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A Philosophical Concept of Deprivation and Its Use in the Attachment-Focused Treatment of Violence

Alexandra Pârvan

Abstract

Theories in both contemporary psychotherapy and ancient philosophy associate deprivation with wrongdoing and suffering, but operate with different under-standings of deprivation. The article will focus on two concepts of deprivation, one psychological and the other one ontological, as advanced by Bowlby in attachment theory, and Augustine of Hippo (354–430 CE). In attachment theory deprivation is something one suffers as a result of the others' actions (receipt of insensitive caregiving in early childhood); it has neuropsychological effects, it relates to violent behaviour later in life, and it is therapeutically treated mainly by emotional sensory work directed at attaining self-regulation. Understanding deprivation as Augustine does (i.e., diminishment of a being's inner unity and order caused by one's exercise of will) introduces a distinctive philosophical view on formation and can inform a type of reflective-behavioural work centred on forming impaired volitional and emotional capacities, and on reclaiming agency and responsibility both for what can be called self-deprivation and for ways to counter deprivation in offenders and victims.

Keywords

Augustine; Bowlby; deprivation; emotion; will

Introduction

Psychotherapeutic theory and practice addressed to violent individuals often emphasise terms such as 'deprivation,' 'deficiency,' 'lack,' 'loss,' 'disorganisation,' 'absence' to account for what constitutes the developmental origin of violent behaviour.¹ Due to relational and environmental failures in their early childhood violent individuals developed psychic structures pervaded with lacks, which affect their agential, intellectual, and emotional abilities, and result in their impaired moral identity, depleted or constricted sense of self, or lessened beings.² 'Deprivation' is used in relevant scholarship as a generic term for both the origin of their condition and the condition itself, as most violent offenders are regarded as 'deprived' individuals. However, 'deprivation' gained both conceptual power and notoriety within the gradual formulation of attachment theory by John Bowlby, in the second half of the twentieth century, and it is this understanding of psychological deprivation that will come into focus here.

Ancient philosophical theories that associate deprivation with wrongdoing can be found in Plato, Origen, Plotinus, Athanasius, Basil of Caesarea, Gregory of Nyssa and Augustine. The development of an ontological theory of deprivation in the latter's thought made famous the idea that whatever opposes the good is nothing else but 'deprivation of the good'

(*privatio boni*). That which contradicts a natural (good) state is also called by Augustine deficiency (*defectio*), lack (*amissio*), disorder (*inordinatio*), and being less (*minus esse*), all of which terms come very close to the psychotherapeutic vocabulary used around individuals involved in violence. The differences between Augustine's theory of deprivation and psycho-logical theories of deprivation are however significant, which is what allows me to argue that the former can contribute to the construction of new therapeutic ways of working with deprived individuals, whether these are perpetrators or victims of violence. My analysis will focus here only on how Augustine can inform the treatment of such individuals approached from an attachment perspective, but the way I propose that his views can be used may work outside an attachment-theory framework as well.

Bowlby's Psychological Concept of Deprivation

During the 1950s and '60s British psychiatrist John Bowlby discovered that humans have an innate motivational system independent from feeding and sexuality, and equally important for survival, which he called attachment behavioural system. Humans share with other species a drive to create and maintain an intimate, affectional bond with a particular other identified as able to better cope with the world, and thus provide security and protection. Attachment behaviour is aimed at maintaining proximity to this close other who in infant's case is one, or very few of his or her primary caregivers, and with whom the infant seeks contact especially when in distress.³

In other words, Bowlby discovered that the infant's need for love is just as important as their need for food, and correspondingly deprivation of love or sensitive, warm and continuous care is just as damaging as food deprivation.⁴ The latter leads to starvation; the former leads to the death of the soul, as psychiatrist James Gilligan eloquently put it, from outside an attachment perspective.⁵ In the language of Bowlby's theory, deprivation or frustration of attachment needs through caregivers' delayed or lack of response, unavailability, negligence, rejection, absence, or abuse is conducive to children's development of an "affectionless and delinquent character."⁶ Deprived children grow up to reiterate in their social interactions the same patterns of behaviour that they experienced and learnt in early childhood, thus perpetuating the cycle of violence, and some of them being later on diagnosed as psychopaths or classified as violent offenders.⁷

Through the disruption or brutalisation of affectional bonds deprived children are overwhelmed with conflicting emotions (e.g., fear, desire, anxiety, anger) and, in the absence of a safe environment where they can express these emotions and of a sensitive caregiver who can attune to their emotional states and soothe them, they are provided with no strategy to regulate emotion and cope with stress and difficult situations. They do not feel free to express anger as a protest behaviour because they fear both the one towards whom the anger is directed (their caregiver) and the increase in distance between them and their caregiver that may result from communicated anger, and which threatens their survival. This unprocessed and unregulated anger predisposes them to overreactive and violent behaviour, and the constant sense that the world is not safe conditions them to perceive threats in their relational environment even when they are not there and consequently respond with angry, aggressive, and hostile behaviour. There is evidence that early childhood deprivation relates

to criminality later in life,⁸ and severely deprived or attachment-disordered children have been noted to display traits of the adult psychopathic and antisocial personality, such that they have been described as “violent psychopaths in training.”⁹ Already in 1951 Bowlby cautioned that: “Deprived children, whether in their own homes or out of them, are a source of social infection as real and serious as are carriers of diphtheria and typhoid.”¹⁰ In contrast, secure attachment relationships with primary caregivers protect the child from developing anti-social, violent patterns of thinking, acting, and interacting.¹¹

There is currently abundant attachment research attesting to the link between early childhood deprivation (and the correspondent formation of insecure attachment patterns) and the increased risk for both perpetration and receipt of relationship violence.¹² Bowlby observed that the person in therapy may alternatively adopt one or other of the two basic forms of behaviour that they learnt in childhood, that of parents towards them and that of themselves towards parents,¹³ which means that insecurely attached or deprived individuals can shift from the role of the victimizer to that of the victim, depending on context.¹⁴ In fact, the two roles are just as intimately connected as the child is to his or her main caregiver and both are learnt in this primary relationship. Not surprisingly, studies revealed that there is a propensity for abusiveness in victims of relationship violence and that the victim’s own violent behaviour and feelings of aggression need to be acknowledged and addressed in therapy so that they would be better managed.¹⁵

Within this framework, I want to single out two important aspects of the psychological theory of deprivation: first, that in most cases the perpetrator of violence is also a victim of violence, and second, that violence springs from a lack. As shown by Duniec and Raz, Bowlby was inspired by the medical model of deficiency disease to base attachment theory on the concept of lack, thus bringing to the fore the importance of a psychological lack (emotional deprivation) which is no less grave than a physiological lack (e.g., malnutrition).¹⁶ I therefore want to point out that a basic issue is how this lack can be understood, and depending on that, how it can be healed or treated. Attachment theory answers this from a multidisciplinary perspective, including knowledge and evidence from neurology, biology, ethology, psychology, and psychoanalysis, which is then accommodated to various therapeutic views and methods. I propose that a philosophical concept of deprivation can be usefully integrated with this framework and serve both to the understanding and treatment of violence seen as rooted in deprivation.

Augustine’s Ontological Concept of Deprivation

In the late fourth and early fifth century CE, Augustine advanced an ontological theory of ‘evil’ as ‘lack’ or ‘deprivation of the good,’ complemented by an ethical view of evil as ‘disorder’ of will. To Augustine every being or individual substance possesses ontological goodness, i.e., it is good by the very fact that it is,¹⁷ since everything that is has the intrinsic and valuable attributes of measure, form, and order.¹⁸ There is no substance or nature that is evil in itself¹⁹ although one may relate to others in ways that lack agreement (a scorpion may sting me),²⁰ or one may *choose to act* wrongly towards others (I may harm someone through the exercise of a disordered will).²¹ Being is in itself a good (though not a *moral* good) to things that possess it and as possessed by them: the very fact that I exist as a human

being is a good for me, irrespective of my actions being good or bad towards others. Rational beings can diminish their ontological goodness or fullness of being through morally bad choices, which acted-out allow for the existence of evil. Actions however are not substances (things that exist independently, in themselves),²² and thus evil exists as a relation between substances, with no being of its own. Evil is that which deprives a being of its corresponding integrity, making it be less, which is why Augustine refers to evil as 'deprivation of the good' (*privatio boni*) or being less (*minus esse*).²³

Thus, for Augustine evil as 'deprivation of the good' represents a lack of some-thing which ought to be there in the deprived being, a lack of a substantial quality which properly belongs to it, whether it be one previously possessed or one whose due acquisition failed. Evil is in a being falling short of realising its proper form, or coming to be underdeveloped with respect to its nature. In attachment theory, too, the negativity of deprivation is acknowledged by pointing to something being absent, something that individuals were supposed to have but failed to have due to early developmental, relational, caregiving failures. Deprived individuals are lacking in abilities related to cognition (memory, learning, language),²⁴ personal agency,²⁵ and emotion, as they are little apt to regulate emotions (such as fear, rage, shame, despair)²⁶ and to experience emotions (such as empathy, compassion, remorse, faith, trust).²⁷ From a neurological viewpoint, they lack neural connections which fail to be formed in the right hemisphere during infancy due to the misattunement between themselves and their caregiver. The inadequate development of neural structures in the limbic and paralimbic systems and the orbitofrontal cortex, which is responsible for the modulation of affect and social behaviour, impairs individuals' capacity to empathise, self-regulate, and perceive the emotional and mental states of others, and consequently predisposes them to impulsive and violent responses. These anatomical and psychological lacks are the result of a child's experiencing the inadequate, sometimes aggressive behaviour of primary caregivers, and are also the developmental origin of violent behaviour in recipients of such treatment.

Augustine's notion of being less, of diminishment in one's fullness of being speaks however of the *ontological* negativity of deprivation, pointing us to consider that in deprived individuals the lacks go beyond the biological and psychological levels, pervading their ontological structure: the inner constitution of what makes a human be what a human is. To Augustine, the human being is (as any other substance) a unity of parts and capacities which come together in different degrees of internal integration. The more one's capacities are formed and in orderly function, and thus in accord with each other, the more being one has; the more they lose form and order, the more one's being lessens.²⁸

A methodological note is appropriate at this stage: in order to explore how Augustine's notion of ontological deprivation can complement the psychological understanding of deprivation and be of use to therapists, the view of human beings as substances has to be accepted as one that holds therapeutic value and not necessarily one that is correct in itself. I find that a philosophy of substance can still be compelling today,²⁹ but regardless of which philosophical argument prevails (for or against there being substances), I contend that it is useful for clinicians (whether psychotherapists or physicians) to accept a theoretical framework where persons are treated as substances. The reason for this is that persons in

their care do have a sense that they are an ineffable coherent unity, non-reducible to their bioneuropsychological processes, and that that unity is broken in them. If the persons they treat conceive of themselves, reflectively or non-reflectively, as substances, then there is a clear advantage for clinicians to do the same, but I want to suggest that the advantage is still there regardless of how persons in therapy think of themselves.

For one who takes Augustine's line on ontological deprivation, a person may have a fully formed brain and fully functional biological system to support their psychological processes and still have pervasive lacks in their ontological structure, defined by Augustine as *esse-nosse-velle*, being-knowing-willing.³⁰ Our being, reason and will are basic constituents of our nature because they are immediately accessible to us, and through nothing other than themselves: because I am a living creature I perceive myself as living; I know anything, including that I have a mind and what the mind is, through the mind itself; and I move towards things and use them through the will which moves and uses itself.³¹ Thinking with Augustine, one who is not psychologically and neurologically deprived can nonetheless subject oneself to ontological deprivation, diminishing one's capacities for reason and will (through their repeated misuse), and thus decreasing in form and order, or lessening one's being. Or, one can have some of the lacking neurological connections formed through therapy (which is what attachment-focused therapy aims at), and still continue to be ontologically deprived in their intellectual and volitional capacities, and consequently subject themselves to further deprivation. The opposite situation is also possible: the fundamental ontological capacities can resist deprivation even when one is subjected to neuropsychological lacks that are considered to engender violent behaviour. This is more easily achieved in adulthood, but looking through Augustine's framework can perhaps offer an explanation for why not all children subjected to psychological deprivation grow up to be dysfunctional, violent, or deeply troubled human beings: despite possible neurological lacks, their ontological capacities underwent enough formation to allow for fairly adequate psychological functioning.

Within Augustine's discourse reason lessens and disrupts the ontological order when it goes against its nature and lets itself be ruled by senses, instead of just getting information from senses and working with it. The consequence of such disorder is that reason allows for lacks to pervade it, loses its ontological fullness, and compromises its good functioning.³² The same happens when the will goes against its ontological goodness and internal unity by turning towards bad choices, and generating morally failed actions. Enacted wrong choices ontologically diminish the will, because they emerge from the will's failure to realise itself according to its good nature.³³ Inordinate will and reason generate ontological deprivation, a decrease in being, which causes further psychological (and moral) disorder, affecting the quality and cohesion of one's volitions (divided, weakened wills), emotions (misdirected passions, desires, affections), and cognitions (failed sensible and intellectual knowledge), and resulting in morally faulty actions and defective modes of operating that enhance ontological deprivation.³⁴ "Inasmuch as we are, we are good" (*in quantum sumus, boni sumus*), writes Augustine, and "to the extent that we are bad, we are less" (*in quantum mali sumus, in tantum etiam minus sumus*).³⁵ On ontological level, as human beings, we remain always good, even when diminished; on psychological level inordinate choice and action

generate disorder, malfunctioning, and moral failure, which produce ontological diminution. From this viewpoint, when the unity and integrity of capacities which makes us be what we are (human beings) is disrupted instead of being further formed, it is not just our psychological processes of reasoning and willing that are impaired but also our substantial capacities for reason and will, correspondent to our nature.³⁶

Approaches To Treatment Focused On Ontological Formation

A first important thing to note when considering such a view on deprivation is that if in deprived individuals the lacks are primarily ontological and not merely bio-psychological it means that as long as one exists and has being one preserves a basic level of goodness through basic ontological constituents such as reason and will, which are there as capacities that can be formed and thus resist or avoid further deprivation and misdirected use.

Broadening the methodological point made before, I note that for the purposes of this paper I do not wish to hold that Augustine's views are correct in themselves: I only want to represent them correctly and argue that they can have clinical value.³⁷ For therapists, it is enough to accept a statement like: 'my substance or my existence as a human being is a morally-neutral good for me,'³⁸ only insofar as they see how it can be usefully applied in treatment. My contention is that such a view can offer a vantage point wherefrom both therapists and clients can acknowledge the *ontological* deprivation and the *ontological* goodness present in the latter, thus separating between clients' good capacities and their misuse. This affects how violent individuals are seen both by themselves and others, and consequently how they think of themselves, or are treated by others, including therapists: instead of considering them '*damaged or bad* because deprived,' following Augustine, they can be regarded as 'deprived and damaged, but *still* good.' This goodness is not moral goodness but it provides the foundation and resources for it.³⁹

The therapeutic focus would thus be placed on formation; and again therapists need not necessarily adopt Augustine's view that what ontologically lessens reason is its subordination to senses, or that what ontologically diminishes the will is its subordination to wrong choices or bad habits. It suffices if they treat these capacities as *present* in their clients and in need of *formation* before they can be put to a different, better use. In psychological literature, 'deprivation' is not a term applied to *adult* victims of violence, but if the term is broadened to include ontological deprivation, then it can be pointed out that through the same violent act both offenders and victims get their basic ontological capacities deformed or impaired: they become less able to reason, will, feel, and be, and this 'being less' is experienced by both as inner disorder. In different ways, aggressors and victims find themselves in a condition (of deprivation) where they use their reason, will and emotion deficiently, towards self-deprivation, binding themselves to damaging habits, which introduce further discontinuity and lacks in their basic ontological structure. From this viewpoint, if insecurely attached individuals are at high risk of becoming either perpetrators or victims of violence and can alternate between the two roles, it is because deprivation affects both offenders and victims in the same way—it lessens, deforms, or pervades with gaps their ontological capacities, which cannot be then properly or adequately used. That is why most perpetrators who inflict deprivation on others through violent acts were, at a crucial point in their own formation, deprived themselves, as recipients of violent acts of

others. The ontological lacks in the victim-turned-aggressor become the source of such lacks forced on others, who thus become themselves victims through a similar process of deprivation.

Augustine's theory of deprivation does not connect in particular with perpetration of violence, but with all categories of morally failed action, or wrongdoings and wrongful habits.⁴⁰ In attachment theory too, deprivation relates not only with perpetration and receipt of violence but with faulty, problematic, damaging patterns of interacting, whether they lead to violent manifestations or not. In both accounts violence (or wrongdoing) springs from lacks transformed in disorder, and the cure is to 'fill the lacks.' The approach to treatment may differ depending on how the lacks are understood, which is why I think Augustine's view can enrich interventions currently used in attachment therapy. These are mainly focused on helping the client learn how to modulate intense emotions, through therapist's use of empathy and attunement, or client's engagement in art- and body-therapy exercises, as a way for neural circuits in the client's right hemisphere to be built, which will in turn enable the client to self-regulate and produce more adequate emotional and social responses.

If, however, the lacks are treated as ontological lacks the question is not so much, for instance, about the absence of some emotions (e.g., remorse) and the presence of others (e.g., anger), and ways to instill the former and regulate the latter, rather it is about one's emotional capacity not being fully formed, or else deformed, which affects the way all emotions are produced, experienced, or associated with a goal. The child who cannot express anger for fear of losing proximity with primary caregivers, does not come to know what anger or fear are, or what they can do, in terms of inward and outward effects. The child's capacity to form emotions appropriately is thus impaired. Basic emotions remain in a state of undifferentiated, unlabelled, conglomerate raw material, as the individual cannot recognise the emotion for what it is, and, in a sense, it is not one emotion that they feel (or a complex of interconnected emotions), but a blind mass of indistinct emotions. It is literally not anger but confusion that is produced in such individuals; anger is what we see and recognise in them, but they do not see it: neither wherefrom it came, nor what it does and with what effects. This explains why sometimes violent offenders cannot label their feelings. In a way, their emotions do not get to be fully formed because they are not cognitively integrated: individuals cannot grasp or identify them, and thus regulate or control them.⁴¹ Both violent offenders and trauma victims present a similar incapacity to describe and symbolise their emotions in order to cope with them.⁴² Understanding this impairment in terms of ontological deprivation points to therapeutic interventions centred on *forming* their emotional capacity.

Now, one may argue that the methods employed in attachment therapy which address emotion modulation also result in emotion formation, simply by achieving regulation; or one may point out that strategies for capacity building are also considered in attachment therapy. This may be so, but what I want to say is that taking into account Augustine's different understanding of deprivation brings in a different understanding of formation too (one that answers to 'what is there,' rather than to 'how it functions'), and this can be drawn on in order to formulate new, distinct ways of working towards formation, which are not

incompatible with the methods currently utilised in attachment therapy, and can only enrich and diversify them.

Thus, Augustine's view on emotions as acts of will suggests a different way of approaching emotion formation. To him behind every emotion there is a will that supports and directs it, and the emotion either produces or reduces ontological diminution, and accordingly psychological disorder, depending on the orientation of the will that founds it.⁴³ Thus, therapists could work with clients' will (or volitional capacity) in order to help them form appropriate emotions, and not directly with clients' emotions. This may be particularly helpful in the treatment of psychopaths where emotion-focused interventions are not recommended as they have not been shown to be effective. If we take an emotion (and especially a moral emotion, which is the kind that most concerns the psychological theory of deprivation) to be supported by an underlying will that is associated with a value judgement and oriented towards a goal, then therapeutic work addressed to building particular and desired wills and gaining control on, and awareness of, the way they are moved by values and purposes can potentially not only bring about correspondent desired emotions in clients, but also help regulate destructive emotions and, furthermore, provide the cognitive integration that is lacking.

Moving a further level down, according to Augustine the will itself has to be first formed as capacity before it can be efficiently and beneficially exercised. To achieve that, and following Augustine's line of thought, a first step would be for therapists to help clients become aware that there are two levels of goodness of the will: the will is good as part of human nature, and good when morally good.⁴⁴ The will as a capacity can be known (as will) outside moral contexts: when you want to know if you have a will, when you want to know the answer to a question you are raising, when you want to know if you exist.⁴⁵ In Augustine, to know you have a will is prerequisite for the exercise of a good will, in the pursuit of understanding and goodness. Thus, the second step I propose is that therapists would help clients build their will as a capacity by exercising it in morally-neutral actions, as a way for clients to explore their ontological goodness of will and become aware of what failure on the moral level of the will means. Violent offenders typically tend to disown their will and resist taking responsibility for their actions, but if they learn to distinguish between the two levels of their will, and also that they can rely on the ontological goodness of their will—and in fact even increase it, even when admitting to a wilful morally faulty action—they may be enabled to know and own their will as manifested in both wrong and good actions, and also to form a *healing* will that would work against self-deprivation.

This kind of therapeutic work departs from what is typical or original to attachment-based interventions, as it does not involve sensory-emotional techniques directly oriented towards regulation (relaxation, attunement, empathy, caring therapeutic relationship, etc.). However, since therapists working from an attachment perspective typically combine various methods developed within different therapeutic schools, and address clients' cognitive assumptions about their self and their actions, I think that the framework provided by Augustine's ontological notion of deprivation and the intellectual-behavioural therapeutic work it can inspire is not incompatible either with attachment therapy or with other hybrid forms of therapy addressed to violent individuals and their victims.

Approaches To Treatment Focused On Agency And Responsibility

A second important thing to note when Bowlby's and Augustine's theories of deprivation are confronted concerns not how the lacks are understood but where they originate. Just like its nature, the origin of ontological deprivation is different from that of psychological deprivation so that attachment scholars or practitioners would not label as 'deprived individuals' what Augustine treats as deprived individuals. In Augustine's account deprivation results from one's *own* inordinate will (supported by faulty reason and manifested as a failure of love) by which one places oneself in an improper relation with the other (primarily God, and secondarily other human being). In attachment theory one experiences deprivation as a result of *others'* failure of love and inadequate behaviours by which the others place themselves in an improper relation with the one they thus deprive. In the first account it is about one's ontological goodness being permeated with lacks through one's disordered will enacted in morally flawed actions, which violate the integrity of human relations and break the intimately nourishing bond with God. In the second account it is about disruption of an intimately nourishing affectional bond through the significant other's misattunement or aggression which forces lacks onto the recipient, manifested in the form of emotional dysregulation and potentially leading to violent behaviour in the deprived as well.

In both accounts a deeply affective and survival-supporting relation is violated, but leaving the spiritual dimension of Augustine's theory aside, in his framework there is no such thing as passive deprivation: if I experience deprivation it is because I, and not someone else, acted in a way that was conducive to that, and which further caused my inner psychological (and moral) disorder or malfunctioning. In attachment theory self-deprivation is not discussed at all in Augustine's terms (as a moral failure of will), or in any other terms, mostly because, initially, the deprived are infants which are not regarded as responsible for their behaviour. However, I note that even in infants self-deprivation does take place as well, for they undergo in fact a double deprivation: the emotional malnutrition to which they are subjected (lack of love and care) induces them to suppress their feelings (pain, anger, fear, love) and thus to emotionally deprive *themselves* as a means of self-protection. Attachment is a relationship and as such it needs two individuals in order to be formed: the child and the caregiver. In-secure attachments developed as a result of deprivation are also child's creation even if we consider that the child produced them instinctively. Instinctively does not mean non-intentionally, even though in this case intentionality may not be driven by choice. Although this constitutes rather an exception in attachment literature general discourse, it is sometimes acknowledged that the child plays an active role in creating together *with* the parent the attachment relationship that influences both.⁴⁶ I do not mean to say that infants should be made responsible for the strategies of affect regulation that they employ instinctively in response to parents' caregiving style, as a way to protect themselves and also maintain the attachment bond essential to their development. I do however think it is useful in the therapy with insecurely attached children to help them acknowledge the role that they themselves play in maintaining patterns of relating to their attachment figures which generate deprivation.

Furthermore, a deprived child who becomes a violent adult acts in adulthood as an agent of self-deprivation by endorsing and perpetuating the patterns of feeling, thinking, and acting developed in early childhood in response to deprivation. Bowlby himself noted that although the child has very little (if any) agentive contribution to creating these patterns, in adulthood the individual is responsible for failing to revise them.⁴⁷ By maintaining the lacks and malfunction brought by deprivation they turn it into self-deprivation, produced in a similar way to how Augustine conceived of it: through a failure of will (and reasoning), which becomes a failure of appropriate relating (and action), and thus a moral failure, whether in relation to oneself or the other. In this process victims become their own aggressors, which is what gives deprivation, if we look at it as Augustine does, the same character both in offenders and victims. To Augustine, any act that diminishes the integrity (unity and order) corresponding to one's nature is a morally flawed act. By carrying on (instead of altering) the deficient patterns of relation and action experienced in early childhood, deprived and violent individuals become self-depriving and self-violating individuals. Psychotherapists noted that violent individuals not only become bound to enact and perpetuate destructive behaviour but their freedom to act differently and to recognise the normality of their experience as being neither 'normal' nor beneficial is further restricted by each new decision to act according to those ingrained patterns and with disregard to others.⁴⁸ This comes close to how Augustine understood wrongful habituation (*consuetudo*), but it also resembles the self-depriving habits of adult victims of violence: they too find themselves in a condition of deprivation, where they may limit themselves to using their will, emotion and reason defectively, and this maintains their inner disorder and binds them to damaging habits. Inasmuch as self-depriving, these 'habits' are also morally faulty, and spring also from will failure.

I thus submit that looking at deprivation as connected to and not independent from individual will can have therapeutic value when working both with deprived children and adults. This is especially important in the treatment of children where it is hoped that their damaging attachment patterns would be changed before being too solidly established in their anti-social dynamics due to children's adverse relational environment and the lack of favourable factors that would help them develop alternative, more adaptive responses. But any treatment, whether with children or adults, as well as any therapeutic change, whether in victims or offenders, requires work with the will. If deprivation is looked at as something to which one submits oneself, and not just something to which one is submitted by others, then this can affect how deprived individuals are motivated to understand and relate to their experiences: instead of passively acknowledging that 'something bad happened to them,' they can take up the more engaging and empowering view that 'they were an active part of something bad that happened to them.' This may encourage offenders to accept more easily that 'they were an active part in something bad that happened to others.' It may also stimulate victims to assume the responsibility necessary to counter self-deprivation and move forward, since it leaves them less place for a (fully) passive position even retrospectively, and much more prospectively.

Thus, Augustine's understanding of what originates deprivation can be made useful in a distinct way in the treatment of both victims and perpetrators of violence, as it suggests that

their sense of agency and responsibility could be stimulated through highlighting the active role they play to produce or maintain self-deprivation and the active role they could play to counter it. Recognising the connection between individual will and deprivation moves the focus from how damaged (or deprived) both categories of clients are, to what they can do, why they can do it, and how they can do it.

Conclusions

Attachment theory asserts that violence originates in deprivation, and the insecure patterns of feeling, thinking, and acting that the latter engenders. By integrating in attachment-focused therapy Augustine's concept of ontological deprivation new ways of working emerge. The answer to 'what is deprivation' provides a basis for distinct therapeutic interventions focused on formation of the impaired basic capacities of will, emotion and reason. The answer to 'what generates deprivation' places a particular emphasis on agency and responsibility that enables therapists to challenge victims' and offenders' passivity in experiencing the state of deprivation as forced on them from without, and thus to stimulate them to assume a more active role both with regard to its generation and its overcoming by formation.

When employing philosophical tools created with help from Augustine, the therapeutic process takes a distinctive character, but it is precisely because of the distinctiveness of these tools that I think they can offer a useful complement to existing attachment-based approaches to the treatment of perpetrators and victims of violence: from a broadened understanding of deprivation, work with the senses, emotions, and unconscious modes of operating would be coherently supplemented by work with our intellectual, conscious capacities and reflective modes of operating. Hopefully, the integration between the two types of methods could help provide the aimed for regulation and formation able to reduce perpetration and receipt of violence.

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Endnotes

1. See for instance Bowlby, John. Violence in the family as a disorder of the attachment and caregiving systems. *American Journal of Psychoanalysis*. 1984; 44(1):9–27. [PubMed: 6731661] Winnicott, DW. *Through Paediatrics to Psycho-Analysis*. Hogarth Press; London: 1975. p. 306–315. Winnicott, DW. *Deprivation and delinquency*. Tavistock; London & New York: 1984. de Zulueta, Felicity. *From Pain to Violence: The Traumatic Roots of Destructiveness*. Wiley and Sons; Chichester: 2006. Gilligan, James. *Violence. Our Deadly Epidemic and Its Causes*. G.P. Putnam's Sons; New York: 1996. Adshead, Gwen. 'Capacities and dispositions: reflections on Good and Evil from a forensic psychiatrist', published on the Royal College of Psychiatrists 'Spirituality and Psychiatry Special Interest Group' Web site. 2002. p. 1–9. available at: <http://www.rcpsych.ac.uk/PDF/adshead.pdf>
2. Gwen Adshead points out that violent offenders' 'evil states of mind' are characterised by reasoning with gaps or inconsistencies, lack of caring, regret, shame, compassion, pity, and empathy, impaired sense of agency, lack of the sense of others and themselves being real enough, lack of value

assigned to things, lack of curiosity and sight, failure of language, etc. This 'type of nothingness', of not-seeing, not-thinking and not-feeling, 'makes them less than they are or can be'. See, in particular, Adshead op. cit. Also Adshead, Gwen. Capacities and Dispositions. What Psychiatry and Psychology Have to Say About Evil. In: Mason, Tom, editor. Forensic psychiatry: influences of evil. Humana Press; New Jersey: 2006. p. 259-271. See further Adshead's BBC interviews in 2009 and 2010. <http://www.bbc.co.uk/programmes/b00vw20v> <http://www.bbc.co.uk/radio3/freethinking/2009/events/event09.shtml> Mason, Tom; Richman, Joel; Mercer, Dave. The influence of evil on forensic clinical practice. International Journal of Mental Health Nursing. 2002; 11:89–91. propound three frameworks for understanding malefactors' actions, all of which are based on the assumption of moral and cognitive deficiencies being at work (weak will, ignorance, inferior moral development, lack of freedom to operate according to societal norms). See also Gilligan op. cit., pp. 118, 127, 129; de Zulueta op. cit., pp. 6, 12, 329; de Zulueta, Felicity. Demonology versus science? British Journal of Psychotherapy. 1997; 14(2):203. Hollin, Clive R. Psychology and crime: An introduction to criminological psychology. Routledge; London & New York: 1989. p. 60 Goldberg, Carl. Speaking with the Devil. A Dialogue with Evil. Viking/Penguin; New York: 1996. p. 45p. 70-1. p. 147p. 240 and elsewhere

3. Bowlby, John. A secure base: clinical applications of attachment theory. Routledge; London: 1988. p. 26-7.
4. Researchers sometimes refer to a secure attachment relationship, where the infant is provided with protection and affectionate caring, as being synonymous with love. Levy, Terry M.; Orlans, Michael. Attachment disorder as an antecedent to violence and antisocial patterns in children. In: Levy, TM., editor. Handbook of attachment interventions. Elsevier; San Diego, London, etc.: 2000. p. 18
5. Gilligan op. cit., p. 48.
6. Bowlby, John. Child care and the growth of love. Penguin books; Harmondsworth: 1963. p. 54
7. Bowlby (1984), p. 21.
8. Fonagy, Peter, et al. Morality, disruptive behaviour, borderline personality disorder, crime, and their relationships to security of attachment. In: Atkinson, L.; Zucker, KJ., editors. Attachment and psychopathology. Guilford Press; New York: 1997. Allen JP, et al. Attachment theory as a framework for understanding sequelae of severe adolescent psychopathology: An 11 year follow-up study. Journal of consulting and clinical psychology. 1996; 64(2):254–263. [PubMed: 8871409] West, Malcolm; George, Carol. Abuse and violence in intimate adult relationships: New perspectives from attachment theory. Attachment and human development. 1999; 1(2):137–156. [PubMed: 11707885] Pfäfflin, Friedemann; Adshead, Gwen. A matter of security: The application of attachment theory to forensic psychiatry and psychotherapy. Jessica Kingsley Publishers; London & New York: 2004.
9. Levy & Orlans op. cit., p. 12.
10. Bowlby, John. Maternal care and mental health: A report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless children. WHO; Geneva: 1951. p. 157
11. Levy & Orlans op. cit., p. 14.
12. See, for instance, de Zulueta (2006); Dutton, Donald G.; White, Katherine R. Attachment insecurity and intimate partner violence. Aggression and Violent Behaviour. 2012; 17:477. Buck, Nicole M.L., et al. Explaining the relationship between insecure attachment and partner abuse: The role of personality characteristics. Journal of Interpersonal Violence. 2012; 27(16):3149–3170. [PubMed: 22550146] Allison, Colleen J., et al. Love as a battlefield: Attachment and relationship dynamics in couples identified for male partner violence. Journal of Family Issues. 2008; 29(1):125–150. Levy & Orlans op. cit.
13. Bowlby (1988), p. 144.
14. See also Troy, Michael; Sroufe, L. Alan Victimization among preschoolers: Role of Attachment relationship history. Journal of the American Academy of Child & Adolescent Psychiatry. 1987; 26(2):166–172. [PubMed: 3584012]
15. Stith, Sandra M., et al. Intimate partner physical abuse perpetration and victimization risk factors: a meta-analytic review. Aggression and violent behaviour. 2004; 10:65–98. Kuijpers, Karlijn F., et al. Risk of Revictimization of Intimate Partner Violence: The Role of Attachment, Anger, and

- Violent Behavior of the Victim. *Journal of Family Violence*. 2010; 27:34. See also Allison et al. (2008), p. 129.
16. Duniec, Eduardo; Raz, Mical. Vitamins for the soul: John Bowlby's thesis of maternal deprivation, biomedical metaphors and the deficiency model of disease. *History of Psychiatry*. 2010; 22(1):93–107. [PubMed: 21879579]
 17. 'All things ... by the very fact that they are, are good.' (*Omnia ... eo ipso quo sunt, bona sunt. lib. arb. 3,7,21*) Also: 'every nature is good' (*omnis natura bonum est; ench. 13*). Augustine uses 'nature', 'being', 'substance' and 'essence' mostly interchangeably. All references and citations from Augustine are taken from *Patrologia Latina* (PL 32–45). The translations are mine. The abbreviations of Augustine's works follow those used by the *Augustinus-Lexikon*, available on the website www.augustinus.de, with the exception of replacing 'u' with 'v' where appropriate.
 18. *conf. 7,12,18; nat. b. 23; 14; 3; 6; lib. arb. 2,20,54; civ. 11,15; 12,5; vera rel. 18,35*. In particular, on the beauty and ontological goodness of the worm see *vera rel. 41,77*. Augustine appreciates the ontological goodness of the human body according to the same principles that make the body of a worm valuable: the specific functions of its parts, which albeit all different come together in harmonious, ordered, and unified operation (*c. adv. leg. 1,6,9*).
 19. '... no nature, or, if better said, no substance or essence is evil.' (*nullam naturam, vel, si melius ita dicitur, nullam substantiam sive essentiam malum esse; vera rel. 23,44*). The same at *vera rel. 16,32; 20,38*: 'no substance is evil' (*nulla substantia malum est*) and in *civ. 11,9; mor. 2,2*. See further *mor. 2,3*. Or: 'evil is not a substance' (*malum non esse substantiam; cont. 8,21*).
 20. *mor. 2,11–12; conf. 7,13,19; civ. 11,22*.
 21. *civ. 12,8; vera rel. 14,27; retr. 1,15,3*.
 22. *vera rel. 20,39*. Cf. Aristotle, *Categories* 11b1.
 23. *c. adv. leg. 1,5,7; c. Iul. 1,9,42; ench. 11; conf. 3,7,12; 7,12,18; civ. 11,22; 12,7; c. Sec. 2,11; doctr. chr. 1,32,35; lib. arb. 2,20,54; 3,7,21; mor. 2,2,2; 2,6,8; 2,7,9; imm. an. 7,12; vera rel. 17,34; en. Ps. 38,7 and 22; 143,11; nat. b. 17; s. 7,7*. Various views about the privative quality of evil and its non-substantial existence were around before Augustine, in Plato (*Republic* 609a; 444d), Plotinus (*Enneads* 1,6,5–6; 1,8,3; 1,8,11; 1,8,13; 1,8,15), Origen (*De Principiis* 2,9,2), Athanasius (*Contra Gentes* 7; *De Incarnatione* 4,5), Basil of Caesarea (*Hexaemeron* 2,4), Gregory of Nyssa (*The Great Catechism* 7), and Gregory's and, perhaps, Origen's views are the ones closest to Augustine's. However, Augustine's theory is different either in content (from Plato's and Plotinus'), or in the extent, depth and nuancing of exploration (from those of other Christian writers), and this makes it stand on its own, even if its main elements did not originate with Augustine. For instance, and more specifically, Plato and Plotinus each had different concepts of 'being', 'good', and 'non-being' than Augustine had, so that where the notion of evil as 'absence of good' is found as such in their works (e.g. *Enneads* 1,8,11), it denotes something different than it does in Augustine. Both Plato and Plotinus thought of evil rather as a *privative addition* that needs to be removed than a depriving lack (*Republic* 609a; 444a–e; *Gorgias* 476d–480d; *Phaedo* 82c–84b; 66b–67d; *Enneads* 1,6,5; 1,8,11; 1,8,14). For them, more than 'nothing' (or radical ontological negativity) evil is *something* added to the nature of the thing or being which thus gets damaged by it, and for rational beings the damage consists in *psychological* rather than ontological diminution: the soul loses accurate self-knowledge more than form through its association with matter (*Republic* 609a–611a; *Phaedo* 79c–81d; *Enneads* 1,8,11–14; 1,6,5; 1,6,8; 3,6,5; 4,8,4; 6,5,7). For the two philosophers more than deprivation of being evil is the obscuring of being to itself.
 24. de Zulueta, Felicity. Attachment research and the origins of violence: a story of damaged brains and damaged minds. In: Blyth, M.; Solomon, E., editors. *Prevention and youth crime: Is early intervention working?*. Policy Press; Bristol: 2009. p. 79–81.
 25. Fonagy, Peter. The developmental roots of violence in the failure of mentalization. In: Pfäfflin, F.; Adshead, G., editors. *A matter of security: The application of attachment theory to forensic psychiatry and psychotherapy*. Jessica Kingsley Publishers; London & New York: 2004. p. 35–6.
 26. de Zulueta (2009), p. 80.
 27. Levy & Orlans op. cit., p. 10.
 28. *mor. 2,6,8*.
 29. see Lowe, EJ. *Personal Agency: The Metaphysics of Mind and Action*. OUP; Oxford: 2008.
 30. *conf. 13,11,12*; see also *sol. 2,1,1*; cf. *civ. 11,26*.

31. *lib. arb.* 2,3,7; *duab. an.* 10,13; *conf.* 7,3,5; *lib. arb.* 2,19,51; *trin.* 10,10,16; *lib. arb.* 1,12,25. I should note that for Augustine *esse-nosse-velle* does not *explain* human substance; it is just a way, one way, to talk about it. The Aristotelian principle that the whole is more than the sum of a thing's parts applies to Augustine's understanding of substance as well, and in fact I am relying on it in order to suggest that the deprivation investigated by psychologists affects a human being not just in some of its constitutive parts (neurological and psychological structures) but also on the more fundamental ontological level of the unity between all parts, properties and capacities that make a human be what a human is.
32. *conf.* 7,17,23; 10,40,65; 4,10,15; *ord.* 1,2,3; *vera rel.* 54,104; *civ.* 19,14. Also, the mind is ontologically enhanced when adheres to reason and the truth, and ontologically diminished or defective when it turns away from the truth (*imm. an.* 7,12).
33. *civ.* 12,7-8; *lib. arb.* 3,18,52; *vera rel.* 20,38; *nat. b.* 36; *conf.* 7,16,22; *c. Iul.* 1,8,38.
34. Here Augustine's concept of *consuetudo* (habit) is relevant: repeatedly performed morally wrong actions build up a force of habit which binds the will and reason to self-endorsed morally deficient activity by which they ontologically deprive themselves and perpetuate their morally failed operations. See *ord.* 1,2,3, *en. Ps.* 5,6; *vera rel.* 35,65; *c. Fort.* 22.
35. *doctr. chr.* 1,32,35.
36. *lib. arb.* 18,52; 20,56; 22,64.
37. The main challenge in this is that although Augustine's philosophical discourse is crucially connected with the notion of God and the God-humans relationship, I aim to accurately represent his views whilst also leaving aside references to God when this does not compromise an accurate (even though not complete) account of these views. The purpose for my doing so is that the interdisciplinary cross-fertilisation between his thought and therapeutic theory and practice that I will be proposing here will thus extend its application and relevance to secular frameworks as well, and not be restricted to contexts where therapists and clients work together from a shared Christian framework.
38. This is one example of a metaphysical view that can be intellectually accepted also by those who do not adopt the Biblical and Christian argument that Augustine places behind it: that God made all things good (*Gen.* 1:31; *c. adv. leg.* 1,6,9; *conf.* 7,12,18; *c. Iul.* 1,8,36, *Gn. adv. Man.*, II, 29, 43). I can take my existence as a human being, or the fact that I have human substance, as a valuable good, or a positive good in itself, apart from any moral value, without any reference to a Christian set of assumptions and beliefs. To regard one's own or another's being, just as that of a worm (who is never a moral agent), as a good, is a position intelligible and legitimate in itself.
39. See Pârvan, Alexandra. Augustine's Concept of Evil and Its Practical Relevance for Psychotherapy. In: Cook, Christopher C.H., editor. *Spirituality, Theology and Mental Health. Multidisciplinary Perspectives*. SCM Press; London: 2013. p. 57-74.
40. Augustine uses 'vice' (*vitium*) as a generic term for that which corrupts or ontologically deprives nature. See *vera rel.* 19,37; *civ.* 12,3; *lib. arb.* 3,13,38. As A. Trapè explains, in Augustine the concept of 'vice' does not necessarily stand for 'sin' but rather for 'imperfection', 'defect', 'evil', or 'impediment'. Trapè, Agostino. S. Agostino: Introduzione alla dottrina della grazia, II. *Grazia e libertà*. Città Nuova/Nuova Biblioteca Agostiniana; Roma: 1990. p. 97. The best expression of how voluntary vice, habitual vice (*consuetudo*), deprivation of being, the persistent goodness of nature and its due appreciation coexist and are connected is to be found in *civ.* 12,3. Here Augustine explains that the will voluntarily surrenders its freedom in wrongful habituation, which always starts with an initial willed vice or wrongdoing, and both forms of activity diminish one's ontological goodness (in its integrity, beauty, health, and virtue), without ever taking it away. 'For even those natures which are vitiated by an initial bad will, are bad inasmuch as they are vitiated, but good insofar as they are natures.' (*quoniam naturae etiam illae, quae ex malae voluntatis initio vitatae sunt, in quantum vitiosae sunt, malae sunt, in quantum autem naturae sunt, bonae sunt*). See also *lib. arb.* 3,13,38; *ep.* 153,1,3; *gr. et pecc. or.* 2,40,46.
41. See also Fonagy (2004), p. 26. For the special case of psychopaths and their failure to either label their emotions correctly or experience the emotions which they label incorrectly see Cleckley, Hervey M. *The mask of sanity: An attempt to clarify some issues about the so-called psychopathic personality*. 5th edn.. Mosby; St Louis, MO: 1976. Lilienfeld, Scott O.; Fowler, Katherine A. The self-report assessment of psychopathy. In: Patrick, C.J., editor. *Handbook of psychopathy*. Guildford Press; New York: 2006. p. 110

42. de Zulueta (2009), p. 79.
43. *civ.* 14,6; 14,9. Stalnaker, Aaron. Overcoming our evil: human nature and spiritual exercises in Xunzi and Augustine. Georgetown University Press; Washington, D.C.: 2006. p. 101-3. draws attention to an intrinsic cognitive component that Augustine ascribes to emotions as well: as acts of will, emotions are expressing and depending on evaluative judgments.
44. Within Augustine's thought, I think one could identify the two levels of goodness of the will both before and after the fall. The human will was created already morally good (see Couenhoven, Jesse. Augustine's rejection of the free-will defence: an overview of the late Augustine's theodicy. *Religious Studies*. 2007; 43:282–85. Babcock, William S. Augustine on Sin and Moral Agency. *The Journal of Religious Ethics*. 1988; 16:40. but this does not contradict the fact that it had ontological goodness too. And after the fall, insofar as the human will still is, it is ontologically just as good as human nature is, albeit it cannot *morally* enact that goodness unless aided by grace. Whatever has being cannot be other than good in that very being, however deficient and disordered its state and activities may be. And human nature, both good and deficient (ontologically) and disordered or corrupted (morally), sometimes is equated by Augustine with the will (*c. Iul. imp.* 5,53). The will is always a movement towards something (*duab. an.* 10,14; 12,16), and this in itself represents the faculty of willing, which we were originally given along with the good will (*gr. et pecc. or.* 1,21,22). It is the will as a faculty (and not the morally good will) that Augustine proves it exists in the same way that he proves the existence of the entire ontological triad. See Harrison, Simon. Do We Have a Will? Augustine's Way in to the Will. In: Matthews, Gareth B., editor. *The Augustinian Tradition*. University of California Press; Berkeley, CA: 1999. p. 195-205. for an analysis of Augustine's cogito-like argument applied to being, will, and knowledge.
45. *lib. arb.* 1,12,25.
46. Levy & Orlans op. cit., pp. 6-7.
47. Bowlby (1988), p. 37.
48. de Zulueta (2006), pp. 150-1, 324; Goldberg op. cit., pp. 143-162, 166; Adshead (2002), p. 3.