Systems Theory, Family Attachments and Processes of Triangulation: Does the Concept of Triangulation Offer a Useful Bridge?

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This article reviews the usefulness of the systemic concept of triangulation as a bridge between systemic thinking and practice and attachment theory. Traditionally attachment theory has theorized and researched with dyads, parent-child and adult romantic partners, whereas systemic theory has worked therapeutically with the triangle as the basic human relationship; that is, when any two people interact, their interactions are influenced by their respective relationships with the same third person. Here it is argued, for example, that a child's attachment representations are shaped not only by the relationship with each parent but with the relationship between them. Thus, the process of triangulation in intimate relationships is seen in this article to link attachment theory with systemic thinking, as systemic theory needs a theory of love and attachment theory needs to consider how intimate relationships are nested and interconnected in an attachment network.

Keywords: interpersonal triangles; processes of triangulation; systems of attachment.

Introduction: triangulation as a systemic concept for practice

The systemic concept of triangulation has been most influential in our thinking and practice. Possibly it could be said that this concept distinguishes systemic from other forms of psychotherapy in so far as practice is focused around triangular relationships (Bowen, 1978; Dallos and Draper, 2005; Titelman, 2008). Other psychotherapies have theorized about triangles; for example, within the psychoanalytic canon under the umbrella of thinking about the Oedipal struggle. A recent attempt at making use of this thinking in a systemic frame can be found in Woodcock's work (2009).

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Triangulation can be conceptualized as a noun and a verb, in that we can speak of dynamic triangular relationships between intimates, and processes of triangulation that draw a third person into consideration with a dyad. Early systems theory drew on Mills' sociological idea that the basic human relationship was a triad, not a dyad, in that when any two people get together they are influenced by a third. When two sisters get together, for example, their relationship is influenced by the relationship each has with their absent sister and so on.

In therapy, of course this opens up multiple possibilities for exploring and working positively with powerful sources of influence, for example, drawing on the spirits of our ancestors, working with absent or dead relatives as if they were in the room, understanding the dilemmas of children going through their parents' divorce, and so on. The early Milan team's reliance on circular questioning as a method of intervention is a good illustration of the power of working with triangles (Palazzoli *et al.*, 1978). So, in this way of thinking, human relationships were seen to be a series of interlocking triangles with the potential for being stable or unstable at any point in time.

However, the notion of triangle does not assume a positive or negative valence but recognizes that triangles can work in benign and not-so benign ways to stabilize and destabilize relationships. For example, a woman married a man 35 years older than herself, and when he entered his 90th year, she took a younger lover into their household, with his consent, to help with his care. In another example, two adolescent sisters, with apparently little in common, joined forces to persuade their lone parent mother that they both needed a fifth pair of jeans.

Triangulation and the relationship between systemic theory and attachment

The concepts of triangular relationships and processes of triangulation both connect and bridge attachment thinking and systemic thinking and practice in a number of helpful ways. In focusing our thinking on the triangle, we draw on ideas about intergenerational legacies of attachment, corrective scripts, networks of attachment relationships in households and extended kin groups and, in particular, the idea of nested relationships, and finally, the power of systems theory to contextualize socially, politically and economically the development of attachments in families and communities of

concern, to show how both systems of thought complement and need each other.

In so doing, we wish to acknowledge the influential work of other scholar-practitioners such as, Akister and Reibstein (2004), Hill *et al.* (2003), Flaskas (1997) and Byng-Hall (1991), who helped pave the way for exploring the interfaces between these two major systems of thought: family systems theory and attachment theory.

Modes of triangulation

Essentially triangulation contains the idea that what is happening in a significant relationship between two people in a family can have a powerful influence on a third family member, and vice versa, in mutually reinforcing ways. Early systemic practitioners, such as Weakland (1976) and Minuchin (1974), Minuchin *et al.* (1978) observed that families may engage in a variety of triangular processes that could lead to stable coalitions or less stable and shifting alliances.

Minuchin outlined three processes by which this could occur. In the first, the parents experience unacknowledged and unaddressed dissatisfaction in their relationship that creates anxiety for at least one of them. Minuchin argued that this anxiety needed an outlet or focus and if a child behaved in a way that drew both parents' concerned attention to her, the child would notice that both parents worked together and were united in their concern and this reinforced the child's behaviour – and thus 'problem' behaviour was born. This premise is built on the developmental idea that children notice and monitor their parents' well-being as individuals and crucially, the well-being of their relationship.

Winnicott (1964) also wrote about helping families to untie the developmental knot caused by a child's monitoring of their parents' relationship difficulties. As a possible formulation for some childhood emotional and behavioural 'difficulties' it blames neither the child nor the parents but seeks to understand how, both consciously and with non-conscious processing, people get caught up in the ironic consequences of their own and others' behaviour and intentions, often in an effort to make things better.

In another example of the power of ironic consequences, Byng-Hall (2008) wrote of children's role in distance regulation or affect regulation in a parents' couple relationship. Two parents are discussing an issue that arouses anxiety and one or both begin to show signs of discomfort. The young child, playing in the room, gets up and

toddles over to one parent, who with some relief, bends down, picks up the child, puts them on their lap and pats them, and so on. And thus the difficult adult conversation is interrupted, unhelpful arousal is calmed by the action of attending to and soothing the child and the child learns, before they even have the use of language, how they can be helpful to their parents. If this sequence is repeated and positively reinforced a few times it could become established as a pattern or a set of expectancies about how to manage unhelpful arousal.

A second triangular process, or cross-generational coalition, was observed when again, there was distress and dissatisfaction in the parents' couple relationship that was not addressed in any constructive way. Here each parent tried to recruit the child to side with them, against the other parent. The dilemma for the child in such circumstances is that to please one parent is to displease the other. This experience is not uncommon for children going through their parents' divorce when hostility arises or is continued through the legal and psychological process of separation, custody, residence and contact.

Children's experience of divided loyalties in these circumstances has been documented by Dowling and Gorell Barnes (1999) and Blow and Daniel (2002), who show it has immediate and longer term adverse social and psychological consequences for some children. So, when children live in two households it is difficult to manage the strain of hearing one parent speak ill of the other, whom the child may love, and for the child to know they cannot speak well of one parent to the other parent for fear of inciting the latter's displeasure.

In the third example provided by Minuchin there is an unacknowledged and unaddressed parental dissatisfaction with the couple relationship but one parent seeks affection and stimulation outside the couple relationship in having a sexual affair or perhaps in locating all recreational activities outside the family (a more disengaged style of relating). The more residential parent might well turn to one of the children for emotional and practical support, confiding in them and relying on them perhaps in a way that is beyond what is emotionally manageable for the child or in ways that make it harder for children to take up their developmental place with their peers under the constraints of societal expectations (a more enmeshed style of relating).

This focus on triangles can both be an important bridge between systemic and attachment perspectives and a higher order context marker for interconnected attachment relationships in a family

system. It allows us to see a child as developing and functioning in both direct dyadic relationships with each parent and also with the relationship between them (Pallazoli *et al.*, 1989). In effect, the child can be seen as developing attachment strategies with each parent and, at the same time, having those strategies function to meet their parents' emotional needs in their relationship, but without the child's awareness.

Alan Schore (2009) writes about the role of the relational unconscious in affect regulation and our capacity to respond to relational cues without the immediate aid of cognition and language to help us make sense of what is happening. The situation for the child can become increasingly complex and confusing when there is no open or straightforward discussion in the family about what is going on between them all, what people are feeling and what their intentions and wishes are. In such situations, children and their parents may become increasingly confused by, or more unwilling to think about, the causes of events, what maintains relational patterns and their own role in the developing problems.

Case illustration of triangulation and interpersonal dilemmas

We can illustrate some of these dilemmas through the experience of a young woman, Kate, who had been suffering with anorexia. The first author worked clinically with her and her family several years ago and also as part of a research study exploring shared attachment themes in the family (Dallos and Denford, 2008).

Kate, aged 17, was living with her parents and attending school at the time of the referral. She was the youngest child, with three older brothers, one of whom had recently moved back home. She had been suffering with an eating disorder for the past 2 years and had a number of paediatric ward admissions to assist with weight gain but had not been admitted as an inpatient at any stage. Both her parents lived at home and both were in full-time paid employment. Kate's mother acknowledged early in the family sessions that she was unhappy in her marriage and wanted to leave to find a more fulfilling relationship, whereas Kate's father wanted to save the marriage.

Both Kate's parents had troubled attachment histories in their families of origin, having experienced emotional unavailability from their respective parents. The grandparents in turn, were reported to have had troubled lives, including psychosomatic problems and attempted suicides. The first author worked with Kate and her family

in family therapy for 18 months. The research interviews with the family used the adult attachment interview (George *et al*., 1986), both individually with family members and with parts of the family as a family interview. This research complemented the therapeutic exploration of relationships with food, food and comfort, mealtimes and the family members' explanations of the eating problems.

The following example from the research interview illustrates how a child may experience the tensions and conflicts between her parents as anxiety-provoking, which may eventually result in her expressing forms of distress. Even more powerfully, a child may feel that she is being drawn in to take sides in a battle between her parents that she finds highly distressing and confusing. Below are two quotes from Kate:

> They used to really hurt me because they used to play each other off. . . . And they would be like, 'Go on tell me all the bad stuff about the other one'. And I used to sit there and think to myself, 'I am made up of half of each of these people and they hate each other, and do they hate me?' . . . The only thing I ever hear them talking about is me and if I didn't have this [anorexia] its kind of like, would everything fall apart, at least its keeping them talking. And they won't argue while I've got this because it might make me worse. So um . . . that's kind of bought, sort of like, I'm not in control as such but I've got more control over the situation that way.

Here we can see how Kate expresses very poignantly what the experience of being caught up in the conflicts between her parents feels like. She even offers a very powerful systemic formulation of how her anorexia can function to stabilize the family system.

Intergenerational consequences of triangulation processes

A wide range of intergenerational issues arise from this research example, not least that it might seem to be blaming the parents for having caused this young woman's condition. There are many reasons both in the present and in the past why parents, separately and together, might feel distress, be insecure about each other and engage in conflict and in hostile interactions, and even why they might involve a child in such ways. We might even want to contend from a social constructionist position that this is just Kate's narrative and represents her version of events, not a truth about the dynamics in this family. However, for this family, this was not only Kate's story but also her

parents', as they, too, reflected that they were concerned that their frequent arguments may have helped to cause Kate's 'illness'.

Added to this, the parents said that they had been thinking of splitting up, and her mother especially explained that she was very unfulfilled in the marriage and wanted to end it. So in effect, this story represented a form of shared narrative, though with variation between the three members of this family in how they thought it related to Kate's condition. Interestingly, Kate's older brother held a view that although their parents argued, this was made worse by Kate and that her anorexia was a form of selfish and self-centred activity. His perception here can nicely be seen in terms of Minuchin *et al.*'s (1978) formulation that although a child's problems might originally be connected to parental conflict, in turn the child's problems and behaviour can serve to make it harder for them to reconcile their difficulties despite their best efforts. More contemporary writers might describe this as a problem-determined system (Anderson *et al.*, 1986).

Further reflections on triangles and triangular processes

We have been conducting research as well as clinical work with families with a range of presenting problems. More research is needed into the complexities of triangular care and the implications for systemic practice. In our research we interview family members individually using the adult attachment interview and a semi-structured interview about their relationships and their view of the problems.

We also interview them jointly to talk about their relationships and attachment experiences and connections in their current family and across the generations (Dallos, 2006; Dallos and Denford, 2008; Dallos and Vetere, 2009; Vetere and Dallos, 2008). What we have discovered from this research and from our clinical experience is that Kate and her family are somewhat unusual, in so far as they had the ability to recognize some of these connections between their conflicts and Kate's condition. In contrast, in many families, members are able to describe events and relational dynamics that clearly suggest triadic processes but do not connect these as being related to the problems that develop.

Reading this you may be thinking; but surely many parents do blame themselves for what has gone wrong and feel guilty that they are failing? Of course, this appears to be true but what may be harder

to acknowledge, and here we speak as parents who both deeply regret some of the marital conflicts to which we have subjected our own children, is the fundamentally triadic aspect of this process.

Many parents continue to blame each other and or themselves but do not, as Kate is starting to see in the example above, understand the triadic nature of this process. Arguably, this is in part because European cultures do not seem to hold triadic views of relational causality, at least in research design and methodology but seem more focused on either individualistic, or at most, dyadic explanations. In an implicit way however, Kate seems to be suggesting that she views both of them as equally responsible but moreover that 'it's both of you, your relationship, that is distressing for me':

> They used to hate each other so much I always used to be so scared that one of them would do something stupid and I would come home and, I used to hate coming home just in case something happened. And they've both got the worst tempers, even Dad . . . Dad's is rarely seen but it is really bad.

Arguably many parents may flit from thinking that it is their relationship that is the problem but are likely to drift from this into blaming the other or possibly even themselves as the primary cause. Also, many parents are less aware that the triadic arrangement where one parent has partially withdrawn may still continue to have a powerful and negative effect on a child who continues to feel the underlying tension or may, for example, remain very wary of ever saying the 'wrong thing'. For example, a child may be careful never to say to her mother that she misses her father for fear that she may upset her mother, thinking that her mother would feel hurt that she was failing.

This might be a situation where the parents are on the surface 'amicably' separated and say little explicitly negative about each other but the child feels the tension, for example in her mother's body or a change in her breath and posture when the child's father is mentioned. For such reasons the process of the triangular relationship and such continuing emotional impacts may not get openly discussed, yet are remembered and stored in the relational unconscious (Schore, 2009).

One thing a child may therefore be learning is to disguise her true feelings and develop what Crittenden (2008) called 'false affect'. Over many years such learning may result in the child becoming not clear herself about what she feels at any given time, as pointed out by Winnicott (1964) in his notion of the 'false self'. He theorized that the

false self emerged as a child repeatedly managed the dissonance or lack of congruence between their caregiver's ability to meet their needs and the child's actual needs for nurturance, reassurance and comfort.

Systemic research on triangulation

Despite the centrality of triangulation as a key feature of systemic theory and practice we are hard pushed to find contemporary research from the systemic field that explores how this process works and the possible outcomes. There are, however, two strands of enquiry that we have come across.

The first comes from research on how inter-parental conflict impacts on children (Amato and Afifi, 2006; Buehler and Welsh, 2009; Buchanan *et al.*, 1991; Cummings *et al.*, 1989; Davies *et al.*, 2002; Vetere and Cooper, 2005, 2006). The accumulation of this research supports our clinical experience that conflict between parents, which may range from domestic violence to, as in Kate's case, the constant imagined dread of something bad happening, has a deleterious effect on children's mental health (Rutter, 1999).

This body of research has mostly employed a variety of measures of the level and frequency of parental conflict using inventories from parents and children and measures of children's well-being. A consistent finding is that children display significantly higher levels of internalizing symptoms, such as anxiety, depression, low self–esteem, substance misuse and self-harm (Davies *et al.*, 2002). More specifically, the effects seem to operate on two levels – children find conflicts between the parents distressing but the effects of this are greater when the parents pull them in to take sides (as in Kate's example earlier).

This body of research also suggests that children attempt predominantly two forms of strategies. One is to try and avoid the conflicts between their parents by escaping, retreating to their room, staying out of the home as much as possible and disconnecting emotionally. The other is to attempt to intervene, for example, to keep the peace, reason with their parents to stop, and try to be particularly nice and pleasant. It also seems that some children may intervene with their own arousal regulation problems by externalizing symptoms, such as shouting at their parents, becoming hostile and getting into trouble. These can be even more successful ways of distracting their parents so the child, not their parents' relationship, comes to be seen as the problem, as negative interaction cycles escalate. Finally, again as in

Kate's example, it may be that the emergence of severe symptoms can be a very powerful way of distracting the parents from their relationship issues in a mutually reinforcing cycle of interaction.

We can also see some parallels here with the ideas of the Bateson group (1972) regarding the double bind. The process of triangulation, or the invitation from the parents to take sides, makes the strategy of withdrawing very hard, so that in effect, it is impossible to leave the relational field. The nub of the double bind – 'damned if you do and damned if you don't' – lies in not being able to step outside the interaction and comment on it at a reflective level of understanding.

Somehow it is not safe for the child to run a commentary on what is happening, even assuming they can think reflexively about these processes. Thus a third choice or way out of the double bind cannot be seen, and the child needs the relationship with the parents for survival. Weakland (1976) had extended double bind theory to see it as a three-person phenomenon and pointed out how confusing communications could arise due to each parent knowing when they were communicating to the child how what they said might be undermined by the other. Hence, again as Kate describes, she felt filled by the bad stuff about the other parent rather than feeling that she was being attended to herself. Similarly, Blow and Daniel (2002) write about such experiences for children in the context of hostile parental divorce proceedings.

The second point of connection is with attachment theory. The above body of research has come to some important general conclusions that what children experience in these situations of parental conflict is best described as attachment insecurity. The children display insecure attachment patterns on attachment measures and, perhaps surprisingly, instead of being more likely to imitate or learn their parents' aggressive behaviour or conflicted styles of relating, some children are more likely to show indications of anxiety and depression.

Now attachment theory has essentially been a dyadic theory. Its central premise is that the child forms an internal working model of how relationships work, a view of how safe the world is, how valued they feel as a person and how much they can trust others, from their dyadic relationship with each parent (or carer) and particularly with their mother (or the person who spends most time with them and caring for them). However, it seems that in addition to these dyadic relationships a child also has a relationship with their parents' (or carers') relationship, actual and remembered. It is this relational

context that contributes greatly to how secure or insecure they come to feel. Furthermore, we might suggest that it is this higher triadic context that serves as the key marker for the dyadic relationships.

For example, a new young mother may be helped and supported to make a relationship with her new baby by her supportive relationship with her partner or her own mother; or each parent living in a relational context of couple conflict is likely to be emotionally distracted, distressed, unavailable or communicating confusingly with a child, such as trying to put a brave face on things, pretending that everything is fine when it is not and when they feel sad and desperate. In our work with family violence we see these patterns develop over time, as victims of violence comfort themselves with the idea that the children are protected from knowing what is happening between the couple (Vetere and Cooper, 2005). This is likely to exemplify the confusing and contradictory communications that the Bateson team wrote about many years ago.

Despite Bowlby's (1969, 1973, 1980) robust interest in family dynamics and his recognition of the complexity of attachments in families, he nevertheless suggested that the place to start was to understand dyadic process and once this was done to build up the bigger picture. However, it seems that there have been few attempts in attachment theory to do this. Furthermore, we might question whether this falls into the systemic non-summativity dilemma, namely the idea that the whole is greater than the sum of its parts and that we cannot just add up the dyadic relationships in a family to explain the bigger triadic and larger picture of nested and interconnected relationships.

Most attachment research is based either on the use of measures such as the narrative assessments, for example, the story stems for children or the adult attachment interview that look at individual attachment representations or the strange situation paradigm that looks at the interaction between one parent and a child. There have, to our knowledge, been very few attachments studies that look at how one parent and child interact in the presence of another.

This seems a pity since attachment theory in many ways has contributed to the fascinating development of our understanding of the connections between the development of children's inner representational worlds and relational processes and provides us with a theory of love across the lifespan. This interest was clearly the domain of early systemic theory and practice. Many of the early family therapists were researchers-practitioners who tried to advance aetio-

logical models of how personal and interpersonal problems developed in families as well as addressing the pragmatic questions of what to do about them.

The second author's participant observation research, in which she lived with family groups for a week at a time, developed the notion of triangulation and triangular processes through the use of family systems theory and sequential analysis but again, we note, the tradition of observational research was never developed further in the systemic field (Vetere and Gale, 1987). We might lament that this lack of interest in empirical exploration around the development and maintenance of interpersonal problems has left us as a field guided in its absence by fashion and pragmatics. However, this may mean that without a developed theory of why and how problems develop in different ways in different families we run out of new ideas of how to promote and support change and may find it harder to fit therapy to the specific needs of any given family.

The research work of Pat Crittenden

Pat Crittenden (1997, 2006, 2008) has developed a version of attachment theory that is an exception to this exclusively dyadic emphasis, in that it recognizes the powerful developmental influence that triangulated processes can have on children and other family members:

> Triangulating parents try to protect the children *from* problems in the marriage or, in more severe cases, engage the children in protection of the marriage . . . In triangulated relationships, children perceive themselves as having a direct relationship with the parent, whereas in actuality, the parent's interest is tied to how the children function to preserve the spousal relationship. . . . Changes in parents' perceived threat can have a powerful impact on the parents' behaviour, often in the form of emotion based action. When the threat is not tied to, nor visible to the children, but is acted out with the children as if they had caused the parents' behaviour, children become very confused about their causal contribution to the relationship.
>
> (Crittenden, 2008 p. 182)

In her account Crittenden describes how each parent (as with Kate earlier) may draw a child in, such that their relationship is continually influenced by reference to the other parent, including, as in Kate's case, possible accusations from each parent that she was too close to the other parent and should instead side with them against the other.

However, in Crittenden's description above, it is also possible that the parent is trying to protect the child from the conflict in the relationship but in a sense this conflict leaks out in indications of distress, tension and irritation by the parent, so that the younger child misattributes this as being her fault. This latter observation is crucial since there may be many cases where children become concerned and involve themselves without explicitly being invited to do so by the parents. However, the parent may respond to the child's caregiving behaviour, when the parent's need for comfort and reassurance is high, such that a role reversal starts to take place. Clearly, children learn social competence, develop their capacity for compassion and learn how to care for themselves and others in family relationships. Here, though, we are noting what might happen for children if it is not safe to speak about and process these experiences.

Crittenden goes on to discuss the potential effects that this can have on the understandings that develop for a child:

> The two central issues for the children in triangulated relationships are (a) forming accurate understanding of self-relevant causation, that is, knowing what they elicit from their parents versus when their behaviour is irrelevant to outcomes, and (b) developing a sense of themselves as important in their own right, that is, developing self-esteem.
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> (Crittenden, 2008, p. 183)

Central to attachment theory and to Crittenden's adaptation is that children develop different attachment models or strategies according to the nature of the experiences they have gained in their families. In Crittenden's version the two insecure patterns consist of A and C: A is described as dismissive, or a dismissing or emotionally de-activating strategy consisting of an excessive reliance on rational thought, the exclusion of feelings – especially negative ones – and self-responsibility and self-blame. For these children, the expression of negative feelings, especially anger, is often forbidden and they feel shame and humiliation when, as is inevitable, they occasionally display intrusions of negative feelings. In contrast, in the preoccupied insecure C patterns, in situations of attachment threat there is an excessive reliance on feelings to guide action, including a tendency to be overwhelmed by strong feelings and difficulty in managing unhelpful arousal, at the expense of calm, considered thought with low self-responsibility and high levels of blaming of others.

Furthermore, in her model the way children who show insecure patterns learn these patterns is not seen as being inherently to do with

copying the strategy of emotion regulation of their primary attachment figure. Rather she postulates that children who show insecure patterns of attachment might be matching their strategies to their parents, such that a child may develop a preoccupied, highly emotional and coercive strategy to get a reaction from a parent who is very emotionally shut down and unavailable.

This is based on the idea that a child might prefer a negative form of attention to being ignored. In contrast, a child may develop a dismissive or emotionally deactivating strategy in the context of living with and relying upon a very emotionally demanding and volatile, unpredictable parent. Such a strategy is protective and helps lessen the impact of unpredictable responding. Children who display secure strategies appear typically to have parents who also show secure patterns.

However, attachment theory has increasingly needed to take account of the suggestion that children in the same family may be involved with different attachment patterns with each of their parents, which may be rooted in an intergenerational attachment legacy and, furthermore, that these patterns might be related to triangulation processes.

For example, a research study by Schindler *et al*. (2007) suggested that adolescents who were displaying problems of substance abuse were predominantly in family configurations where the mother figure displayed a preoccupied attachment strategy with her child and emotionally drew him in to an enmeshed relationship that excluded the father, who displayed a more dismissive pattern:

> In families with a triangulated pattern of relationships, the adolescent is needed to stabilize the family system. They are trapped in a cohesive mother-child relationship, serving as an emotional substitute for a dissatisfying marital relationship. The closeness seeking here is on the part of the mother. Steps towards autonomy cannot be taken in spite of the developmental stage of the adolescent. Drug use helps to bear this situation, providing the adolescent with a 'pseudo-autonomy' that produces a feeling of strength and autonomy. At the same time, he remains dependent on his parents and is becoming dependent on the drug.
>
> (Schindler *et al*., 2007 p. 114)

Clinical implications

One of the important conceptual and clinical contributions of Crittenden's (1997, 2008) dynamic maturational model is that it draws

attention to and embraces such findings by suggesting that children may develop complex and interacting attachment strategies in difficult family contexts. A simple classification of insecure patterns will not be sufficient. Returning to Kate, she showed considerable understanding of her situation but did not seem to take her parents' perspective.

Possibly, being inside such a triangle of competing relationships led her to have difficulty in consistently using either of the two main attachment strategies in consistent, predictable and helpful ways. It is important to remember here that insecure strategies are seen in attachment theory to be functional, to be about survival, safety and protection and are not necessarily associated with pathology. Dependence is not seen as a pathological process, rather autonomy and dependence are seen as two sides of an attachment relationship.

In clinical populations and therapeutic work it is much more likely that we will see complex or mixed strategies that do not seem to achieve a consistent sense of relationship satisfaction. For example, Kate appeared to employ both a preoccupied strategy of insisting, at all costs, on her own perspective and of fearing loss of protection altogether if she bent and considered her parents' perspectives (Ringer and Crittenden, 2006).

At other times, she showed an attempt to distance herself from negative feelings, blamed herself and took responsibility describing herself negatively, 'I was a very fussy eater', 'I knew how to press Mum's emotional buttons' and to act in a concerned and caring parental role towards her mother. She appeared not to be able to employ either strategy consistently and possibly displayed a mixed pattern (A/C) to cope with the conflicting demands. She describes how this led to her feeling, with hindsight, that the only solution was her anorexia:

> I worked out that crying doesn't work. No matter how hard I cried it never worked. Nothing ever changed and I became very good at just crying on the spot but it didn't do anything so it [anorexia] is just another way of crying.

It appeared in our clinical work with this family that Kate's mother needed to be in a close and emotionally involved relationship with her, perhaps seeking or trying to provide the closeness, caretaking and intimacy that she did not have from her own mother who had been depressed and suicidal throughout her own childhood (Byng-Hall,

1991). This could be described as a corrective script that did not fulfil the mother's intentions.

On the other hand, Kate's father displayed a more dismissive strategy and Kate felt she needed to curtail expression of her vulnerable emotions and her needs for nurturance with him. Her father had also experienced a difficult and insecure attachment history as a child. However, both her parents drew her into taking sides against each other, which made it hard for her to disengage and also to show her feelings in a clearer and more direct manner. Neither of the two attachment strategies, that is, options to avoid the family conflict or to intervene in it, were functioning for her, especially if she attempted to intervene by showing any anger, as this upset her mother, who broke into tears in nearly every family session that we held.

At these points Kate would eventually offer some comfort and reassurance but would also express anger and irritation with her parents' behaviour. Helping family members understand and walk around in these unhelpful patterns with a view to de-escalating their emotional intensity and to softening blame is crucial to strengthening and developing more mutually satisfying engagement.

Finally, an interesting observation made many years ago by Minuchin *et al.* (1978) is that family dynamics can come to be self-maintaining. This has latterly been described as a problem-determined system (Anderson *et al.*, 1986). Theoretically, this is an important distinction to draw, as Minuchin's thinking followed in the tradition of Harry Stack Sullivan's notion of emotional symptoms as ironic consequences of people's attempts to solve troubling relational dilemmas.

We see this notion of ironic consequences also in the work of the early strategic family therapists who thought emotional distress occurred as a result of attempted solutions to interpersonal problems in that the attempted solution to the problem had become the problem (Haley, 1987). These formulations of interpersonal difficulties are thought to be less blaming and direct our attention to the complexity of people's intentions, expectations and motivations. The notion of symptoms as ironic consequences is theoretically distinct from the idea that symptoms have functional significance and are in some ways necessary to maintaining family stability and functioning.

The notion of ironic consequences though, also allows us to think how mutual responding is shaped and reinforced over time to take on the life of a pattern. So, although Kate felt she could not withdraw

emotionally and risk leaving her parents to cope, they did encourage her to go to university and become more independent. They also decided to engage in some couples work to see if they could repair their marriage. Part of this work involved the parents acknowledging how important Kate had been in saving their marriage, which had been very rocky before Kate was born but Kate's arrival signalled the most happy period in the couple's relationship. In a sense she appeared to have been central not only to each of them but to their relationship from her first arrival into the family.

For her part, Kate returned from university (some 90 miles away) almost every weekend, presumably to keep an eye on her parents and perhaps also because she had become accustomed to her special place in their relationship. This made it harder for her parents to resolve their own issues with each other and to develop a more satisfying bond with each other. Eventually Kate made her own emotionally intimate relationships and gained some independence from her parents.

Triangles and relationships within family and professional networks

Finally, we conclude this discussion on the usefulness of the systemic concept of triangles and triangulation to consider their application in thinking about and working with relationships in the family and professional network. We consider an example from two service settings, that of drugs and alcohol services and that of a domestic violence project, to provide a conclusion to this article.

In drugs and alcohol work with individuals, couples and families, it is not uncommon to find that the person who uses substances does so as an affect-regulation strategy – to help them 'numb out', to avoid painful feelings, such as shame and fear, and to manage anxiety in social settings. It may be the case that after encountering adversity the individual has learned not to trust anyone and turns to substances rather than people for comfort and reassurance. In these circumstances the ability to make a trusting relationship with an alcohol/ drugs key worker may be the first step or a bridge into further therapeutic work with a partner or other family members, to address the impact of substance use on people's lives and its implications for relationships and looking after children.

Entering into therapy with significant family members can be felt as deeply threatening, so the key worker acts as a stable third in the triangle, bridging and supporting the transition into more

challenging areas of therapeutic work. In our experience it is regular consultation and liaison, with consent, between the three points of the triangle, key worker, client/family and systemic therapy team, that often prepares and ensures a smoother transition into systemic therapy than might otherwise occur (Vetere and Henley, 2001).

Similarly, when working with family violence, the need to ensure the safety of all family members is paramount. We developed a safety methodology for therapeutic practice, including the management and assessment of risk of violence, that developed the notion of interlocking triangles (Cooper and Vetere, 2005). When violence in a family is known or suspected, fear and anxiety about the recurrence of violence may be high, both in the family system and in the professional system. These anxieties may be openly expressed or indirectly communicated in unclear and confusing ways. As part of our approach to safety, we pay attention to levels of anxiety and how anxiety can appear to slip around the professional system. We soon learned that if we did not help the professional system settle down to recognize how we paid attention to safety and risk, that it would be harder for us to settle into dedicated therapeutic work with families in a way that was not inadvertently sabotaged by the unsettled network. So in our safety methodology we work with triangles as the minimum sufficient network.

The three points of the triangle consist of the family, ourselves and the stable third, who may be the referrer or someone who is trusted by the family and the professional system, such as a grandparent, a health visitor, a faith leader or a community worker. The stable third is someone who knows the children and has access to the house. They are in a position to both corroborate what the family tells us about safety and to help us develop, support and regularly review a safety plan with the family. The safety plan has to be workable from all participants' perspectives. The watching professional network needs reassurance that we will not maintain confidentiality about issues of risk or repeat violence and that we will not be falsely reassured that all is well by simply believing what we are told. Thus, the stable third helps us manage risk and anxiety in the professional network and family system and is one aspect of our approach to safety in our work.

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