

The crucial roles of attachment in family therapy

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This paper's aim is to enable family therapists from whatever approach to address family attachments during their work. It explores the role of attachment in the family, and how to enable therapists to increase security in the family so that family members can solve their own problems during and after therapy. The article gives a brief overview of the nature of family attachment relationships and the influence of secure and insecure attachments within the family and their narrative styles. This is described in language that a therapist might readily hold in mind and share the ideas in dialogue with families. The paper discusses the interplay between insecure attachments and other family problems, such as parental conflict and disagreements over authority. It also discusses ways of establishing a secure therapeutic base and the influence of the therapist's own attachment style. The implications for family therapy practice are described and illustrated by work with a specific family.

Introduction

Over the past few years interest in attachment has grown, and the appeal of this way of conceptualizing family interaction is finding a place in the panoply of family therapy conceptualizations. Most family therapists will now be familiar with the basic patterns of attachment. However, the application of attachment ideas to everyday family therapy practice has not yet been fully integrated.

Attachment is part of family life; family therapists are inevitably relating to family attachments in every family and couple seen, whether or not they expressly address this in their theory and practice base. Attachment is in mutual influence with every other function within the family ecology (Hill *et al.*, 2003). A family therapist has to deal with issues and dilemmas arising in any family interaction including those interactions which are activated by attachment needs,

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and then the therapist has to make sense of how these internal systems articulate with each other.

Attachment plays a key role in the processes of change in family therapy. The family needs to develop a sufficiently secure attachment to the therapist in order to feel safe enough to explore new ways of relating. This in turn enables them to become more secure with each other. In therapy they acquire the capacity to explore new ways of solving problems. This capacity may then be applied to solving fresh problems in the future.

Attachment has been researched extensively and there is an expanding volume of research-based knowledge about it; for instance, the *Handbook of Attachment* (1999 in revision, Crittenden and Claussen, 2000). Attachment has been linked to systemic practice (Byng-Hall, 1995, 1999a; special attachment edition of *Family Process*, 41:3, 2002; Erdman and Caffery, 2003; Johnson and Whiffen, 2003, Akister and Reibstein, 2004; special issue of *Context*, April 2007).

Some approaches to family therapy have integrated attachment fully into another specific approach (Dallos, 2006). This paper aims to describe family attachment relationships in a simple and clear way that could enable a family therapist to use attachment ideas within the intensity of ongoing interactions during therapy in whatever modality they have been originally trained. The language used is also aimed to make it easier to convey the ideas to families and hence make it possible for the therapist to have a dialogue with the family about attachments (Vetere, 2006; Bertrando and Arcelloni, 2006), and to co-construct attachment discourses. For this purpose it tries to avoid using the jargon of research terminology as far as possible.

In this context attachment is making its way into family therapy training. It may not yet be a standard part of the curriculum on all courses, but family therapists can benefit from having an overall systemic picture of attachment for their work. It is not yet possible to assume that all family therapists are familiar with these ideas. Therefore an overview of attachment patterns is included here.

Overview of attachment patterns

Patterns of attachment across the life span will be described here in terms of relationships rather than using one term for children and another for adults as is usual in most attachment research. The family therapist needs to be able to recognize the predominant attachment strategies used in the family's relationships, and be aware of any

incoherent patterns in their narratives about attachment issues. Incoherent narratives are characterized by contradictions in the story which are difficult to clarify or discuss without explicitly addressing them. Young children have generally not developed the capacity to ask for clarification in confusing adult messages (Crittenden, 2006).

The attachment system is activated when fear or anxiety is present. Reflecting on frightening times also invokes the attachment response in children from preschool age upward so long as they have begun to develop the ability to reflect on their experience. Indeed many of the projective procedures such as Narrative Stem Stories (Hodges *et al.*, 2000) and the School Age Assessment of Attachment (Crittenden, 2006) are based precisely on the phenomenon of reflection activating the attachment system.

Secure parent/child attachment relationships

The majority of attachments are secure and have been shown to be associated with fewer problems and better social adjustments. The parent is emotionally available, and sensitively responsive to the child's needs. When the child is distressed or frightened this leads to parent and child getting together for comfort or protection. This is called attachment behaviour. The child comes to feel secure enough to explore, knowing that the parent has her or him in mind. The parent's narrative is coherent which means that it is consistent, plausible and capable of conveying feelings appropriate to the situation being discussed. The child learns a similar way of talking which contributes to the capacity for empathy with each other. Coherent narrative is associated with secure attachments, but incoherent narrative is associated with insecure attachments (Byng-Hall, 1999b; Hesse, 1999).

Insecure parent/child attachment relationships

1 Insecure avoidant. The parent avoids coping with uncomfortable feelings about attachment experiences and so rejects a child's bids for comfort when in distress, and tends to be dismissive of the importance to the child of negative feelings. This parental preference for only positive feelings is transmitted to the child who in turn is faced with the dilemma of trying to ignore her own needs for comfort from others and to give the appearance of being prematurely self-sufficient. This self-reliance, while preserving the relationship with the parent, is

not thought to be the same as true self-reliance that comes when children are more securely attached. The child's attachment behaviour is underactivated in comparison with securely attached children. The parent/child relationship may appear emotionally cool and distant. Narrative is sparse and takes little account of feelings, being concentrated instead on achievements or external objects.

2 Insecure ambivalent. The parent is only intermittently available because the parent is often preoccupied with his or her own past upsets. The child learns to cling on and keep close to the parent to avoid being abandoned. In order to be soothed in situations of stress or danger the child needs to make her needs highly apparent and bring the parent back from preoccupation with the past. The relationship is over-close but feelings are ambivalent. The child may appear to reject the parent through moments of resistance to the closeness with pushing away. The parent may then distance herself from the apparent rejection. Thus a pattern of interaction can be established in which the child's attachment behaviour becomes overactivated. Stories are long, convoluted and without resolution.

3 Insecure disorganized/disorientated. The child may become disorientated and/or disorganized when the parent has an unresolved trauma and, at times, is frightened because the past trauma is being relived as if in the present. The parent's fear is frightening to the child who does not know whether to approach or go away from the parent. A similar approach/avoidance conflict arises when a child is maltreated by a parent. Insecure disorganized/disorientated children may develop strategies that are very controlling or compulsively caregiving in response to the lack of organization and care.

In some situations the child's behaviour may trigger a parent's deeper conflict. In situations, not as uncommon in clinical practice as might be thought, where the child is frightening to the parent, a paradox comes into being in which the child turns for comfort to the parent who is the person who is frightening them and hence activating the child's attachment system.

In attachment research, unresolved trauma may be connected to one of the other categories of attachment (Hesse *et al.*, 2003). It is therefore possible to have a secure attachment style and still be 'unresolved' with regard to a specific trauma. Where parents are otherwise balanced in attachment terms, their narrative is coherent except when talking about the trauma.

Insecure attachments between parents

Romantic attachments include sexuality and shared parenting. Evidence shows that these systems are connected to each other within the attachment system (Hazan, 2003). Insecure couples' attachments that are matching in style can create patterns not dissimilar to those described above. Insecure avoidant couples are distant, while insecure ambivalent are close, intense but with mixed feelings (Lowyck *et al.*, 2008). A relationship between an avoidant and an ambivalent parent, however, creates distance conflicts; these are discussed below. In clinical experience, couples with these patterns frequently present for therapy (Johnson, 2002).

Family attachment patterns

Minuchin's (1974) overall categories of family patterns equate well with patterns of attachment: adaptable families equate with the secure pattern; disengaged families equate with insecure/avoidant patterns; and enmeshed families equate with insecure/ambivalent patterns (Marvin, 2003). Attachment patterns in families, however, are usually more complex, with differing types of attachment in the various relationships, including children who can have different patterns of attachments with each parent.

There is research evidence to support the notion of a hierarchy of importance of attachments within the family (Berlin and Cassidy, 1999; Howes, 1999).

Case study: the Brown family

The Brown family will be used to illustrate features of attachment patterns as well as the process of therapy. They were referred to me because their 6-year-old daughter Jean was anxious, asthmatic and resisted going to school. The parents, Angela and George, were in total disagreement about what to do in the family and could not make any decisions. Fred, aged 10, tried to be helpful to his parents' relationship by taking on a parenting role.

One of the most telling moments of family attachment patterns occurs as the family comes into the therapy room which is strange to them. The novelty and formality is likely to activate the attachment system, and the strategies young children have developed may be revealed. In the first session Fred came in first, glancing back at his parents; father followed, looking at the therapist. Mother came in,

holding Jean's hand. Fred looked around the room and at the chairs. He glanced up at his father and then looked down at a chair at one end of the circle of chairs. Father was talking to me and, without thinking, took his son's cue and sat in the chair signalled by Fred. Fred sat next to him, thus ensuring that his mother would sit on the opposite side of the room from his father. Jean sat on her mother's lap and tried to pull her mother's coat over her face. Angela let her do this. The parents did not communicate verbally with each other at all during this time, nor did they look at each other. A few minutes later George demanded that Jean get off her mother's lap and sit in a chair, which she did reluctantly, and I could then see that she and her mother appeared to resent this. I noticed myself feeling angry with George and protective of Jean, but did not show it. This awareness of my feelings gave me certain clues about some of the dynamics of the family which are discussed later.

Conceptual frameworks for understanding family attachments

Family scripts and attachment scripts

Research has shown that the individuals' scripts for attachment can be linked to behaviour in families (Vaughn *et al.*, 2006). The systemic concept of family scripts can provide a framework that encompasses all family functions, including attachment, which may be called family attachment scripts. The definition of a family script is *the family's shared expectations of how family roles are to be performed in various contexts* (Byng-Hall, 1995, p. 4). The term 'expectations' includes anticipation of what will be said and done in family relationships, as well as involving family pressures on members to perform the roles as expected. The shared expectations are made possible, as Marvin and Stewart (1990) suggest, by evolving a shared working model of how the family functions. The various roles, such as comforting, frequently become identified with particular family members, but if someone is absent or a task not done, everyone is broadly aware of what is to be done, and others may then be recruited to take it on, including a child doing some parenting.

Some parents' expectations of how family roles are to be performed are based on those experienced in their family of origin, thus following what is called a replicative family script. In the Brown family Angela, as a child, had been expected by her parents to take on a parental role in the family, just as Fred was in his generation.

Attachment research shows that role reversal in children takes on different forms within the various insecure attachment strategies (Byng-Hall, 2002, 2008). Research shows that the majority of attachment patterns are replicated in the next generation. However, a sizeable minority vary, thus showing that change is possible. There are however attempts by parents not to repeat what they felt were mistakes made by their parents. These are called corrective parenting scripts. Angela was determined to be a better parent than her parents, but slowly became aware in therapy of how she expected Fred, and to some extent Jean, to take on parenting roles.

A secure family base

The family as a whole can provide a secure base for its members. The definition of a secure enough family base (Byng-Hall, 1995, p. 104) is *a family that provides a reliable network of attachment relationships that enables all family members, of whatever age, to feel secure enough to explore their relationships with each other and with others outside the family. One feature that is essential in achieving this state is the capacity for collaboration, which is shown to be higher in secure families (Cobb, 1996). It is collaboration that makes it feel safe enough to explore fresh ways of relating. The Brown parents were not able to collaborate with each other.*

Interactional awareness

The concept of interactional awareness, an essential part of collaboration, is useful in thinking about how family members keep in touch with what is going on in interaction in various situations, and so maintain secure family relationships (Byng-Hall, 1995).

Interactional awareness is defined as *the ability to be sensitive to how each family member is likely to be experiencing the unfolding situation and the role that each may be expected to play, and to be aware of one's own feelings and how one's imminent behaviour might impact on the others.* This involves keeping the whole family, including oneself, in mind during the interaction, while retaining the possibility of adjusting one's own behaviour to influence what is evolving. A major element of this capacity is empathy, which enables one to put oneself in others' shoes within the current context. This can lead to tuning into the emotions and feelings of others in a particular situation. Secure parents can respond appropriately to their children's distress and upsets within

family scenarios. Children can expect this support, and feel safe and know they are in their parents' minds. Another element of interactional awareness is reflective functioning (Fonagy *et al.*, 1991; Slade, 2005), which enables the understanding of underlying mental states and hence the intentions of others, and of oneself. This makes it possible for the individual to respond appropriately to others as a family scenario unfolds.

Secure enough families can share how they feel about what happens during and after the event. The narrative used is coherent (Byng-Hall, 1997, 1999b; Dallos, 2004), conveying an appreciation of how they all felt about it, including hurt or uncomfortable feelings. In this way family members can update their collective view of how each of them reacts to particular contexts, and what each may have preferred to have happened. This is useful when facing similar situations in the future. It is then possible to collaborate in ensuring that everyone, especially children, is kept in mind and their preferences known, at least by someone in the family. The image of 'family' can then provide members with a sense of security. 'They have me in mind.' For instance, a child can rely on being handed over and handed back, within the family and with reliable outsiders. Not every member of the family needs to be secure for this to happen, as those who are more secure can collaborate.

Affect leading to action; exploration when calmer

Hill *et al.* (2003) observed and researched family interaction. Among other things they describe two general modes beyond the routine family functioning mode. The Affect/Action mode is driven by heightened affect that leads to rapid automatic responses when attachment behaviour is triggered by fear of danger. Other family interactions can also evoke Affect/Action modes, including those such as anger, clashes over power, or dangerous behaviour requiring discipline. In any of these fraught situations attachment behaviour within the family may also be evoked. This can create a complex situation in which both attachment behaviour and other behavioural systems are activated but are in opposition. A common clash is that between moves to comfort and protect versus discipline. Emphatic discipline can be misinterpreted as anger or rejection. Angela was protective of the sick Jean from her husband's insensitive discipline. George could see Jean's need for clear limits, and he became cross when his wife did not support his authority, thus making her even more protective.

The other mode is Exploratory, which can emerge when affect is low and there is no urgency. Now an exploratory review of existing assumptions and the revising of working models of how the family functions can be started. In family script terms there are often established cues for opening up a discussion, expressing curiosity, and starting to improvise fresh ways of relating and so on. This depends on family relationships feeling secure enough to disagree and take risks even in uncertain situations.

Distance conflicts

Conflicts can arise when there are opposing strategies in the parents' attachment patterns. For instance, George used an insecure avoidant strategy to pre-empt being upset about possible rejections; Angela, on the other hand, used an insecure ambivalent strategy of clinging on to him to prevent being abandoned. These relationships produce what I call a 'too close/too far' conflict (Byng-Hall, 1995). For example, the Browns' relationship would feel 'too close' for George, but 'too far' for Angela. This led to George distancing, which made Angela seek even more closeness, and so on until George stormed out. Systems theory explains this by using the cybernetic concept of mutual positive feedback amplification. Each move is intended to slow the escalation down through negative feedback, but has precisely the opposite effect, acting as positive feedback, which amplifies the other's behaviour instead. This creates rapid escalations pushing the family into Affect/Action mode, leading to highly disruptive pursuing/distancing cycles which threaten the relationship.

Lynn Hoffman (1975) described these escalations in family life as 'runaways'. A child's intervention can halt pursuing/distancing runaways, sometimes dramatically, for instance, by being in such danger that it is given priority, such as Jean's asthma attacks. This triangulates the child into the parents' relationship. This may then become the child's role in the family script. In the long term a triangulated child who remains a worrying problem can reduce the danger of further runaways because both parents are shoulder to shoulder looking after her. This keeps parents together, but not intimately. In this family it was different. Jean's parents disagreed about how to help her, each believing the other would make her worse, so they stayed together to protect Jean from each other, both trying to help her in contradictory ways.

Another way to reduce the potential escalations is created by the parent who is in desperate need of closeness, and so turns to a child

who then becomes 'too close' to that parent but 'too far' from the other parent. Jean found herself in this position. She and her mother became inseparable, excluding her father who disapproved of closeness. A boundary infringement can also arise in parental power battles when one parent recruits a child as an ally, thus creating a cross-generational coalition against the other. This undermines parental authority and can interfere with the sibling group cohesion. Mother and Jean were not only excluding father but also in a coalition against him; while Fred being parental did not play with Jean, but bossed her around and also tried to organize the parents.

Children can reduce the frequency of escalations by taking parental roles such as peacekeeper, go-between or mediator, or just take over the parental role that is not functioning; for instance, Fred's role in guiding his parents to a decision. He was also a mediator. The runaways did not happen as frequently as they might have done in the Brown family because of the children's involvement.

Implications for family therapy

Creating a secure therapeutic base

A family's sense of urgency increases the likelihood of quickly establishing a temporary attachment relationship to a therapist who is seen as able to provide a solution in threatening situations. For this reason it is important, if possible, for the therapist to respond quickly. It is valuable for the therapist to ring the family home to make the appointment. This is done preferably at a time in the early evening when those at work might be at home. Ten minutes' warm and supportive discussion about the problem and how it affects each member of the family can lead to a relationship with a parent who feels that she would like to bring her family. A useful practice is to invite the whole family, and make attempts to find a time when all are able to attend. This whole process also helps to widen the perspective to include all members. Fred would probably have been left behind as the good boy who did not need help. The family's attachment pattern would not have been addressed adequately, and the consequences of his taking on a parental role not tackled.

The first session could, if possible, last one and a half hours or more. This allows time for painful or very difficult issues to emerge with some intensity and have some chance of being addressed. During this time the family will hopefully experience the therapist as someone

who is able to hear about, and be ready to tackle, the serious issues facing them. The therapist is sensitive to family members' anxieties, enabling each to feel that the therapist could be useful to them. Family therapists need to deploy interactive awareness in their work. This involves scanning the family, observing how each member is responding to what is going on; occasionally asking how they are feeling or what they think; and noting the interactions between each member. At the same time the therapist is concerned about his own impact on each member of the family. This sensitivity is likely to be noticed by members, who then experience the therapist as being there for each of them, as well as for the family as a whole. They feel the therapist has the potential to hold the whole family in mind. Sessions are then ideally held every two weeks to begin with, which leaves family members in charge of themselves but with sufficient momentum to continue exploring new ways of relating while holding the therapy in their minds.

The interplay between therapist and family

Therapy should be a form of dialogue. The therapist, by sharing a hypothesis with the family when it first comes to mind and before feeling certain, can lead to the family discussing the idea. This allows for a co-evolution of ideas about what is going on (Bertrando and Arcelloni, 2006; Vetere, 2006). The therapist might say something like this: 'I've just had this idea. I have seen situations a bit like yours in which . . . , some of this might fit your family, but some I expect won't.' The therapist's uncertainty is genuine and enquiring which can lead to a mutual exploration of the idea and its implications (Mason, 1993). It is also a mutual discussion which is complementary. The family comes to someone who has had experience of many family problems while the family knows about what goes on at home. The therapist is thus constantly learning more about the rich variety of family life. Attachment issues have the additional advantage in that the therapist can, when appropriate, refer to patterns found through research that was carried out on normal populations, which helps to allay the family's shame about being uniquely bad.

The family's emotional state is likely to arouse affect in the therapist in which she feels she has to take some action. If the therapist does take action, however, she risks being drawn into the family's script; but by remaining in reflective mode the therapist will acquire clues as to what is going on in the family. My anger with the father, George, in the

first session when he demanded that Jean, the daughter, should sit on her own chair, I came to realize, was directed towards protecting Jean and wanting to stop her father exposing her to a frightening situation. This was indicating an important family dynamic, involving both attachment and discipline issues. If I had been drawn into such action I would have been in danger of joining mother and Jean's cross-generational coalition against father, and would have reduced my capacity to establish a secure therapeutic base for the whole family. Therapists need to reflect on the significance of their impulses to act and what that experience might tell them about the family.

At the same time therapists need to be aware of their own family scripts and the sorts of scenarios that are likely to trigger their action, or to draw them into adopting a particular attitude to what is going on in the family; in other words, it is too close to home. It has been shown through self-reports from therapists of many orientations that those who have secure attachment styles have better therapeutic alliances than insecure therapists (Black *et al.*, 2005). Many therapists have played parental roles in their families of origin (Jurkovic, 1997) and have identified with the caring role in their families. This early training is very valuable but may have been more appropriate to the past rather than now. It is helpful for therapists to be aware of the style in which their caring role is usually deployed, but which they can then adapt to fit the family's particular needs. Mine is to be rather too protective and positive towards family members and hesitant about necessary challenges.

Discussing present and past episodes

I often start each session by asking 'What has been happening?' which can elicit stories about family scenes, rows or escalations. It is valuable to hear the family's accounts, noting how stories are told, asking questions about how they felt and extending the enquiry wider to include how the children were involved if they had not been mentioned. Were they trying to mediate, keep the peace or were they too scared of the looming threat and so left the room? This review process is an opportunity to make family members more aware of how they affect each other as the saga unfolds. It also adds greater sensitivity to each other's difficult dilemmas. This review also provides an opportunity to explore the mutual influence between attachment and other functions, such as discipline. We explored how George and Angela could collaborate over discipline as opposed to George being firm

with Jean and Angela protecting her anxious child from what she saw as bullying.

Drawing a family tree

I usually draw a family tree when the family is less caught up with urgent issues, somewhere between the second and fourth sessions. The process of drawing the family tree provides the family and the therapist with an image of the family and the extended family as it is now, and how this was influenced by past generations. It can also provide an intense experience for family members who can see their own story dramatically unfold, juxtaposing so many aspects of their life together and revealing previously unseen patterns.

This also provides a valuable moment to explore attachment issues. Questions about the relationships in the parents' upbringing and the traumas and losses can evoke powerful feelings. The way these are described can indicate whether or not the trauma was unresolved (Zulueta, 2006). There are some invaluable routine questions, such as 'And were there any other pregnancies?' after naming a line of siblings, thus revealing miscarriages, abortions and stillbirths, which are potentially pivotal family events not discussed and possibly unresolved. A routine question to ask when told about a trauma is 'And who looked after whom?' Frequently children look after their grieving parents and can then become parental. The effect of the traumas on attachments down the generations can be explored.

Collaborative interventions with parents

It is valuable to explore how the parents' attachment strategies interact with each other. This approach enables collaboration, rather than one member being identified as having the problem. When working with parents or couples I label repeated escalations or rows as 'vicious circles', an idea they quickly recognize, and discuss the situations that lead to these escalations. Even if the row was not about attachment it can become so frightening that it can evoke attachment responses, as the people involved seek safety. This may of course include observers, such as children.

After reporting an episode, work can be done to help each family member see why his or her own behaviour sets off the other's reactions. It is equally valuable for each parent to understand the origin of their partner's responses. One way this can be done is to turn

to the family tree to explore how the current situation resonates with traumatic events from each of their pasts. This can start a discussion on why they respond to each other as they do, and come to appreciate the partner's vulnerabilities and where they came from. Each partner's feeling of being understood is hugely important. A collaborative intervention avoids blaming each other and establishes the idea of 'Here *we* go again' as opposed to 'Here *he/she* goes again'.

One day the Brown parents came on their own. They reported what they called a 'bit of a blow-up'. Angela had been looking after a friend's baby. She got upset, once again, about not having any more children. She wanted to be comforted, he got irritated, and she started crying and went to sit on the sofa next to him. George shouted, 'Will you never stop this nonsense?' and stormed out. Angela told me that he was reluctant to have another baby.

Looking at the family tree we could see that Angela had come from a large family and a much-loved baby sister had died at age 10 months. Angela was 7 at the time and she had loved and cared for the baby, and longed for a replacement that never arrived. When he was 13 George's mother had died after being ill for seven years. His rather distant father then remarried quickly. His sister married and moved out. Both his stepmother and his sister then had babies. George recollected bitterly that 'Then nobody had me in mind', and he became determined to be even more self-sufficient. They could share the knowledge that for him babies had been a disaster, for her not having babies was a disaster. They were encouraged in future to share together when either of them felt a rising sense of 'Here we go again' in an impending vicious circle. This could help them to move out of Affect/Action to Exploratory mode so that they could discuss what was going on instead. Appreciating each other's painful experiences enabled them to become friendlier with each other, a significant aspect of a more secure attachment.

Angela wanted to do further work on her losses. At the age of 2 she had been taken to hospital for a month for a corrective operation. Visiting times were limited and she was told that she was very clingy for the rest of her childhood, 'and I still am'. I pointed out that each of them was dealing with losses and insecurity but were understandably using opposite strategies: she was clinging on to avoid being left, while he was making himself sufficiently independent to avoid being hurt. He predictably played down the importance of all this, but was able to acknowledge his upset. This reduced their polarization somewhat, and they felt a bit more that they were at least on the same planet.

After this, Angela, surprisingly, became more withholding and pushed him away. She did not like finding that she had a distancing side of herself. George, however, started to spend more time in the same room as her. She experienced feeling this as intrusive and stayed out more herself. 'Runaways' or escalations in conflictual situations can be known to suddenly reverse (Hoffman, 1975). This was happening here. Therapy enabled the couple's mutual projections to become apparent. He had been scornful of her neediness which hid his own longing for care for himself, while she had hated his withdrawing and indifference which hid her own ambivalence about being intimate. Angela was able to work with this idea while George seemed to understand, but without seeming to take it on board.

Work with the children

During the therapy, work with the children had been going on, much of it on Jean's asthma, and other issues not directly linked to attachment. I did some work with the children to help to release them from their role in their parents' relationship. This included talking to them about how it felt when they tried to help their parents when they became cross with each other. This was something of a revelation to the parents. Time was spent working on how the parents could collaborate over their way of looking after Jean. Establishing the need for discipline, in order to get her to school, as well as the need for comfort and protection when frightened by asthma, was important. Jean became less anxious as she saw her parents collaborating rather than squabbling. I started by alternating whole family sessions and parental sessions, but increased the proportion of parental sessions, partly because the children were settling down. When parental children see that the therapist is looking after their parents effectively they can start relaxing their vigil and be children. Fred started playing with Jean rather than keeping an eye on his parents.

Finishing

Finishing therapy involves a steadily increasing length of time between sessions, often ending with a three-month gap. This extends the length of contact without increasing therapy time, enabling families to establish ways of solving their own problems. I tell them that they can come back to discuss situations and do not have to be desperate before they do so. In this way I make myself available and

would be experienced as keeping them in mind. A sense of availability, even if only in mind, is fundamental to autonomy in attachment. In my clinical experience the encouragement to come back before matters get too bad leads to fewer returns to therapy than final discharges that can lead to re-referrals in a deteriorated state.

Therapy with the Browns finished once the parents were secure enough to collaborate when needed and had found a way to make decisions. They were still having disputes but these did not get out of hand so readily. Jean's asthma was better controlled, she was going to school without difficulty, and Fred was more relaxed. The parents were more able to treat each other's differences as complementary, rather than just opposing each other. He could now be seen as having his feet on the ground, while she was the one who was in touch with her emotions.

Conclusions

Family therapists need to know how to address the various subsystems within the ecology of the family, including attachment. The attachment subsystem plays a crucial role in family therapy because it provides a secure base during therapy leading to a more secure base for the family in the future. The importance of this should not lead to an approach that only focuses on the attachment subsystem or on any subsystem for that matter. Further research is needed to explore the nature of the relationship between subsystems, thus enabling the work to be truly systemic.

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