

Alonetime: A Developmental Need with Prenatal Origins

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Abstract: Biological and psychological evidence supports a primary “alonetime” need in infancy, emanating from womb experience. I define “alonetime” as an individual’s need to constitute and reconstitute functioning in order to maximize perceptual and cognitive organization and well being – by oneself. Research on intrauterine life and dyadic interaction in infancy offer evidence of this need. For example, newborns show the capacity to signal needs and choice. Disengagement and self-soothing patterns in babies support an aloneness need existing parallel to one for attachment.

Specifically, this paper expands on theories of solitude, and recognizes the state as essential, positive and present throughout life, though partially masked by our profound dependency needs when young. Attachment to the caretaker is essential. But theories on the mother-child relationship that gained predominance studied attachment under conditions of protracted separations from caregivers and observed the robot actions of children emotionally malnourished, thus skewing researchers’ perceptions. Instead of producing a balanced perspective of the powerful need to attach, it became a theory of stressful attachments.

A summary of other psychoanalytic alone state theories contrasts this work with that of Winnicott and Storr. Alone experiences originate outside the parent-child milieu and are closely connected to abilities of prenatates to self-regulate certain behaviors. The important requisite of self-regulation links to satisfactory alonetimes. A critical fact is that individuals, even infants, are resourceful in their abilities to find sole comfort. Clinical evidence rounds the picture and shows that parents as well as therapists need to stay attuned to alone signals throughout the life cycle.

Zusammenfassung: *Alleinsein – Ein entwicklungsgeschichtliches Bedürfnis mit pränatalem Ursprung.* Biologische und psychologische Beobachtungen unterstützen die Annahme, daß es ein primäres Bedürfnis des „Alleinseins“ oder „Für-sich-Seins“ in der Kindheit gibt, das sich aus der Mutterleibserfahrung herleitet. Ich definiere „Alleinsein“ als das Bedürfnis einer Person, sich selbst in ihrer Funktionsfähigkeit zu konstituieren oder zu rekonstituieren, um Wahrnehmung, Wachheit, Reflexionsfähigkeit und Wohlbefinden zu fördern. Die Erforschung der intrauterinen Lebenswelt und dyadischer Interaktionen in der Kindheit liefern Beweise für dieses Bedürfnis. Zum Beispiel zeigen Neugeborene die Fähigkeit,

Bedürfnisse zu signalisieren, und die Wahl von „Für-sich-Sein“ und selbsttröstenden Verhaltensmustern bei Babys unterstützen die Annahme eines Bedürfnisses, allein zu sein neben dem nach Beziehung und Bindung.

Darüberhinaus betrifft dieser Beitrag Theorien zur Einsamkeit und beschreibt Einsamkeit als wesentlich, positiv und während des ganzen Lebens von Bedeutung, wenn auch teilweise durch unsere tiefen Abhängigkeitsbedürfnisse der Kindheit verdeckt. Die Bindung an die Eltern oder eine Betreuungsperson ist wesentlich. Aber die Theorien über die Eltern-Kind-Beziehung, die vorherrschenden Einfluß gewannen, untersuchten Bindung unter den Bedingungen verlängerter Trennungen von den Betreuungspersonen und beobachteten das roboterhafte Verhalten von emotional vernachlässigten Kindern, wodurch sich eine einseitige Sicht der Forscher entwickelte. Statt eines ausgewogenen Bildes des mächtigen Bedürfnisses nach Bindung, entstand so eine Theorie der Streßbindung.

Eine Übersicht über andere psychoanalytische Theorien über Einsamkeit vergleicht diese mit den Annahmen von Winnicott und Storr. Erfahrungen des Alleinseins entstehen außerhalb des engeren Eltern-Kind-Milieus und sind eng verbunden mit den Fähigkeiten des Kindes vor der Geburt, sein Verhalten selbst zu regulieren. Die bedeutsame Notwendigkeit der Selbstregulation hat Bezug zu befriedigendem Alleinseinkönnen. Es ist für Erwachsene wie Kinder bedeutsam, über die Ressourcen in der Fähigkeit, sich allein wohl zu fühlen zu verfügen. Klinische Beobachtungen runden das Bild ab und zeigen, daß Eltern wie Therapeuten während des ganzen Lebens auf Signale des Alleinsein-Wollens achten müssen.

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Birth was the death of him.

Samuel Beckett, *Three Occasional Pieces*

Introduction and Meaning of Alonetime

I ponder what in womb life marks our nature. The womb, as a metaphor, may best stand for basic contentment and a sense of empowerment. Cutting the cord may signal separation to the mother, but to the baby it may be a different type of loss. The newborn leaves the unusual calm of a world devoid of wants, to one of aching needs.

For me the nature of alonetime emanates from womb experiences. It also is seen by some as a simile for autistic withdrawal. When I tell a close colleague and friend that I'm writing about the prenatal baby and contemplating the origins of satisfying alonetime in womb experience, he says: "Ester, don't go psychotic on me." Individuals troubled with schizophrenic symptoms do scrunch their bodies into a fetal position with and without thoughts of returning to the womb. But also many of us go off to gentle sleep at night in "fetal" curls. To some, the womb represents a wish for total care. But Samuel Beckett (1982), as evident in the epigraph quoted, saw another meaning. His womb metaphor holds the memory of an alone freedom, safety and truth that is compelling.

It is this compelling aspect of womb life that reinforced my thinking on the importance of alonetime and its essential nature as a developmental need that we all have. But before I tell that part of the story, it is necessary for me to describe

why attachment took center stage in early infancy and clouded over our requisite for time alone.

Typically, when aloneness is conceptualized positively, it is seen as originating as merely a second best alternative or only a learned accomplishment within the safety of the dyad (Mahler 1986; Winnicott 1958). My work expands on such theories on aloneness, and recognizes the state as essential, positive and present from the start – both before and immediately after birth, though partially masked by our profound dependency needs when young.

The need that I refer to is a requirement to have time alone and to do things outside the sphere of influence of another. *Thus*, I define alonetime as an individual's need to constitute and reconstitute functioning in order to maximize perceptual and cognitive organization and emotional well being – by oneself. In this context, restorative sleep, obtaining calm and quiet, self-regulation, self-soothing, stimulation seeking, avoidance of stimulation, and the like are behaviors that allow and promote the fulfillment of the need.

Humans' essential aloneness most often is cast as a negative condition that people need to endure, or a state reserved for loners and the disturbed. If we view the aloneness research, the mass of studies investigates loneliness, the negative opposite of alone (Larson 1990). From my critical review (Buchholz 1997a), I would conclude that the deck was stacked against being alone as a positive dimension and makes those times we crave being by ourselves seem suspect if not anti-social. Oddly, however, the majority of studies proving the benefits of attachment are not dealing with every day people needing people, but the ramification of the attachment need when feeling helpless or scared.

Attachment Theory: Attachment under Stress

These realizations came to me when I reexamined aspects of the theories of Mahler, Bowlby, Rene Spitz and so forth. There I saw an exclusive focus on attachment, and questioned whether that might yield a slanted view of healthy psychological development. But what could be the origins of this bias? I shall summarize only some of what I learned. I choose Bowlby, Ainsworth, and Mahler for this, yet I could just as well choose Margaret Ribble, physician Emmett Holt or Rene Spitz, and the Harlows and their monkeys, and reach the same conclusion: the attachment message is principally based on research on situations of attachment *under stress*. Determining the comprehensiveness and subtleties of a need studying conditions of deprivation is analogous to understanding all the intricacies of human nutrition only under conditions of starvation.

Given the social issues, including World War I and World War II children orphaned and psychologically hungry, and the second hand tales heard by the bold psychologists striking out in this bitterly charted terrain, mental health professionals called for an altered understanding of parenthood and the necessity for human attachment. Because this new assessment was being created in the context of theorists witnessing the chaos of protracted separations from caregivers and the robot actions of children emotionally malnourished, instead of it producing a rounded picture of the powerful need to attach, it became a theory of stressful attachments. Bowlby's connection to the United Nation Commission investigat-

ing the plight of youth, Ainsworth's focus on the stranger situation, and Mahler's on separation anxiety led to an exaggerated and perhaps distorted view of the place of attachment in development. Bowlby's ethological research and ecological approach taught him that parenting behaviors and attachment prerequisites were preprogrammed in human and parahuman brains and also that other basic abilities for survival were essential. The climate of the times, however, made not only him, but also many psychologists, ignore other data on human development.

John Bowlby, a psychoanalyst whose name is synonymous with theories of attachment, did not mean attachment to be a synonym for the term "social bond" or to apply to all aspects of the parent-child relationship. He distinguished between attachment theory and attachment behavior. He thus defined attachment theory as "the propensity of human beings to make strong affectionate bonds to particular others (Bowlby 1977)" and explained how unwilling separations and loss gave rise to anxiety, anger, depression and emotional detachment. Attachment behavior, most apparent when a person is frightened, fatigued or sick, is stated as "any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived of as [comforting or] better able to cope with the world (Bowlby 1988, pp. 26–27)." Yet the general public, and even many practitioners, have absorbed a different message. Now the terms "attachment" and "bonding" are interwoven into the framework of relationships.

It may seem strange that Bowlby – a stubborn, self-motivated, and determined man whose very headstone on the Scottish Isle of Skye reads "To be a Pilgrim" – is the father of a theory that pays secondary attention to self-reliance. Some believe his own distancing parents shaped his thinking: a physician father absorbed in work and a free-spirited mother who left his care to nursemaids and nannies (Holmes 1995). But he was anguished by the unmistakable effects of extreme and careless separations that he observed in various species of animals as well as people.

Bowlby's break from the psychoanalytic rank and file was in part forced upon him as his ecological approach was seen as blasphemy to a field struggling for recognition in the power of inner dynamics. Bowlby joined with the developmental psychologist Mary Ainsworth who, like him, also experimented with attachment patterns, by watching and conducting psychological research on children's behaviors with strangers. A marriage between psychoanalytic theory and developmental attachment theory offered great possibilities to Bowlby and Ainsworth. Although ultimately they concluded that multiple ties could work for children, the emphasis in their findings on attachment needs dimmed other important discoveries. According to Ainsworth, all that seemed important was, and I quote:

The sensitivity of the mother in responding to the baby's signals of need and distress and to his social signals, and the promptness and appropriateness of her response; . . . [and] the extent to which she is free from preoccupation with other activities, thoughts, anxieties, and griefs so that she can attend to the baby and respond fully to him . . . (1972, p. 198)

Ainsworth was asking a lot from a mother and many of today's parents are expected to accept her challenge as judged by what a panel of experts recently advised the White House. They believe that without *constant* stimulation from their caretakers babies' intelligence quotient will be seriously reduced (Buchholz

1997b). In Ainsworth's studies, she labeled inconsistent non-continuous maternal care insecure and anxious and correlated this to the inability of children to handle time away from their mothers or to their being ambivalent or avoidant (Buchholz 1997a). Children who were rated as more avoidant of their mother's attention, according to her research, seemed to have been raised in insecure environments.

The theory and research of course is more elaborate than suggested here. But the perspective that one gleans from a careful review of the literature and research generated from the 1940's to the 1980's by these great psychologists is that proof of the need to attach is based on extreme or frightening situations of loss. Ainsworth's studies of reactions to strangers naturally introjected iatrogenic effects. If the conceptualizations were acknowledged as trauma theory, backtracking to understand positive developmental aspects of time alone might not have been necessary. Though less well known, studies by Michael Rutter (1987), Jerome Kagan (1984, 1986) and others point to the positive side of avoidance behaviors and the plasticity of the attachment phenomenon. The research of Michael Lewis (1997), which follows over 150 children's patterns of relationships, shows avoidance behaviors are not good predictors of poor attachments.

The idea of the responsive dance of attunement between mothers and babies counters Bowlby's theory, which likened human attachment to imprinting in birds. While psychobiologists Petrovich and Gewirtz (1985) did find some overlap between the imprinting that occurs in birds and the phenomenon of human bonding, more evidence was found to support the complex concept of psychobiological attunement. Psychobiological attunement is best described as the "synchrony or mesh among sequential infant and maternal stimuli and behavior (Petrovich and Gewirtz 1985, p. 277)."

This view supports the concept that we are born with a sense of self rather than only acquiring one through our relationships with others, as has been the dominant understanding in infant literature. Psychoanalyst Alice F. Sorel lists what the infant brings to the caregiving relationship as "inherited characteristics, temperament, reflexes, and *intrauterine experience* (italics mine) (1992, p. 21)" and sees the caretaker as contributing similar attributes along with more learned characteristics. Although the psychoanalytic community at first criticized Bowlby's over-reliance on the mother-infant tie, as the only important factor in infant development and the determinant of healthy later life, much research is still discussed in those terms. Moreover, today psychoanalytic theory looks for ways to integrate the ideas of Bowlby and his modern advocates. (Eyer 1992)

One of the key studies in bringing about the emphasis on infant-mother attachment was Bowlby's observations on hospitalization and its subsequent problems for children. In related, but more contemporary, work, temporary stress was observed in infants when their mother went to the hospital to have another baby (Field 1990). One infant showed signs of being agitated even though the child visited the mother while she was gone, and remained cared for by the father. But is the agitation related to the mother's absence or the child's threatened position in the family due to the acquisition of a new relative, i.e. sibling rivalry?

No doubt, separation studies are provocative and their findings helpful in considering how to raise children or deal with those who have been forcibly taken from their mothers at any time and thus psychologically wounded. But just as there is

a difference between alonetime and loneliness, separating oneself from others is quite different from being left. And let us not allow such important discoveries to diminish the need and/or desire for unattached time and voluntary or, at times even involuntary, separation. Being neglected seems to be confused by some with all experiences of being alone. For example, the onset of so-called “attachment disorders” is linked with negative and abusive behaviors of mothers, or with neglect and abandonment, not with daycare or short separations (Cicchetti and Toth 1995). But let me be clear: the subsequent loss and loneliness experienced by maltreated or seriously neglected children is not just detrimental to their forming relationships, but also to being comfortable by themselves. Maltreatment harms all aspects of development.

Alone State Theories: Under-emphasized and Incomplete

One of Margaret Mahler’s vivid observations was of a “normal autistic” and “normal symbiotic” state in babies (Mahler 1968). Here is my question in this finding: How could a healthy baby be autistic? Actually, Mahler was remarking on an ongoing normal condition of life: the newborn’s contented moments of alonetime as recorded in the far-away gaze. If we replace the word “autistic” with “alone,” then we see that Mahler recognized periods of a baby’s normal alone contentment from the time of birth. Unluckily, autistic is the label that stuck and it continued to be associated with severe pathology. On the other hand, although symbiotic is also a term used to describe disturbed states, clinicians were willing to view infancy as an appropriate time for enmeshed attachment; thus the assumption of symbiosis proved readily acceptable. In babyhood, intimate contact with the parent does prevail, although “in unison” or simply “connected” would be more descriptively apt than “symbiotic.”

In the mid-twentieth century, pediatrician-turned-psychoanalyst Donald Woods Winnicott added to our understanding of infants’ post-natal behavior. Winnicott’s deep familiarity with healthy babies and mothers enabled him to see the creativity that stems from a child’s state that he called “going-on-being,” a demand-free experience during the early months of infancy (Winnicott 1988). I interpret going-on-being as the first meditative, free floating state – not necessarily from an environment created by the mother, although certainly secure and safe – but emanating from womb memories of a subjective state of aloneness and serenity. My version of alonetime is as a self-contained, usually calm condition basic to human nature that later supports the formation of a recognizable self.

Winnicott spoke with a new voice about alone experiences saying that: “In almost all our psycho-analytic treatments, there come times when the ability to be alone is important to the patient. Clinically this may be represented by a silent phase or a silent session, and this silence, far from being evidence of resistance, turns out to be an achievement on the part of the patient (Winnicott 1958, pp. 416–420).” Fearlessly for his time, psychoanalyst Winnicott saw silence and alonetime in a positive light, but few carried forth his ideas. However, I question how he places aloneness within a relationship: “Perhaps it is [with the analyst] that the patient is able to be alone for the first time,” he said (p. 416). Maybe in the analytic session patients will dare to express the alone need and recreate this experience

from the earliest of their silent hours. But to me, such alone experiences are part of the course of life and more rudimentary than Winnicott's initial "capacity to be alone" or Mahler's concepts of "normal" autism. Winnicott, though, is rightly credited as one of the first to name the capacity to be alone as a meaningful psychological variable. Instead of totally following the growing fashion of togetherness and attachment, which characterized the 1950's, he considered the ability to be alone as a vital sign of maturity in emotional development. He felt that it was imperative for the child to discover a private and personal life.

While Mahler gave credence to a repertoire of alone behaviors as part of a normal infant phase, she postulated that the child's maintenance of equilibrium through avoiding inner and outer stimulation and sustaining the "autistic orbit" was reflexive and an innate and automatic response. Thomas Ogden, in his reformulation of relational theories of Klein, Winnicott and other British psychoanalysts, introduced a state of being in isolation as basic and he relates it to an autistic realm of experience (Ogden 1994). His thesis rightly establishes this early neurological and behavioral organization as an integral aspect of normal development. Interestingly, though, he maintains the term autistic to label normal alone needs for the *very same* reason I propose as necessary for dropping it. In Ogden's words:

I have retained the word autistic in the designation despite the fact that the term is usually associated with a pathologically closed technological system that I do not feel is characteristic of the normal autistic-contiguous mode. I have done so because I believe that pathological forms of autism involve hypertrophied versions of the types of defense, the method of attributing meaning to experience, and the mode of object relatedness characterizing the normal autistic contiguous organization (Ogden 1989, p. 50).

Here Ogden focuses on the pathology (self-containment as a defense) that grows from unheeded psychological needs, literally the terror inherent in coming to life among the unknown – in this case, human beings. Yet, it is important to first acknowledge as he does that these needs are natural. Secondly, it is necessary to emphasize how essential the state is and that it can be an ingredient of object relations. Using a different term – "alonetime" or the "alone state" – does this best. The physiologically and psychologically safe sensations the autistic child clings to are normally embedded. Thus, in a newborn that through accident or design develops autistically, we see greatly augmented the natural toning down of sensations and turning away from engagement in active encounters with people to an inner world in which he or she feels already prepared. This results in a skewed course of development and the set of behaviors usually associated with autism: withdrawal from human contact and the insistence on sameness. The child who is autistic just takes the withdrawal act to extremes.

Ogden believes, as I do, that a baby creates a self-generated, sensation-dominated consciousness throughout early development. To Ogden, that environment is personal isolation, separate from the mother's province as supplier of everything. However, in his description the role of personal isolation is mainly a buffer against the "strain of . . . [being] alive in the . . . [world] of human beings (1994, p. 181)." His theory seems to evolve from the context of pathology, since the failure of the mother to "compete" with this personal isolation might very well lead to autism. Parents by nature essentially add to a child's interest in living and knowledge of how to function in relationships or alone. But simultaneously an-

other aspect of alonetime is apparent. Babies are also born equipped to provide a self-comforting sensory environment, the start of the mind-body connections necessary for learning, creativity and survival from within. Moreover, emotionally and physically, babies experience a strong sense of power – through guiding parental behavior – as well as helplessness in the early months.

While many consider unresolved separation fears from inadequate attachments as a major deterrent to achieving stability in childhood and adult life, other psychologists believe the picture is off balance and secure attachment is not only the outcome of engagement – for example – feeling a sense of self-mastery helps greatly.

Alonetime: A Lifetime Developmental Need

Given my conclusion that self-mastery gains us security as much as attachment does, and my assumption that the needs to relate and to be alone share equal importance, albeit at times take different priorities, is there theoretical and experimental evidence that backs up this heresy? Is the infant also biologically prepared and preprogrammed with the abilities to self regulate, self-soothe and to disengage? I had to dig behind well-planted bushes that were obscuring evidence not commonly linked together. The resulting metaanalysis in part consisted of probing into: 1) the psychological studies of Clark Moustakas (1989) who found that children in hospitals even deprived of contact with parents found time alone beneficial; 2) the work on the invulnerable and resilient child by Lois Barclay Murphy (1976) and from a different perspective by Bert Cohler (1987), both of whom captured the necessity of self-gratifications experienced in alone play and solitude in order for a child to overcome trauma and neglect and; 3) the psychoanalytic theorizing of psychiatrist Anthony Storr (1988) who reminded us of Winnicott and Hans Kohut's clinical contributions that suggest that relationships do not cure all ills. In reasserting Kohut's thinking that more than love makes the world revolve, Storr adds that pleasure in our talents, achievements and self-expression may be unsolicited prizes inadvertently gained by the creative who were shunned in childhood. I say that such alonetime ventures are available to us all and sought naturally by everyone.

Babies' Alonetime: An Overlooked Need

Expanding the sense of a baby as a "lone" as well as a "connected" being, have you ever watched a newborn infant announcing hunger? They do not typically begin by crying. Usually, they begin by being alert and active. Their movements are searching. Lying down, their hands begin to reach out and their heads turn to one side or another. Their mouths open and close or their lips purse and their tongues show between the lips. As the feeling grows the mouth opens wider, or the fingers explore the mouth and sucking motions begin. Only after this goes on for several minutes without food dispensed do babies become seriously agitated. First a whimper or two is heard and then the loud wail. In my interviewing of parents and videotape observations (Buchholz, Marben and Tyson 1995), the general expectation is that when a baby wants something he or she cries. Crying

is vital, but watching babies for long periods indicates that crying is only one of a large repertoire of signals and even a last resort for some newborns used to being “self-satisfied” in the womb. A baby’s signals often operate in slow motion.

In fact, absolute attention to attachment misses the critical fact that individuals, even infants, are resourceful in their abilities to find solo comfort. Take a screaming newborn boy observed in the nursery as he is being weighed. The observer unseen by the infant puts a finger in the baby’s hand. The baby grips the finger – a reflexive response. The crying infant then moves the finger to his cheek. Without opening his eyes, he then turns his face so he is fully resting against a warm hand. Ardent attachment theorists might say, “Aha, the baby is being soothed by the contact.” Surely, the connection is important, but the baby is not visibly or psychologically attaching to a person. As a survivor in a shipwreck might attach himself to a floating wooden plank, the baby comforts himself by grabbing something in his environment, which is readily available. This “independent” act of hand and face movement precedes behaviors learned from a two-person relationship. Palpable problems occur when parents or therapists take the attachment message absolutely and literally, perhaps even to satisfy their own needs for closeness.

A group of research assistants under my direction and a videographer photographed three mothers and their newborns for a total of eight hours for the first eight weeks following the babies’ births. Videotaped case studies were scored by assistants blind to the nature of the study using Tronick and Weinberg’s (1990) system for tabulating infant times of engagement and lack of connectedness. The results demonstrated a baby’s need to disengage, and the discomfort experienced when this goal is frustrated. Data from that study as well as from reports of other infant researchers, notably Beatrice Beebe, Frank Lachmann and Joseph Jaffe (1997) showed that babies seek a balance between attached and alone states.

Self-regulation in an infant means much more than the baby being able to suck, sleep and eliminate, although that is part of the definition. In fact, research illustrates self-regulating babies teaching a parent what type care is needed, through their catalog of sounds and gestures (Beebe, Lachmann and Jaffe 1997). Eye gaze is central. It is biologically adaptive for babies, as when it facilitates their comfort to look away from an interaction (Buchholz and Marben 1999). Parents have some difficulty with the idea of letting children fall asleep on their own, or not jumping to respond as soon as a baby lets out a sigh or opens one eye. One mother in my research was so overly conscientious that the second her baby blinked she was holding him. When he fell asleep in her arms she felt compelled to lift his eyelid – yes, lift his eyelid – and ask, “What are you doing?” If he were gazing into space at two weeks old, she promptly put a black and white object or a mirror in front of him. When he turned from these toys, she covered his face with kisses and kept moving his head to ensure his eyes met hers. Each time he was able to duck away. In psychological circles, this game is called “chase and dodge” (Beebe and Stern 1977). But alas the baby could not find alonetime in dodging; the eager mother was always on top of him. And this most adaptable child who for ten or more minutes was able to deflect the intrusions finally cried in protest. “Albert – tell me what you want. Talk to me!” the distraught mother said in frustration. The truth is he was “talking,” but his message had nothing to do with wanting attention.

Fortunately, over time, this mother became more responsive to her baby's cues for times of disengagement.

Alonetime: Origins and Experience in the Womb

Continuing this reverse chronology of discovery, I contemplated the womb and further illuminated the essential nature of time alone. I challenge as a myth the widely held idea that the intricate prenatal experience only establishes attachment of baby to parent (Buchholz 1997a). While evidence abounds of expectant mothers who form an emotional link to the life within, the animation of the single pre-nate actually begins in a psychological environment of aloneness. This is not to say that the womb is a void without any input from outside, that signals to the pre-nate's senses are entirely absent, or that my viewpoint is "matrophobic" (Adams 1994) – trying to exclude the significance of the maternal connection from the event. However, prenatal beings that are virtually alone experience sensations, and these womb sensations neither appear as initiated nor barred by others. Relationships with inanimate objects such as placenta, cord, fluid, and the uterine wall are experienced as rhythms, shapes, and sounds that later may attach to specific people or form the repertoire of dreams and imagination. Conditions of disconnection, separateness and independence are experientially primary at this stage, but the tables turn after the baby is born. It takes years of development outside the womb for that whole to be restored. No matter how unlike the awaiting world, these many months of conditioning have left their imprint. Prenatal capacity to feel and be aware provides the evidence we need to realize that early imprints register and have some impact on later development.

We need to accept a semblance of consciousness and memory in the pre-nate and infant in order to understand an active need for alonetime. Newborns are able to stare straight into the eyes of the person holding them. And I have seen this happen with minute-old babies maintaining the gaze for 60 seconds or more. Why then would not the pre-nate, only hours earlier be as cognizant of its surroundings?

As you know, Italian physician, child psychotherapist and psychoanalyst Alessandra Piontelli (1996) studied ultrasound scans and learned how to interpret them. I had occasion to view some of her images. Intrauterine life was Piontelli's Galapagos and her unusual and fascinating observations confirmed several previously unclear beliefs of mine:

- 1) The pre-nate experiences a sense of pleasure as it floats freely within the amniotic fluid.
- 2) The sense of impotence and helplessness at birth appears in striking contrast to intrauterine freedom.
- 3) Soothing rhythms and activities are primary in the womb environment, and many of these are self-initiated, including hiding.
- 4) Except if a twin, initial "attachments" are to things, not people.
- 5) Priming for an alone need occurs in the womb.
- 6) Alone space is evident.
- 7) Attachments to others may also gain impetus by the sounds of parents' voices and the felt rhythms of the mother's movements and breathing.
- 8) Most importantly, the prenatal baby seems to be exercising choice.

So, it is necessary to recognize that the pre-nate is neither separated nor autonomous. It is the illusion of free movement and self-initiated gratifications that probably stick with us as the first memory of contented alonetime. The first experiences of sensations are in utero, and some sensory functions are in place as early as 12 to 16 weeks. In the prenatal environment, babies touch other objects in the womb, besides their own bodies. These bodily sensations become original input and later prototypes for behaviors. Swallowing, sucking, moving, touching and grasping are all actions performed in the womb prior to birth. These actions seem to be both purely pleasurable and protective measures, as noted in the amazing pictures of life before birth that photographic explorer Lennart Nilsson captured. Intrauterine experiences such as a fourteen-week-old pre-nate putting his hands together and sucking his thumb provide the critical mechanisms for distinguishing between self and other bodily boundaries and establish sensory pathways in the brain (Gottfried 1990). With this early imprinting our brain changes, thus neuronal structures that are the key to later mental processing appear in the intrauterine stage. Early alone sensations are likely to be registered in the nervous system as well: the psychological atmosphere favors aloneness. We are ready at birth to be still, to respond to things and to gaze at people, and each aids adaptation. It was Freud who wrote, "There is much more continuity between intrauterine life and earliest infancy than the impressive caesura of the act of birth would have us believe."

This quotation, referred to by Piontelli in her book, *From Fetus to Child* (1996), is nowhere more evident than in her description of 18-month old Jacob, who was brought by his parents to her therapy office. He never seemed to stay still and explored her small office non-stop. The parents reported from birth he was restless and that night and day he also searched, with little time for sleep. Piontelli suggested to Jacob that he was looking for something lost, and with this, Jacob came to a halt. Later in the session, she told him that he was afraid not moving meant death. The last two weeks prior to his birth were spent with a dead co-twin who had died in utero. Piontelli assumed Jacob experienced a terrible loss intrauterinely.

Clinical Evidence

The nature of the twin-connection had already whetted my interest in intrauterine experiences years ago, during the analysis of a woman age 48.

For several years I worked with Ethel, an extremely depressed patient who had lived on and off in orphanages. The frequent tragic stories of her background provided us with sufficient narrative to account for her depressed visage. Only during the middle phase of treatment did she reveal that she, during her first pregnancy, had carried a set of twins, but one was stillborn. After an intense period of mourning facilitated by her sharing of the loss, she confessed that the living co-twin's behavior often seemed resigned and despairing. Yet it was her daughter's treatment of potential friends that most concerned Ethel. Her daughter initially responded to children's advances toward friendship and then after a brief acquaintanceship turned away from them to further withdraw into books. I asked if her daughter was aware that she had been a twin. My actual thinking

was that her daughter might have been suffering a conscious burden that formed an obstacle to success in friendships. Instead, her mother told me she had never informed her daughter for fear of upsetting her. Then, I wondered aloud if her daughter indeed did not still have unconscious memories of her twinship? After contemplating this idea, Ethel sent her daughter to therapy. Later, Ethel reported to me that she told her daughter about the pregnancy and loss. This bright and sensitive child quickly pieced together a narrative for why she was always trying to match potential friends to some vague, indefinable standard and was thus always disappointed. Even though becoming quite sad, the daughter experienced relief from this knowledge. Ethel's daughter's prenatal experience was one of attachment and loss – but it speaks to some form of sentient self prior to birth.

Another woman whom I saw in psychoanalytic treatment, Evelyn, is also significant to my understanding alonetime as a need and early ramifications of its importance to survival. Evelyn came to me many years ago at age 55, with difficulty expressing herself. Her life history as she then described it was harrowing. She had spent her early years in Nazi-ruled Berlin barely escaping to America at age 15. She worked as a teacher in Europe during some of the worst times of the Cold War. She had been married and divorced and now she was very unsure about what she wanted from life – more adventure, continued work as a teacher, closer or looser connections with her family. After two years of intensive treatment, she felt things had improved in her work and family relationships. Nevertheless she came in one day and confessed in most vivid detail bouts of what she called depression in which she lay in bed, Venetian blinds closed, blinders over her eyes, and earplugs in her ears, not wishing or looking for communication.

She might spend a long evening in such repose or a full weekend. Afterwards, she would get up and continue her life – seeing friends, engaged in work, etc. She did not experience a sense of sadness or loss during these episodes. I asked her to associate to these experiences and little came forth. But several weeks later when she was talking about her beloved Marla (a baby nurse with her not only through childhood, but someone who continued with the family in this country until retirement) she described to me a story told to her in childhood. This was new material to the analysis concerning when Marla picked her up at the hospital to go home. I thought, in her description, she made a slip of the tongue when she stated that Marla called Evelyn her sweet 6-month-old newborn. As it turned out, she had not. Evelyn was kept in an incubator for six months-born prematurely; she lived in the sterile environment of a 1920's German hospital without family attending her at all. Her dramatic episodes as a child, beleaguered by forced separations, framed the material of her sessions. While she thought her beginnings significant, since she could not personally remember the early months, she had never related details of the experience. But as we tried to put words to these silent memories by evoking the images of the sanitary, efficient hospital, she connected her search for quietude and dark as a self-soothing trance that she had probably employed since babyhood. I say that her initial selfobject outside the womb consisted of this space – this mostly people-absent world.

Conclusion: Alonetime is a Positive Need for Us All

We all begin life in a people-absent world as far as our psyche is concerned. When we begin to internalize aspects of the uterus, the sanctity of quiet aloneness takes on meaning. When Evelyn re-conceptualized her solitude seeking as non-pathological, not fundamentally depressive, but indeed restorative, she reinstated her beginnings. As remembering a lovely ritual between you and a parent might be a palliative, to Evelyn, so was recreating her isolation. Progress in treatment accelerated as the discovery led her to rework her own creativity into previously pain-ridden memories.

Just as parents need to stay attuned to alone signals from their children, so too we as clinicians and researchers need to hear and understand others' signals for time alone. Our readiness to see the bleak aspects of loss sometimes hampers or delays us from grasping individual's heroic alone deeds and memories.

Perhaps the videotaped words of a former child prodigy, Glenn Gould, who abruptly stopped performing piano concerts, best sums up the interplay of achieving harmony between the need to attach and to be alone:

I don't know what the effect in ratio would be but I've always had a sort of intuition that for every hour you spend with other human beings, you need x number of hours alone. Now what that x represents, I don't really know, whether it be 2 and 7/8 hours or 7 and 2/8 hours, but it's a substantial ratio (Gould 1993).

And I would add that both these needs have their antecedents in the womb.

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