance between extremes essential to healthy functioning. So, as for trauma theory stemming from Freud, affect arousal in an organism is brought back to manageable levels by the mind/body’s regulatory system; maladaptive functioning stems from the failure of this system. Unlike traumatic stress, in which the system is overwhelmed by the quantity and quality of negative information, so that the cognitive/affective or neuro-endocrine system fails to self regulate (van der Kolk *et al*, 1996b), the infantile system is simply immature and cannot, by itself, regulate arousal at all, even from daily non- traumatic events. Thus, for the infant, affect regulation is a dyadic process, with arousal

controlled by the soothing, containing responses of a 'sensitive' mother, until the child matures psychologically and neurologically enough to achieve self regulation. An 'insensitive' mother will produce insecure attachments, or inefficient and maladaptive systems of regulation in the child, as these, through frequent use, become 'hardwired' into the infant's neural structure. These maladaptive patterns may generalise over time to the child's own ability to be a mother, to her own children's psycho-physiological adaptations, to her own adult relationships, and to all kinds of anti-social, psychopathological and addictive behaviour, possibly for generations to come. A harm for life; a wound which, like stigmata, will not heal but persists over time.

The awesome responsibilities of motherhood posited by this theory can be seen as one of a long line of 'discourses of endangerment' that have served to regulate the behaviour of women in the perinatal period (Brooks Gardner, 1994) and after, invoking as it does two different models for the wrong sort of mother. The first is one who fails to mediate and mitigate, at an immediate psycho/biological level, the more distal and possibly stressful influences of culture, community and socio-economic circumstances on the infant. The second is, herself, a source of uncertainty and danger. It is not surprising that attachment theory has become a part of the growing discourse about risk to children's development from parental neglect or abuse – especially, but not just, of the emotional variety, where neglect and abuse are not necessarily distinguishable.²⁴⁷ There are now longitudinal studies of the negative effect of all forms of abuse and neglect on children's attachment behaviour over time (Aber *et al*, 1989; Cicchetti *et al*, 1989; Cicchetti *et al*, 1998) and certain forms of insecure attachments are themselves claimed to be potent predictors of the abuse and neglect of the next generation (Egeland *et al*, 1983; Erickson *et al*, 1985; Lyons-Ruth *et al*, 1991). Moreover, the wounding relationship of

²⁴⁷ **Aber, J. L., Allen, J. P., Carlson, V. & Cicchetti, D. (1989)** The Effects of Maltreatment on Development During Early Childhood: Recent Studies and Their Theoretical, Clinical, and Policy Implications. In *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. (eds V. Carlson & D. Cicchetti), pp. 579-619. New York, NY US: Cambridge University Press.

attachment, though inter-subjective, is not theorised as a social phenomenon (Riley, 1983) but as some dislocation of a mother/child dyad, set deep in bodily instincts and phylogeny. The wound of attachment theory is, as much as any psychiatric version of psychopathology, embedded in an ontology of the natural, inscribed in biology. The mother is as much a creation of nature as the child.

But herein lies another paradox. As Peter Fonagy points out, attachment theory presents an optimistic, typically romantic view of childhood, unlike the Kleinian vision of infancy plagued by the miseries of intrapsychic conflict – nasty and brutish (Grosskurth, 1987; Klein, 1932). It paints a picture of human nature’s essential goodness, full of potential, with the child ready to actualise the blueprint of his destiny, only compromised by maternal deficit (Fonagy, 2001). It posits an elaborate theory of psychological adaptedness, psychological well-being having an *absolute* meaning, not unlike *physical* well-being (Hinde *et al*, 1991: 61). It draws a convincing picture of the development of the harmonious personality, a contented, flexible person – one able to survive life’s vicissitudes, with the help of good, mutually supportive relationships in adulthood, both of a reproductive and heterogeneous kind. Here is a paragon for our times – especially since we have so recently rediscovered the goal of happiness as a social good!²⁴⁸ Yet it also draws a picture of a child with none of the strong innocence of the Romantic imagination, but completely vulnerable and at risk from a love relationship which is assumed to be primal to human development and a part of nature. It is as if the iconic mother/child pair of the Christian religion is not just freighted with forebodings of danger from the future sins of mankind, or from ‘the sins of the father’, which Hacking notes are the attributions of the sexual abuse narrative (Hacking, 1999), but from the unnatural backsliding of the very person who sits so serenely central to the picture.

²⁴⁸ See, Layard, R. (2007) Setting Happiness as a National Goal. *Futurist*, 41, 37-37.

What is more, the depressingly deterministic implications of this narrative are not, on the face of it, very promising as a legitimation of the disciplining of families through either state based tutelage or therapeutic intervention. What would be the point? It is an account of a system seemingly subject to positive feedback. If all mothers were psychologically ‘well adjusted’ and ‘lived their biology’, the system would tend to perfection and, since social and cultural factors seem irrelevant to the theory, we would all exist in a self reproducing biological paradise. But, once the apple was eaten, it would be downhill all the way for the human race.

This simplistic version is not the end of the story, however, although its assumptions abound in much popular literature on attachment theory and on promotional websites. An alternative and, indeed, seemingly contradictory narrative runs right through the burgeoning attachment-based academic and professional psy literature. This literature, based on not altogether successful empirical research attempts to establish the stability and generalisability of early attachment experiences over time and social context, now promotes a more statistical, probabilistic version (Belsky, 1999a; Rutter *et al*, 1999b). It suggests that, whilst the attachment tie can still be seen, controversially, as a developmental prototype, grounded in phylogeny, our experience of *social* circumstances over a life *may* make a difference for good or ill to our ontogeny, to our psychological functioning and, indeed, to our biology. More importantly for the psy professions, by this argument, it is possible to intervene therapeutically with both children and adults, using methods designed to make insecure attachments more secure. This is not a ‘talking cure’. On the contrary, it seems to be some sort of corrective re-enactment of the biologically based emotional processes of infancy, with either a transformed parent, or a therapist as parent surrogate (Holmes, 2001).

The neurological equivalent of this is the assertion that, in spite of the fact that the first eighteen months of life sees a rapid structuring of brain function in the

shedding of dendrites and the hard wiring of neural connections, especially between the limbic system (arousal) and the higher cortex (regulation), that fire together in the dyadic interaction of mother and child, yet the brain retains an astonishing amount of ‘plasticity’ all through life.²⁴⁹ The theme of a slow and painful restructuring of the mind and correlate brain runs right through body and psychoanalytic attachment based therapy today.

So attachment theory presents a coin. On one side is a normative theory of mother/child interaction and its implications for normal adult relationships, and on the other is a theory of developmental psychopathology – the psychological result of a harmful relationship – couched in the language of psychiatric diagnosis and therapeutic cure. It is not so much that each side of the coin is defined by the absence of the other, but rather by its presence. When one side is up, its negative is always felt, in the first case threatening, in the second, holding out the fantasy of a protective shield against the harshness of the world. Thus, as Rose reminds us in his book, *Governing the Soul* (Rose, 1999), the development of attachment theory was part of a process in which normality in family relationships, though described as ‘natural’, was made to look fragile and easily lost – hence the need for constant maternal self-appraisal and expert scrutiny if the worst is not to happen. If it does happen, the resulting wound, whether due to carelessness, sadness or malevolence, can only be healed by professionals, whose ministrations call up the image of the ‘sensitive mother’ on the underside and what she would have done, if she had behaved as nature intended and prevented all this.

II. ATTACHMENT, PERIOD I, 1945–1978: FALLING BETWEEN TWO STOOLS

²⁴⁹ For a definition of neural ‘plasticity’ see **Cicchetti, D. & Curtis, W. (2006b)** The Developing Brain and Neural Plasticity: Implications for Normality, Psychopathology, and Resilience. . In *Developmental Psychopathology, Vol 2: Developmental Neuroscience* (eds D. Cicchetti & D. J. Cohen), pp. 1-64. Hoboken, NJ: John Wiley.

Maternal Deprivation

As every account of attachment theory has pointed out, it was born in second World War Britain out of a marriage of psychoanalytic theory and ethology and developed under the transatlantic, intellectual partnership of John Bowlby, an English aristocrat, and Mary Ainsworth, his Canadian-born, US-based collaborator. Politically, at this time, the perennial problems of law and order and distributional inequity were mixed with wartime and post-war concern with the psychological health and morale of a nation in deep mourning, a place where many households had lost at least one member in the conflict. It was also a time when this interest in psychological health was transforming the way that the socialisation of its citizens was thought of. The ‘maladjusted’ child of the old pre-war child guidance clinics, whom the moralising project of socialisation had failed to reach, was giving way to the ‘maladaptive’ child, diagnosed as psychologically rather than morally unfitting (though the symptoms might look just the same), who might benefit from therapy rather than punishment. Juvenile justice, for example, began to take on a more reformatory, rehabilitative stance, according to the best psychological principles. In this reframing, the moral character of children was superseded by their psychological welfare as an object of policy and their health needs were seen as relating not just to their growing bodies or moral sense, but to the development of some inner set of emotions and capacities (Rose, 1999).

With this rewriting of children’s needs as psychological went a reframing of the family and its forms of regulation. It was still to be the agency of social reproduction and continuity, urged on by the new paternalistic welfare state, which was there to support parents and protect the welfare of its citizens from the worst excesses of the capitalist market.²⁵⁰ Pre-war forms of family tutelage

²⁵⁰ This enhanced socialisation was not to be achieved by any seismic social shifts, however. The basic social and economic hierarchies of the UK remained untouched by the redistribution of

were still provided by the juvenile courts and schools, plus charity workers and the beginnings of the social work profession (Donzelot, 1979) but now, also, there was a more exclusively psychological perception of the family creeping into the therapeutic repertoire of the psy professionals. This was a move towards what Donzelot calls ‘the management of images’, which he saw, in France at least, as a form of psychotherapy for the middle classes. In this, the family was transformed from being a moralising institution for the socialisation of children into a set of psychological relationships, which, if right and healthy, produced psychologically well adjusted children, but which also needed the constant vigilance and support of psy professionals in the form of a sort of ‘therapeutic familialism’ ((Donzelot, 1979; Rose, 1999).

In the UK, this therapeutic approach to families extended across all classes, as the social workers in the newly professionalised Children and Families Departments of the Local Authorities were being trained in a technique called psychodynamic casework. Further, psychiatric social workers and psychiatrists, mostly of an analytic persuasion, presided in the ubiquitous child guidance clinics and public mental health services. Here, a somewhat more relations-based psychoanalytic philosophy than the original Freudian and Kleinian orthodoxy was appearing – reflecting the influence of American theorists and, of course, John Bowlby. Attachment-based advice and interventions were, for over two decades after the war, part of this therapeutic familialism.

In this gradual and crucial reframing of the way the child and family was thought of in public policy, the immediate social problem of the host of refugee children, who were living in war nurseries or were troublesome and failing to thrive in their new foster homes, provided a vital catalyst. The individual child had been subjected to a philanthropic and scientific (medical and psychological) scrutiny since the late 19th century, under which he or she had been reinvented

income, health and education at the margins, as did the biologically based assumptions about the naturalness of gender, racial, sexual and age differences.

by techniques making measurable and visible their growth and change. They had also been the subject of the disciplinary gaze of the state through schooling and the Juvenile Courts, but this was the first time that the individual child suffering distress and loss had been subjected to systematic psycho-analytic observation outside the pathologising context of the Child Guidance clinic. It was the first time that the inner life of otherwise normal children – no mental illness or hereditary taint – was perceived to bear the marks of a negative emotion which affected their behaviour (Rose, 1999), producing the sort of ‘normal pathology’ discussed in Chapter 1 and 2. The immediate cause seemed obvious and undeniable: it was separation from their families and, most especially, the person who cared for them most – separation from their mother.

John Bowlby, trained as a psychiatrist and analyst and with earlier voluntary experience working in schools for maladjusted children, followed by employment in ordinary child guidance clinics, had, by the end of the war, already come to the conclusion that it was early childhood experiences provided by parents, particularly their early loss to the child through death or separation, which were crucial in the development of neuroses and delinquency (Bowlby, 1940; Bowlby, 1946). This was confirmed for him by his experience of observing these refugee children²⁵¹ and later, with his assistants, those separated from parents by hospital admission. It began to be clear to him that the psychological wellbeing of children depended (naturally) on the continuity of a crucial, primary relationship with mothers or mother surrogates (Bowlby, 1953b).

In this post-war context, attachment theory did not start by presenting an account of the behaviour of mothers as the basis for healthy normative psychological pro-social development. Rather, it was an explanation of the growth of antisocial

²⁵¹ Bowlby worked from the start of the War with other analysts on the Cambridge Evacuation Project, a report on evacuation for the Fabian Society. After the war, he was the compiler of the Report of the Expert Committee on Mental health of the WHO. He immediately applied this insight in an astute political operation in which he achieved some solution to the refugee problem and later improved the treatment of children in hospital.

or psycho-pathological behaviour over time, due to the more immediate and traumatic effects of bereavement and loss on children deprived of their mothers through death, hospitalisation or the demographics of war. Bowlby was still a (heterodox) member of the psycho-analytic community and, as a version of psychoanalysis, then in the ascendancy, his attachment theory provided an explanation of the devastating psychological effects of maternal deprivation. It gained some currency in the 1950s and 1960s, especially in the UK. Here it formed much of the basis for the spate of popular professional advice to mothers of young children,²⁵² especially about the importance of constant maternal presence in children's lives. This was at a time when, correlatively but not necessarily causally, women were moving from the war-time factories back into the home and were subjected to a barrage of pro-natalist propaganda, as well as exhortations about the proper conduct of motherhood, and warnings about deviation from the path (Riley, 1983).²⁵³

As such, it also gained a foothold in criminology where the family role in socialisation was being added to physiological and individual psychological explanations of criminality by such as Edward Glover, the Freudian founder of the *British Journal of Criminology* in 1950 and later by Travis Hirschi, the US sociologist (Hirschi, 1969). It was influential in Social Work and Probation Officer training, where certain key ethological texts like Konrad Lorenz's accounts of imprinting in birds (Lorenz, 1958) and descriptions of Harlow's monkey experiments (Harlow, 1961; Harlow *et al*, 1958) were used to reinforce the human message. This message, couched in the language of attachment and security, though the theory was complex, had broad intuitive appeal. In the newly professional Local Authority Child Care Departments, it was used to reinforce traditional social casework practice under the injunction that families

²⁵² Hugh Jolly in the 'Family Doctor' broadcasts, or Winnicott himself.

²⁵³ Note Denise Riley's (1983, Chapter 6) careful examination of the complex connection between theory, government propaganda and the position of women, where, she maintains, no directly causal relationship can be established.

in trouble should be kept together at all costs.²⁵⁴ Later, after child abuse hit the political agenda in the 1970s in the UK²⁵⁵ and social policy towards children ‘at risk’ became more interventionist so that the state increasingly assumed the role of psychological parent, theories about the effects of maternal deprivation seemed to give at least some leverage on the awesome problem of taking a child out of its family of origin and supervising its future care in the fostering and adoption system or an institution. At worst, they illuminated the difficulties (Fahlberg *et al*, 1981).

War in the Interior

Whilst his initial theory about maternal loss was still influential in the applied psy professions, Bowlby’s own interest moved naturally from the consequences of this loss of an attachment figure to the nature and importance of the attachment relationship itself. From this, his detailed, many layered and complex theory of normal attachment began to evolve, although the first volume of his trilogy (*Attachment and Loss*) was not published until 1969. Also, the progress of this normative theory of ontogeny within the broad, complex and heterogeneous field of child psychological development and its knowledge workers was less rapid than his loss theory of delinquency and psychopathology among psy professionals. Bowlby was exploring an inner terrain which was already overrun by competing colonists. Educationalists, such as Cyril Burt, argued with Behaviourists; the British Psychoanalytic Association was split down the middle between Kleinians and Freudians – and Bowlby was caught in the crossfire.

These disputes were not just about the nature of the landscape of the child’s internal world, they were also about how to get there. The right route was fought over by the research- based approach of the psychological sciences (either

²⁵⁴ This was a feature of the 1948 Children Act.

²⁵⁵ After the report of the Maria Colwell enquiry, 1974.

behaviourist observation or statistical survey and analysis), producing potentially universal and verifiable, because measurable, truths, versus the practice based/clinical and individual insights of psycho-analysis, where behaviour was subject to elaborate theoretical interpretations, which were not necessarily verifiable and even, some thought, self fulfilling (Glover). Given different techniques of approach, accounts of what they found there were inevitably very different. Cyril Burt saw permanent and observable features of the landscape of characteristic types – he called them ‘traits’ – constantly formed by the internal energy source of biological drives. The Kleinians and the Freudians both found a stratified terrain, in which the hydraulic power of instincts had been repressed and diverted into a seething underground lake, from which neuroses constantly bubbled up. The ground above it was a layer of ego rock impacted under the force of a final super-ordinate laval crust. The two schools could never agree on how this was made and how long it took. For Kleinians, it was formed entirely by internal convulsions from the primordial moment of birth, in which love, hate, destructive phantasies, guilt, anxiety, desire and despair, all converging on the mother object, gradually resulted in instinctual repression and a rudimentary ego and superego. For Freudians, it was a slower process, more congruent with actual neurological maturation and cognition, in which the stratified formations are made by the external pressure of a patriarchal society and the social and cultural conditions of dependency on the libidinous instincts of the child. The behaviourists just attacked the explorers en route and did not visit the inner territory at all.

Such conditions were not especially favourable to the staking out of an inner space called attachment, though in different ways it overlapped with these others and mediated some of their disputed polarities. It seemed to offer something for everybody, which is probably why, initially, it pleased nobody very much in either parent intellectual community – psycho-analysis or science – and the theory has always sat a little uncomfortably between the two. John Bowlby was accused of apostasy by certain members of the psychoanalytic establishment for

several reasons. First the ‘environmentalism’ of his theory was somewhat revolutionary in the context of British psychoanalytic community at the time,²⁵⁶ dominated as it was by Anna Freud and Melanie Klein and a theory of object relations, in which the intrapsychic conflicts and representations of the infant were a great deal more important to its behaviour than actual experience (Klein, 1932). Bowlby rejected this form of psychoanalytic ‘psychologism’ – the current psychoanalytic explanations of the infant’s libidinal tie to the mother (primary object sucking and clinging and craving for return to the womb). He wrote defiantly:

Psycho-analysts, like the nurseryman, should study intensively, rigorously, and at first hand, the nature of the organism, the properties of the soil, and the interaction of the two (Bowlby, 1940: 2).

It was, perhaps, a reflection of his own analysis with Joan Rivière, a friend of Melanie Klein, that Bowlby assumed that the ‘soil’ in which the childish organism grew was the inter-subjective context of mother and child – the Kleinian couple, rather than the Freudian threesome of the Oedipus Complex.

Second, the actual inner space of the child in Bowlby’s theories was, some claim, surprisingly non-psychoanalytic in appearance, as much influenced by Piaget as Klein (Fonagy, 2001), although others (Bretherton *et al*, 1991, for example) maintain that it was influenced by Fairbairn and the Object Relations school (Fairbairn, 1952). As described, attachment behaviour was initially part of a two person system aimed at proximity. It did not need a theory of internal drives to explain it. What was built up internally in the attachment space, on the basis of the child’s attachment experience – and therefore the behaviour of the mother – was a *learned* set of cognitions, a ‘working model’ of the attachment

²⁵⁶ There was much initial hostility to Bowlby and attachment theory from the psychoanalytic movement, although post Freudianism had taken a developmental turn with Margaret Mahler and ego psychologists, like Erickson, in US and Anna Freud, Joseph Sandler and the Bion-Klein School in Britain.

relationship. How it *would* work was based on how it was *perceived* to have worked, plus templates, scripts, narratives and all the furnishings of a cognitive space. This Internal Working Mode (IWM) was seen as developing at the time when infantile memory progressed from the representational to the semantic (about the age of two years), when the left side of the brain begins its developmental spurt. The IWM acted as a series of expectational filters to information from the outside world about the behaviour of attachment objects and it was also accompanied by a reciprocal model of the self as the expected object of responsive parental behaviours. This, Bowlby thought, generalised later to an evaluative model of the social world and the child's own place within it (Bowlby, 1969; Bowlby, 1973; Bowlby, 1980). Of course, the processing of interpersonal information also invoked affective and motivational states within this inner space. These might include fantasies and desires not necessarily based on experience, as later attachment theorists pointed out. (Bretherton *et al*, 1985; Sroufe *et al*, 1977a).

Third, the theory that Bowlby came up with to explain his observations was controversial. He turned to ethology or animal behaviourism for an explanatory hypothesis which rooted infant/parent relationships in a period of evolutionary adaptedness for the reproductive survival of the species. There, proximity seeking infantile behaviour was selected for because it was functional for this survival. This was not only anathema to psycho-analysts such as Winnicott, who saw it as intolerably mechanistic and crude, but it also did not please the psychological community, since ethological explanations of human behaviour seemed an alien and somewhat circular approach. On the scientific side, having seemingly rejected the individual clinical insights of psycho-analysis, Bowlby did not choose the statistical approaches employed in academic psychology at that time. He retained his clinical assumptions about what is healthy development, but located them at the distal evolutionary level – healthiness equals natural adaptedness – and he approached the inner life of the child

through the strictest methods of naturalistic observation, borrowed from animal behaviourism and incorporating the latest techniques of film and photography.

A Strange Situation

It was Mary Ainsworth who helped greatly to develop Bowlby's theories, as well as these ethological techniques. Together with others of Bowlby's collaborators at his research department in the Tavistock Clinic, she began a lifetime of rigorous empirical research by studying the effects of separation from their parents on hospitalized infants.²⁵⁷ However, like Bowlby, she turned from studying maternal deprivation to a study of a normal sample of Ugandan mothers and babies, when her husband's work took her to that country in the 1960s (Ainsworth, 1967). She later established herself in a major US university, moving as a Professor of Psychology to John Hopkins, to undertake the famous Baltimore Study in the 1970s. This was her home study of mother/baby behaviour over a sample of 26 mother/child dyads, with a subset also observed under laboratory-like conditions.²⁵⁸

Ainsworth also worked within the postulates of evolutionary biology, identifying and recording a range of infantile 'attachment behaviours', seemingly triggered by fear, understood as the infant seeking protection in the face of danger with her primary carer or 'attachment' figure (Bowlby, 1958) and hypothesised as 'genetically programmed' and, 'species characteristic' (Ainsworth *et al*, 1974: 100-101).²⁵⁹ She also elaborated what was known at this period of mother/child

²⁵⁷ James Robertson, who was already trained in child observation by working previously at the Anna Freud Centre, is generally thought to have influenced Ainsworth's methods a great deal. See **Robertson, J. (1953a)** Some Responses of Young Children to Loss of Maternal Care. *Nursing Care*, **49**, 382-386, **(1953b)** A Two-Year-Old Goes to Hospital [Film].

²⁵⁸ This study was relatively small and intended as a pilot.

²⁵⁹ Attachment behaviours in the child are defined by Ainsworth and her colleagues as behaviours which promote proximity or contact (with the attachment figure). In the human infant these include active proximity – and contact seeking behaviours such as approaching, following, and clinging, and signalling behaviours such as smiling, crying and calling.' These behaviours in the human infant, though more evident after the child is mobile appear in the new born child as 'a repertoire of reflex-like behaviours which promote the maintenance of physical contact, once

interactions (when looking at developmental child psychology within an interpersonal context was in its relative infancy),²⁶⁰ hypothesising that

Adults generally, despite a massive overlay of learned behaviours – are biased to respond to the species characteristic signals of an infant in ways that are also species characteristic, ... that infant attachment behaviours are adapted to reciprocal maternal behaviours, that a mother responsive to infant signals is a salient feature of the environment of evolutionary adaptedness, and that unresponsive mothers may be viewed as the product of developmental anomalies and likely themselves to foster anomalous development in their infants. (Ainsworth *et al*, 1974: 101)

Her attempt to pin down empirically and, indeed, more precisely, the varying patterns of attachment behaviour that she observed in the homes of her sample resulted in her famous ‘Strange Situation’ test, in which a subset of her Baltimore child sample were subjected to the increased and artificially produced stress of being put into a room with a stranger, with, and then without, their mothers. The mother/child reunions were crucially observed and the resulting behaviours classified into four types of attachment behaviours (Ainsworth *et al*, 1978a; Ainsworth *et al*, 1978b).²⁶¹

It was in her explanation of these observed behaviours, as well as her pursuit of the concept of ‘anomalous development’ that Mary Ainsworth herself fell foul of the scientific community and was, after the Baltimore study, never funded again by any government or private research organisation, despite repeated applications (Main, 1999b). The first difficulty was her formulation of

it has been achieved.’ **Ainsworth, M. D. & Bell, S. M. (1970)** Attachment, Exploration, and Separation: Illustrated by the Behavior of One-Year-Olds in a Strange Situation. *Child Development*, **41**, 49-67. 50.

²⁶⁰ Here too she brought a psycho-analytic framework to bear in her emphasis on coding her respondents’ behaviour only as seen and interpreted within its interpersonal context; that is, it was given meaning as opposed to being mechanically observed and counted. **Main, M. (1999b)** Mary D. Salter Ainsworth: Tribute and Portrait. *Psychoanalytic Inquiry*, **19**, 682-736.

²⁶¹ In the Strange Situation classification, B children, classified as ‘Secure’ greeted their mother, often tearfully, on reunion, but were soon comforted and settled down to play again. A children, classified as ‘Insecure Avoidant’ took little notice of their mother’s departure or return and were thought to precociously downplay affective arousal; C children, classified as ‘Insecure, Ambivalent’ were highly aroused, hard to comfort, alternately seeking soothing and then rejecting their mother’s advances. The fourth category, D, contained children who were unclassifiable.

attachment as an internal psycho-dynamic, rather than a behavioural phenomenon. Like Bowlby, she theorised behaviours, seemingly triggered by fear, as displays of an 'attachment' – an affectional tie which one person forms between himself and another specific one; a tie which forms an early spatial relationship between them, endures over time and is the secure basis for the exploratory system to come into play – another hypothesised evolutionary necessity. Thus, attachment was a type of affective bond, a sense of security – or not – with the cognitive correlate of Bowlby's 'internal working model' (Ainsworth *et al*, 1970; Bowlby, 1958; Bowlby, 1969). Reflecting on her intellectual influences, Ainsworth wrote in her book on Ugandan mothers and babies:

Attachment is manifested through specific patterns of behaviour, but the patterns themselves do not constitute the attachment. *Attachment is internal. This internalized something that we call attachment has aspects of feelings, memories, wishes, expectancies, and intentions, all of which ... serve as a kind of filter for the reception and interpretation of inter personal experience and as a kind of template, shaping the nature of outwardly observable response.* (My italics) (Ainsworth, 1967: 429-430).

'A something' inscribed on an inner space: she thought she had avoided the reifying tendencies of behavioural models or diagnostic processes by hypothesising an explanatory psychological construct which was essentially psychodynamic. Bowlby was, after all, still part of the psychoanalytic community and Ainsworth herself spent some years in psycho-analysis (Main, 1999).

Not surprisingly, she found herself, on the one hand, out of step with the growing fashion for behaviourism in academic psychology, in which behaviours were all a response to context and 'the mind' remained an unexplored black box and, on the other hand, differing radically from trait theory in which unchanging internal characteristics were inferred from particular sets of index behaviours,

whereas attachment behaviours might vary greatly over stage of development and social context.

Her attachment construct was also the basis for the way she saw and developed the notion of ‘anomalous development’, which, with her clinical training, was as interesting to her as normal development. Not only did attachment persist over time and, by implication, influence how future social interactions were experienced, but the variable responses of mothers did not alter it quantitatively (or in the number of particular behaviours it seemed to generate) but rather qualitatively. In other words, attachment behaviour was not extinguished by an unresponsive mother, but rather, different forms of adaptive behaviour were generated, depending on maternal response. Nor was this to be seen only along the dimension of security to insecurity. It was Ainsworth’s major work to classify the differences in the individual attachment behaviours in infants of eighteen months or so and, by implication this, ‘anomalous development’ into a set of three different forms. If group B were secure responses, then A and C, called insecure avoidant (A) and insecure ambivalent (C), were very different forms of insecurity (Ainsworth *et al*, 1978a; Ainsworth *et al*, 1978b).

This method of classification of her sample was the second major difficulty with Ainsworth’s work, although the Strange Situation Test remains fundamental to the whole attachment project. There were obvious criticisms: the smallness of the laboratory sample; the assumption of the stability of these classifications for an individual over time (although some longer term follow up of the infant respondent groups suggests that this was reliable)²⁶² and the relative simplicity of the psychological assumptions behind the experiment, which preclude any notion of normal conflictual patterns of behaviour in the children involved (Mahler, 1967).²⁶³ However, the most fundamental and telling feature of Ainsworth’s approach – as of Bowlby’s – is the assumption of the universality

²⁶² See Part III of this chapter.

²⁶³ See Mahler’s theories of infantile ambivalence as normative, described in **Fonagy, P. (2001)** *Attachment Theory and Psychoanalysis*. New York: Other Press.: 71-73.

of mother/child behaviour and the ignoring of cultural specificity (Burman, 2008). This applies not only across different societies, but also across social groups and different socio-economic condition, across individual families and even individual idiosyncrasies. Research along the same lines in different countries did, in fact, give some strange results (Grossmann *et al*, 1981; Grossmann *et al*, 2005),²⁶⁴ which would not have been a problem if the origins of attachment theory in the observation of pathology had not imposed a normative typology.

The majority of children in the Baltimore study fell into the B category: that is, the B category was the statistical norm. However, Ainsworth, with her clinical bias, also assumed it was the psychologically healthy outcome for all children because seemingly most adaptive under stress or in danger. Types A and C children may have adapted their behaviour to different versions of maternal response, but this was also seen as *maladaptive* in a wider social context, generating high levels of anxiety, overt in the case of C children and defensively suppressed in the case of the As.²⁶⁵ Crucially, as Main has pointed out (Main, 1999b), Ainsworth was not just interested in the statistical norm and a theory which explained the patterns of normal development implied. She wanted to explain the behaviour of every child classified in her sample – an approach that Main describes as ‘clinical’ rather than ‘statistical’, and was also a bow to psychoanalysis’s emphasis on individual difference. It was therefore seen as eccentric by other psychologists (Main, 1999). Even Bowlby, on first hearing Ainsworth’s paper on the Strange Situation results thought her theory lacked parsimony (Main, 1999), although he later retracted.

²⁶⁴ The Grossmann results from the Biele cohort in North Germany showed the A (insecure avoidant) group as the largest group in their Strange Situation test.

²⁶⁵ For example, in the case of children in the A category, their avoidance of the mother’s overtures on reunion were accounted for by Ainsworth as a ‘prodromal defence’ (Main, 1999b: 19) against the maternal rejection which was observed in the naturalistic setting of the home. As Main points out, this is not mere behavioural classification, but the importing of a psychoanalytic theory in explanation (Main, 1999b).

However, it was not just at the level of psychological explanation, in which the clinical clashed with the statistical, that the normativity of Ainsworth's individual difference theory foundered. A further undermining of attachment's clinical approach came with a questioning of the imposition of a mental health paradigm on an evolutionary theory (Lamb *et al*, 1984). Ainsworth had based her normative classifications on this evolutionary underlay – that is on an assumption that the healthy interaction between type B mothers and children was also evolutionarily favoured or selected for and, therefore, that a particular environment of evolutionary adaptedness had prevailed at a crucial time in our phylogenetic history. In a way, Bowlby and Ainsworth could be seen to be trying to preserve the clinical assumptions of psychoanalysis, by grounding them in what seemed, on the face of it, a surer and more self-evident evolutionary science. Unfortunately, they made an assumption at the distal evolutionary level which was no more (or less) proven than their clinical assumptions at the level of individual ontogeny. For five years before the publication of the first volume of Bowlby's *Attachment and Loss* trilogy, the theory of evolution (which had developed little since the days of Darwin) changed dramatically with the publication of a single paper by the biologist, William Hamilton, although its implications took time to work out (Hamilton, 1964). Bowlby was unaware of the dramatic change when he published.

This paper attacked the hypothesised goal of attachment behaviour as species survival, strongly suggesting, on the basis of games theory, that evolution works at the level of the individual, not the species and, moreover, at the level of the individual gene. Consequently, it is not about species or individual survival, but about genetic replication as the ultimate target of natural selection (Hamilton, 1964). This 'selfish gene' type of imperative²⁶⁶ might generate different optimal patterns of behaviour, not just in the infant, but also in the mother and the mating youth. An argument could seemingly be made out that all three of

²⁶⁶ For a popular explanation of Hamilton's work, see **Dawkins, R. (1989) *The Selfish Gene*. (2nd Edition).** Oxford: Oxford Paperbacks.

Ainsworth's classifications might be adaptive at the phylogenetic level to particular different environments of evolutionary adaptedness (EEAs). This also suggests that the internal space called attachment might not be understood in terms of its cognitive/affective *content*, models and the like, either normally secure or 'anomalous', but in terms of an adaptive capacity to generate ecologically appropriate attachment models, and their behavioural correlates, in response to the mother's behaviour, which would be determined by a particular EEA and its socio-economic conditions (Belsky, 1999b; Belsky *et al*, 1991; Simpson, 1999).

Whilst Bowlby recanted in the second version of the first volume of his trilogy (Bowlby, 1982), neither he nor Ainsworth or most of their intellectual heirs seem ever to have got to grips with what this meant for Ainsworth's theory of individual difference, of the normativity of the 'secure paradigm', of the responsive mother as a salient feature of the EEA and of secure infantile attachment as 'nature's state of grace'. (Belsky, 1999: 144).²⁶⁷ Curiously, this development did not seem to be seen at the time, or since, as a major source of concern to attachment theorists.

Whilst Jay Belsky later attacked founders of the theory and their followers for intertwining 'evolutionary theory and mental health theory ...in a way that violated the former while reifying the latter' (Belsky, 1999), it was, in fact, an

²⁶⁷. In the middle level life cycle theory of **Belsky, J., Steinberg, L. & Draper, P. (1991)** Childhood Experience, Interpersonal Development and Reproductive Strategy. An Evolutionary Theory of Socialization. *Child development*, **62**, 647-670, **Chisholm, J. S. (1996)** The Evolutionary Ecology of Attachment Organisation. *Human nature*, **7**, 1-38, it is assumed that human beings will have evolved to employ different ecologically appropriate strategies to solve problems related not only to survival and growth but also to mating over the life cycle. They specifically relate individual strange situation difference to differential mating strategies, generated in different EEAs, in which, by implication, parenting strategies will also differ. This also challenges the normative ideal of secure attachments, for if individual difference is accounted for at the level of phylogeny, as a universal, because selected for, capacity to generate ecologically appropriate attachment behaviour, rather than at the level of ontogeny and proximal explanations, then the assumption of secure patterns of attachment made by Bowlby and Ainsworth as 'nature's prototype' cannot hold. **Hinde, R. (1982)** Attachment: Some Conceptual and Biological Issues. In *The Place of Attachment in Human Behaviour* (eds C. M. Parkes & J. Stevenson-Hinde). New York: Basic Books..

attack on Ainsworth's work at the psychological level, back in the 1970s, which the consensus in the literature seemed to feel as a heavier blow, historically marking the nadir of attachment theory. This was a critique by behaviourists, (Maccoby *et al*, 1972; Masters *et al*, 1974, for example) who argued that that they could find no stability over time or context in the index behaviours of the different forms of infantile attachment. Besides this, the more simplistic, maternal deprivation version of Bowlbyism was dealt a blow by an exhaustive empirical examination of the evidence by a UK psychiatrist and epidemiologist, Michael Rutter, in a book called *Maternal Deprivation Revisited* (Rutter, 1972). This academic setback occurred at much the same time as the place of attachment theory in the field of 'therapeutic familialism' was becoming more precarious, in response to several other factors. First, the importance of its sister psychoanalysis declined in psychiatry²⁶⁸ and was under attack as a form of intervention in the personal social services, as being time consuming, expensive and with dubious outcomes (Wootton, 1959). Second, social learning theory burgeoned as a theory of development and socialisation (Bandura, 1963; Bandura, 1977) academically and in the training of the psy professions and, third, behaviourism, or brief, task centred, quasi contractual work, became, at least in the text books (Reid *et al*, 1972; Reid *et al*, 1977; Reid *et al*, 1969), the intervention of choice in both probation and social work – congruent as it was with a growing managerialism and taylorisation of work in the helping professions (Cohen, 1985; Howe, 1992; Sheldon, 1978). From another angle, feminism too mounted a fierce critique of Bowlby's theory and methods,²⁶⁹ whilst radical social work increasingly emphasised the wider socio-economic and community, rather than close interpersonal, context, of their clients' family problems.

At this point attachment's career as an internal site on which a wound could be inscribed looked a little bleak. Its two essential requirements, an internal space

²⁶⁸ See Chapter 2.

²⁶⁹ For an account of criticisms of 'Bowlbyism' see **Riley, D. (1983)** *War in the Nursery: Theories of the Child and Mother*. London: Virago Press.: 106-108.

as an expression of a metaphor turned theoretical construct and a normal/abnormal dichotomy to define the presence of harm, both seemed problematic. Despite these setbacks, however, it was as an academic, mid-level theory of individual ontogeny, in which this cognitive/affective phenomenon called attachment is inscribed on an inner life, that this theory survived and eventually flourished, although the evolutionary basis of its mental health assumptions has never been very sure. Further, it was Ainsworth's work on individual difference, this two pronged approach, this 'clinical' interest in understanding not just the development of the normal or 'secure' child, but also the mal-adaptive or 'insecure' forms of behaviour in the infant in the strange situation, which, although it was regarded with suspicion by many contemporary psychologists, formed much of the basis for the growth of the theory in the second period.

Looking ahead in time, the nature of attachment as an internal site was to be established and the concept greatly elaborated and, second, a crucial development at an empirical level was to enhance its contribution to mental health theory, so that the uncertain evolutionary basis for its normative assumptions seemed not to matter. Ainsworth's work was an elaboration and systematisation of Bowlby's original work, which of course started as an explanation of the pathological at the ontological level. It was to become the dominant theory of normal child development flourishing in the psychology departments of North America, but, as a mental health paradigm, it also gained a foothold in departments of psychiatry, as the other side of the coin: attachment, as part of a theory of developmental psychopathology, held its own alongside.

III. ATTACHMENT, PERIOD 2, 1978–1999: AN ACADEMIC WORK IN PROGRESS

Background

The 1970s were a decade of complex and contradictory change in the UK, shadowing earlier movements in the USA. Contractionary responses to the first oil crisis across the capitalist world effectively ended the post-war, Keynesian, full-employment consensus, creating a large army of the ‘structurally’ unemployed and changing gendered employment patterns into the future as effectively as feminism. It was this latter movement, starting in the UK at the beginning of the decade, which was the first to substantially question inequity based on biological assumptions of difference. Others followed, creating what have been called ‘new political movements’ together with the politics of injury as a new form of radicalism, which paradoxically relied on the idea of a state with strong legal powers to right these inequities (Brown, 1995). At the same time, the traditional anti-authoritarianism of the left passed to the radical right with the rise of the New Right movement over the 1970s. Emanating from the USA, where writers such as Charles Murray greatly influenced UK thinkers in the Conservative party and beyond,²⁷⁰ it culminated in the political success of Thatcherism in 1979 and the near dismantling of the traditional British Welfare State. Welfare dependency was out. Individual rights and responsibilities were in, and the family of public policy was yet again reconstructed. A newly responsible, autonomous family was to be the bastion of privacy between the individual and the state.

Of course, the corollary of this large area of private responsibility was a powerful law and order initiative in the policing of its boundaries. In relation to the family, this came in the form of monitoring and intervention in cases of suspected child abuse. For the UK, the discovery of child abuse as a social problem of supreme importance also occurred in the 1970s, and dealt an equally powerful blow to therapeutic family work. Problematic children and families were increasingly scanned for risk, not for welfare considerations, and

²⁷⁰ For example, Sir Keith Joseph frequently quoted the views of Murray, summarised in Murray, C. (1990) *The British Underclass. Public Interest*, 4-28.

therapeutic resources were diverted to the investigation of allegations and the ensuring of physical safety. Any therapeutic work was justified as 'preventative'.

In this atmosphere, it was not just attachment theory which seemed on the decline, but therapeutic familialism itself. Yet, as Rose (1989/1999) argues, from the point of view of his history of governmentality and the rise of the self governing soul under the advanced liberal state, this would have been a false assumption. He points out that these changes signalled not the demise but the triumph of the therapeutic framing of families. Whilst it meant that the psy professionals ideally made less therapeutic interventions, either coercively or voluntarily elicited, into the privacy of the family, this was a reflection of the fact that for the thirty years or so, the family had been reconstructed as a set of abstract psychological relationships, in which good parents had come to invest all their most precious hopes and anxieties. The family could be trusted to manage its own emotional economy... with, of course, the proviso that the psy professionals were never very far away, if actuality fell too far short of aspiration (Rose, 1989/99).

Whilst elements of attachment theory were surely present in the self-regulating desires of parents – images of the sensitive and responsive mother and the secure child abound in the child care advice of the period²⁷¹ – the late 1970s and 1980s marked a low point for attachment theory both in the academic literature and as a basis for any clinical work which was done on both sides of the Atlantic. The story of its survival and eventual turnaround is located in the USA, and not in the realm of professional practice but in a series of university psychology departments across the country. Here it was established by its followers as a viable part of a growing scientific enterprise which was also adaptive to the prevailing policy discourses, as it was to the more immediate demands of the psy

²⁷¹ For example, Penelope Leach's bestselling book, first published in 1977, **Leach, P. (1994)** *Your Baby and Child: From Birth to Age Five*. New York: Knopf.

knowledge industry. What is suggested here is that these latter produced a momentum for theory development which enabled attachment academics simultaneously to produce an increasingly well researched account of normative development, and also to theorise the psychological effects of abuse and to adapt to the prevailing language of risk. Progress was made both in policy arenas and in statistical medicine or epidemiology, the second of which came to dominate the attachment literature in the third period.

Samples from the World of Science data base (see Appendix) show an astonishing growth in attachment-based publications, a near threefold increase from 1975 to 1978, (the year of Ainsworth's book on her research), then an increase of 1,000% to 1999, (the year of another milestone publication).²⁷² To some degree this was because, as with any psychological subject, it was part of the vast and exponentially growing literature for psy professionals and academics and an explosion of interest in child development and state funding for research to go with it. But even within a general growth in psychological and psychiatric literature, it also seemed to acquire more than proportionate importance and acceptance as a basis for the study of child development ('the dominant paradigm') and for intervention in individual and family lives. It acquired its own eponymous journal, *Attachment and Human Development*, in 1999. Major psychological, psychiatric, psycho-analytic journals (and a social work journal in the third period) have all produced special issues on attachment theory as a way of understanding this development and its disorders and generating, it is claimed, effective psychotherapeutic interventions.²⁷³ Of course, this may reflect the perceived inadequacies of its rivals, as behaviourism failed to address intrapsychic and developmental processes. It was also the result of the work of a dedicated and close group of (mostly) US-based researchers which grew massively over time. They pushed the implications of the initial work of

²⁷² Cassidy, J. & Shaver, P. R. (1999) *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York, NY US: Guilford Press.

²⁷³ *Journal of Consulting and Clinical Psychology*, 1996 (and 2006), *Monographs of the Society for Research in Child Development*, (1985), *Child Abuse and Neglect* 22, (1998), *Psychoanalytic Inquiry*, (1999), *Child Abuse Review*, 1997, *Infant Mental Health*, 2001.

Bowlby and Ainsworth, with their encouragement, from a study of maternal deprivation to a study of normal infant/mother interaction. The thrust of the group's research was to establish the empirical basis for a theory of development over the whole life cycle in which the early attachment bond is seen as the prototype for all subsequent close, affective and romantic relationships, including the relationship between therapist and patient. Further, in the maladaptive version, insecure attachments, are seen as a risk factor, at least, for all subsequent interpersonal difficulties and psycho-pathologies (Belsky, 1999a; Sroufe *et al*, 1999).

A Family and its Theory

What was the immediate academic ecology to which attachment theory had to adapt? It has to be said that in the USA, social conditions in the 1980s and 1990s, in the form of academic and state interest in the child and family, growth in psychology departments and state funding for research – especially scientific research – all favoured its flourishing. Here, the original, egalitarian ideals of the Kennedy era, producing the war on poverty and the Headstart program, also extended to the founding of the National Institute for Child Health and Development (NICHD) by the president's sister.²⁷⁴ Although this 'elite liberalism' was replaced by a more conservative contraction of welfare spending in the 1970s, it was also accompanied by a political determination to tackle child abuse or maltreatment and to provide a continued investment in mitigating the developmental consequences of poor parenting. The same institutions persisted, and the study of child development remained a funded endeavour in all subsequent administrations, with psychologists becoming more involved in politics in the 1990s (Phillips *et al*, 2007).

²⁷⁴ This joined the large and powerful National Institute of Mental Health (NIMH) as a branch of the National Institute of Health of the US federal administration and was designed to investigate developmental disability in children by reference to programmes establishing normative patterns and behavioural and social factors in development, as well as to bio-medical factors.

Not only were conditions favourable for research in attachment and child development, but the nature of the theory itself and the social organisation of its knowledge workers within the academic community contributed to its survival – and reproductive fitness. As stated, the theory, as first conceived and constantly worked on by Bowlby, was a marriage of different approaches to the development of behaviour patterns in different individuals. It combined an explanation at the level of ultimate cause, in terms of their phylogenetic origins and evolutionary history, middle range causal accounts of ontology and the development of particular attachment styles and empirical studies of the proximal environmental conditions that trigger the attachment system. Thus, it is seen as a unique theory, one of broad coverage, as well as flexibility, with a potential for illuminating many different fields of academic endeavour, amongst which are evolutionary biology, developmental biology and ethology, developmental, cognitive, personality and social psychology, psychiatry, developmental psycho-pathology, neuro physiology and neuro-psychiatry and, lastly, several different forms of psychotherapy. Whilst it was suggested earlier that one reason for the theory's decline is that its multifaceted nature pleased nobody at first, as the academic conjuncture changed, and administrative pressure on academics to keep up publication rates increased, it is possible that it became deeply attractive to many different mates.

What is more, the relative success of attachment theory in thinking about the normal and pathological development of children cannot be separated from the efforts of the academic entrepreneurs who advanced the theory and its position in this area. One could say that not only did the theory survive and flourish in an increasingly favourable ecological niche, but that the agents of its reproduction displayed all the mutually supportive network and reproductive cooperation of a family. Looking at the academic attachment community from the outside, one sees, as with any such, a labyrinthine network of connections, but, since they all seem to stem from the intellectual collaboration of two people, the network has a decidedly dynastic appearance, with intellectual exogamy (and some real endogamy!), as well as rivalrous splits in the second and third generations. This

structure provided its members with the sense of continuity and belonging furnished by any family.

As is appropriate, the various memoirs and tributes to Mary Ainsworth on her death in 1998 paint a picture of her as the perfectly responsive, nurturing mother to her group of graduate students, as Bowlby was their intellectual father on the other side of the Atlantic. The two wrote and exchanged ideas and articles frequently. Bowlby's letters, written in a fine hand in green ink, were read out by Ainsworth to her assembled students and they would send him papers for his generous comments (Main, 1999). Ainsworth herself, on retirement from her professorship at the University of West Virginia, abandoned her own research and spent the rest of her considerable working life encouraging and supporting her own students and others in the development of her theories. They, with all the independence and resilience of the securely attached, went forth and peopled the psychology departments of North America, keeping in touch long distance (Main 1999). Karl and Karin Grossman of Regensburg University, who became Ainsworth's academic foster children, recall pleasurable family reunions at the yearly Society for Research in Child Development meetings in the USA (Grossman *et al.* 1999).²⁷⁵

These children were upwardly mobile in terms of the hierarchies of the academic establishment and, from the beginning, had no trouble attracting research funding from the NICHD or directly from NIMH, where they sometimes started their post-doctoral career as fellows. The collection of their work (with one or two notable exceptions, and some significant others) in the monumental *Handbook of Attachment*, edited by Jude Cassidy and Phil Shaver (Cassidy *et al.*, 1999), has something of the size and authority of a family bible. It is a testimony to the volume, breadth and depth of the output of Ainsworth's original psychology students and their collaborators in developmental psychology and how the theory was expanded, first to make it relevant to others in neighbouring

²⁷⁵ For a list of Ainsworth's students see **Bretherton, I. (1991)** The Roots and Growing Points of Attachment Theory. In *Attachment across the Life Cycle*. (eds C. M. Parkes, J. Stevenson-Hinde & P. Marris), pp. 9-32. New York, NY US: Tavistock/Routledge.

fields and ensure its continued academic reproduction, and second to re-establish its relevance to the changing policy conjuncture.

In this task, the original theories of Bowlby and Ainsworth gave this new generation several problems. First was the power of the behaviourist attack which questioned the existence of this inner space on the basis of index behaviours. Second, was the problem of how this space could be observed and described clearly and its stability over time and dyadic context established empirically, when displayed within all the complex maturational, intergenerational and social processes that development allowed. Certainly, the the research data did not conclusively support this stability either within a lifetime, between generations or over different relationships (Fonagy 2001). Third, the clinical distinction between normality and pathology of the A, B and C classifications of the Strange Situation were a little controversial and blurred. The solutions found to these difficulties resulted in some important changes to how the inner space of attachment was understood and accessed, as described below.

Attachment as an Organisational Construct

It was Everett Waters who saved the attachment construct from the attack of the behaviourists. There is a consensus in the attachment literature that one of his most important papers was an answer to this critique of Ainsworth's work. Written with Alan Sroufe, this restored attachment theory to academic respectability, taking on the so-called misunderstandings and misapplications of the theory by trait and social learning theorists, current at the time (Maccoby *et al*, 1972; Sroufe *et al*, 1977a). The critique reduced attachment to certain index behaviours, and, when these were not inter-correlated or stable over time, dismissed them as useless. Answering it was no easy task, given the complexity of infant/caregiver behaviours which are not specific to the attachment system. These could change over social context and over time with changing capacities,

an equally complex learning process and the intervention of many other social variables, including what is often referred to as ‘the ecology of the family.’²⁷⁶

Sroufe and Waters re-emphasised Bowlby’s conception of attachment as a behavioural control system with informational inputs, following Ainsworth in moving the emphasis of the goal of the system from proximity towards exploration and therefore felt security. Thus the affective aspects of the attachment tie were said to mediate the informational inputs to the system, explaining the infant’s preferences for her caregiver under stress and accounting for the cumulative effects of repeated or long-term separation. They reaffirmed attachment as an organisational principle, embedded in a piece of social interaction, which was also embedded in its wider social context (Sroufe *et al*, 1977a). Thus they restated that what Ainsworth knew she had observed and classified in her Baltimore sample was the qualitative functioning of the attachment system, which is ‘normatively integrative and flexibly adaptive’, rather than a quantitative behavioural phenomenon, which measured the strength of a drive or a trait (Ainsworth *et al*, 1978b).

Strange Situations and the Importance of Naturalistic Observation

Of all Ainsworth’s students, Waters was the one whose work seems most concerned with the respectability of attachment theory as science, with impeccable statistical method and methodology, the clarification of the theoretical constructs and the linking of theory to empirical observation (or validity). He did his best to keep the tradition of mother/infant observation alive with his Attachment Q Sort research (Posada *et al*, 1995; Vaughn *et al*, 1990; Waters *et al*, 1985), emphasising in a later paper that the observation, presumably over time, of ‘secure base behaviour’ in the naturalistic setting of the home was the ‘gold standard’ to which all other observational or

²⁷⁶ It would also be conceded that temperament or innate characteristics might make a difference to how the attachment bond is experienced by mother and child, though the two dimensions are not highly correlated.

questionnaire data in attachment research had to be tied (Waters, 2002). The trouble was that, in establishing stability over time and relationship, naturalistic observation had its limits.

The fundamental task of Ainsworth's students in restoring the credentials of attachment theory in the scientific community had been to confirm its empirical basis by replicating the (pilot) Baltimore study results on other, larger samples. They established its stability by extending the studies of mother/child interaction to an older age group. Mary Main set up new large-scale study and a flourishing centre for attachment research on the Berkeley campus of the University of California, where she revisited her sample and established a positive relationship between infantile attachment classifications and those at the age of six (Main *et al*, 1988). Her partner in this, Jude Cassidy, worked similarly on a five-way classification of strange situation reunions for a sample of kindergarten children in West Virginia with Bob Marvin (Cassidy *et al*, 1992); and the Grossmans (mentioned above) replicated the Baltimore study in Bielefeld in Germany, though finding less stability over time (Grossmann *et al*, 1981). But, for obvious reasons, there was a limit to what observation could show with older age groups, even if this was at all practical.

A further difficulty was the inconvenient fact that research based on the 'gold standard' over all ages gave highly variable results and would continue to do so. As Peter Fonagy put it at the turn of the century, 'observation alone has not yielded convincing results for a factor which mediates security over time and relationship.' (Fonagy, 2001) Moreover, if Ainsworth's experimental evocation of this inner space failed to generate consistent results, this implied one of three responses – or all. Either the means of accessing it via its effects should be changed, or the inner space, the theoretical construct itself, needed to be modified or, finally, the original empirical results needed to be carefully reworked.

The Adult Attachment Interview

The way forward on a change of access was the first of Mary Main's two major contributions to attachment theory, which took the theory back, nearer to psychoanalysis, as well as forward to its life cycle and intergenerational possibilities.²⁷⁷ In the empirical work on the mother/child dyad, there was a problem with showing a strong correlation between mothers' observed responsiveness and the infants' Strange Situation status. Also, establishing the attachment basis of this responsiveness in the mother by interview seemed impossible, as adult recall of attachment experiences in childhood is not necessarily stable or reliable. Main made a methodological move, in the title of her 1985 article with Nancy Kaplan and Jude Cassidy, 'to the level of representation'. The move was, indeed, to the use of an interview schedule, but it was one with a difference. She did elicit an account of each mother's own childhood (Main *et al*, 1985). However, this she interpreted and scored, not simplistically by its content, but by how this content related to its narrative style and, above all, its coherence, flexibility and the ability it revealed to reflect on the feelings and motives of self and others. She also noted the respondent's cooperation with the interview process. She called this schedule the 'Adult Attachment Interview' (AAI) (George *et al*, 1985; Main, 1995). What she thought she had found access to was not the mother's attachment status as such, but to her 'state of mind with respect to attachment' (Main, 1996: 240).

Like Ainsworth, Main used a three/four way typology to classify her results, which Ainsworth was the first to notice mapped almost perfectly, both conceptually and empirically, onto her own Strange Situation classification of infant behaviour (Grossman *et al*, 1999).²⁷⁸ Of course, this was still grounded in Water's 'gold standard' of mother child observation and there seemed to be

²⁷⁷ Main was and is perhaps the most important of Ainsworth's students, having been, initially, an unwilling worker in her professor's Baltimore study, because of the 'apprenticeship' system for PHD students at John Hopkins – she had wanted to study psycho-linguistics.

²⁷⁸ The three AAI organised categories were 'Secure /Autonomous', 'Insecure/Dismissive' and 'Insecure/ Preoccupied'.

some correlation between the maternal ‘state of mind with respect to attachment’, as revealed by Main’s interpretation of the Adult Attachment Interview, and the observed responsiveness of the mothers in her sample. This pinpointed some of Ainsworth’s ‘developmental anomalies’ that produced ‘unresponsive mothers;’ the connection was not sufficiently strong, however, to explain the powerful, almost dramatic association she found between maternal AAI score and the attachment classification of the infant, even when taken before its birth – nor has it been shown to be stronger by further future research ((Hesse *et al*, 1999; Pederson *et al*, 1998). The AAI itself has proved to be robust over time and independent of the obvious mediating variables, such as IQ and discursive style. Its strongly, quite unusually predictive results, in terms of the Strange Situation behaviour of the infant, had been reproduced in at least fourteen other studies by 1995 (Van Ijzendoorn, 1995).

This impressive predictive power of the AAI ensured its success as a measure. It was extended to teenagers and even down to articulate six year olds in the Child Attachment Interview (Target *et al*, 2003). What is more, it joined the Strange Situation classification as the main plank of attachment research and enabled it to branch out from mother/child observation in a number of ways. Crucially, attachment theory joined most other heavily researched versions of psychological difficulty, psychopathology, abuse, violence and the rest, as having a life cycle and intergenerational aspect, making it a powerful framework for thinking about social policy towards the family. Since connections or causality across the dyad and across time remained something of a mystery, this was even more fertile ground for the growth of the funded psychological research, in both developmental, affective and cognitive psychology (Fonagy, 2001).

‘From Your Mother’s Arms to your Lover’s Arms’²⁷⁹

²⁷⁹ See Waters, T. (2004) Learning to Love: From Your Mother's Arms to Your Lover's Arms. *The Medium (Voice of the University of Toronto)*, 30 (19), 1-4.

The discourse analysis of the AAI might be seen as an even more methodologically dubious venture than the interpretation of the Strange Situation test, from a strictly scientific point of view. Main called it her attempt to ‘surprise the unconscious’ (George *et al*, 1985; Main, 1991: 141), to come across the inner life by stealth – open as it is to the subjectivity of a meaning giving and appraising observer, and to the ins and outs of an elaborate cognitive/affective theory of mind, set out in her key article on metacognition (Main 1991). However, this move to the interrogation of adults opened the way for another methodological addition to the techniques used to explore the attachment space, this time in the form of a straightforward Adult Attachment Style self report questionnaire which elicited information, not on the past but on the respondents’ current romantic relationships. It was more in line with a schedule from positivistic psychology than the AAI and was imported from the study of adult relationships in personality and social psychology, where Phil Shaver was one of the first and most prolific psychologists to apply attachment theory to ‘adult pair bonding’. His acceptance into the attachment family was crowned with joint authorship of the *Attachment Handbook* (Cassidy et al, 1999) and proved to be another significant step in the development of attachment theory, its applications and attractiveness as an area of enquiry.

Its methodological contribution to the field was most appealing, however, especially to research students. Studies in the area of adult attachments could float free of Water’s ‘gold standard’ of naturalistic secure-base observation, or the AAI interview which was still validated by the latter. Questionnaire data of a self report variety²⁸⁰ was possibly not more reliable, but a great deal easier to administer and interpret. This was partly due to the way that the use of the AAI was organised. Perhaps as a reflection on the reliability of the AAI method and its interpretive nature, all researchers who employ it have to undergo an

²⁸⁰ Except for one study, airport based, of parting couples by Fraley and Shaver, initially entitled ‘I’m Leaving on a Jet Plane’, **Fraley, R. C. & Shaver, P. R.** (1998) Airport Separations: A Naturalistic Study of Adult Attachment Dynamics in Separating Couples. *Journal of Personality and Social Psychology*, **75**, 1198-1212.

expensive training from a strictly controlled list of licensed trainers. The schedules and procedures were and are still kept in the form of unpublished papers in the Berkeley campus of the University of California (George *et al*, 1984; George *et al*, 1985; George *et al*, 1996).

Of course, Adult Attachment-Style (AAS) self-report questionnaires clearly occupy a separate domain from the AAI, pinned as this is to predicting observed infantile security and reflecting metacognitive processes, which can be seen as relating to the unconscious and thus approaching more closely to attachment's psychoanalytic roots. They measure different things, although they do share certain underlying constructs essential to attachment theory, especially the capacity to rely on attachment figures in times of need and to provide care (Shaver *et al*, 2000). They also refer to different behavioural systems or attachment orientations, between which, despite initial claims (Hazan *et al*, 1987), according to Chris Fraley, the 'source and degree of overlap ... remains controversial.'²⁸¹

Meanwhile, for those interested in epidemiology, the AAS and its extensions were a great step forward. What the AAS provides is relative ease of research. Attachment scoring on two dimensions, instead of categorisation, at both the adult and the infant level provides a more usable, statistical version of the old system of classification; the schedules are straightforward and available to all (Brennan *et al*, 1998).²⁸² That slice of inner life called attachment was no longer an area of complex affective and cognitive processes only amenable to technicians of the dynamic and their trainees; it was now amenable to study by anyone through a simple questionnaire. What is more, this change seems to have been accepted by the specialists. Despite the strict control of AAI use, Mary

²⁸¹ www.psych.uiuc.edu/~rcfraley/attachment.htm. [accessed 5th December, 2006]

²⁸² In terms of the mapping of patterns between the two dyads, the measurement of individual difference in adult intimate relations, scores attachment style along two dimensions, those of high/low anxiety and high/low avoidance. For a review of Adult Attachment Style measures, see **Crowell, J. A., Fraley, R. C., Shaver, P. R. & Cassidy, J. (1999)** Measurement of Individual Differences in Adolescent and Adult Attachment. In *Handbook of Attachment: Theory, Research, and Clinical Applications.*, pp. 434-465. New York, NY US: Guilford Press.

Main herself in an epilogue to the Handbook looked forward to the possibility of merging the different adult attachment schedules, or at least to the use of both together in a coordinated form (Main, 1999).

From Content to Capacity: the Internal Working Model

Main's move to metacognition also opened the way to dealing with the modification of another crucial piece of the theory: Bowlby's Internal Working Model (IWM). This cognitive model was seen to structure the attachment control system, and perhaps to account for the persistence of the secure base phenomenon for any dyad over time and between generations, as well as the possibility of its generalisation by an individual to other important affective relationships. Such a model is obviously open to endless elaboration and reformulation, especially about the way that affect and arousal mediate the availability of attachment information, as well as being part of it. It has indeed been criticised as a theory of such generality that it can explain anything (Belsky *et al*, 1994; Hinde *et al*, 1988; Rutter *et al*, 1999a; Thompson *et al*, 2003); Hinde, 1988; Belsky and Cassidy, 1994; Rutter and O'Connor, 1999 and Thompson and Raikes, 2003). The reformulation of this model required by the empirical research data was also tackled by Ainsworth's students and their collaborators (Bretherton *et al*, 1991; Bretherton *et al*, 1999; Main, 1991; Main *et al*, 1985; Sroufe, 1996). It is seen, in its revised metacognitive form, as in the domain of the AAI, not as cognitive or affective *content* of the mind – templates narratives, scripts and the like – but as the *capacity* for coherence of discourse, reflexivity and empathetic evocation for the thoughts and feelings of others. Using this revised version of an inner space, current research seems to indicate a connection between infantile security and its adult forms and between maternal security and the attachment classification of infants.²⁸³

²⁸³ For an elaboration of this IWM and supportive research see Fonagy (2001).

The emphasis on mental capacities, privileged structural models of psychological functioning and, thus, opened the way for two further lines of development in the third period. First was a re-engagement with psychoanalysis, which is Peter Fonagy's project, and second, an increasing interest in the way such models are mirrored in neurophysiology by structural models of brain development, in which neural connections of increasing complexity are made and maintained in interpersonal communication (Siegel, 2001).

Attachment and Psychopathology: or D is for Danger

It is in the epidemiology of psychopathology that Main's work in Berkeley had one more crucial developmental outcome for attachment theory, also built on its life-cycle implications, and bringing it right into line with the mainstream policy preoccupation with child abuse, its intergenerational predictors and consequences. She re-examined the classification of children in Ainsworth's original Strange Situation test. As in Baltimore, roughly 13% of her Berkeley study sample did not fit Ainsworth's three-way classification and fell into the dustbin category that was called 'unclassifiable' in the earlier study (Ainsworth *et al*, 1978b). Main and collaborators pushed Ainsworth's clinical interest in individual difference further, by studying these unclassified children in detail, following her sample up at the age of 6 years and finding the category size stable. She classified these children as Type D: their behaviour in their natural surroundings and in the Strange Situation test was described as disorganised, unpredictable and signifying confusion and disorientation (Main *et al*, 1986). At first, she interpreted their mothers' AAIs as tending to show 'unresolved' mourning for an attachment figure, 'or some other traumatic experience' (Main *et al*, 1990b). Later, in a key article in 1990, she and Eric Hesse famously linked disorganised attachments in infants to 'frightened or frightening caregiving,' in which children, in the second case, were faced with the dilemma of fearing the figure whom they wished to approach for comfort in times of distress, or worse, saw the attachment figure as the cause of the fear (Main *et al*, 1990a).

Subsequently, the emphasis of attachment research shifted from child observation to the implications of the theory for child and adult psychopathology. There is some suggestion in the literature that the Type A classification is associated with internalised problems – anorexia, depression, ‘disorders of inhibition or compulsion’ – and Type C with ‘acting out’ problems, acute anxiety, behaviour disorders, obsessional behaviour and the like (Crittenden *et al*, 2000: 244). Further, Pat Crittenden has now produced a ‘Dynamic Maturational Model’ of attachment based behaviour in adults which encompasses all forms of psychopathology within the original three-way classification (Crittenden *et al*, 2000). However, it is, crucially, the Type D classification, rather than the two other insecure categories, avoidant and resistant, that was shown over a series of epidemiological studies in the 1990s robustly to predict psychopathology in later childhood and adulthood (Carlson, 1998; Lyons-Ruth *et al*, 1993; Lyons-Ruth *et al*, 1996a; Lyons-Ruth *et al*, 1999a; Lyons-Ruth *et al*, 1999b; Lyons-Ruth *et al*, 1991; Lyons-Ruth *et al*, 1996b; Ogawa *et al*, 1997).²⁸⁴ Disorganisation in childhood is especially associated with the diagnosis of attachment disorder, as described in the children we met at the start of this chapter. It is also predictive of psychosis (Dozier *et al*, 1999), dissociation (Liotti, 1992; Main *et al*, 1996), and severe personality disorder in adults (Fonagy *et al*, 2000). Empirically, it provides much stronger continuity over time, generation, and dyadic relations, than other attachment classifications. Not only has it increasingly become the focus for attachment research, it dominates treatment-oriented thinking about attachment also (Holmes, 2001). For it strongly predicts the most problematic diagnostic categories, socially, in the regulation of the dangerous and the criminally insane.

²⁸⁴ Although there is a body of literature, which suggests a *concurrent* correlation with disorganisation and psychological disturbance, it is less reliable because of the problems of cross contamination of the data, and especially relating attachment problems to specific diagnoses, where the presence of co-morbidity is ever a problem **Greenberg, M. T., Cassidy, J. & Shaver, P. R. (1999)** Attachment and Psychopathology in Childhood. In *Handbook of Attachment: Theory, Research, and Clinical Applications*. pp. 469-496. New York, NY US: Guilford Press.

With this development, attachment theory began to spread from the psychology departments of North America and Britain and into the psychiatric and psychotherapeutic clinics, to be described in the next chapter. What is more, Type D classification has become almost uniquely applied to those whose attachment figures were not only unresponsive to the danger of their children, but its actual source, that is, to the subjects of parental maltreatment. It consequently spread further to Welfare services in the USA and the UK, especially those dealing with the fostering and adoption of children whose infancy had been blighted by parental abuse or mental illness. A type D attachment, generating disorganised behaviour, is, par excellence, the psychological and invisible site of a wound, whether there are also outer wounds or not.

Further, attachment theorising has been taken over, in this area, by the culturally dominant language of danger and risk, of which Pat Crittenden (now a professor at the Family Relations Institute, University of Florida) is a prime user. She writes of her 'Dynamic Maturational Model of Attachment, tied to risk assessment and treatment,' as 'particularly relevant to individuals who are in at-risk situations, have been exposed to danger, display disturbed or mal-adaptive behaviour, or are diagnosed as having a psychiatric disorder.'²⁸⁵ The theory that it employs is based on the maturational development of 'individual strategies for dealing with endangerment' and the therapy this implies enhances the quality of life for 'endangered, endangering, and vulnerable humans.'

Besides this, these 'internal somethings' called attachments are reified in DOH publications, as they became 'faulty' or 'damaged' (Cleaver *et al*, 1999: 58, 76 and 65). Then the language is further ratcheted up, during the 1990s, by a strand of psychiatric and neuro-psychiatric literature on the effects of maltreatment on the neuro-endocrine system: diurnally early high levels of cortisol found in type

²⁸⁵ http://www.patcrittenden.com/Attach_and_Psychopathology.html– Overview of Course on Attachment and Psychopathology [accessed 23 January 2009].

D children are thought to have a destructive effect on the body's stress regulatory system.²⁸⁶ Thus, Bruce Perry's article on the effects of maltreatment on the brain is entitled 'Incubated in Terror' (Perry *et al*, 1997) and Allan Schore writes of 'traumatic relations' and 'traumatic attachments' (Schore, 2001b). In the discovery of Type D, trauma and attachment join forces, as did violence and emotional abuse in Chapter 4, as an attachment seems to take on the characteristics of its threatening or destructive environment. Also, psychological harm is thought to be caused to the infant, not just, as in trauma, because of excessive fear itself, not just, as in the original attachment theory, because of the unavailability or unresponsiveness of the mother in the face of an exogenous threat to the mother/child system but - worse than that - by a threat from the very person the child would go to for protection; an endogenous hazard - an abusive mother - danger in the very heart of the family.

The Rats of NIMH: a Postscript²⁸⁷

This theoretical elaboration of an internal psychological space called attachment as a response to attacks by behaviourists, and the necessity to validate empirical results, dominated mainstream attachment research during this period. It had its critics who deplored this drift from Bowlby's so-called environmentalism towards a more psychoanalytic psychologism. A small space was allowed in the Handbook (Cassidy *et al*, 1999) for an even more extreme critique of attachment as primarily a psychological construct. The challenge was based on a more detailed examination of animal behaviour, appealing to the biologism of attachment theory, which had in its inception been based on evolutionary explanations of cross species instinctive behaviour and not much examined at

²⁸⁶ This is found among Romanian orphans who are emblematic of this group of children and the subject of much psychological and neurophysiological research. See **Rutter, M., Beckett, C., Castle, J., Colvert, E., Kreppner, J., Mehta, M., Stevens, S. & Sonuga-Barke, E. (2007)** Effects of Profound Early Institutional Deprivation: An Overview of Findings from a UK Longitudinal Study of Romanian Adoptees. *European Journal of Developmental Psychology*, **4**, 332-350.

²⁸⁷ With apologies to Robert O'Brien, author of the classic children's story, *Mrs Frisby and the Rats of NIMH*.

that time (Polan *et al*, 1999; Suomi *et al*, 1999). The concept of attachment was not the monopoly of the psychological department.

The work in ethology or developmental biology over the 1990s, particularly by Myron Hofer and Steve Suomi, whose subjects are rats and rhesus monkeys respectively, not only confirmed cross species continuity of attachment behaviour, which was just assumed by Bowlby. In studying and elaborating it, they also challenged the 'circular' notion of attachment as a theoretical concept, used as a psychoanalytic or organisational construct to explain certain universal forms of behaviour – from which it is also inferred. This concept, they claimed, is merely a metaphor. Alternatively, they located attachment deep in the sensory experiences of its mother for the foetus and neonate in the relevant species. For example, it was through tactile, auditory, olfactory, gustatory and visual experiences that the fundamental physiological regulation of the rat pup was achieved (Kraemer, 1992 and Hofer, 1995). The distress of the pup at the loss of its mother was not an invisible wound but the physical discomfort caused by the loss of these regulatory processes, rather than any process which is symbolically mediated (Hofer, 1996; Polan *et al*, 1999).

Attachment as a physiological regulator enlarged its scope from being confined to a protective system for the management of fear to other aspects of the mother/child relationship. As Main pointed out in her epilogue to the Handbook (Main, 1999a), this work indicates that Bowlby had actually underestimated the ultimate importance of mother-infant interactions, in the sense that they are not only effective in protecting the infant from external dangers ('the outer ring', as it were), but in actually promoting life. They also regulate independent internal homeostatic systems, temperature, hunger etc, as well as arousal, even pre-natally. She quotes a recent review of neuro-physiological experiments on monkeys (Amini *et al*, 1996):

The nervous system of social mammals is constituted by a number of open homeostatic loops which require external input from other social mammals for internal homeostasis to be maintained. The manner in which this input is

achieved is through social contact and bio-behavioural synchrony attained with attachment figures.... In this view, then, the attachment relationship is postulated to be a crucial organising regulator of normal neurophysiology for social mammals (cited in Main, 1999a: 866-867).

In defence of her own work, however, Main is also careful to note, incontrovertibly, that what actually constitutes 'attachment' is 'a matter of semantics' (1999: 866). She might have added that the equation of 'social' with 'ventral' contact between mother and child – human or rat – might also have its semantic problems (Burman, 2008). It can be argued that this move is not necessarily reductionistic, however; it elaborates and extends the biological basis of sociality that Bowlby and Ainsworth had always assumed. As Fonagy points out, Hofer's work on the cross species basis for attachment does not preclude the development, in the human case, of the highly complex, flexible and reflexive mental life of the new IWM, described above. Indeed, it is the basis for its dyadic creation (Fonagy 2001). Consequently, the loss of this relationship is not a just damage to an inner space, which is reactive to extreme distress or fear, however prolonged, as in disorganisation and psycho-pathology literature. It is, also, the loss of a homeostatic regulator with the consequent dislocation of the infant from the pathway of emotional and cognitive development it supports. It is the loss of the opportunity for human sociality, as it was meant to be.

CONCLUSION

This chapter has offered an account of the way in which one theoretical construct, a metaphor for a close dyadic relationship, was inscribed on the inner life of an infant and seen to organise his behaviour in a way which would affect his negotiation of social relationships far into the future. It was a theory of how this 'internalised something' might be shaped by a mother figure into producing adaptive or maladaptive behaviour which might presage healthy-normal, or unhealthy-abnormal outcomes for the child in adulthood. The emergence of the theory has been set briefly in its historical, policy, academic, social and even

interpersonal environment, which was divided into two periods. The first covers the post-war work of John Bowlby, the birth of the theory out of a cross between psychoanalysis and evolutionary theory, and its development by Mary Ainsworth. The second covers the work of Ainsworth's students in establishing the theory within the North American academy.

This history, in both periods, has been dominated by three different themes. The first is the slightly uncertain relationship of this hypothesised inner space, called attachment, to the various ways in which it can be observed or measured, and how its nature has been adjusted over time accordingly, as the stringency or complexity of the measurement requirements have been heightened and then relaxed. The second theme is the theory's clinical assumptions. I have noted that a strong theory of normative development and secure attachment behaviour arose from an initial study of conditions determining pathology, or the wounding or dislocation of this inner state. This normal space is still envisaged by its difference from the pathological, however. And these two theories, of the normal and the pathological, therefore developed side by side, although by the end of the time frame of this chapter, the pathological had outstripped the normative in one of the most powerful developments of attachment theory. This was the theorisation of the psychological and thus developmental consequences of all forms of child maltreatment – in the words of the book title with which this chapter started, 'The Primal Wound.'

The third theme is the problematic grounding of the theory's clinical assumptions about infantile behaviour and its inner correlates in a theory of evolutionary adaptedness, so that what is normal and desirable becomes 'natural' and what is pathological is maladaptive. In the first period, this seemed to sit uncomfortably with developments in evolutionary theory, but was developed in the second period in an examination of cross species attachment behaviour in which the attachment concept is extended to describe physiological regulation in nursing dyads, as its biological base. This signals forward to

developments described in Chapter 7 in which the neuro-physiological basis of infant sociality is increasingly emphasised in academic and professional research and therapy, as 'the social' seems to acquire a whole new meaning.

CHAPTER 7:
RISK AND RESILIENCE:
ATTACHMENT AT THE TURN OF THE CENTURY

INTRODUCTION

The development of attachment as a theorisation of emotional abuse and neglect and its psychopathological consequences has meant a dramatic revival in its fortunes. The previous chapter showed how it provides some handle on the way this problem presents itself to psy professionals for their understanding and intervention. However, attachment theory has not just been institutionalised in psychology and psychiatry departments of universities across the USA and, to a lesser extent, the UK over the 1990s. At the turn of the century, it is also subject to a promotional diaspora across an array of organisations throughout the anglophone world, Israel, Spain and South America. These are aimed at parents; at professionals working with children and at governments administering their welfare. What is more, it seems that it is not just this theorising of abusive, and by implication, of course, the non- abusive, normal sort of parenting, which seems to fit with current social preoccupations and government agendas. It is also in the way that normal parenting has been talked up as being predictive, with a high level of certainty, of emotionally well regulated individuals who are in some way protected from temptations to deviancy and the debilitating stress of risk society. In the language of wounds, it is part of the making of a shield or a carapace around the individual against the excesses of the social environment.

Besides this, the protection against socio-economic stressors or predispositions to deviancy are more and more seen as emergent from complicated statistical models, where correlations are privileged over intricate causal connections located in a psychological space. Whilst these causal theories developed in complexity over the second period, in this third, they can be seen to decline in importance and what is increasingly developed in the programmatic rhetoric of certain writers on attachment are hypotheses, not so much at a psychological level, but at the level of the brain and the neuro-endocrine system – inscribed in a biological as well as a psychological space. And this space has been increasingly theorised over the 1990s in the heavily funded academic research project of neurophysiology. Attachment theory was only marginally involved in this growth, but it is a development to which its ideology of natural healthiness is eminently adapted and where enthusiasm among parents and professionals for neurological versions of childcare and therapy is marked. Thus, in this period, attachment theory becomes more complicated and multifaceted than ever. It was suggested in the last section that it was the complexity and flexibility of attachment as an academic theory which allowed its flourishing in the US psychological academy. In this section, we suggest that it was this same flexibility which allowed its flourishing in the complex policy environment created by New Labour in the UK at the turn of the century.

The policy conjuncture around this third phase of attachment theory's history is complicated by the UK government's recent attempt at a 'third way' between post-war paternalism and the seeming realities of the global market to which the New Right had exposed the national socio-economic system. Besides this, the decline of Thatcherism and the electoral victory of the Labour party in 1997 saw so much legislation and organisational change directed towards the agencies of childcare and education, both private and public, that the results continue to be somewhat confusing. There are, however, certain clear, broad changes. First, this is the most extreme level of policy activism towards children by any UK government and, while much of the New Right rhetoric about the limits of the

state, about individualism and the strengthening civil society has remained, this seems to have involved, paradoxically, a dramatic spread in the disciplinary role of the state under a rationale of partnership, the mixed economy of care and its audit and regulation. The second change is that, whilst children have always been of social interest as adults-in-the-making – as ‘becomings’ rather than ‘beings’ – no government before has made this ‘social investment’ attitude to children so explicit in policy terms (Esping-Andersen, 2002; Giddens, 1998).

Third, in its Third Way ideology, the New Labour government has produced something of a contrast to the social policy behind the post-war welfare state. The consensus in the social policy literature is that, while the optimistic narrative of the post-war Labour government was about protecting individuals and families from the inevitable inequities of a market system of increasing international connectedness, the discourse of New Labour is about the affordances of the market, supporting individuals to integrate flexibly into its processes and opportunities. It is in this way, supporting people in work and in enterprise, that it tries to fight poverty, rather than by straightforward redistribution of income. It is the potential of children as economic participants, as well as citizens, which is to be protected, nurtured and realised – both by parents and other socialising institutions, in partnership with the state. Moreover, this is especially true for those groups of children selectively targeted by policy as being at risk of economic or social exclusion. These are young offenders; poor children on sink estates; the ‘looked after’ or the abused, those whose excluded state constitutes most risk to economic production as well as social reproduction. Such an ambitious project has required an intense programme of both tutelage for wayward parents and training for children in transferable social and IT skills and, most important, in the necessary condition for success – the robust capacity for emotional self management.

Fourth, and as a consequence, mental illness has been cast, recently, as a mounting social problem or crisis both in the USA and in the UK, and not only

in its knock-on effects on delinquency and dangerousness. As the diagnosis of depression is undergoing a meteoric career of expansion,²⁸⁸ it is the effects, in social as well as economic costs, of perennial unhappiness on parenting, employment and ‘quality of life’ in general (and on childhood in particular) that causes concern. In the language of the new economics of positive thinking (see, e.g., Layard 2008), individual happiness has become not just a capital good for the investment state, but also a consumption good for its citizens.

A fifth aspect of social policy under New Labour, according to John Clarke (2004), is that, in spite of the new political movements, which still provide a countervailing impetus in the form of identity politics, the old biologisms of post-war social policy seem to have persisted into the turn of the century. Difference is still largely perceived as having a natural rather than social basis or construction, which means that many hierarchies based on race, gender or sex are still implicit in social policy as *naturae rerum*. Individuals and families are still implicitly treated as the biological, atomistic units of consumption and enterprise in a market which is as much a feature of the natural world as the Great Lakes. Families, in their composition are also, like individuals, implicitly psycho-biological phenomena, private arrangements, shielding their members from wider socio-cultural structures, in whose politics they do not partake – ‘havens in a heartless world’.

Clarke also suggests a new biologism for the turn of the century, ‘practising under the sign of the gene’ (Clarke, 2004: 63). Whilst there is, as yet, little sign of this new biologism, in the form of the genome project, in the discourse of social policy makers, its structural effects at the academic level is profoundly felt in the funding and growth of the biological and human sciences compared to

²⁸⁸ Over the 1980s and 1990s, ‘the depressed mother’ hit the research agendas of those interested in child welfare. See particularly the work of Lyn Murray and Alan Stein, whilst ‘depressed young men on disability benefit’, were a feature of the new century and New Labour’s bid to combat poverty through work. (See The Layard Report, 2000.) Finally and inevitably ‘depression’ has been found in children in quantity – much more of it about than was thought! – and joined the mounting number of other diagnoses of childhood mentioned in the introduction to this chapter.

the social sciences. This is certainly felt in the relatively confined world of attachment theory and child development in the form of new knowledge and expertise at the level of the brain and the neuro-endocrine system. Equally influential is policy interest in psychological explanations of delinquency,²⁸⁹ disturbance in the population, and in the optimal emotional development of children. Such concerns all ultimately relate to the goal of integration into the global market for all citizens, as the policy goals of New Labour are reflected nicely in attachment theory as a double-sided coin.

Attachment, by the turn of the century, is primarily an account of the way in which invisible wounds are inflicted by the wrong sort of mother and its research suggests what forms these wounds might take in the way of pathological outcomes, Second, however, it also suggests how the right sort of mother might mitigate or protect against a wounding environment, and, third, it attempts the question of where the wound is sited. All these inquiries are set in a theory which exemplifies the tenacious hold of the old biologisms in our way of thinking about children and families. As suggested, these three issues are not just exemplified in the way that academic attachment literature has developed since the turn of the century. The use of the language of attachment has spread significantly from its low point in the 1970s and early 1980s to become an established part of the professional and state sponsored repertoire of responses to psychological harm at all levels of 'prevention'.

What follows is a sketch of current attachment based literature, and its application in the world of the psy professionals, based on the three issues above, and arranged therefore into three parts: the first part comprises attachment as a theory of developmental psychopathology as well as a theory of therapeutic intervention, covering the perpetual political obsession with law and

²⁸⁹ Note the resurgence of these theories plus their intergenerational and geographical enhancement in government 'social exclusion' thinking.

order and hence delinquency prevention²⁹⁰ and treatment, as well as the recognition of mental ill health as a bar to communal wealth and well being. The second relates to attachment as a theory of stress mediation and its possibilities for self regulation and resilience in the developing individual; the third looks at the relationship of attachment theory to the burgeoning of biological science as a research enterprise of wealth and power. In the case of attachment theory, this new biologism is confined to the development of the neurophysiology of the emotions in the 1990s, 'the decade of the brain' – an enormous subject of great complexity which can only be touched on here. This tripartite presentation is prefaced, below, by a brief description of the organisational structure of the attachment world.

ATTACHMENT RESEARCH AND ITS APPLICATION IN THE PRESENT

Organisational Growth

Since the burst of attachment research activity in the 1990s, the basic work of Ainsworth's students and their associates has been continued and widened by the next generation into the new areas already touched upon. A summary of the attachment literature, produced, in the year 2006, by a search of the World Of Science [WOS] data base (see Appendix), gives some indication of the way the range of application of the theory has broadened.²⁹¹ The provenance of the articles in the sample shows an even spread of university psychology departments, right across the USA (and a scattering from the UK– by Peter Fonagy, for example), as Ainsworth's trainees from the Universities of Maryland and West Virginia have colonised other academic locations and

²⁹⁰ That is, prevention at a secondary of tertiary level.

²⁹¹ A search was run for all articles or book sections with 'attachment' in the abstract. The results were then further broken down by author and author's academic base. Besides this information on the social organisation of the 'attachment world' comes from the internet, using Google as a search engine and from some participant observation.

produced their own trainees or enthused co-workers with the attachment message. Typically, in the States these clusters of attachment theorists form ‘Attachment Laboratories’, as at the University of New York, Stonybrook (SUNY); or the Adult Attachment Laboratories at Davis and the University of Massachusetts; and the Attachment, Personality and Emotion Lab at the University of Illinois. Each has its own collaborators and research staff working on joint research projects.²⁹² More important for the spread of attachment theory beyond academic bounds is the recent proselytising work of some of the major departments which have set up organisations to liaise with and train psy professionals interested in the relevance of attachment theory to intervention with children, families and adults. For example, there is The New York Attachment Consortium, a project of an independent charity, The Centre for Mental Health Promotion, which brings together the work of four New York based universities including SUNY and the Yale Child Study Centre, and is run by the SUNY-based Ainsworth undergraduate student, Everett Bell Waters.

Emanating from all these centres, on both sides of the Atlantic, internet information seems to be an endless source of attachment material, not just on the theory but on attachment based advice to parents and on the availability of

²⁹² There is a similar organisation at the University of Leiden, Netherlands where van IJzendoorn, an early Attachment theorist is still professor and in the University of Regensburg, Germany, home university of the Grossmans. The research effort also continues in the UK although the only equivalents to the US clusters are in the University of East Anglia, in the Social Work Department and therefore not involved in frontline research, and in the Psychoanalysis sub department of the UCL Psychology Department, where Peter Fonagy is professor and where he and Howard and Miriam Steele hold joint appointment with the Anna Freud Centre; in the Dept of Psychology at Birkbeck College, London University where Jay Belsky, a distinguished child development academic of US provenance, runs the Institute for the Study of Children, Families and Social Issues and was recently engaged on an evaluation of Surestart for the DfES and The Winnicot (sic) Research Unit at Reading University School of Psychology and Clinical Language Science, where Lyn Murray works on the attachment implications of maternal depression. Otherwise, the Attachment field tends to contain lone, though vocal, representatives within a department: Alan Stein in the Department of Psychiatry at the University of Oxford; Elizabeth Meins in the Psychology Department at the University of Durham, for example, or a scattering of more clinically based individuals, Felicity de Zulueta at the Maudsley, Danya Glazer at GOS and UCL; Judith Trowell, who moved from the Tavistock Clinic to the Birmingham Health Authority; Jeremy Holmes in the Department of Psychiatry, North Devon District Hospital, Barnstable; Jonathon Green and John Byng Hall at the Institute of Family Therapy – all figures that might be expected to appear and lecture at the numerous international conferences on attachment theory and on its therapeutic applications.

treatment, should the worst happen. Furthermore, attachment therapy centres, many of a private nature, have sprung up mostly across the USA.. These variable websites, although they invariably claim to be ‘evidence based’, show a broad spectrum of ways in which attachment theory is presented, from those close to the academic source of the theory who present themselves as strictly in the ‘Bowlby and Ainsworth tradition’ (henceforth known as the BAT) and those which are more demotic and proselytising. For example, the institutions range from the International Attachment Network (IAN)²⁹³ – part of the BAT, originally founded in the UK, with offices now in London, Barcelona and Washington and publisher of the already mentioned journal, *Attachment and Human Development*, to the Buenos Aires based website of the Attachment Research Centre, to the US based *personality.research.org/attachment.html* ‘Great Ideas in Personality’ or even to the Kansas Attachment Centre... which seems to have a staff of one.²⁹⁴

All these organisations present a range of therapeutic approaches, for, of course, there is also therapy in the BAT. For example, there is relations-based psychoanalytic therapy, in which attachment theory is used to inform principles and practice, as in the very respectable IAN member; the Centre for Attachment-based Psychoanalytic Psychotherapy, established for over ten years, at John Bowlby House in Spitalfields, London; or the more recently founded Institute of Child Mental Health, also in London, which is a centre for ‘integrative therapy’ for children. It specialises in running courses for child therapists and child care professionals on the latest findings in the neuro-physiology of the emotions. This is a little further along the respectability spectrum, as it touches on the middle

²⁹³The IAN was typically set up at a time when Attachment Theory was in its nadir to promulgate information on research as the ‘Bowlby/Ainsworth Tradition’ and promote its use in the fields of psycho-therapy and the ‘caring professions’ through providing bibliographies and internet links, training courses and ‘opportunities for networking’ among its members – both individuals and institutions. The Attachment and Human Development Center, Washington School of Psychiatry, a member of IAN, is also a conservative institution in the attachment field, seeking to promote academic exchange and engage the local therapeutic services in buying courses, to ‘guide preventive efforts in the community’ and ‘inform public policy that addresses children's emotional needs’.

²⁹⁴www.ksattach.us/attachmenttherapy.htm [accessed 20th January 2007].

ground of therapies for children and families with diagnoses. Of these, the Dyadic Developmental Therapy purveyed by Daniel Hughes in the USA and practised by himself and disciples²⁹⁵ is typical, and seen as less extreme than Attachment Therapy and those organisations devoted to training and treating by its radical principles. Like the IACD mentioned in the introduction, the latter are also most abundant in the USA, and could be said to provide somewhat simplistic diagnostic and therapeutic solutions to attachment difficulties.

However, attachment-based therapy and training is not just a feature of private health provision on either side of the Atlantic. In Britain, the use of attachment theory in the NHS may be a highly variable phenomenon, dependent on professional discretion²⁹⁶ but it is now well established as part of a State legitimated and promoted knowledge base about children and families, which is to be used by all professionals when assessing them for service provision (see below). It is therefore not surprising that it is also entrenched in handbooks, such as the series produced by the British Psychological society and written by Martin Herbert²⁹⁷ (*Parent, Adolescent and Child Training Skills* (Herbert, 1996)) and in training courses for social workers at certification and degree level and also at the level of post qualifying certificates in Child Protection as part of Child Development Modules. Attachment is one of the few theories that seem to provide a framework for intervention in childcare issues. (See Daniels *et al.*, 1997, on the use of attachment theory in a pilot post qualifying course in the Universities of Dundee and Dublin.) In addition, the Social Work Department in UEA has a Centre for Attachment Studies in the UK where it provides courses at all levels, for students and LASSDs. David Howe, its director and author of at

²⁹⁵ For example, Dr Arthur Becker Weidmann at the Center for Family Development, Western New York.

²⁹⁶ It is hard to find instances of the diagnosis of RAD being used in the NHS. For instance a report on the mental health of children and young people published by the Office of National Statistics in 2004 did not use this classification.
http://www.ic.nhs.uk/webfiles/publications/mentalhealth04/MentalHealthChildrenYoungPeople310805_PDF.pdf [accessed 20th Feb. 2009]

²⁹⁷ Martin Herbert of the University of Leicester is one of the few psychologists who has consistently produced well respected work on intervention for Social Workers.

least two books on the subject, has observed social workers' enthusiasm for this approach and hunger for a coherent framework to underpin their work (Interview).

Besides official social work education and training, there are a plethora of lecture programmes and conference papers on attachment theory and therapeutic practice, provided by individuals affiliated to or bought in by non-governmental organisations and subscribed to by an array of different psy professionals. Their success is no doubt assisted by the fact that the whole attachment field is populated by charismatic speakers on both sides of the Atlantic.²⁹⁸ The UK speakers tend to be more academic and less proselytising in style, contrasting with the arresting and high-tech presentation of a series of 'roadshows' from the USA. For example, Pat Crittenden, from the University of Miami – another Ainsworth graduate student – does conference lectures and training tours in the UK, for the NSPCC among others (Robson *et al*, 2001). Allan Schore, a psychoanalyst on the clinical faculty of the Department of Psychiatry, UCLA and a particularly popular speaker, appears to lecture in Britain at least three times a year. Like Bruce Perry (hospital based in Houston Texas) and Daniel Siegel, (part-based at UCLA), Schore is promoting the neuro-physiological approach to attachment; all three are less research-based academics with more clinical, media and government recognition. Finally, perhaps the major promoter of attachment theory is Sir Richard Bowlby, son of John Bowlby, who, after working for thirty years in the UK as a scientific photographer, retired in 1999 and has taken to studying and lecturing on his father's work. He has already written a biography of Bowlby Senior and made a teaching video on attachment theory and its application. Not surprisingly, he features as keynote speaker at

²⁹⁸ A recent example of this phenomenon in the UK would be the programme for 2006 of the Centre for Child Mental Health, founded by Margot Sunderland, which included 'Awakening Attachment Needs in Troubled Children and Adults', featuring Richard Bowlby, Jeremy Holmes, Karl Brisch, Dan Hughes and Sunderland herself. These were all practitioners, except Bowlby, and also all authors of influential books. Holmes and Sunderland are the nearest thing to attachment gurus in the UK.

conferences and training days on this subject, an emblematic reminder of its origins.²⁹⁹

Attachment as a theory of Developmental Psychopathology

Compared to the vibrant world of professional attachment therapy and training, the academic attachment scene has faded a little. It is not that the literature is waning in quantity. On the contrary, it is multiplying exponentially. But one glance at the World of Science [WOS] sample, mentioned above, gives an eloquent picture of how attachment theory has changed. There are very few articles in this sample developing the theoretical nature of the internal psychological attachment construct or its life cycle implications; these seem to be well accepted, as is the use of self report questionnaire data. Moreover, with this methodological tool well established in the field, studies of the effects of attachment styles, particularly in adults, are pushed into new areas. At the same time, the original technical evolutionary definition of the term, as relating to a particular set of behavioural systems, primarily in infancy, is becoming somewhat diluted.

Our first governmental concern is most clearly addressed: by far the majority of the articles are concerned with the development of individual psychopathology and/or delinquency in relation to attachment insecurity or disorganisation.

However, the more totalising, theoretical accounts of attachment insecurity as the developmental source of all psychiatric diagnoses (for example Crittenden, 2000) are mostly missing – and the literature is criticised for this lack of theory

²⁹⁹ For example, at a 2004 conference of the Association of University and College Counselling, the already cited 2006 conference at the Institute of Child Mental Health, of which he is now President. He is also Chair of the Trustees of CAPP, chaired their 2005 John Bowlby Memorial Conference and gave a talk at their Centenary John Bowlby Memorial Conference in 2007. His name also pops up on the websites of various US organisations, strictly in the Bowlby and Ainsworth Tradition, where he has visited – for instance, the Circle of Security Project at Spokane, Marycliff and the New York Attachment Consortium, which promotes his training video and the video of an interview he gave the organisers.

(Raikes *et al*, 2005). What prevails is the language of epidemiology, in which questionnaire-based assessments of attachment status for captive samples, of all age cohorts, are regressed against a series of outcomes. Low attachment score, seen as a psychosocial variable, has become a risk factor for whatever disastrous outcome of an individual or social nature the researcher is investigating. It is not surprising that insecure attachment styles, as a measure of dyadic, and then individual, affect regulation, are discovered to be predisposing factors for both ‘internalising’ as well as ‘externalising’ psychiatric problems (Moss *et al*, 2006; Ronnlund *et al*, 2006). These include depression (Eberhart *et al*, 2006; Murray *et al*, 2006), anxiety (Bogels *et al*, 2006; van Brakel *et al*, 2006), anorexia (Troisi *et al*, 2006; Zachrisson *et al*, 2006), bulimia (Elgin *et al*, 2006; Ferguson, 2006), obsessive compulsive disorder (Aaronson *et al*, 2006; Nuckolls, 2006), psychosis (Berry *et al*, 2006; Onnis *et al*, 2006) and, most significantly, borderline personality disorder (Chessick, 2006; Minzenberg *et al*, 2006), as well as more general behavioural problems such as bullying and violence amongst adolescents (Banyard *et al*, 2006; Marini *et al*, 2006) or substance abuse (Brook, 2006; Kotov, 2006). What is more, in many such studies, low attachment score is only one risk factor among several that may influence the result independently or interact in complex ways over a life.

In this way, attachment theory has become part of the growing discipline of developmental psychopathology, the eponymous journal of which was founded in the early 1990s, edited by Dante Cicchetti of Rochester University, a major academic in this field. The journal generally features a systems model of development towards psychopathy in which human intrapsychic processes at different levels of analysis interact, within the constraints of gene expression, with environmental variables, also at different levels (family *v.* wider culture etc), and all with multiple feedback loops. The developmental nature of the model brings an added complication as it incorporates the notion of developmental pathways, dynamic processes in which development at time t is dependent on development at time $t-1$, so that if the model is to be fully

specified, it needs to capture the drivers of change over time, that is, ‘course and cause’ (Cicchetti *et al*, 2000: 259). In such a model, which arose out of earlier epidemiological studies of the relationship of schizophrenia to various hypothesised causes (Rutter *et al*, 1984; Sameroff *et al*, 2000), individual variables such as attachment score are subject to ‘multifinality’, or being a risk factor for many pathological outcomes, as well as ‘equifinality’, in which several different risk factors may increase the likelihood of one outcome (Rutter *et al*, 2000).

Cicchetti’s account of the effects of child maltreatment on development encapsulates this multifaceted approach:

Child maltreatment may represent one of the greatest failures of the environment to offer opportunities to foster normal developmental processes (Cicchetti and Lynch, 1995). In contrast to what occurs in response to an average expectable environment, the ecological, social, biological and psychological conditions that are associated with maltreatment, set in motion a probabilistic path of epigenesis for maltreated children characterised by an increased likelihood of failure and disruption in the successful resolution of the major stage salient issues of development, resulting in grave implications for functioning across the life-span.... These repeated developmental disruptions in the formation of secure attachment relationships; an autonomous, integrated, and coherent self-system; effective peer relations; and successful adaptation to school create a profile of relatively enduring vulnerability factors that increase the probability of the emergence of maladaptation and psychopathology as negative transactions between the child and the environment continue (Cicchetti *et al*, 2007: 168).

Thus a low attachment score as a consequence of abuse and neglect and representative of some inner cognitive/affective state becomes just one vulnerability factor for a poor outcome. In this way, attachment theory itself as an explanation for development in which the attachment construct is no longer *the* driver for behaviour and behaviour change.

As a research approach which uses a model designed to reflect the complexities of actual human development in statistical form, much writing in this area is

programmatic as well as descriptive of pieces of current research. Although these latter each add to the general picture as informational inputs to the model, they are, in sum and at present, inadequate to reflect the systemic nature of a process in which everything is seen to depend on everything else – let alone one which can be so punctuated and the small parts so dissected that the causal mechanisms over time underlying each relationship are known and their effects measured.

Cicchetti, Toth and Lynch and wrote, as early as 1995 a long article called *Bowlby's Dream has come Full Circle*, in which they celebrated the fact that Bowlby's original attachment theory, as an account of the causes of psychopathology, had been revived, after attachment had become for some time predominantly an account of normative child development (Cicchetti *et al*, 1995). But Bowlby was a clinician, with a clinical theory, and might have found the *Developmental Psychopathology* programme a little disappointing. He may have thought, as some others, that the theoretical development of this internal space called attachment has been attended to, recently, a lot less than the refinement of statistical method (Pollak, 2005). For this produces a general systems model whose relationships may be suggestive in terms of preventative state policy but is certainly not directly helpful therapeutically. Here, some sort of relatively simple guiding theory of the mechanisms of development and change is necessary, which cannot necessarily wait for the statistical elaboration of a highly complex approach to pathology.

However, another glance at the WOS sample shows other sources for the necessary clinical theory. It is, paradoxically, provided by attachment as normative development and a basis for the affective content of human relationships over a lifetime. In a small number of the articles in the sample, cognitive, developmental, personality and social psychologists all present detailed studies of human emotional/social functioning. These cross all ages and social environments, extending from the home, to schools (Johnson *et al*, 2006;

Morris-Rothschild *et al*, 2006), to groups (Booth-LaForce *et al*, 2006; Roccas *et al*, 2006), to prisons (Bogaerts *et al*, 2006; Gopfert *et al*, 2006), to the workplace (Rioux, 2006) and to whole communities (Brehm *et al*, 2006; Tigges, 2006), in the context of attachment relationships or styles. Attachment, it seems, can be transferred to place as well as to people, as a burgeoning geographical, planning literature theorises the emotional dimension of people's lifestyle and location choices (Alegre *et al*, 2006; Molcar, 2006; Sivaramakrishnan *et al*, 2006). The theory is inevitably used to illuminate romantic, dating or spouse relationships (Balon, 2006; Sibley *et al*, 2006) and their difficulties (Cohen, 2006; Frey *et al*, 2006), including marital violence and breakdown (Bartholomew *et al*, 2006; Schwartz *et al*, 2006). Most important for intervention, as an account of affect, it is also seen as a way of enlightening the relationship between psychotherapist and patient: a reframing of the traditional psychodynamics of transference and counter-transference, with more emphasis on nurturance and the containment by the therapist, as attachment figure, of the most disturbed excesses of her client (Shine, 2006; Shorey *et al*, 2006; Steckley, 2006).³⁰⁰ Crucially, it is presented as a more hopeful means of engaging those with severe personality disorders (notoriously difficult) in the process of treatment (Fonagy *et al*, 2006; Levy *et al*, 2006; Wang *et al*, 2006). For what attachment's theorising of affect development suggests, both neuro-physiologically and psychologically, is a form of therapy that is different from the pharmacology of conventional psychiatry or the psycho-analytic talking cure, although it may have piqued the curiosity of psychoanalytic practitioners. Here, theories about the vital developmental importance of the emotional right brain and its implicit non-verbal communication function come into play, in an approach to therapy in which the nature of the emotional relationship between therapist and patient is paramount. Further, it is claimed, this can form the basis for a later coherence in a patient's formerly confused and disorganised accounts of attachment experiences, without ever addressing these at all (Holmes, 2001). It is not surprising that this form of attachment theory suggests a similarly non-verbal affective type for children,

³⁰⁰ It is also used, though less widely, to inform CBT with an affective dimension.

sometimes based on play, as in the ‘Theraplay’ method. This helps family relations through ‘attachment-based play’³⁰¹ sometimes based on re-enactment of the mother-child relationship at a more profound emotional level.

It is clear that any theory which offers therapy for these extreme behavioural conditions of childhood and their adult manifestations in the form of personality disorders, psychoses and dangerousness, must be of great interest to childcare as well as mental health specialists. It is also evident that attachment theory has much to say about the ontogenesis of the depressive personality as the insecure resistant infant, as well as the developmental aetiology of some of the more extreme and dangerous disorders of personality in adulthood as the result of attachment disorganisation. However, it is on childhood that much popular, professional and governmental concern is concentrated. For example, information on ‘attachment difficulties’ tends to appear generally in the ‘Parents and Children’ section of medical advice websites. Although there are only a few articles in the 2006 literature sample on attachment disorder, or problems, and attachment-based therapy specifically for children (Cicchetti *et al*, 2006c; Hoffman *et al*, 2006), this is where professional effort is concentrated, especially on the policy targeted group of ‘Looked After Children’ (Howe, 2006a; Steele *et al*, 2006). It appears that many of these children with difficulties seem to have acquired the psychiatric diagnosis of AD or RAD (as described in the introduction to this chapter), and amongst these, children who are fostered and adopted are highly over represented, as are specialist organisations like The Post Adoption Centre in the UK, the Adoptive Family Counselling Centre or the Parents Network for the Post- Institutionalised Child, in the USA.

The area around AD and attachment therapy seems a confusing one from the output of attachment websites. This disorder is sometimes described as rare, compared with other psychiatric disorders, at approximately 3-4% of the

³⁰¹ See the work of Phyllis Booth, founder of the Theraplay Institute, USA, promoting a method ‘used successfully for over 35 years’ to help children and families.

population (Niels Peter Rygaard)³⁰² or sometimes as prevalent at ‘over 60% of children in foster care and adoption’ (Kim Cross on the Kansas Attachment Centre website).³⁰³ It seems it is also a disorder which needs highly expert diagnosis,³⁰⁴ so as not to confuse the RAD child with the ADD and/or the ADHD child or the autistic child. Above all, it must be distinguished from ‘the bi-polar child’ – a phenomenon which, it is claimed in a book for parents, is much more common than ever imagined (Papolos, 2002). It is claimed in the promotional literature of a course run by the Post Adoption Centre 2004/5 (called ‘Working with Severe Attachment Difficulties (AD)’), that these disorders ‘present very specific issues which require very specific intervention and parenting’.³⁰⁵ But this intervention seems like an almost impossible task when the specificity of AD is so illusive. The Cascade Centre for Family Growth, Orem Utah, for example, listed, under its client group of ‘children with severe behavioural disorders and issues’, the following problems:

Reactive Attachment Disorder, Oppositional Defiant Disorder, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Attention Deficit Disorder, Intermittent Explosive Disorder (sic!) Autism, Down’s Syndrome, learning disabilities, brain injury, childhood depression, addictions, significant developmental delays, intellectual deficits, childhood violence, anxiety disorders, and other serious difficulties of childhood.³⁰⁶

Few of these have a discrete set of specific symptoms, yet all of these, the Cascade Centre claims to tackle by ‘attachment therapy’ – ‘helping children and parents develop strong attachments and bonds’.³⁰⁷

³⁰² www.attachmentdisorder.net [accessed 23rd January 2007].

³⁰³ www.ksattach.us/attachmenttherapy.htm [accessed 23rd January 2007].

³⁰⁴ Report of the APSAC Task Force on Attachment Therapy, Reactive Attachment Disorder, and Attachment Problems (APSAC, 2006).

³⁰⁵ <http://www.postadoptioncentre.org.uk/Docs/reports/Annual%20Report%202005.pdf> [accessed, 20th January 2007].

³⁰⁶ The Cascade Centre is now closed, following litigation. <http://www.deseretnews.com/article/1,5143,635191573,00.html> [accessed 3rd May, 2008].

³⁰⁷ Ibid.

It would be a reasonable inference from the attachment research literature, which sees attachment problems as a risk factor for a wide spread of non-specific maladaptive behaviour, that these, at least, should be treated by a specific procedure called ‘attachment therapy’. However, what this is, exactly, seems also ‘non-specific’ – hard to pin down. The Institute for Attachment and Child Development (IACD) website describes this therapy as ‘a unique synthesis of many different techniques’ – with interventions ranging from ‘individual psychotherapy to body work and includes family therapy, biofeedback, neurotherapy, quantitative EEG, massage, movement therapies, alpha theta training and acupuncture’ – the whole gamut.³⁰⁸ However, this synthesis appears to be specific to the idiosyncrasies of the particular institution involved. For example, a compendium of methods from a UK run organisation called Keys (described below), claiming to practice attachment therapy, differs markedly from the above. It advertises the practices of regression and ‘physical holding’ (Keys’ quotation marks, not mine) and ‘alongside holding, psycho-dynamic play and art therapy, drama, sand tray work and creative arts therapies that include time lines, memory journeys and life story work, clinical hypnotherapy, counseling, psychotherapy and EMDR (Eye Movement Desensitisation Reprocessing)’.³⁰⁹ As the IACD website explains, attachment therapy techniques are ‘rooted in an understanding of neurobiological factors; the function of memory; the effects of trauma, grief and loss; and the critical importance of attachment to the healthy development of a child’ – an ‘understanding’ which is the source of a wide spectrum of therapeutic approaches.

One practice that these different versions of attachment therapy do have in common, is encouraging parents to hold their child, sometimes for long periods, sometimes against their will, sometimes under a blanket in a process of ‘rebirthing’. Most mainstream psychiatric and psychotherapy professionals are careful to dissociate themselves from this approach to therapy, after the horrible

³⁰⁸ <http://www.instituteforattachment.org/clinsvc.htm> [accessed 20th Jan 2007].

³⁰⁹ www.Keys-attachment-centre.co.uk.

death from suffocation of ten-year-old Candace Newmaker in a clinic in Evergreen, Colorado, USA, under such therapeutic ministrations. The case became a cause célèbre in the US and the subject of an investigation and report by the influential American Professional Society on the Abuse of Children (APSAC).³¹⁰ It also triggered the laying out of practice guidelines by the American Academy of Child and Adolescent Psychiatry in 2005, which prompted disclaimers on the websites of most organisations offering this type of therapy.³¹¹ Nevertheless, a more careful and modified form was distinguished by the IACD Director, Forrest Lien, as ‘*humanistic attachment therapy*’ (my italics). It recommends complete avoidance of rebirthing and ‘holding’ only with the child’s consent in an ‘across the lap, developmentally appropriate nurturing posture,’ and is still extensively offered in the USA.³¹²

In the UK, where the diagnostic category of AD seems a little less widely used among psy professionals, there is at least one private organisation, Keys, mentioned above, advertising ‘intrusive, inclusive and pioneering’ methods, straight from the USA, practiced in home-based therapy, or in a series of private children’s homes³¹³ and a couple of boarding (DfES approved) schools. This organisation has been legitimated by a positive evaluation of its methods by the Social Work Department in Lancaster University, posted on its website, along with a publication list for its Director, Sheila Fearnley. Two articles in mainstream journals³¹⁴ are included, one of which is on the recognition and

³¹⁰ Section 2. a. of the APSAC task force’s recommendations reads:

Treatment techniques or attachment parenting techniques involving physical coercion, psychologically or physically enforced holding, physical restraint, physical domination, provoked catharsis, ventilation of rage, age regression, humiliation, withholding or forcing food or water intake, prolonged social isolation, or assuming exaggerated levels of control or domination over a child are contraindicated because of risk of harm and absence of proven benefit and should not be used.

³¹¹ The website of ATTACH, Lake Villa Illinois, for example, whose president, Todd Nichols, was able to give evidence to the APSAC taskforce, address a related conference and give feedback on draft papers.

³¹² http://www.instituteattachment.org/articles/article_61.htm [accessed 10th March, 2007].

³¹³ Keys functions in conjunction with North West Fostering, an agency which claims local Social Services Children and Families Departments among its service purchasers. www.Keys-attachment-centre.co.uk [accessed, 17th May 2007].

³¹⁴ *Fostering and Adoption* and *Clinical Child Psychology and Psychiatry* respectively.

treatment of attachment disorders, written jointly with David Howe. A professor of SW at UEA, he is a prolific and much admired disseminator of attachment theory, adoption, and fostering in general in the UK and also wrote an introduction to the Lancaster University report (Howe *et al*, 1999; Howe *et al*, 2003).

‘Security in an Insecure World’

The statistical approach of much of the attachment literature in the 2006 WOS sample also addresses the second concern of government identified here. It takes us directly into the world of risk and risk management, where it not only uses the concept of risk factors for a particular harmful outcome, but also throws up the idea of ‘anti-risk factors’ which can mediate favourably the effect of risk, creating what has come to be known as ‘resilience’ in this literature. This is the other aspect of attachment theory which is important to social policy. As the dominant paradigm of developmental psychology, attachment theory, it is claimed, gives the fullest and most coherent account of affective development that exists. It is an account of the successful creation, in the intimate context of maternal care, of positively healthy, psychologically strong individuals, who can survive the worst excesses of a hostile economic or cultural climate. Further, attachment has also become a theory of stress mediation; a significant group of the 2006 sample give accounts of various ways in which this is shown to happen. Attachment security mediates coping in general (Fivush *et al*, 2006), maternal adjustment to childbirth, including post-natal depression (McMahon *et al*, 2006), the care of a disabled child (Howe, 2006b; Steinberg *et al*, 2006), including blindness (Adenzato *et al*, 2006), the progression of dementia in old age (Browne *et al*, 2006; Dupart, 2006), diabetes (Ciechanowski *et al*, 2006a; Ciechanowski *et al*, 2006b) and other somatoform problems including cancer (Farge, 2006; Hamama-Raz *et al*, 2006) and acute and chronic pain (McWilliams, 2006; Meredith *et al*, 2006a; Meredith *et al*, 2006b). Most

importantly for our current social preoccupations, it seems to mediate the effects on the individual of trauma and ‘terror’ plus the severity of PTSD. (For instance, ‘Attachment and psychological adaptation in high exposure survivors of the September 11th attack on the World Trade Centre’ (Fraley et al, 2006) and ‘PTSD reactions among children with learning disabilities, exposed to terror attacks’ (Finzi-Dottan et al, 2006). As such, this is a theory which can inform political policy in relation to both children and their adult selves, of a preventative as well as a protective kind. The homologies between affective, physiological and political regulation do not need to be pointed out and neither do the links between psychological and state security.

In summary: we can see that there are three sorts of risks which go with the wrong sort of mother. The first (as suggested in the last section) is an ontogenetic risk; the likelihood of developing as a psycho-social deviant directly because of the inadequacy or worse of your most intimate social (and biological) relationship. The second is a risk due to a failure of this relationship with its ontogenetic inadequacy to minimise vulnerability to wider socio-economic adversity, which might have very much the same result – a risk of a lack of psychological protection. The third is, of course, the risk to society of this very result – resource consuming anti-social behaviour. Distress or deviancy, the newer problems of poor economic performance and political discontent, and the perennial problem of internal law and order are much as they ever were from the 19th century onwards. Take the websites of two preventative parent support organisations, the UK PIPPIN and the US Marycliff institute in Maryland, linked to Surestart and Headstart respectively, and definitely in the BAT:³¹⁵ The

³¹⁵ PIPPIN (Parents in Partnership – Parent Infant Network) is a UK national charity with established links to the IAN, government and other major charities, including Sure Start. Its aim is ‘to improve the emotional health of families’ during the perinatal period, by supplementing existing ‘traditional parent craft’ classes across the UK, which concentrate too much on the ‘nuts and bolts’ of childbirth and care. The Marycliff Institute, Spokane, USA, ran apparently successful attachment based training groups with parents, using a teaching heuristic called Circle of Security, which attracted the notice of the Director of the Headstart programmes for the county, and prompted, in the late 1990s, a federal grant for a three year research programme called ‘Attachment-based Interventions In Headstart Child-Parent Dyads.’ It was headed by Bob Marvin, still of the University of Virginia and one of Ainsworth’s original research assistants

English version, PIPPIN, emphasises ‘the heavy cost attached to children who are not securely attached, both in human and financial terms, to their families, social services, schools, healthcare and sometimes the prison service.’³¹⁶ The USA based Circle of Security is more floridly explicit: in an article on its Spokane website, entitled ‘Changing History one Baby at a Time. Therapists Attempt to Resurrect Parents’ Ancient Wisdom,’ Larry Shook (2001) writes: ‘Mounting evidence clearly implicates inadequate early care-giving as a root cause of exploding prison populations, teenage pregnancy, runaway divorce rates, drug abuse....’ Apart from paedophilia and gun crime, he gives us a complete compendium of our social fears.³¹⁷

All these grave risks and threats underlie the enormous governmental programme aimed at prevention via the advising and encouragement of parents in the art or ‘science’³¹⁸ of child rearing. The message of these much-used parent support organisations and their websites, parent training programmes and parent support groups is implicitly setting up a standard for parenting, guiding all the anxieties and aspirations which attend this state into a desire for the attributes of responsiveness, sensitivity, ‘mind mindedness’ and much more, which attachment theory promotes. This is a standard to be maintained against the threat of the worst, if there is too much slippage.

The Spokane website’s atavistic appeal to parents’ ‘ancient wisdom’ nostalgically evokes behaviour presumably thought to have developed in a period of evolutionary adaptedness. Other websites straightforwardly appeal to a simpler utopian state in which parents just do what comes naturally, evoking a close, private and tactile way of life just a little suggestive of Hofer’s rats in their

and oldest friends. **Marvin, R., Cooper, G., Hoffman, K. & Powell, B. (2002)** The Circle of Security Project: Attachment-Based Intervention with Caregiver-Pre-School Child Dyads. *Attachment & Human Development*, **4**, 107-124.

³¹⁶ www.pippin.org.uk [accessed, 15January, 2007].

³¹⁷ <http://www.circleofsecurity.org/docs/Shook%20-%20Local%20Planet%20Handout.pdf> :1.

³¹⁸ See *The Science of Parenting* by Margot Sunderland (2008). DK Publishing.

nest. The Association of Infant Massage,³¹⁹ for example, sponsored by Richard Bowlby (Bowlby's son), is part of a flourishing infant massage movement. There are many others: Attachment Parenting International (logo, 'Peaceful Parenting for a peaceful world') is a very popular site, decidedly not given the IAN stamp of approval for its much more extreme invocation of nature in the parenting process. Apart from the high level of parental availability and emotional responsiveness, to be expected from any attachment based programme, this organisation, with its network of parenting support groups, recommends the importance of 'nurturing touch', skin to skin contact between parent and child; 'baby wearing' and the 'Tummy 2 Tummy' carrying of infants, as well as the controversial practice of co-sleeping and night-time breastfeeding (naturally!) in bed. To facilitate all this, there is a website link to Bella Baby, a commercial seller of baby care and nursing products, for mail order of the Nurse-N-Glow pillow, winner of the 2005 Juvenile Products Manufacturers Association Innovation Award. Ancient wisdom, new technology.... and clearly, ancient wisdom, let alone natural instincts, are not quite enough, as the website offers a formidable bibliography of self-help books, videos and DVDs for parents, leaders, professionals and group libraries.³²⁰

Attachment parenting as a standard is not only sold on a myriad private, although often partially state funded, sponsored or regulated websites. It is promoted further by the official regulatory writings of government agencies, if

³¹⁹ Baby massaging is also promoted by the International Association of Infant Massage, which trains parent trainers. This organization has participated in research by Vivette Glover of UCL (Onozawa et al. 2001), into the positive effects of baby massage on infant/mother relations in cases of maternal depression. Its work is endorsed by Glover herself, Dan Hughes and Richard Bowlby among others.

³²⁰ This random selection of titles exemplifies its main principles: *The Natural child: parenting from the Heart* (Jan Hunt, 2001); *Why Love Matters: How Affection Shapes A Baby's Brain* (Sue Gerhardt, 2004); *Connection Parenting: Parenting Through Connections, Instead of Coercion, Through Love Instead of Fear* (Leo Pam, 2005); *Listening to your Baby: A New Approach to Parenting Your Newborn* (Jay Gordon MD, 2002); *The Vital Touch: How Intimate Contact With your Baby Leads To Happier Healthier Development* (Sharon Heller, 1997); *Three in a Bed: The Benefits of Sharing Your Bed With Your Baby* (Deborah Jackson, 1999); *Being There: The Benefits of a Stay-at-Home Parent* (Isabelle Fox, 1996); *Home by choice: Raising Emotionally Secure children in an Insecure world* (Brenda Hunter 2000); *Every Child's Birthright: In Defence of Mothering* (Selma Fraiberg, 1977).

not in legislation itself. In the UK, for example, DOH publications moved to a more academic research-oriented format, 'evidence based', in the late 1990s. Thus, a much quoted and referenced DOH publication (Cleaver *et al*, 1999) introduced the notion of faulty or damaged attachments into official publications as an indicator of developmental harm.³²¹ Further, in the publication of the DOH manual, *Assessing Children in Need and Their Families* (DOH, 2000), Jane Aldgate and her colleague in the Health and Social Care Department at the open University, Wendy Rose,³²² made sure that their introductory Chapter to 'Practice Guidance' started with the importance to such assessment³²³ of 'paying attention to attachment for all children, irrespective of their age'. Indeed, 'attachment to caregiver' is scheduled as the first of four 'developmental tasks' for the pre-school infant (DOH, 2000a). The accompanying *Framework for the Assessment of Children in Need and their Families* (DOH, 2000b) does little in spelling out how this is to be done (Reder *et al*, 2001). Its successor, the *Common Assessment Framework* (DOH;DfES, 2006) is just as vague.³²⁴ However, the training for professionals to accompany these assessment frameworks was bought in by the DOH and then the DfES from a private organisation run by Arnon Bentovim, the distinguished Child Psychiatrist from GOSH. This was called Child and Family Training, although known in the trade as 'Arnon's Roadshow'. This does have a programme that addresses some qualitative rating of a child's attachments as one of many dimensions of observation and questionnaire recording. It has also, lately, introduced into its

³²¹ See Chapter 6.

³²² Rose was previously Assistant Chief Inspector (Children' Services) at the DOH and the co-ordinator of the 'needs assessment' materials.

³²³ Aldgate et al and Wendy Rose were all trained as Social Workers at a time when psychoanalytic approaches to child problems was still prevalent – before behaviourism and then SLT and CBT dominated training programs – and their academic interests in adoption and fostering maintained their interest in this theory as a way of understanding and working, in the long term, with children who have been the victims of abuse, that is in the Child Care system, after the Child Protection system had finished with them.

³²⁴ This is partly because DOH and DfES publications have concentrated on assessment of families by Social Services Departments. Their statutory duty is to establish a child's present and future need, the present functioning of their parent figures and, sometimes, the level of harm the child has sustained in its present environment. A widely voiced criticism is that little training is given in what to do once the assessment is made.

services another training programme for the administration of a new ‘evidence based’, ‘research derived interview’ to refine assessment of the attachment style of prospective foster and adoptive parents for SW practitioners, or guardians etc (the ASI-AF).³²⁵ The DfES is a good customer for the output of attachment based research.

A spin off of this official adoption of attachment as an assessment dimension is that the language of attachment is also now universally used in the English Family Courts – part of a standard against which the suitability of parents to care for their children is measured, although there is some doubt as to whether this is a technically accurate or rather a devalued language, with a ‘loss of specificity.’ For example, Reder and Duncan, suggest that when family solicitors request an assessment of a child’s attachment to a parent from a professional expert, they are more interested in the overall parent/child relationship, its emotional warmth, and the child’s trust and sense of security, which depends as much on current parental practices, as on the past (Reder *et al*, 2001). Writing in the same year, Bacon and Richardson thought that the courts looked on attachment ‘simplistically, as a protective factor’ when judging the appropriateness of parental care, but that, thanks to ‘expert witnesses’, ‘the courts are now coming to recognise that abuse by attachment figures can be particularly damaging. The rationale and methodology for assessing attachment has therefore assumed increasing significance’ (Bacon *et al*, 2001).

The Emotional Right Brain

The old biologisms permeate much of this more recent literature, in the sense that the assumption of a protective private interpersonal relationship still remains. It is a natural limit which is not permeated by the social and political forces from outside, especially in the idea underlying papers on attachment

³²⁵ Developed in Conjunction with the Lifespan Research Group, Royal Holloway College, University of London. <http://www.childandfamilytraining.org.uk/attachmentstyleint.html> [accessed 18th July, 2007]

security as a buffer against stress. In terms of the new biologisms, there are a surprisingly few papers in our WOS sample on the neurophysiology of the emotions and the physiological ways of understanding the attachment process. Such a gap reflects the state of play at the end of the 1990s, (dubbed by President George Bush senior as ‘the decade of the brain’), when the *Attachment Handbook* contained a negligible number of articles of this type.³²⁶ However, Mary Main’s epilogue on the ways forward for attachment theory tentatively acknowledges the contribution of neurophysiology and brain science to the study of attachment, and thinks it may possibly have future potential. Indeed, this rapidly developing field is referred to, if only briefly and with careful caveats (but also with increasing frequency), in most current attachment based articles. It is seen as, potentially, providing empirical back up and hard scientific legitimation of the theorised mother-child interaction at the level of the brain and the neuro-endocrine system, which is further claimed by some as the origin and site of what is metaphorically called the attachment bond (Polan *et al.* 1999; Hofer, 1995). This new ‘scientific’ support is held to contribute greatly to the elaboration of the questionable connection made by Bowlby and Ainsworth between what is psychologically normal and healthy with what is natural. Before, they invoked nature at a distal evolutionary level to account for the assumed genetic programming behind the development of secure/insecure infantile attachment behaviour, the immediate causal mechanisms being seen as psychological. Now, in the new marriage of attachment theory with neurophysiology, biology accounts for behaviour at the same level as the psychological, also manifest in an experimental context, through neuro-physiological measurement rather than behavioural observation. The pressing question is: whether biology is or should be privileged as an account of the causal mechanisms whereby an intimate environment can create the developmental trajectory for a child, with effects that last over a lifetime.

³²⁶ Apart from the Suomi and Hofer articles referred to in Chapter 6, there is just one by Fox **Fox, N. A., Card, J. A., Cassidy, J. & Shaver, P. R. (1999)** Psychophysiological Measures in the Study of Attachment. In *Handbook of Attachment: Theory, Research, and Clinical Applications.*, pp. 226-245. New York, NY US: Guilford Press.

There was always a tension between the ethological and psychodynamic origins of attachment, and this question highlights the difficulty of the theory with the status of the inner space on which the different forms of attachment are inscribed. For this dissertation, the interesting consideration is, first, whether this new neurological angle on attachment has caused the internal and essentially psychodynamic or affective/cognitive site called attachment to revert to a metaphor or an epiphenomenon on a biological base, which is now open to more direct, more scientific observation. Or, second, is the study of neuro-physiological processes simply a new way of envisaging activity in this internal space, supplementing the old methods of ‘gold standard’ behavioural observation and the self report on cognitive and emotional behaviour summoned by questionnaire? Has the ‘gold standard’ moved to careful observation of just another form of behaviour – what the brain does – this time written into myriad neural networks, in which a version of an inner life can be read and its wounds registered?

This is a question which the denizens of the US and UK developmental psychology departments seem to be approaching with some caution. All would agree that the approach has certain seemingly incontrovertible foundations based on the great strides made in brain science over the 1990s, and driven by advances in techniques of psycho-physiological measurement and functional mapping of the brain – EEG, PET and fMRI.³²⁷ In particular, in the discourse of attachment writers, certain incontrovertible ‘findings,’ which strongly link neurophysiology to attachment theory, are acknowledged. The first is the development of a brain science which allows for a theory of human behaviour as driven by an affective as well as a cognitive space. This was the emergence in the academy of a subject called affective neuroscience, the title of whose

³²⁷ The techniques of psycho-physiological measurement of cognitive and affective processes in the individual are measuring heart rate (HR); blood and urine cortisol levels; an electroencephalogram (EEG), recording electrical activity in the brain; functional magnetic resonance imaging for mapping brain activity and positron emission tomography (PET) which provides a three dimensional brain map. See Fox, referenced above, for a careful description of the uses and the limits of these measures.

landmark book by Antony Damasio, published in 1994, *Descartes' Error*, speaks for itself (Damasio, 1994). The aim of its practitioners, notably Damasio himself, Jaak Panksepp in the USA and Mark Solms, in the UK, is to reverse the bias of neuroscience toward cognition or linguistic brain activity (seen as largely left hemisphere) by mapping the emotional brain (right hemisphere) and also by investigating the unconscious functioning of the mammalian brain (the limbic system and the brain stem) and their relationship to the later acquired (human) cortical regions. All this has reversed the 'cortico-centric' nature of neuroscience and emphasised the importance of the early years of infancy which witness the rapid maturation of the right brain (Panksepp, 1998; Solms *et al*, 2002b).

The second finding is the empirically established plasticity of the brain, which allows for the relational development of the maturing neuro-physiological system. Such knowledge changes the old perception that development is an interaction between a fully formed genetically programmed brain (biology) and its relational environment (society). As in attachment theory, the biological and the social (interpreted a certain way) are seen as becoming indistinguishable. The development of brain structure, functioning and organisation not only affects, but is affected by, experience, which produces changes in patterns of neuronal and synaptic connections. So, the partially random nature of gene expression in experience-independent maturational processes (Rutter *et al*, 2000) is modified by experience-expectant processes of neural pruning within specific maturational period (as in the first 18 months of life, or in early adolescence). Equally, experience-dependent processes of synapto-genesis respond to new environmental information, in which the individual brain is seen as self organising in a unique fashion (Cicchetti *et al*, 2006b). All of these processes are thought to interact and differentially affect how each individual develops. Thus, for example, the cyto-architecture of the cerebral cortex is shaped by genetics and the environment, in a process in which cortico-genesis should be seen as a process of self organisation guided by self regulatory mechanisms (Cicchetti *et al*, 2006b).

Third, most research to date has been conducted on animals, for obvious reasons, and on people with already established brain damage or neuronal malfunction. More valuable to the studies of neuro-plasticity, the population of abused but otherwise normal children has presented itself as a perfect source of subjects for a growing number of research studies which suggest that early experience of maltreatment or trauma has particular neurological effects, especially on the neuro-endocrine system. These are said to cause disruptions in basic homeostatic and regulatory processes essential to the maintenance of optimal physical and mental health. Specifically, variations in maternal care have been found to alter the expression of genes whose function is to regulate behavioural and endocrine responses to stress and to modify synapto-genesis in the hippocampus, as well as to influence the responsivity of the hypothalamic-pituitary-adrenal (HPA) axis to later life stressors (Levine, 1994; Meaney, 2001) cited in (Cicchetti *et al*, 2007: 169). It seems to be accepted that the wounds inflicted by maltreatment can be observed experimentally, through neuro-imaging or physiological measurement.

Based on this foundation, the discipline of developmental psychopathology has opted for the first alternative in answer to our question about the status of neurophysiology as the basis of observed behaviour. Not surprisingly, it has embraced a neurological approach to human psychological problems as part of its interdisciplinary approach to risk and resilience in child and adult development. Lip-service is paid to systems theory, in which, Cicchetti writes, 'ideally, investigations must direct their energies toward an examination of multiple levels of analysis within the same individual [sic]' (Cicchetti *et al*, 2005: 570). These 'multiple levels' are, in theory, all variables in a complex cybernetic model of development, in which social, cognitive, affective and neurological processes all co-evolve in some sort of holistic relationship. Nevertheless, the language of later articles and special editions of *Developmental Psychopathology* (for example, Cicchetti *et al*, 2006a; 2005) on the contribution of affective neuroscience to its academic and policy project subtly changes. The psychological level joins the social in becoming

‘psychological and social experience’; that which mediates external information and transforms it into experiential input into the self organising brain (Cicchetti *et al*, 2006b). The brain is the biological base, the driver of behaviour and behavioural change, which in its environmental adaptedness provides the explanatory or causal mechanism through which this experience is internalised and structured into persistent, programmed responses to external stimulus over time (Cicchetti *et al*, 2006b; Pollak, 2005). So any internal psychological space merely mediates the brain’s co-evolution with its environment and, in this construction, the basic organising locus of attachment behaviour has moved to a biological site.

Perhaps this is why mainstream attachment theorists seem not to have embraced neurological insights wholeheartedly – and this, despite Hofer’s work, described in the last chapter, as well as Alan Sroufe’s reconfiguration of attachment theory as a theory of affect regulation (Sroufe, 1996), which opened up the subject to neuro-physiological inputs (mostly, as above, from animal research) as well as their socio-behavioural or psychological correlates (Cassidy *et al*, 1999). For, in such works, the neuro chemistry of arousal and its regulation seems fairly uncontroversial, even if measurement is not without its set of methodological problems.³²⁸ Significantly, Mary Main in her epilogue to the *Handbook* has cautiously opted for our second version of the relationship of neurophysiology to attachment theory as just one more means of observing the effects of a form of inner life, which may, or may not, yield interesting new information (Main, 1999a).

In this article, what Main was specifically interested in accessing and observing was the workings of the dynamic unconscious, just as she had been in the construction and interpretation of the AAI, years earlier. The question was, with this new source of information, could she examine what appeared to be the dynamic mechanisms of defence and repression? This concerned the behaviour

³²⁸ For these see Fox (1999).

in the individual difference tests that she and her colleagues had interpreted psycho-dynamically as forming a defence – behaviour avoidant of emotional expression in the Strange Situation test (what Bowlby called ‘repression in the making’ (Bowlby 1969/1982)) – and, also, an inability to recall or unwillingness to address (by implication) negative events in childhood in AAI interviews. Could such behaviour be shown, by dissonant measurements of emotional arousal or brain functioning, to be indeed repression? Alternatively, in the latter case at least, could they be shown to be due to failures of memory because of impaired neural function – in other words, perhaps not repression at all? Likewise, could such impairments be correlated with the interview scripts of those of a disorganised classification, showing narrative incoherence and confusion?

The answers she finds in the research data are not altogether clear (Main, 1999). Experiments using readings of Strange Situation infants’ cortisol levels show only that those infants that appear stressed in this situation – distressed, confused, and so on, as in the group of disorganised children – have higher post session cortisol readings. Since cortisol is known as the ‘stress hormone’ it would be hardly surprising. Avoidant children (in some experiments) appear to have the lowest cortisol levels, although raised heart rate (Sroufe *et al*, 1977b), so the assumption has to be that they do precociously down-regulate arousal – although whether this should strictly be defined as defence is another matter. In the case of the AAI and memory difficulties, these were shown by existing research to be more likely, also, in disorganized (D) respondents, often those who have been abused (Nelson *et al*, 1998). For example, loss of working memory may be due to damage to the prefrontal region because of long term stress and raised cortisol levels.³²⁹

³²⁹ These findings also suggest behaviour consistent with the preoccupied category of the AAI, in extreme form associated with borderline personality disorder; a shrinkage of the hippocampus (as in war veterans with PTSD found to experience an 8% loss); possible modification of the amygdala, that part of the limbic system associated with unmediated fear and fear learning and with modulating the strength and storage of emotional memories, through early frightening experiences. **Bremner, J. D., Randall, P., Scott, T. M., Bronen, R. A., Seibyl, J. P., Southwick, S. M., Delaney, R. C., McCarthy, G., Charney, D. S. & Innis, R. B. (1995) MRI-**

Main also wonders whether differential asymmetry in the activity of brain hemispheres, found in infants and also adult respondents tested with EEG for temperamental difference,³³⁰ might account for some differences in the ability to recall negative attachment related events of those in the avoidant/dismissive AAI category. First, she speculatively equates left brain asymmetry with the dismissing adult. She states firmly that she abjures what she calls the ‘dichomania’ of the past, when the hemispheres were crudely associated with rational logical thought for the left, as opposed to intuition and emotion for the right (Main, 1999a: 873) and she also mentions studies that emphasise what the two halves share, plus the general integration of the system at a high level of complex interconnectedness via the corpus callosum. But, with this caveat, she calls on some current research which reinstates some hemispheric differences. She notes the conclusion of a review article by Springer and Deustch of a raft of relevant research that ‘the best working hypothesis is that the left side of the brain typically subserves positive emotions whereas the right side typically subserves negative emotions ‘ (Main, 1999a: 674; Springer *et al*, 1997). It is a picture which suggests to her the dismissive versus the preoccupied AAI as left versus right dominant. Moreover, the right side of the brain is also connected to differential memory process, with the retrieval, rather than the encoding (left side work) of episodic (personal) memory, in the right prefrontal cortex (Wheeler *et al*, 1997), and with the autonoeic process of narrating the self – all suggestive of poorer memory retrieval in a left dominant dismissive AAI script, rather than a dynamic defence.

All this is speculative however, and may, according to Main,

Yield no more than an interesting instance of cartography ... and the import of such work for the understanding and change of human cognition, feeling and intentionality may not exceed that of the original behavioural observations (including the SS test and the AAI). That is, finding

Based Measurement of Hippocampal Volume in Patients with Combat-Related Posttraumatic-Stress-Disorder. *American Journal of Psychiatry*, **152**, 973-981.

neurological correlates to already mapped behavioural and discourse patterns may or may not provide additional insights into mechanisms and leverage points for clinical intervention. (Main, 1999a: 856)

Certainly, given the agreed plasticity of the brain and the ‘use it or lose it’ rule for brain growth and development, there are some chicken and egg problems with causality here.

Main may have been wise in saying in 1999 that, as yet, neuro-science may contribute no more to attachment theory than can be gleaned from psychological techniques of observation and interview schedules. Allan Schore, however, a leading and prolific proponent of the neurological approach to psychological health and wellbeing seems to have no such doubts. He is the academic who has done most to connect affective neuroscience to attachment theory and to communicate his approach to therapeutic practitioners (though his part in the BAT is questionable). Not only does he make connections between the researchers and the professional players but also, in a way, mediates the distinction between the first and second versions of attachment’s relationship to neurobiology and the status of the inner life. As a UCLA based psycho-therapist, he still identifies with the psychoanalytic world, but, less cautious than Mary Main, he simply equates the Freudian inner world of the split self, id, ego and super ego, with the structure of the brain. In Schore’s writing and lectures, the Freudian unconscious simply *is* what he calls the emotional right brain, as both function the same way in laying down the child’s earliest experiences of his environment in an unconscious form which will influence all his subsequent psychology and behaviour. He has written in a neuro-psychoanalytic journal on the developmental neurobiology of attachment:

I have proposed that the vitally important attachment experiences of infancy are stored in the early maturing right hemisphere and that for the rest of the life-span unconscious working models of the attachment relationship encode strategies of affect regulation for coping with stress, especially interpersonal stress.... (Schore, 1999: 50)

The Freudian unconscious can be mapped, it seems, and its dysfunctional aspects made visible. What is more, the life-span effects of the stored attachment experiences seem to signal a return to a form of determinism (Schoore, 1994; Schoore, 2000; Schoore, 2005).

Besides this, Schoore produces a curious reversal of the roles and status of the conscious ego, which negotiates with the external social world of the individual and is amenable to psychological study through observation and self report, and the unconscious id, which is only to be glimpsed in the esoteric interpretations of the psychoanalytic couch. If the right brain is the id, then the left brain is cast as the ego in a process in which not only does ‘dichotomania’ seem to have re-emerged, but the totemic language of left brain/right brain seems structured on a set of highly evaluative binary oppositions. Panksepp himself talks about ‘the emotionally deeper, more sincere right brain’ and the following list, gleaned from Schoore’s writings, gives the feeling that Descartes’ error has been somewhat overcorrected:

Good	Bad
Right brain	Left brain
More connected to the body	Less connected to the body
Deeper	Higher control
Animal brain	Human brain
Ancient	More evolved
Emotional	Rational
Non-linear	Linear
Non-verbal	Semantic
Implicit	Explicit
Sincere	Insincere
Authentic	Inauthentic
Spiritual	Temporal

and so on (Schore, 1994; Schore, 2001a). There is something deeply puzzling about this line-up. It is as if his elision of mind and brain creates a set of paradoxes. It seems to suggest, for example that the left brain, associated with conscious knowledge, language and therefore culture, is not to be trusted as an object of scientific observation. Meanwhile, the emotional right brain is more natural, more real and more authentic, less contaminated by the tricky enlightenment world of language and reason and is, therefore, more amenable to observation and study by a natural science, whose epistemology is totally alien to it.

What is more, an upside-down version of the super-ego also seems to emerge in Schore's work. His most powerful, attachment related point is that in the first two or three years of life, when the right brain experiences an exceptional growth spurt, 'reciprocal affective transactions within the mother-infant dyadic system are influential in its emerging structure' (Schore, 1999: 51). This is incontrovertible; no developmental biologist or neuro-scientist would disagree. But having emphasised the deepness, sincerity and authenticity of a right brain unencumbered by language and culture, he goes on to claim that interactive affect-regulating events, 'right hemisphere to right hemisphere affective transactions between mother and infant' (Schore 1994), act as a mechanism for the '*social* construction of the human brain' (my italics). This reference to the social is puzzling until it is made clear that, again, that social is just interactive, and not even person on person, but 'a relationship with another self, another brain' (Schore, 1999: 51).

What begins to be suggested is that out of the neural connections and hormonal systems which subserve affective ties between people, a new version of the social and indeed, the spiritual and the moral, is emerging. Decidedly not Freud's version of the super-ego, not culture specific but universal, not reflecting socio-economic structures, complex social codes, or moral

imperatives, but grounded in the biological need of the individual for emotional congress with others.

This is reflected in the new position in social policy that neurobiology is tentatively acquiring. The right brain to right brain emotional ties of mother and child are being expanded. This new message about community and thence society is emerging from the communications between the neurobiological research academy and the wider world of therapeutic professionals and organisations of social and political influence. For example, we learn from an interview given by Dr Dan Siegel soon after the publication of his latest book, *Toward a Neurobiology of Interpersonal Experience*, in 2007,³³¹ that neurobiology has been ‘of interest to and utilised by a number of organisations, including the Council on Technology and the Individual, the Sundance Institute, numerous psychiatry departments worldwide, the US Department of Justice and the Vatican’.³³² Alan Schore, himself was a driving force in the production of the 2003 report of the Commission on Children at Risk (produced by 33 research scientists and jointly sponsored by the Dartmouth Medical School, the Institute for American Values and the YMCA of the USA). It goes by the title, *Hardwired to Connect: The New Scientific Case for Authoritative Communities – groups, religious or secular, devoted to transmitting a model of the moral life*.³³³ The thrust of the report is a recognition of the mounting crisis of poor child mental health, to alleviate which drugs may be ‘necessary’ but insufficient. Here, by implication, families are also deemed inadequate, so that the wider social environment has to be more favourable to mental health and healing. The child is biologically primed to make affective relationships with others: ‘our brains are physically wired to develop in tandem with another’s’.³³⁴ The bio-chemistry of connection, in the production of the hormone oxytocin in moments

³³¹ <http://www.MentalHelp.net> [accessed, 12th December, 2007].

³³² <http://www.mentalhelp.net> [accessed, 10th December 2007].

³³³ <http://www.Townhall.com> [accessed, 11th November, 2007].

³³⁴ Schore, quoted by conservative journalist, George Will. http://townhall.com/columnists/GeorgeWill/2003/09/21/hardwired_to_connect:1 [accessed, 11th Novemeber, 2007].

of physical and emotional intimacy, promotes bonding in females and lowers male testosterone production, enhancing cooperative as opposed to violent behaviour. What is more, in a startlingly associative leap, this biological need for emotional connection is taken to imply a ‘natural need for moral and spiritual meaning’ only to be afforded by a supportive and containing community (ibid.). The biological relationship of the nursing dyad can be extended to infinity. Mother’s milk is the new Coca Cola!

Of course there are a whole range of questions in this area which remain to be answered – if they ever could be. For example, how research on animal brains can be applied to human brains (especially in the context of a theory of *evolution!*) How are animals, let alone humans, isolated from the experimental context? How do the not uncontroversial techniques and methodological problems of rendering brain activity into visual information intervene between what is being studied and what is read? This is a particularly difficult question, given the much vaunted complexity of the brain and the imperative emphasised by Jaak Panksepp to avoid ‘the neo-phrenological slip’ of considering selected regions as providers of large scale functions.³³⁵ Moreover, how the study of brain relates to mind and to consciousness, how subcortical or unconscious brain activity relate to Freud’s dynamic unconscious, whether emotional neuroscience can ever be a continuation of Freud’s original neuro-scientific project are all matters of lively and sometimes acrimonious debate in a new field called neuro-psychoanalysis, where psychoanalysis and brain science meet in a sort of monistic version of self, seen from two different perspectives, subject and object (Solms *et al*, 2002a). This is already institutionalised in a series of conferences and a learned journal, established at the turn of the 21st century.³³⁶

It should be noted that although attachment academics may proceed with some caution in incorporating the contributions of brain science in their work, this has

³³⁵ <http://ntp.neuroscience.wisc.edu/students/student-art/panksepp6p108.pdf> [accessed 14th December, 2008].

³³⁶ <http://www.neuro-psa.org.uk/npsa/> [accessed 21st December, 2008].

not damped a growing enthusiasm for neuro-physiological explanations of attachment behaviour. They inform an increasingly large part of advice to parents and professional training days – hence Alan Schore’s successful lectures. For example, Quolkids, a flourishing Australian internet site for information on childcare (20,000 hits every month) has produced a summary of the key findings of ‘Infant Brain Research’ for parents.³³⁷ In the parental guidance rubric, two influential texts have been adopted by other sites: the first is an unpretentious paperback called *Love Matters: How Affection shapes a Baby’s Brain* (Gerhardt, 2004); the second a large glossy manual called *The Science of Parenting*, well illustrated with colourful cerebral mappings and chapter headings such as, ‘Parenting your Child’s Brain’. The latter, a BMA prize-winning book, is by Margot Sunderland, founder of the Centre for Child Mental Health in London, who has been mentored by Jaak Panksepp over a number of years (Sunderland, 2008). She is also influential in giving and organising training in this field – significantly, for professionals and parents in the fostering and adoption system, where many of the severely disordered children mentioned in our introduction can be found. For example, she talked at The Post Adoption Centre on ‘The Impact of Abuse and Neglect on the Brain ‘ (May 2005 and) and Adoption UK on ‘The Science of Attachment and Trauma: Latest Brain Research and Practical Parenting Strategies’ (in October 2007). What is more, after the Tavistock Clinic’s annual Fostering and Adoption Conference in November 2006 (for both professionals and parents), interest in the subject was such that the US speaker on the findings from brain development research for the aftermath of abuse and neglect was invited back, by popular request, to give a further workshop.

Like Main, we might puzzle about what this new neuro-physiological layer of information adds to our knowledge about these severely disordered children, whom we met in the introduction to Chapter 5. What might it tell those who care for them that they do not know already? An obvious speculation, at a functional or therapeutic level, would be that the invoking of psycho-pathology or wounds

³³⁷ <http://www.quolkids.com/default.asp> [accessed, 3rd December,2007].

that are invisible often shades into questions of desire, will and moral accountability. On the other hand, psychological harm that is visible, so unambiguously ensconced in medical discourse, legitimates behaviour as symptoms of illness and liberates the players from the problem of blame. But then why does the evidence from psychological and much psychiatric medicine no longer seem quite scientific enough to explain our wounds and their treatment? Why does *bio*-medical information seem so much more convincing as we think about ourselves and our suffering? Can it be that the evidence of the confessional is entirely devalued; that expertise in interpretation is suspicious, and that the authentic voice is somehow deceptive, as in the work of Alan Schore, cited above? Is it the case that, more and more, direct vision is the preferred register once again, that the use of metaphor has slipped away, and that the making of our wounds visible is the only way to understand them – and ourselves?

CONCLUSION

We have examined here the history of one form of harm to an inner life; the variable ways in which this inner space has been thought to be made manifest, and, in particular, its hypothesised relationship to the natural world. This chapter has looked at the more statistical, less theoretical elaboration of the theory in which the discourse of risk and resilience has become predominant and the nature of the theoretical construct of attachment more or less taken for granted, until challenged by the further development of ethology and affective neuroscience. It has further been suggested that this history has an evolutionary flavour, as the theory which holds this harm in place has developed, adapted to the ecology of the academic and professional environments, and to the prevailing social policy conjuncture.

What has been described here is the advancement of a theory in terms of publications (implying university posts and preferment for its promulgators) and its promotion in non-academic, preventative and therapeutic circles. This is partly a development of a set of ideas, first, within the dialectic of a disputatious but also strategically cooperative academic context and, second, within a wider culture which has become imbued with questions about developmental psychology and psychopathology, the developmental sequelae of child abuse and, above all, about the self in therapy. At the same time, the state and its agencies have become increasingly willing to fund research and preventative public interventions in this area. In this chapter I have further argued that the flexible nature of the theory and its hydra-like aspect as a theory of normative and pathological development has fitted well with the complicated policies of New Labour. Within this governmental framework, traditional concerns about law and order and poverty and new concerns about the rise of mental illness in the population are all tackled under the umbrella of prevention and the promotion of psychological health and strength as necessary for citizens to engage successfully in the global economy.

Specifically, it has been argued here that 1) attachment theory has accommodated to current concerns about risk, security and the regulation of dangerous individuals. 2), alternatively, it has accommodated to the needs of neo-liberal political organisation for the development of individual citizens as self regulating entities, able to work flexibly in the context of an unrestrained global capitalism; mental health is therefore deemed to be of paramount importance to performance and contentment, itself a necessary base for political stability. 3) All these issues have been approached statistically rather than theoretically, in line with the direction of academic research effort and money has been directed towards theories and professional interventions which have empirically testable outcomes, distinguishing attachment theory from more conventional psychoanalytic approaches to child development. 4) This approach has led to the rapid development of the techniques of the neurosciences in which the

burgeoning neurological version of the theory might be said to have emphasised its tendency to determinism and its construction of motherhood, and, by extension, of community, co-operation and social life in general, as expression of a force of nature.

This latter seems destined to replace evolutionary biology as the theory directly underpinning attachment's clinical assumptions. What is more, whilst evolutionary biology was used by Bowlby and Ainsworth to complement their dynamic, cognitive affective construct, this new biologism seems to merge with it (or take it over?). For the clear line between the biological and the social, nature and culture, is disappearing. There is a case being made for the invisible wounds of insecure and disorganised attachment becoming, at least in principle, completely visible. There will be no more problems with their interiority, their inaccessibility, their lack of definition and subjectivity. The affective life of the human 'interior' melds with the life of the emotional and mammalian brain and is amenable to the observational techniques of a heavily funded biological science.

EPILOGUE

The statistical and neurobiological developments in attachment theory may seem a little remote from the original work of John Bowlby and Mary Ainsworth, who were clinicians and technicians of an inner space. Nevertheless, although Bowlby's son, Richard, has become a sort of mascot for attachment based organisations in the BAT, it is still his father and his father's US collaborator, whose names are constantly invoked in both academic and more popular contexts, and not just with nostalgia. As the range of their theory has spread and its influence increased, these two, of all the attachment theorists there now are, still have enormous iconic power. Citations of their key articles in academic journals have increased a thousand fold over the years. There are few attachment

websites where the words of one or both are not called on for information and legitimation. More importantly for a theory in which our representational, pre-linguistic worlds play such a key part, their *images* abound. For example, the same photograph of John Bowlby is the logo for both the IAN and the CAPP, whilst Pat Crittenden's Miami University Website shows her with her mentor Mary Ainsworth. The website of SUNY or the New York Attachment consortium, which appears to be the repository of personal information on the pair and self-appointed keeper of the Bowlby/Ainsworth family photographs and documents, publishes lists of their academic honours and tributes to them both from key students, including the information that two mountains in Tajikistan have been named after them – Mount John Bowlby and Peak Mary Ainsworth. In its home-page logo, images of Bowlby and Ainsworth are superimposed on either side of the three SUNY protagonists – Everett Waters, his wife, Harriet, and Judith Crowell, his other collaborator – all standing, as it were, among a scattering of giraffe and chimpanzees – these two heights of human attainment and their inheritors, grounded, appropriately, in the natural world.

CONCLUDING CHAPTER

This thesis has been an exercise in what Foucault called ‘historical ontology’. It has tracked the development over time of the idea of an invisible wound into the massive academic professional and administrative apparatus of the psy, operating variously in different countries and in different regimes of truth. I have looked at some of the ways in which a psychic interior has been explored and at the emerging knowledges that have brought this problem category of psychic harm into being; that have made it culturally prevalent in the anglophone world at the turn of the century and a powerful legitimation of claims to injury.

In my presentation of these narratives of internal exploration and their implications, I have tried to maintain a neutral and distanced stance. I have not been writing a social critique. Of course, since I am a product of my historical circumstances, I will have my prejudices, which may have crept out unintentionally. I confess to a strong sympathy with the critique of psychological individualism presented in Chapter 1 and some deep misgivings at the therapeutic turn our lives have taken. I think that the more that a form of knowledge of subjects reaches into individual memory and desire, the more it is constitutive of identity, and so the more oppressive it is. But, true to my Foucauldian brief, I am also aware that, to hold this view, I am conjuring up some enlightenment individual who has negative rights to privacy, freedom from interference and the rest – a scion of Western liberalism and just another constituted identity. Besides, no-one is interfering with our liberally defined freedom here. The new subjectivities of the psychological, the therapeutic and the affective turn, though convenient to self government in a neo-liberal state, have not been imposed on us. How could they be? They are the ways we choose to see ourselves. And the discourse of the wound with its rhetoric of psychic damage,

scarring, developmental dislocation and healing is just part of the construction of selves at the start of the 21st century.

Not a social critique, my method has been genealogical, mapping the discursive, social and political conditions which gave rise to this wound category as used in the present. As a writing of a history of the present, it traces the ancestors of this idea and presents it as dependent on what went before, arising from historical conditions. In this way, it suggests a time when such ideas were not prevalent or even thought and, so, the possibility that they might never have come into existence. In the words of Nikolas Rose, quoted at the end of my Introductory Chapter, it ‘destabilises’ or ‘de-fatalises’ the present (Rose, 1999). As a method which only investigates the ancestors of a particular present, it does not consider all the other presents that are, or might have been, and all their would be progenitors. It presents neither a full picture of our present nor our past. Nor is it meant to. It is a method designed to challenge or question claims to truth in the world, not by using the rules and methods of the discourse in progress, but by establishing its historical nature, or contingency.

This history or genealogy has been conducted almost entirely at the level of discourse – bodies of knowledge which organise academic, professional, legal and policy texts and their accompanying practices, in which the different versions of psychological harm are inscribed. The three basic versions that I have described, trauma, emotional abuse and attachment disorder, each have different discursive origins and histories. Although, as I have argued, the concept of trauma has migrated across many discursive sites and so links all three and they each support the same regimes of truth: the medical/clinical, the epidemiological/statistical and the administrative legal, I would not conclude that they have become part of one larger overarching discourse. While such grand epochal claims are tempting, one can recognise an important and undeniable cultural shift towards psychological individualism in the last quarter of the 20th century and yet see the discursive sites of these wound categories as still local and distinct

What these categories of harm do have in common is that they are embodied in techniques and assessments that have real consequences for self and society. For, amidst all the variations, and the ambiguities and controversies caused by the wound's subjectivity, these different versions are all items of knowledge which are also units of power in 'the making up of people' (Hacking, 1995). They are formulae which can change the lives of individuals to whom they are applied. In other words, what I have described here is the historical development of ways of knowing which have real, though variable, consequences for ways of being. Although this second half of a recursive loop is not something I have been able to pursue here, as stated in my Introductory Chapter, I have assumed, on the basis of an extensive literature in the social sciences, that socially constructed categories do have complex consequences for labeling and identity formation.

Also assumed here is that these categories of knowledge play a part in the making of programmes and strategies of government, in its broadest sense. In my Introductory Chapter and in Chapters 5 and 7, I have given an account of the way that risk of psychological harm and its consequences has played a part in current governmental preoccupations in the UK. I saw this partly as setting out the political conditions of the emergence of these wound categories, partly as establishing its present cultural prevalence. Also, as stated in my Introductory Chapter, I have not speculated on the particular configurations of power, in the Foucauldian sense, that such versions of knowledge allow or will allow (this would be the subject matter of another thesis³³⁸). Nevertheless, as these categories figure in the making up of people and the creation of certain subjectivities rather than others, so they are undoubtedly elements in current formations of power; in the regulation and self regulation of souls in all social spheres and in both the coercive and non-coercive activities of the state.

³³⁸ See **Brown, W. (1995)** *States of Injury: Power and Freedom in Late Modernity*. Princeton: Princeton University Press. This presents a critique of Foucault's categorisation of power in the light of modern politics.

The genealogy of these concepts is a story set in the dialectic between the body and soul as a location for invisible wounds, which was one of the main themes in my mind when I started this study. Initially, I was thinking of the movement from engagement with physical wounds to interest in psychical wounds as reflecting Freud's move from the neurological to a psychoanalytic understanding of shock and trauma, which was achieved literally through the use of metaphor and associative thinking, though backed up by a complex theorisation of the internal wound as repressed memory. I was considering the major discursive shift from somatic threat to psychic threat, discussed in my Introductory Chapter, almost as a linguistic phenomenon, progressing as metaphor progresses from the concrete to the abstract. It then seemed to come full circle in the case of PTSD and nervous shock, as all the conceptual and practical problems involved with abstraction and invisibility made themselves felt and a neurological version of this wound restored its visibility. The first half of this process, with variations, seemed to be repeated in the case of emotional abuse, only to come full circle again in the story of attachment theory.

However, as I studied further the changing practices and the thought processes of those involved in these major shifts of discourse, it became clear to me that the real story was not about body and soul, and their various combinations, but about the dramatic way these discourses of the wound have contributed to, or been shaped by, how we construe what was traditionally called 'the social' – 'the social' that was posited and theorised in studies of 'the socialisation process'. By this 'social' I mean a shared language, culture and moral imperatives and the organisation of production and reproduction with all its implications for group stratification and wealth distribution. A human way of being which, at birth, was written onto the tabula rasa of the new child, who was just a bundle of animal instincts, essentially savage.

The story, as it emerges from this thesis, seems to run as follows: in Chapter 1, in which I lay out the implications of the invisible wound metaphor as a form of

defensive individualism, I describe, at some length, a critique of the discourse of wounds in which, it is claimed, 'the social' is reduced to the inter-psychic and national upheaval and change to the medical language of wounding and healing. In the straightforwardly medico/legal version of invisible wounds in the next two chapters on PTSD and nervous shock, 'the social' hardly makes an appearance, but then it re-emerges at a local level in the two chapters on emotional abuse. Here, the gradual shifting of the professional gaze from wounds on the body to wounds on the soul is facilitated by consideration of the psycho-social conditions of physical or sexual violence. But 'social' considerations like poverty and inequality were specifically eliminated from accounts of the causes and consequences of all forms of abuse, partly because of prevailing political conditions. This allowed the psychological its full range. Again, the interpersonal stands in for wider social considerations and this seems like a reductive process to which the critique in Chapter 1 could apply.

Then we come to attachment theory, where the interpersonal or the socio-psychological is *embodied* in the primal relationship between mother and child. This mutual relationship of complex interaction is said to be genetically programmed and therefore natural and exhibits a range of cross species features. It was Ainsworth who pointed out in her contribution to Martin Richard's *The Integration of a Child into a Social World* (Ainsworth *et al*, 1974) that attachment theory turns the old version of 'socialisation' on its head³³⁹. For the child is not inducted into the social world. This world is there in the child already! And attachment problems are this potential for sociality cut off or spoiled. Furthermore, this version of invisible wounds as an essential feature of attachment theory is not undermined by the recent neurological version, as the psychic harm version of PTSD seems to be. On the contrary, the affective turn to neuroscience seems to provide a new holism. The narrative is expansive rather than reductive. The inner space of attachment spreads to inhabit the brain as well, where it can be seen and

³³⁹ See also **Riley, D. (1983)** *War in the Nursery: Theories of the Child and Mother*. London: Virago Press. Chapter 2 for an exposition.

read by new techniques. It strengthens attachment's natural version of the social as the basis on which the human 'social' world is built. The nursing dyad, ventrum to ventrum, or right brain to right brain, is the prototype of human spirituality, ethics, communication and co-operative organisation as well as all the complex affective and cognitive capacities of the human mind. The basis of human society is a love relationship – the instinct for gift exchange rather than the rape and capture of women or the co-operative gaming of rational self interest. A truly Romantic theory and one in which, after centuries of cultivating his unique inner life, man can take his place in the animal kingdom once more.

As I argued in Chapter 6, this natural idyll has a terrible downside – children cut off from all the potential of their conception and the extremes of disorder in young and old alike. It stands as a constant threat to mothers and a continual, never-ending source of work for our mother substitutes – those psy professionals in the therapeutic domain. For whether they are experts on body or soul, brain or mind, these growing numbers of technicians of psy and neuro-psy are what we need to service this way of being as (neuro) psychological individuals. We are continually learning new versions of our inner lives from new experts with new techniques, though I like to think that, as individuals, we are still 'bricoleurs',³⁴⁰ who will call on different experts and different versions of the wound, whatever comes to mind, as it is useful to make a point or relieve distress. What is certain is that we will go on peering anxiously deep inside ourselves to appraise and improve our souls, much as we work on our bodies, through practice, exercise, regimes for shaping and strengthening and pharmacological and surgical enhancement. We will call on a host of trainers who will coach us in confidence and self sufficiency and lessen our vulnerability to external pressure and hostility. And, if the worst happens, there will be others there to bathe our wounds, sew them up and set us on the pathway to healing.

³⁴⁰See **Levi-Strauss, C. (1968)** *The Savage Mind*. Chicago: University of Chicago Press. 'Bricoleur' is French for 'do-it-yourself man'. 'Bricolage' was a word used by Claude Levi Strauss in this book to describe the non-scientific building of imaginative worlds and world views with whatever bits and pieces come to hand.

What I have tried to do here is to present accounts of some of the language, the narratives and the practices that feed into our thinking about ourselves and our psychic vulnerability. I have done this to assert the contingency of this language, its historical nature or ontological subjectivity. Our explorers of the interior could have come back with different stories. We could have seen ourselves differently. It is only in that thought that our freedom lies.