

Systemic therapy and attachment narratives

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In this paper we describe how we bring together three major systems of thought: attachment theory; family systems theories; and theories of narrative development, in an integrated approach to systemic practice that we call attachment narrative therapy (ANT). ANT provides a four-stage framework for practice: creating a secure base; exploring narratives and attachment experiences within a systemic framework; considering alternatives and taking action; and the future and maintenance of the therapeutic base. Formulation, especially regarding the role of emotions and attachments in family dynamics and narratives, is at the heart of our approach and helps us hold ourselves accountable for our particular weave of theory and practice.

Introduction

We have been working for a number of years on a shared systemic project that weaves together three major systems of thought: attachment theory; family systems theories; and theories of narrative development (Vetere and Dowling, 2005; Dallos, 2006; Vetere and Dallos, 2007). We have articulated this project into an approach to therapeutic practice called ‘attachment narrative therapy’ (ANT). ANT offers a four-stage framework for thinking about the processes of couple and family therapy: creating a secure base (Byng-Hall, 1995, 2008); exploring narratives and attachments within a systemic framework; de-escalating unhelpful patterns and considering alternatives; working towards the future, and maintaining a therapeutic base.

The narrative turn in attachment theory

Bowlby (1980, 1988) emphasized from the start that attachments function through our ‘working models’ – a system of meanings or set

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of beliefs/expectations about how we see others and ourselves. These attachment representations or internal working models are thought to guide our actions, thoughts and feelings, and help us to make predictions about behaviour in relationships. They are intimately concerned with protection and safety in relationships – how we keep our selves safe, close to, and loved by others. Importantly our capacity to reflect on experience and our narrative ability to tell coherent stories about our lives is shaped by our attachment experiences in families (Main *et al.*, 1985; Crittenden, 1998). Consistent with this development, there has been a move towards assessing attachments through both the *content* and the form or *structure* of the stories people tell about their lives. For example, a secure attachment is indicated by a positive view of others as caring and our self as worthy of care. In addition, we are able to develop coherent and reflective stories of our experiences that help us to develop strategies to cope with conflicts, changes and challenges as they arise in the future. We are free to be able to employ *both* our thoughts and feelings to make sense of, anticipate and develop solutions to deal with events. In contrast in avoidant attachment narratives the person has learnt that her feelings will not be attended to and ceases to be able to adequately employ emotional material to help manage her life and relationships. In contrast, with an ambivalent style she may have learnt that her parents' words and actions are unpredictable and not to be trusted, and the child may therefore develop an inability to make use of cognition – ideas of when or why things happen, and come to overly rely on her immediate feelings. Finally, if the main carer is frightened and/or frightening, abusive and confusing, as we often see in homes where domestic violence occurs, the child finds it difficult to develop and predict a consistent pattern of responding, and learns to distrust both words and feelings (Liotti, 2004). The key issue here is that these response patterns emerge at times of attachment threat, and attachment insecurity.

In all the insecure forms of attachment the person has difficulty in being able to reflect on her own and others' experiences – to stand in others' emotional shoes and to be able to reflect back to others that we connect with how they are feeling and thinking. In addition, since we shut down some of the richness of the information about experiences with others we are less able to talk with others or to engage in internal dialogues that help us to make sense of and continue to develop strategies for coping.

Attachment styles as communicational patterns

We can describe attachment styles as ‘open’ or ‘closed’ communication patterns in families, or as a set of family communicational rules (Minuchin, 1974) about what can be discussed, with whom, and in what way, and so on. For example, with secure attachment patterns, the expression of both positive and negative feelings will likely be met by acknowledgement, reflection and negotiation – a mix of semantic and emotional responses. However, with more insecure attachment patterns, communication may involve distortions in that we cannot say openly or clearly how we feel and what we need. For example, with a dismissing family pattern, the communication of feelings may be met by an injunction to suppress feelings and ‘keep a stiff upper lip’, or by avoidance and/or rejection. Conversely, a more preoccupied style could lead to a symmetrical escalation of feelings, characterized by mutual accusations and blaming – an emotional responsiveness that is so overwhelming that reflection is very difficult.

Thus the theoretical intersect between attachment and family systems lies in the notion that insecurity can develop from family interactional and communicational patterns. Periods of change, such as family life cycle stages (see Figure 1), may offer both opportunities and challenges. For example, a new mother with a predominantly avoidant style, and with the support of a more securely attached partner, may find that her baby’s demands for care and attention trigger a more emotionally connected and secure strategy or alternatively lead to deterioration.

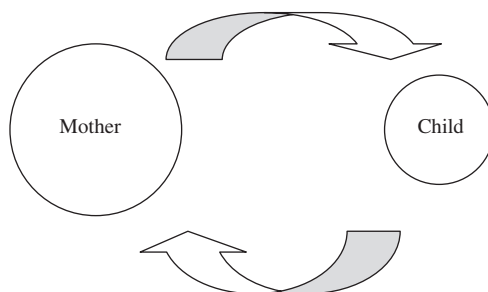
Implications for therapy

Some of the key implications that flow for systemic therapy from our amalgamation of ideas are as follows.

Naming feelings. In insecure patterns family members may have come to ignore or oversimplify feelings, and helping them to be able to identify, elaborate and communicate these feelings to each other and themselves is an important step. For example, in work with trauma and violence it is often the case that being able to identify alternative, softer, more vulnerable feelings in each other and one’s self is central.

Standing in the emotional shoes of the other. This goes beyond encouraging and supporting empathic responding; it speaks to our capacity to

Mother – may feel overwhelmed by her infant’s emotional demands, her dismissive strategy may be thrown into turmoil: may reject the baby, feel bad, inadequate, confused... withdraw further... abuse, neglect... leading a consolidation of her dismissive pattern or even a crisis to a more extreme disorganized pattern...



Mother – may feel overwhelmed by her infant’s emotional demands but if, e.g. supported by partner, parents, friends, she may be able to experience a new way of relating, giving and receiving affection, leading to a reorganization of the dismissive attachment pattern to a more secure one ...

Figure 1. Family life cycle points and reorganization of attachment patterns

tolerate and bear negative emotion as expressed by the people we love. We are not talking about abusive experiences, but, for example, if a family member is upset, another family member is able to get alongside their upset and listen, and offer support and comfort as appropriate, rather than trying to distract too soon. Good listening is soothing and calming, and helps a person feel deeply understood. This involves both being able to experience each other’s feelings but also to feel safe to be able to show and communicate to each other this understanding. For example, in families with an avoidant style they may feel that if they resonate with and show each other their sadness, and do not put a brave face on things, then everything may fall apart.

Comfort and self-soothing. We meet many people who have not been helped as children and young people to comfort, soothe and calm themselves, and who have learned not to trust others to provide comfort in a reliable way (Hazan and Shaver, 1987). They may have

turned to psychoactive substances for emotional soothing or to emotionally and physically risky or dangerous activities almost as if to prove to themselves that they are still alive.

Information processing. Attachments are represented in multiple ways: as embodied (pre-verbal experiences), visual images, episodes or stories, semantic generalizations and reflective processes. When we are afraid, in the face of actual or perceived loss, abandonment and rejection, we may have learnt to cut out some of these different forms of experience, or overemphasize some at the expense of others. In avoidant patterns we may not be able to employ visual or embodied information from others and either delay in responding emotionally, or alternatively we may become preoccupied with regulating our own arousal and become worse at reading relationship cues from others. Creating a sense of security can help people to access more of the information available in relationships and consequently to be able to take relational risks; for example, being more able to see others' expressions, postures, feelings, needs and vulnerabilities can allow some different possibilities: helping to create some 'news of difference'.

Transformations in representational systems. Helping people develop more secure and satisfying intimate interactions means that their response repertoire expands, and their style shifts to become more inclusive of other possibilities. For example, a partner who downplays the significance of emotion and withdraws emotionally during conflict is helped to take emotional risks and come forward. Similarly, partners who become over-aroused and preoccupied during these moments, perhaps pursuing and blaming, need to be helped to soften down, so that they can be responsive when their more withdrawn partner reaches out for them.

Therapy as scaffolding: supporting emotional and cognitive development

Therapy may be seen as helping people start to take small steps or relational risks (Mason, 2005) within their zone of safety and narrative ability (Vygotsky, 1962; Bateson, 1972). Therapy can encourage a more secure emotional base for couples and family members, with its emphasis on creating a trusting, non-judgemental and accepting environment within which people can begin to illuminate their emotional experiences, walk around in them with the support

and validation of the therapist and begin to process and reprocess emotions. In this context unhelpful arousal can be understood and processed, emotional safety can be developed, and critical and blaming patterns of interaction can be de-escalated. People are encouraged to notice and respond to each other's feelings, and to offer words and phrases in identifying feelings. We may offer words and phrases to talk about how others might feel, or to help discuss how people might comfort each other, and support them in trying. We assist with the integration of feelings and events, bringing together the different representational systems of semantic memory, episodic memory, sensory memory and procedural memory.

Formulation and hypothesizing from an ANT approach

We are aware that it is not simple, desirable or even possible to put families into attachment style boxes, which interestingly bear resemblances to early structural family therapy of disengaged or enmeshed family patterns of relating (Minuchin, 1974; Minuchin *et al.*, 1978; Hillburn-Cobb, 1998). However, we suggest that by paying attention to attachment styles we can make some helpful adjustments to how we work with different families or how we adjust our stance with different family members.

Dismissive patterns

Under conditions of attachment threat, someone who withdraws emotionally in intimate relationships and downplays the significance of emotion may need help to 'warm up', to take emotional risks. In our view, the systemic approaches and techniques that address an avoidant and dismissing attachment style by encouraging the expression of feelings include:

- enactments and role plays
- empathic questioning and coaching
- internalized other interviewing, and other Gestalt techniques, such as the empty chair
- caring and comforting
- identifying areas of conflict, conflict management and de-escalating unsafe patterns of interaction.

Preoccupied patterns

Similarly, people who become overly anxious and preoccupied in intimate moments, such as over-arousal, have a reduced capacity to reflect on their actions, think through consequences and 'think straight', need to be helped to calm down and begin to think reflectively. In our view, the systemic approaches and techniques that address an ambivalent and preoccupied attachment style by encouraging the expression of cognitions include:

- genograms and lifelines
- tracking circularities
- mapping relationships
- scaling questions
- circular questions
- identifying beliefs, punctuations and shared family beliefs.

We would note that reflecting team discussions may be adapted to encourage the development of more emotional responsiveness, or the development of reflectivity in family members' interactions.

Attachment narrative therapy with couples and families

We conceptualize our approach as having four interconnected phases. Importantly, we see the creation of a secure base as an essential first step and one that in itself contains the central ingredients of therapeutic work. In fact for many families, creating this relationship of trust and safety is the most demanding and skilled part of therapy.

Creating a secure base

John Byng-Hall (1995) first wrote of the importance of therapy as creating a safe haven and secure base within which trust could develop, and emotional risk-taking (Mason, 2005) could lead to more positive and satisfying interactions. In creating a secure base we engage warmly with all family members, listening carefully to their concerns, identifying resilience and safety, mapping the context for the work, and if necessary, having talks about talks. We reflect on process, and our relationships in the room, trying to model open and straightforward communication, and often use our own reflections upon our own experiences. We may use an externalizing framework if

it helps avoid a perception of blaming, or helps family members soften from a critical stance towards a more cooperative orientation in the work. We often find that identifying unhelpful patterns of interaction promotes non-blaming as family members see the pattern as the problem, and not each other. We fully explore the problems that trouble people, emotional responses and needs, beliefs and explanations, triggers and stresses, and resources and sources of support, while trying to support what is going well. If possible we try to expand and illuminate emotional experience, and encourage people to walk around in it with us, so that we may say we deeply understand their concerns. This is often the first opportunity to process or reprocess emotional experience and helps in de-escalating unhelpful patterns, as family members witness each other's intentions, wishes, hopes and fears unfolding with safety. We are not pushing for change as such, rather encouraging the expansion of experience and experiencing.

Exploring narratives and attachment experiences within a systemic framework

Just as children are able to venture, play and explore from their sense of the safety of their parents so families start to be able to explore their explanations, narratives and feelings about each other. We pay most attention initially to current attachments and invite family members to move from descriptions, sometimes catalogues of the problems and blaming to the more subjugated stories of vulnerabilities, needs, hurts and the love that they want to feel for each other but is currently so difficult. We may help to contextualize their stories within transgenerational attachment traditions and subcultural demands and expectations. Therapy may well move to healing within earlier attachment patterns, or within the extended kin network, addressing emotional cut-offs, for example, or addressing earlier attachment traumas and their impact on relationships in the present. We encourage sociality and empathy, and focus on good listening, and its potential for soothing and calming. We encourage awareness of self and others in interaction while tracking the impact of the 'problem' on family members and vice versa. We draw on practices of 'gossiping' and use circular questioning when people are at risk of finding therapeutic exposure overwhelming.

Considering alternatives and taking action

We describe middle therapy as a process of working within and between – moving between intra- and inter-personal narratives

and emotional experiences. We contemplate alternative narratives and emotional responses. Building on the suppressed and subjugated stories of vulnerabilities and unmet needs that may have emerged from the explorations above we may invite families to start to take relational/attachment risks. Enactments, both spontaneous and organized, are a feature of the work here, whereby people are encouraged to take emotional risks – to become less withdrawn, and to soften and become less critical and more responsive. Constant support and validation from the therapist is crucial as people are encouraged to open up to other, more satisfying and deeply bonding possibilities in their relationships. This is not about teaching problem-solving skills as such. It is more about helping to create an environment where people can reconnect and take risks that had not been possible at home. Family members may engage in ‘therapeutic experiments’ outside the therapy room. Exceptions and unique outcomes are explored and supported in a constant process of feedback between therapy sessions and family life (White, 1995).

Impasses in therapy often occur here, because an earlier, unspoken family experience blocks avenues of change (Johnson and Best, 2003). This may be something that occurred between a couple or a parent or child, where one of them was hurt, or felt disappointed and let down by the other, and yet the other did not know at the time. The hurt person may have vowed at that time not to trust the other again. These interactions can become ‘islands’ of experience that inform moments of intimacy and emotional risk-taking in ways that stall the development of further intimacy and trust. In our experience these moments need to be understood and processed, and all those involved need to be helped to listen and to hear, and to find ways through the experience that both address the hurt and offer healing opportunities.

We add a word of caution here, in that we do not work in these ways if people are living in abusive relationships and contexts. See Cooper and Vetere (2005) for a description of how we pay attention to safety first, before contemplating therapeutic work that potentially makes people emotionally vulnerable to others.

The future and maintaining the therapeutic base

This stage is all about consolidating desired changes, promoting more satisfying exchanges, and continuing to support what is going well. We make plans to deal with setbacks and contemplate future

possibilities. We find that when people experience a stronger sense of felt security in their close relationships, they turn more easily to attend to issues of practical problem-solving. In this stage we focus more on integration, and how people create a shared account, or narrative of how they healed their relationship. The ability to narrate experiences in clear and coherent ways draws on all our abilities within our representational systems, rather than limiting our possibilities by relying on one or two representational systems to the detriment of a fuller lived experience in our intimate relationships.

In many ways, we anticipate the ending of therapy from the beginning, preparing the ground for people to cope without therapeutic support by creating and strengthening their mutual bonds. Having said that, however, there are times when it is more helpful to consider ways of continuing contact, through aftercare approaches and follow-up meetings. We talk about endings, and feelings around separations, and try to find ways to end that suit the people we work with, for example, by extending the length of time between sessions in this stage of the work. Above all we take care not to pathologize dependency. For some families this may be the first time they have been able to come to trust someone – us and the therapy team. We do not want to replicate a sense that we will, as others appear to have done, just abandon and forget about them when they walk out of the door following their last formal session with us.

Putting ANT into practice

To offer guidelines for working with families and attachments we have developed a number of ‘Formats for exploration’. We outline two below and a further set will be published in our forthcoming book, *Systemic Therapy and Attachment Narratives: Specific Applications*. Two of these formats (briefly) are:

1 Corrective and replicative scripts – where we invite family members to think in a three-generational perspective about what they may have tried to do similarly or differently with their children in contrast to how their parents were with them. Either way this can allow us to positively connote and validate their intentions to make things better for the children. From this place of positive connotation it can be easier to explore what is or is not working now and what emotions are tied into their scripts.

2 *Exploring patterns of comforting* – here we focus attention on the emotional needs and softer emotions in families, their vulnerabilities and hurts. The questions can be transgenerational in terms of exploring how the grandparents comforted (or did not), the parents' experiences, and how in turn they dealt with the children when they were physically hurt, upset or ill.

Conclusion

We have attempted to present an overview of how we have brought ideas from attachment, systemic and narrative approaches together to work with families. We are not advocating this as a distinct new model but as an approach that captures for us some combinations of ideas that are useful from the different approaches. Interestingly this is similar to Bowlby's own approach which was an attempt to integrate what was best in theory and research in his time. In a way this integrative framework also encapsulates what is at the heart of attachment theory and our ANT approach; namely that we believe that as family members become more able to be open and draw upon all the information that is potentially available to them in their relationships with others, they have the materials available to develop an integrative and reflective stance on and in their lives. To use a building metaphor, to have all the material available does not mean we are able to build a palace. We also need plans, opportunities, and the support to practice and to discuss with others how to go about this. ANT therapy is about helping families to be able to both gather the necessary materials together and to be able to discuss their plans – with us to start with and then among themselves.

References

- Bateson, G. (1972) *Steps to an Ecology of Mind*. New York: Ballantine Books.
- Bowlby, J. (1980) *Attachment and Loss, Vol. 3. Loss*. New York: Basic Books.
- Bowlby, J. (1988) *A Secure Base: Clinical Applications of Attachment Theory*. London: Tavistock.
- Byng-Hall, J. (1995) Creating a secure base: some implications of attachment theory for family therapy. *Family Process*, **34**: 45–58.
- Byng-Hall, J. (2008) The crucial roles of attachment in family therapy. *Journal of Family Therapy*, **30**: 129–146.
- Cooper, J. and Vetere, A. (2005) *Domestic Violence and Family Safety: Working Systemically with Family Violence*. Chichester: Wiley.

- Crittenden, P. (1998) Truth, error, omission, distortion, and deception: an application of attachment theory to the assessment and treatment of psychological disorder. In S. M. Clany Dollinger and L.F DiLalla (eds), *Assessment and Intervention Issues Across the Life Span*. London: Lawrence Erlbaum.
- Dallos, R. (2006) Attachment narrative therapy: integrating ideas from narrative and attachment theory in systemic family therapy with eating disorders. *Journal of Family Therapy*, **26**: 40–66.
- Hazan, C. and Shaver, P. (1987) Romantic love conceptualised as an attachment process. *Journal of Personality and Social Psychology*, **52**: 511–524.
- Hillburn-Cobb, C. (1998) Adolescent–parent attachments and family problem-solving styles. *Family Process*, **35**: 57–82.
- Johnson, M. and Best, M. (2003) A systemic approach to restructuring adult attachment: the EFT model of couples therapy. In P. Erdman and T. Caffrey (eds), *Attachment and Family Systems*. New York: Brunner-Routledge.
- Liotti, G. (2004) Trauma, dissociation and disorganised attachments: three strands of a single braid. *Psychotherapy: Theory, Research Practice and Training*, **41**: 472–486.
- Main, M., Kaplan, N. and Cassidy, J. (1985) Security in infancy, childhood and adulthood: a move to the level of representation. In I. Bretherton and E. Waters (eds), *Growing Points of Attachment Theory and Research*. Monographs of the Society for Research in Child Development, **50**: Serial No. 209.
- Mason, B. (2005) Relational risk taking and the therapeutic relationship. *Journal of Family Therapy*, **27**: 183–305.
- Minuchin, S. (1974) *Families and Family Therapy*. Harvard, MA: Harvard University Press.
- Minuchin, S., Rosman, B. and Baker, L. (1978) *Psychosomatic Families: Anorexia Nervosa in Context*. Cambridge, MA: Harvard University Press.
- Vetere, A. and Dallos, R. (2007) Attachment narratives and systemic therapy. *Context*, **90**: 5–9.
- Vetere, A. and Dowling, E. (eds) (2005) *Narrative Therapies with Children and Their Families: A Practitioner's Guide to Concepts and Approaches*. London: Routledge.
- Vygotsky, L. (1962) *Thought and Language*. Cambridge, MA: MIT Press.
- White, M. (1995) *Re-authoring Lives: Interviews and Essays*. Adelaide, Australia: Dulwich Centre Publications.