

Editorial

What happened to you? Attachment theory extended

Simon Partridge

The contemporary Adverse Childhood Experiences (ACEs) movement grew out of the ACE Study (Felitti et al., 1998) initiated by Drs Vincent Felitti and Robert Anda around 1995¹. As my article published in *Attachment*, June 2019, showed, the term “adverse childhood experiences” was not coined by Dr Felitti, but was first used by Dr John Bowlby in a lecture given in the spring of 1981 in New York at the invitation of the American Orthopsychiatric Association. It was then published in their journal in October 1982. When I wrote to Dr Felitti in November 2020 and pointed this out I received this response: “The term ‘Adverse Childhood Experiences Study’ has indeed caught on around the world, Mr Partridge. When I chose the title around 1995 or 1996, I had no idea that something about the phrase would be so engaging.”²

It appears that Felitti had no prior knowledge of Bowlby’s use of the term. He had invented the same term in the light of his empirical observations while working as a paediatrician and specialist in preventive health at the non-profit Kaiser Permanente (KP) health maintenance organisation in San Diego, California.

The origins of the ACE Study lie in observations that the astute and vigilant Felitti made of many of the patients whom he was treating for obesity (there are strong parallels here with Bowlby’s intuitive, pre-WWII recognition of a connect between delinquency and maternal deprivation). The connection with childhood experiences of sexual abuse became too numerous to ignore, and then were confirmed by some of his colleagues (see note 1). There was a fortuitous crossing of paths at an obesity conference in 1990 with a staff member, an expert in epidemiology, at the federal public health Centers for Disease Control and Prevention (the equivalent of Public Health England). By 1995 this had led to the field research work for the study among some 17,000 patients on the books of Kaiser Permanente (KP). This selected for study the effects of the ten most common trauma stressors that Felitti had found in his clearly middle-class (KP is non-profit but insurance financed) obesity population. Each ACE scored one, giving a possible total of ten.

- emotional abuse (recurrent)
- physical abuse (recurrent)
- sexual abuse (contact)
- physical neglect
- emotional neglect
- substance abuse in the household
- mental illness in the household
- mother treated violently
- divorce or parental separation
- criminal behaviour/incarceration in the household.

The results were startling and given the size of the sample beyond reasonable doubt. They revealed the unrecognised prevalence of ACEs; then their strong dose–response relationships (the more the worse), often decades later, to adult emotional problems, self-harming coping mechanisms like addiction, medical diseases, and premature death. Four ACEs puts one in a high risk zone, for example, prone to complex PTSD³. And life expectancy is likely to be reduced by twenty years if one scores six+ ACEs! The binary distinction between psyche and soma was largely dissolved; the area of psychosomatics greatly enlarged.

As a result of this innovatory and compelling work, Felitti and Anda were invited to many speaking engagements including presentations to Congress, state legislatures, and a wide range of community organisations and institutions. This included an invitation to Glasgow in July 2007, where Dr Felitti spoke at the Scottish Police College at a conference hosted by the Violence Reduction Unit and the World Health Organization (WHO). The conference was supported by the Scottish Government and attended by many senior civil servants and Ministers (see Suzanne Zeedyk’s article, p. 2 of this issue). The spread of ACEs information was, from 2012, strongly amplified by two highly successful websites created by the journalist–publisher Jane Stevens: www.PACEsConnection.com and www.ACEsTooHigh.com. These have now been joined by other information hubs internationally, including in Scotland, Wales, Ireland (both parts), and the regions of England, most recently at the London ACEs Hub—www.londonaceshub.org.

For the first ten years of its existence the promotion of an ACEs approach relied on the ACE Study, the educational work of Felitti and Anda, and a series of more detailed follow-up studies. It was not until Felitti was invited to write the foreword to a compendium by cutting-edge experts, titled *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Lanius et al., 2010)⁴, that a more theoretical approach started to appear from within the ACEs orientation. The fact that Felitti was invited to write a foreword to such a prestigious publication indicates the seriousness with which the findings of his study were by then being taken in psychotherapeutic and medical circles. In the foreword Felitti moves beyond medical observation and the findings of the comprehensive epidemiological survey, and asks some fundamental questions about how human beings develop, even

calling in aid from the poet T. S. Eliot and mentioning psychoanalysis. Here he reveals not only his intellectual curiosity but his imagination. Indeed, he summarises *The Impact of Early Life Trauma on Health and Disease* as setting out:

our current approaches to understanding how we get to be the people we are: not only as biological entities, but also as truly human beings with an outer persona and an inner soul. Just as we observe how a leg damaged in childhood sometimes does not grow to full potential, this book asks *how* does a persona or soul become damaged. (p. xiii)

A little further on he suggests:

The turning point in modern understanding of the role of trauma in medical and psychiatric pathology is commonly credited to Freud, who lived within the lifetimes of many of us, as did René Spitz and Harry Harlow with their ground-breaking work on *maternal deprivation*. (my emphasis, p. xiv)

Now I think that most psychologically informed readers of this last sentence in Britain and Ireland would immediately spot a glaring omission: John Bowlby.⁵

I believe the time has now come to recognise that early deprivation lies at the root of most childhood adversity and its later manifestations. The time has come to link the Felitti/Anda and Bowlby traditions together in a way that was prefigured in Bowlby's lecture and subsequent article way back in 1981/82—and thus strengthen both. Indeed, I feel it is a matter of regret such a meeting never happened in reality, since it appears that they would have had much to share.

That article was originally published in America under the title "Attachment and loss: retrospect and prospect" (Bowlby, 1982), but the English version was republished in 1988 as "The origins of attachment theory" (Bowlby, 1988). In some ways the article is the most concise summary of Bowlby's mature formulation of attachment theory. In the article he uses the word "adverse" no less than ten times! And he ends with a precise summary, gleaned from decades of research and observation, of the dynamics which underlie the playing out of ACEs:

Thus *adverse childhood experiences* have effects of at least two kinds. First they make the individual more vulnerable to later adverse experiences. Secondly they make it more likely that he or she will meet with further such experiences. Whereas the earlier adverse experiences are likely to be wholly independent of the agency of the individual concerned, the later ones are likely to be the consequences of his or her own actions, actions that spring from those disturbances of personality to which the earlier experiences have given rise. (1988, pp. 36–37, my emphasis)

The two-phase process of ACEs described by Bowlby is captured in the original ACE Study questions in the distinction between the primary traumas and the household dysfunctions in which those so traumatised often live (see above). This

double whammy (at least) is delivered first unconsciously and second more consciously, frequently ending in the familiar personal or interpersonal destructive scenario. The two traditions join hands here in identifying the toxic mixture which derails many developing personas and psyches, and the regulation of their bodily functions (I can speak from personal experience)—now substantiated by modern neuroscience and endocrinology. The result: enormous suffering and ill health; the hidden pandemic indeed!

Between 2010 and about 2016 something pretty amazing started to happen on the ACEs front. Felitti and Anda had never kept their “good news” just to medical and professional circles, but around the middle of the 2010s ACEs burst out of the exam room into the general community. This was no doubt aided by digital means of communication and the internet which simply weren’t available in Bowlby’s day, which social journalist Jane Stevens exploited well with her websites. But it was actually the rather conventional medium of the film documentary which sent ACEs sky-rocketing. James Redford, son of Hollywood’s Robert Redford, an independent progressive film-maker who had been through troubles of his own, got the message. In 2016 he released his resulting film *Resilience: The Biology of Stress and the Science of Hope* about the effects of early toxic stress, informed by the science of the ACE Study and further neuroscience developments. It packaged the evidence in an attractive and accessible form and was deliberately used as an awareness-raising and organising tool. That would surely have appealed to Bowlby who, as regards James Robertson’s 1952 film, *A Two-Year-Old Goes to Hospital* (which he encouraged Robertson to make), said: “influential though the written word may often be, it has nothing like the emotional impact of a movie” (Bowlby, 1982, p. 665). As we know, Robertson’s film became a catalyst in radically altering the way children were treated in hospitals; they are no longer separated from their mothers.

By 2017 Redford’s film had crossed the Atlantic and had its British premiere at Leicester Square, central London, on the 27th April, with a Q&A led by him and Dr Graham Music, child and adolescent psychotherapist at the Tavistock Clinic. A couple of days later it moved north to Scotland providing the prime mover for a massive ACEs Aware conference in Glasgow in September 2018 aiming, no less, than to make Scotland the first “ACE aware nation” (see Suzanne Zeedyk’s article, p. 4 of this issue)—seeds were also sown in other parts of Britain and Ireland. My own interests were kindled around this time, and I also fortuitously again met pioneering trauma therapist Dr Felicity de Zulueta who had taken an interest in my work as a boarding school survivor, whom I discovered had a similar interest in ACEs. With her and other pioneers, and inspired by the Scottish example, this has led to the London ACEs initiative. The ACEs conference focused on the London city region we had planned for March 2020 was unfortunately postponed by Covid-19. This will be reconvened online in September 2021—details at <https://www.confer.uk.com/event/aces.html>.

As Bowlby found to his cost among his psychoanalytic colleagues, the introduction of radical new ideas has a deeply unsettling effect on some. The same has been true with the ACEs approach (see Suzanne Zeedyk’s article, p. 12 of this issue). On the whole this has been a concern about the way the original ten ACEs questions (others have since been added—for example, the World Health Organization version recognises stressors like historic trauma, social violence, and systemic discrimination) have been used. There is ongoing debate around this, but we probably need to make a clearer distinction between ACE scores in an epidemiological setting and their use for screening and routine enquiry in a clinical setting. There is every evidence that Felitti has applied his insights in a sensitive way with his patients, as does the well-known ACEs activist Dr Nadine Burke Harris (2018; Partridge, 2019a, 2019b), now Surgeon General of California State—and so should we all.

It seems to me that in the wake of the Covid-19 pandemic our human primate species has never been more aware of how toxic stress affects both our bodies and our minds. Or perhaps there was a somewhat similar feeling at the end of WWII when there was a determination not to go back to the austerity and privations of the 1930s, and the senseless destruction of war. Then, as now, there was a widespread feeling that we should “build back better”. Bowlby and his colleagues at the Tavistock Clinic in London, which became part of the new National Health Service, saw themselves as very much involved in this post-war progressive tradition⁶. Likewise, I would like to suggest that those currently involved in succouring human well-being, whether professionals, survivors, or community enablers, now gather under the growing banner of the ACEs movement. The ACEs movement reiterates the progressive intentions of Bowlby and his colleagues. It puts at the heart of families and societies the need for safety and secure attachment, and wills the resources to achieve this. It seeks to prevent through good primary care and peer group support many of those ills of adversity appearing in the first place.

It seeks causes of illness not in the all too familiar refrain of, “What’s wrong with you?” but in the empathic inquiry, “What’s happened to you?”. This opens up the possibility of some co-produced answers, at many levels. In upending the usual assumptions of individual illness, and blurring the over-rational Cartesian distinction between body and mind, it will shift the blaming–shaming game which still underpins so much of our consumer-oriented, hyper-individualised society. By establishing attachment security as the hallmark of the “good society” there is the prospect we can greatly reduce childhood adversity and even over time make it a spectre of the past. The pioneering Californians, led by Dr Harris, principal speaker at the 2018 Glasgow ACEs conference, now the first ever Surgeon General of the State and backed by the Governor, aim to reduce the incidence by half within a generation⁷.

Why can’t we be similarly ambitious? If not now, when?

Dedication

This editorial and Suzanne Zeedyk's article are dedicated to the memory of ACEs pioneers Jamie Redford (film-maker) and Tina Hendry (Scottish campaigner). Both died, much too young, in 2020 from cancer. We are grateful for the innumerable ways in which their legacies live on.

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Notes

1. See Felitti's "Origins of the ACE study" in the *American Journal of Preventive Medicine*, 2019; 56(6): 787–789—[https://www.ajpmonline.org/article/S0749-3797\(19\)30100-X/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30100-X/fulltext) (accessed 12 December 2019)
2. Email from Dr Felitti, dated 19 November, 2020, 8:23:54 p.m.
3. See Michael Salter and Heather Hall, "Reducing shame, promoting dignity: a model for the primary prevention of complex post-traumatic stress disorder", *Trauma Violence & Abuse*, 20 December 2020, which provides evidence of the close link between the occurrence of c-PTSD (ICD-11, WHO, 2018) and being exposed to four or more ACEs—https://www.researchgate.net/profile/Heather_Hall22/publication/345313978_Reducing_Shame_Promoting_Dignity_A_Model_for_the_Primary_Prevention_of_Complex_Post-Traumatic_Stress_Disorder/links/5ff27b1f45851553a0198910/Reducing-Shame-Promoting-Dignity-A-Model-for-the-Primary-Prevention-of-Complex-Post-Traumatic-Stress-Disorder.pdf?origin=publication_detail (accessed 26 January 2021).
4. I drew this compendium in 2012 to the attention of Kate White, acting editor of *Attachment*, and it had a feature length review in *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, 6(1), July 2012: pp. 101–121. One of the reviews was by me from a survivor perspective, though I have to admit I didn't appreciate the full importance of Felitti at the time.
5. In an interview with Alice Smuts in 1977, Bowlby himself provides an explanation for this omission:

Harlow's work had a completely different inspiration ... His work was, as I understand it, inspired by René Spitz's work. I may have said this before—I think one can't place too much emphasis on geography. You know, traditions which are immensely important in the States are of no consequence over here; traditions which are immensely important over here are of no consequence in the States. And it is fair to say that as regards *maternal deprivation* and all that sort of thing, in this country it's associated with my name and in the States it's associated mostly with Spitz's name. (Duschinsky, R. & White, K. (2020). *Trauma and Loss: Key Texts from the John Bowlby Archive*, pp. 201–202)

It is worth noting that both Spitz and Bowlby were influenced by the unorthodox Hungarian psychoanalyst Sándor Ferenczi, who was a pioneer in recognising the importance of the mother–infant dyad and the traumatic effects of infant abuse. He recuperated Freud’s “seduction theory” and was then excommunicated, like Bowlby, from orthodox psychoanalysis.

6. For a comprehensive overview of this post-war intersection of psychoanalysis, attachment theory and social policy, see Michal Shapira’s fascinating *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain*, Cambridge: Cambridge University Press, 2013. The final chapter takes a close look at Bowlby’s and James Robertson’s influence.
7. See the California State’s radical ACEs Aware programme “Screen: Treat: Heal”, inaugurated by the ACEs pioneer Nadine Burke Harris—<https://www.acesaware.org/> (accessed 31 December 2020).

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