ATTACHMENT-INDIVIDUATION: I. CLINICAL NOTES TOWARD A RECONSIDERATION OF "ADOLESCENT TURMOIL"

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Anna Freud's (1958) claim that turmoil is normative in adolescence has blurred the distinction between healthy and pathological development for too long. Offer's research (Offer, 1969; Offer and Offer, 1975), which refuted the concept of normative adolescent turmoil, has never been integrated into psychoanalytic theory. Further, the ferment characterizing contemporary psychoanalysis, the explosion of relational theories, and the exciting findings of attachment studies and other developmental research have barely found their way into psychoanalytic theorizing about adolescence, at least in part due to the privileged place of "adolescent turmoil" in developmental theory. Thus, there is the paradox that psychotherapy with adolescents, widely viewed as the most freewheeling area of psychotherapeutic work, is also the last bastion of psychoanalytic drive-structural theory.

**Separation-Individuation**

The concept of adolescent turmoil has deep roots in psychoanalytic theory because it is intertwined with ideas about the adolescent's need to separate from the parents of childhood. When one believes the internalized tie to the parents becomes sexualized in puberty (S. Freud, 1905), the universal incest taboo provides the rationale for the so-called need to disengage from that tie (A. Freud, 1958). The difficulties attendant on such an endeavor are thought to produce adolescent turmoil. Anna Freud's (1958) term adolescent turmoil describes the psy-
chological upset she believed was normally attendant on "the mental pain caused by the difficult task to withdraw cathexis and give up a position which holds out no further hope for the return of love, that is, for satisfaction" (p. 262). Blos (1967) linked this process of psychological reorganization to Mahler's 1968 work on separation-individuation and described adolescence as the second individuation, by which he meant a higher order individuation process in which the adolescent sheds family dependencies and loosens infantile object ties to become a member of the adult world.

Although the writings of Anna Freud and Blos provide countless examples of the complications attendant on the reorganization of the inner experience of the parent in adolescence, too often their theories are simplified, misconstrued, and conflated with observations at different levels of abstraction. For example, the adolescent's social involvement with the peer group is taken as evidence of renunciation of inner ties to the parents. Professionals and laypeople alike have come to believe that maturity depends on the adolescent's giving up parental connections. My late colleague, Dick Marohn (1998), assailed this confusion and claimed that adolescents do not normally separate from the parents of childhood, if that is taken to mean a renunciation of internal ties to the parents. Marohn said that adolescents need secure emotional bonds to loved ones to sustain them throughout life. I believe that it is the absence of sufficiently secure emotional bonds to parents that produces adolescent turmoil, not the struggle to renounce secure ties.

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I suggest that a focus on the security of the adolescent's attachment to the parents of childhood can illuminate and clarify the question of adolescent turmoil. Secure adolescents build on earlier ties and complexify them but never renounce them. Secure ties allow for the evolution of the bond, the relationship, and the sense of self and other within the relationship. Individuation is advanced by secure attachment; at every stage of life, individuation is supported by well-functioning intersubjective environments providing requisite selfobject experiences. When attachment bonds are insecure, however, turmoil results from the adolescent's attempt to rework and improve emotional bonds (Doctors, 1998a, b). From this vantage point, turmoil is not normative but is a function of insecure attachment (Ainsworth et al., 1978).

The phrase attachment-individuation comes from the work of infant researcher Lyons-Ruth (1991), who reviewed Mahler's data and writings (Mahler, 1968; Mahler, Pine, and Bergmann, 1975) and coined the phrase that contrasts with Mahler's term, separation-individuation. Lyons-Ruth took issue with Mahler's claim that ambivalence toward the caretaker is normal on the part of a toddler in need of comfort. Lyons-Ruth drew on attachment research (Ainsworth et al., 1978) to reinterpret Mahler and said that heightened ambivalence was more likely to be related to difficulties in parent-infant interaction than, as Mahler had claimed, to normative ambivalence related to a "fear of reengulfment." Whereas Mahler believed that individuality was attained by differentiation from a fused mother-infant state, we now recognize that, early on, self and other can be more easily distinguished than previously thought. Moreover, it is the nature of the connection established between self and other that is crucial for development. In well-functioning intersubjective systems (providing requisite selfobject experiences), the sense of connection and sense of distinctiveness develop in tandem. Attachment-individuation (Lyons-Ruth, 1991) emphasizes the child's "propensity to establish and preserve emotional ties to preferred caregivers at all costs" [italics added], while simultaneously attempting to find a place within [italics added] these relationships for his or her own goals and initiatives" (p. 10). In this model, no conflict is presumed normally attendant on this phase, unless the child cannot find a place within the "preserved" relationship for his own goals and initiatives.¹ When the child's own goals and initiatives are experienced as threatening the emotional attachment to the caretaker, inner conflict develops (see Stolorow, Brandchaft, and Atwood, 1987, pp. 88-99). The ambivalence that then can be observed emanates from the child's difficulties in maintaining a sense of inner connection with the parent while asserting individuality.

Others (e.g., Franz and White, 1985; Blatt and Blass, 1990) have also argued that individuation and attachment are interconnected strands in development—that at each stage of development, experiences in one realm have ramifications in the other (Franz and White, 1985, p. 247).

¹This is the conflict Brandchaft has been describing in his seminal psychoanalytic contributions (1987 [with Stolorow and Atwood], 1988, 1992, 1993).
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Several implications follow. At each stage of development, problems in attachment produce problems in individuation, whereas successful attachment experiences continue to support and promote firmer individuation. Similarly, advances in individuation strengthen rather than weaken attachment.

In this chapter, I present two clinical vignettes of adolescent girls in the throes of attachment-individuation. Both cases illustrate the aspect of individuation referred to as "finding one's voice" (Gilligan, 1982). The capacity to assert a personal point of view in the face of a person who neither shares nor is receptive to it is just one aspect of the larger individuation process—but one that can bring into focus individual differences in the developmental process in adolescence. The first case, that of Blair, illustrates the adolescent turmoil that results when insecure adolescents attempt to rework and improve emotional bonds in adolescence. The second case, that of Alexandra, illustrates a healthier attachment-individuation in adolescence. My intention is to highlight the crucial role of the nature of the adolescent's tie to the parent, for too often clinicians focusing on separation forget that the tie to the parent isn't the same for each adolescent. When the role of insecure attachment is given its due, then the vulnerability an insecure child brings to the developmental process—and the desperation, depression, and (sometimes) aggression that grow from that vulnerability—can be recognized and not mistakenly attributed to the pain attendant on so-called disengagement. Intense ambivalence is recast, a la Lyons-Ruth (1991), as a hallmark of insecure attachment complicating normative adolescent developmental expansion (e.g., individuation).

Blair

Blair is a 16-year-old in her second year of psychotherapy. Her parents divorced when she was in elementary school. Following hospitalization for anorexia nervosa, Blair moved to her father and stepmother's home, as her mother was chronically obsessed with weight and food and couldn't provide structure at mealtimes. Blair's mother's lifelong preoccupation had led her to vigilantly guard Blair against becoming overweight. The mother failed to recognize that her daughter didn't share her problem, and she relentlessly asserted her own anxieties in caring for Blair.

In early childhood, Blair had been very close to her father; the physical and emotional distance caused by the divorce, however, eroded their closeness and rendered Blair vulnerable to her father's temper and sarcastic remarks. At the start of treatment, Blair was alienated from her father and believed he hated her. Family sessions began to close that rift. However, when conflict emerged between Blair and her father and stepmother, she began to punctuate food restriction with episodes of solitary binge-eating.

To understand the advent of the new symptom, Blair's therapist abstracted and generalized to describe Blair's behavioral cycles phenomenologically. "So you hold back, restrict your eating, restrain yourself, contain yourself, and then suddenly you burst forth." "Oh," Blair responded, brightening up, "Oh, those are my feelings about Paulette!" Blair spoke of struggling to "remember" neither to expect affection from nor to show affection for Paulette, her stepmother, but it wasn't easy. Sometimes she spontaneously fell into "Paulette-pleasing behaviors," only to "catch" herself and then try all over again to control herself.

This behavior developed after Blair read in Paulette's diary that Paulette felt angry and frustrated with Blair, whom she described as the "brat" who was "ruining my life." Blair was shocked and distraught, as Paulette had frequently been the most emotionally available parent of the three. However, when Blair expressed her feelings of hurt and betrayal to Paulette and her father, she failed to gain understanding. There was no recognition of her point of view. Paulette reacted as Blair might have expected her father to react. Both Paulette and father were outraged. Father let forth a stream of deprecation and accused Blair of being an ungrateful troublemaker. Thereafter, Blair spoke poignantly of her attempt to control her feelings toward Paulette and father—both her hurt and her affectionate feelings. She was afraid that expressing her hurt would engender more of the retaliatory rage her previous expressions of pain had elicited.

The parallels between the behaviors in the domain of food and those in the domain of relationship were striking. Eating behaviors constituted the "voice" that Blair could not use in relationships. Blair was chronically hungry but tried not to eat all day, only to gorge herself late at night. Similarly, Blair restricted herself emotionally. She told herself she was a "brat" who was "ruining my life." Blair was shocked and distraught, as Paulette had frequently been the most emotionally available parent of the three. However, when Blair expressed her feelings of hurt and betrayal to Paulette and her father, she failed to gain understanding. There was no recognition of her point of view. Paulette reacted as Blair might have expected her father to react. Both Paulette and father were outraged. Father let forth a stream of deprecation and accused Blair of being an ungrateful troublemaker. Thereafter, Blair spoke poignantly of her attempt to control her feelings toward Paulette and father—both her hurt and her affectionate feelings. She was afraid that expressing her hurt would engender more of the retaliatory rage her previous expressions of pain had elicited.
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eating concretized Blair's attempts to control any desires in herself that would strain her caretakers and also functioned as a distracting self-involvement, an insulation from the threatening negative view of herself presented by her father and stepmother.

In therapy sessions, Blair complained that her father and stepmother were ignoring her. She spoke of wanting them to be interested in her, to care about what was happening with her. She recalled how this long-standing, frustrated desire had earlier taken the form of the food restriction that had alarmed the family and that initially caused them to attend to her—at least in regard to her eating. She both wanted attention and renounced such desire. Whether in regard to food or in regard to emotional life, Blair's whole existence was defined by alternations between feeling, "I want it, I want it, I want it," and then catching herself and vowing, "I don't need it, I don't need it, I don't want it."

How are we to understand Blair's conflict? Is this the heightened ambivalence expected to normally accompany developmental epochs in which separation-individuation issues are presumed to be central? By claiming that such extreme ambivalence is not a normally expectable accompaniment to developmental change, I am arguing that the separation-individuation model (Mahler et al., 1975) fails to describe psychological progression in adolescence. I believe that Blair's ambivalence is a hallmark of attachment pathology (Ainsworth et al., 1978) complicating the adolescent developmental course. Conflictual organizing principles, crystallized in lived experience (Lichtenberg, Lachmann, and Fosshage, 1996) with caretakers who frustrated normal selfobject longings, now impeded the expansion and further differentiation of her psychological organization. Insecure attachment impeded individuation.

**Alexandra**

Alexandra was a hardworking high achiever attending a selective high school. She was equally devoted to her burgeoning social life, which she enthusiastically discussed in her psychotherapy. Although not depressed, anxious, or symptomatic, Alexandra felt that, despite being close to her father or stepfather, there were things she didn't want to talk about with them. She had had a good relationship with a therapist previously, when she was, between the ages of 10 and 14, in a treatment her mother and stepfather had arranged when they learned of her mother's terminal cancer. Alexandra, or Zan, as her parents called her, had done as well as could possibly be expected and far better than many might fear. At 16, she held a still largely idealized view of her late mother, and she missed her, especially when other girls spoke of their mothers. Therapy was intended, as Alexandra saw it, as an opportunity to have a close, female confidante with whom she could discuss the details of her physical development and the details of her social/sexual progress.

One day, Alexandra was speaking excitedly—reflecting the mood that predominated when she spoke of events that affirmed her dawning recognition of her attractiveness and the social benefits it conferred. She and her best friend had been dancing at a local gathering place, and she had met a very appealing guy, the first "college boy" anyone in her crowd had dated. He was nice, respectful, and interested in her! She spoke of her pleasure in the budding relationship and then described her shock and distress about a snide, prejudiced comment this fellow had made about Martin Luther King. She described asking him what he had meant—as well as her perseverance in pursuing the answer, for the young man quickly became defensive, irritated, and deprecating (he suggested that she was immature and that she would eventually outgrow her point of view). Despite the fact that she dearly wanted him to feel she was old enough to date him, she would not be deterred or silenced. She spoke of summoning her courage, of feeling that she would be letting herself down if she fell prey to fears of the consequences of his discovery of the person she actually was. She persisted, "Perhaps you think that it is silly to care about this as I do, and perhaps you really won't want to go out with me now that you know who I am—that's up to you—but I am who I am and couldn't respect myself if I denied it. The question I'm asking is, 'Who are you, and what do you believe?' " The story had a happy ending for the couple. He changed his tune, talked about the aspects of his background that had led up to his prejudiced comment, and expressed embarrassment at behaving as he had and respect for how she had spoken about him and about herself. And so the relationship continued, albeit with some caution on her part about his sincerity.

The vignette reveals underpinnings of Alexandra's development and the intersubjective interactions she was primed to coconstruct. In the clinical situation, I acknowledged the difficult choice she had made.
and expressed my admiration for her strength. She responded with pleasure and with the acknowledgment that it had been difficult and necessary. Curiously, she added, that, as she was doing it, she felt her mother’s presence. She went on to fill me in, as she had often done, on the part of her recollected relationship with her mother that was then in the background of our discussion. In childhood, her mother had said “Zan can do” to mark and affirm times when Alexandra felt proud of herself. Mother had been alert for such occasions, encouraged Alexandra to be aware of them, and enjoyed sharing such events with Zan. Alexandra told me that her actions regarding the prejudiced comment had been a Zan-can-do moment, and we were both choked with emotion. She was appreciating her mother’s role in building her strength, feeling her mother’s continuing presence in her life, and feeling glad to be growing into the young woman her mother had been helping her to become; I was feeling graciously fortunate to be able to participate in such an experience, and glad to be in touch with Zan’s strength and, through that, her mother’s proud womanhood. When she left my office, I thought of my friend Dick Marohn’s words: “Does the internal representation of the mother sustain her; does she reexperience such sustenance in new relationships with teachers, boyfriends, or others” (Marohn, 1998, p. 12).

Discussion

What do these cases illustrate about adolescent development, how it normally proceeds, and the psychological circumstances that produce adolescent turmoil? Can we now revise the role and function of the internalized tie to the parents of childhood? Has it become more apparent that the nature of the tie to the parent is different in different adolescents? Each adolescent’s inner ties are the products of unique circumstances. The role played in adolescent development by the internalized parental ties will vary according to the security of these ties and the available intersubjective surround. Although both Blair and Alexandra experienced parental loss in childhood, the nature of each girl’s inner parental ties and current intersubjective context was profoundly different. Although each girl struggled to find her own voice in relationships, each brought very different resources and obstacles to the task. Alexandra’s case illustrates how secure attachment supports progress in individuation; Blair’s case suggests a pathway by which insecure attachment complicates and often retards further individuation. Each adolescent girl was faced with the challenge of asserting herself in the face of unreceptive others, with maintaining her own voice even when doing so threatened a relationship. Individuation is always facilitated or impeded by specific intersubjectively organized attachment conditions. The different capacities Blair and Alexandra manifested in maintaining a distinctly personal voice, an aspect of successful adolescent individuation, reflect differences in underlying attachment, differences in each girl’s experience of selfobject relationships. Their cases reflect more than “pathology” and have been counterpoised to illustrate the way in which, psychologically, the rich get richer. As a general rule, security of attachment promotes firmer individuation and vice versa.

When Blair was attempting to control her affectionate behavior toward her father and stepmother, she was not merely withdrawing in response to hurt feelings; she was, once again, conforming to the level and type of intimacy tolerable to each parent. Blair had established an unconscious conviction that, to maintain any emotional attachment, she must be what others wanted her to be, as unsatisfactory as that might seem to her, consciously. To differentiate herself from the person others saw and “needed” her to be was experienced as a threat to her sense of self. Yet, increasingly, Blair longed to be recognized as a distinctive individual. The conflict I am describing is a terrible one for an adolescent—the conflict between maintaining the sense of self, such as it is, and securing selfobject experiences needed to expand and advance psychological development. Emotional self-restriction limits the degree to which an adolescent can engage in the psychological work of adolescence—refining the sense of self, refining the sense of the other, and exploring the nuances of the relational possibilities between self and other. For adolescents such as Blair, internalized parents retard adolescent development, and actual parents fail to support it.

Blair’s anorexia encapsulated her subjective experience of feeling invisible and represented a bid to gain parental recognition, albeit in a mode anticipated as acceptable to the parents. However, the meaning of the symptom was not at all obvious to her parents, and Blair was not able to easily express herself directly. When Blair tried to assert herself with her father and stepmother and to challenge their point of view, the same pattern of interaction that had originally established the expectations of frustration and rejection recurred. She was berated,
and, in response, she retreated into further symptomatic behavior. The continuity of the caregiver’s response over time is an insufficiently recognized source of relentlessly recurring patterns of interaction that serve to maintain the structure of the adolescent’s subjective world. Too often, clinicians attribute the tenacity of such “psychic structure” to concepts such as the “adhesiveness of the libido” (Freud, 1917, 1937), even when the phenomenon is clearly related to difficulties the adolescent experiences reorganizing relationships with rigid, limited parents.

Blair’s heightened ambivalence is the mark of a youngster who needs, wants, and seeks comfort but who is stymied by internalized expectations of frustration and rejection. Although I think Blair’s symptoms reflect inner turmoil, I do not view such turmoil as normative in adolescence, as Anna Freud did. Rather, I use the term adolescent turmoil to describe the chaos that results from the psychologically maturing adolescent’s attempt to remediate psychological liabilities in the domain of attachment (Doctors, 1998a, b). Adolescent turmoil is a concept that pertains to youngsters who have developed unsatisfactory modes of self-regulation and mutual regulation (Beebe and Lachmann, 1988; Lachmann and Beebe, 1996) in disordered intersubjective contexts. Such adolescents often seek to revise their self-constricting ways of being. Consciously or unconsciously, they engage caretakers (and others) in new versions of old scenarios in the search to develop more adaptive patterns. Such attempts to get the parent to “act right” (see M. Tolpin, 1986) often come to grief, either because of intractable limitations in the surround (i.e., the failure of the caretaker’s emotional response to be modified over time) or because the provocative form in which the bid for change occurs is incomprehensible to the other participants (Doctors, 1998b).

Although symptomatic expression contained the hope for a different way of being for Blair, that hope was actualized only in the psychotherapy. The therapist’s active participation in highly charged domains of psychological experience is a potent force in reorganizing the relational patterns of the adolescent. Positive experience in psychotherapy probably emboldened Blair to confront her father and stepmother when she was angry. Although she had been deeply disappointed in her inability to engage her parents in differently organized relationships, treatment led to marked changes in the type and quality of friendships established.

By contrast, the security of Alexandra’s attachment to each of her parents had been sturdy enough to protect her despite traumatic intercur-

rent events—loss via divorce and then death. Her self-confidence, pride, flexibility, and healthy perseverance, all sequelae of secure attachment, helped her to gain further experiences of self-affirmation. This is what I have in mind when I say that the rich get richer. Secure attachment, manifesting in well-developed functional capacities and positive expectations, contributed to each iteration of engagement, from her earlier psychotherapy, to her relationships with teachers, to the moment in which she chose to speak up for her values even if it meant losing the boy. Because this was dominant in her repertoire, she was able to gain further experiences of self-affirmation. She was proud of how she had behaved—she could recognize the position of the other while maintaining her own voice. Being able to persevere and to gain the respect of an admired young man—consequences of secure attachment—further enhanced, refined, and complicated her sense of self. This is how secure attachment promotes firmer individuation and—simultaneously, as in this circumstance—progress in individuation enhances attachment. This is not wordplay on my part. Individuation and attachment are mutually strengthening. As one senses that a loved one contributes to one’s flourishing, one’s attachment deepens. When the inner connection is sustaining, distinctive selfhood is strengthened. No adolescent turmoil can be said to characterize the picture with Alexandra. Normal adolescent development is being furthered in an adjunctive channel.

Blair arrived at adolescence with an inner insecurity, an expectation that others would never be interested in her as a person in her own right. Self-subjugation was required to maintain her insecure attachment because self-assertion was associated with fears of loss of connection. Dramatic symptoms both expressed Blair’s psychological predicament and attendant anxieties and were the vehicles through which she consciously and unconsciously attempted to rework the relationships in which her expectancies originated and were constantly “maintained.” Although the clinician can see the hopeful edge in such behavior, this is adolescent turmoil, rendered all the more chaotic in the face of retraumatization by the parents. Psychotherapy was, for Blair, an adjunctive developmental opportunity through which she began to transform her sense of her relational possibilities in the world. Her adolescent turmoil didn’t require the renunciation of ties to her parents. Rather, it was responsive to the illumination of the problematic aspects of those ties in a psychotherapy that also helped her to develop new forms of
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emotional connection—modes of connection that now serve as a nascent foundation for Blair’s movement into young adulthood.

Conclusion

In this chapter, I have offered clinical evidence to support my contention that, when it occurs, adolescent turmoil is better understood as attachment-individuation difficulties than as normative adolescent separation distress. With this shift, a clearer distinction between healthy and pathological development becomes possible. The clinical presentation of (a) extreme ambivalence toward parents and (b) dramatic symptoms that often contain concretized expressions of developmental needs and intersubjectively discordant responses to those needs (see also Doctors, 1987) can be recognized as signifying disordered attachment processes rather than normal adolescent separation issues. Attention is thereby drawn to the nature of the adolescent’s inner ties and to the clinical problem of enhancing relational security and developing the various functional capacities that are ordinarily the natural sequelae of secure attachment so that normative individuation may proceed. Individuation continues to be recognized as accelerating in adolescence but is recast as drawing on and contributing to sufficiently secure attachment.

This clinical material further implies that individuation is not solely dependent on structures within the adolescent but is codetermined by the subjective psychological worlds of those who interact with the adolescent, as the adolescent’s psychological organization is formed, maintained, and transformed in highly specific intersubjective environments. Questions of one-person versus two-person psychologies, linearity versus nonlinearity in development, and other issues pertinent to a theoretical reconsideration of adolescent turmoil will be addressed in a forthcoming contribution. Similarly, the implications of this shift for clinical practice will be further explicated in a future contribution.

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