

## **Attachment Research as an Ideological Movement: Preliminary Statement**

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The history of childcare in Europe and America over the last 150 years can be divided, very roughly, into three overlapping periods:

From 1850 to 1900 there was the rise of public concern for children and the formation of public policies governing childhood. During this period children were increasingly seen as innocent victims of exploitation, and political agitation – supported by literary and journalistic representations – resulted in the replacement of child labor by compulsory primary schooling.

The second period, 1900 to 1950, saw the **medicalization of childcare**, with a focus on saving lives through scientific medicine and public health. During this period, advocates of “hygiene”, i.e. the raising of children under sanitary conditions to prevent infection, were able to bring about the pasteurization of milk, the purification of the public water supply, and the counseling of mothers to ensure sanitary conditions in the home. As infant mortality rates dropped, pediatricians and public health nurses were established as scientific experts in the care of children and spread a gospel of preventive medicine and nutrition, combined (as though it were logically connected) with strict scheduling and discipline in the treatment of young children.

In the third period, roughly 1950 to the present, the gospel of preventive medicine through hygiene was superseded by a **mental health ideology** that shifted the focus to children’s emotional development. In this ideology, the concept of mental illness was broadened far beyond major cognitive and affective disorders to include neurotic conditions, anxieties and eccentricities and transient maladjustments. Inspired by Freud’s earlier work, psychiatry thus invaded psychology and claimed normal child development as its own territory. (The most influential pediatricians of this period, Benjamin Spock and Donald Winnicott, had been trained in Freudian psychoanalysis.) Children were represented as emotionally vulnerable, and parents were seen as frequently culpable of jeopardizing their children’s long-term mental health, above all by failing to provide the conditions for **emotional security** in early childhood. This had been a theme of Karen Horney’s best-selling book of 1937, *The Neurotic Personality of Our Time* and of her subsequent books. It was given an empirical form in John Bowlby’s best-selling book of 1953, *Child Care and the Growth of Love*, based on his report to the World Health Organization of the previous year.

Bowlby, beginning as a psychiatrist and psychoanalyst with an inclination toward empirical research, became a successful social reformer who, in the name of more humane care, had an important impact on public policies for dealing with orphaned and abandoned children. He also advised parents and gave voice to a generation deeply critical of the “distant” parental care they had received in the 1920s and 1930s, when hygiene and discipline were the orders of the day. Bowlby admonished their cold and unresponsive mothers and called for warmth, love and proximity. He constantly sought to support his case with empirical evidence, but he was always an advocate for a generation that felt itself neglected. Revenge could be found in accusing their parents not of sins or crimes but of psychiatric pathogenesis.

In his popular book of 1953 Bowlby said, “Mother-love is as important for mental health as are vitamins and proteins for physical health.” Elaborating this analogy, he made questionable recommendations about normal childcare and tended to conflate cases of severe separation and

stress with moderate ones, as if they were part of a single continuum. In the face of criticism, Bowlby later (from 1958 onward) revised his concept of maternal deprivation, but this kind of thinking continues to influence the claims of attachment theory as a “developmental psychiatry”.

In my view, the basic differentiating concepts of attachment research – secure vs. insecure attachment and sensitivity vs. insensitivity to infant signals – involve moral judgments, not medical ones, and are grounded in an Anglo-American cultural ideology of the 20<sup>th</sup> century, not in human biology. The Bowlby-Ainsworth attachment perspective has created categories of pathology or mental health risk out of normal individual differences in behavior, and it perpetuates the blaming of mothers characteristic of mid-20<sup>th</sup> century pop psychology.

Given the scientific orientation and accomplishments of attachment research, I find it surprising that its leaders have not attempted to divest it of the mental health ideology inherited from the intergenerational tensions of 50 years ago. I can only assume this is due to the professional advantages of psychiatric clinical practice over the open-ended search for regularities in behavioral development. Until this divestment takes place, attachment research will remain prescriptive rather than descriptive, retaining the flavor of an ideological movement to reform the care of children rather than seeking to deepen our understanding of their development.

For additional critiques of attachment research, see some of our other papers:

R. A. LeVine & P.M. Miller (1990). Commentary. In *Human Development* 33: 73-80, special issue on the cross-cultural validity of attachment theory.

R. A. LeVine (1995). Foreword. In R. Harwood, J. G. Miller & N. Lucca Irizarry, *Culture and Attachment: Perceptions of the Child in Context*. New York: Guilford Press.

R. A. LeVine & K. Norman (2001). The infant’s acquisition of culture: early attachment reexamined in anthropological perspective. In C. Moore and H. Mathews (eds.), *The Psychology of Cultural Experience*. New York: Cambridge University Press.