Article

Systemic therapy and attachment narratives: Attachment Narrative Therapy

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Abstract
This article outlines an integration of attachment theory with narrative theory and systemic theory and practice: Attachment Narrative Therapy (ANT). This integration offers a more powerful explanatory formulation of the development and maintenance of human distress in relationships, families and communities, and gives direction to psychotherapeutic intervention.

Keywords
Attachment theory, narrative theory, systemic theory, systemic practice, integrative formulation, attachment narrative therapy

Attachment theory is a developmental theory of the social regulation of emotion in families. It was originally developed by John Bowlby (1969) to offer an understanding of the formation of psychological problems in children and adults. He was convinced that early experiences of separation and emotional deprivation could have long-term negative consequences for children's development. It seems that his interest in this was not simply a 'scientific' one. It was also an attempt to understand his own experience of the separation he had from his parents who sent him away at the age of 7 to boarding school and who generally believed that showing affection to or spending time with their children was unnecessary. In many ways, Bowlby followed Freud in noting that negative events in childhood, such as separation, trauma and abuse, were at the core of later mental health problems – neuroses and pathologies, as they were called. However, Bowlby was interested to develop an understanding of the mechanisms whereby such negative effects could occur, and thus, he turned to a wide range of theoretical perspectives. In effect, attachment 'theory' is best described as an umbrella term for a set of inter-related theories. Central to his thinking was the idea that we possess a fundamental survival instinct to seek protection from our parents (or carers) when we experience dangers. This instinct is shared with other mammals and serves to foster the survival of each species. The seeking of safety leads to a long-term connection and relationship, and primates, like humans, will show a preference for and continue to spend time with their parents/carers even as

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adults. Bowlby's theory argues that in human beings, this fundamental need to seek protection from danger develops to form a generalised sense of how we expect others to act towards us and also how they see us. In childhood, the most significant others are usually our family members, and hence, attachment theory encapsulates these early relationships particularly in how the child develops a sense of being able to trust others to help resolve their fears and anxieties. Hence, attachment theory embraces the family as an emotional system in terms of how they respond to help each other in situations of actual danger and in relation to anxiety and threat. On the other side of this coin, the sense of safety, protection and care we can experience produces not just relief of anxiety but the positive emotions of trust, affection and love.

Bowlby's initial intention was to persuade the psychiatric community that preventative efforts were necessary to offset the risk of long-term damage done by the separation of children from the adults that they needed to protect and nurture them emotionally. His theory provides an elegant development model of how different kinds of insecurities and problems may develop, but he did not have time to develop the full implications of the attachment model for therapy. Importantly though, he suggested that analogous to security in a family, therapy needed to create a secure base for the family members in which the therapist is experienced as a transitional attachment figure:

> For not only young children, it is now clear, but human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are confident that, standing behind them are one or more trusted persons who will come to their aid should difficulties arise. The person trusted provides a secure base from which his (or her) companion can operate. (Bowlby, 1973: 407)

Bowlby argued that many families have not been able to provide an experience of security for their children and will find the positive attachment offered by a therapist a new and possibly daunting experience, for example, 'can I trust this person when I have grown to think I must only ever rely on myself'?

Following Bowlby's pioneering work, there have been a number of thoughtful, empirical attempts to articulate the theory–practice links between attachment theory and psychotherapeutic practice with children, adults, couples and families (e.g. see the work of Crittenden, 2006; Flaskas & Pocock, 2009; Holmes, 2001; Johnson, 2002). We have a similar purpose in our Attachment Narrative Therapy (ANT) project. We integrate three major systems of thought that offer explanatory power for understanding the development and maintenance of human distress with systemic psychotherapy practice: family systems theory, attachment theory and narrative theory. Both authors are clinical psychologists and family systemic psychotherapists. A.V. works therapeutically with couples, with substance mis-use and with family violence. R.D. works therapeutically with children and families, eating distress, social services, adoption and fostering.

ANT grew out of our disquiet with single model explanations of behaviour and a diagnostic system that categorised symptomatic behaviour, and out of our dis-satisfaction with therapeutic practice that did not theorise love in our close relationships. Ultimately, we want an integrative framework to formulate the development and maintenance of individual and relational distress in a way that offers road maps for effective and compassionate intervention. We call these road maps 'formats for exploration', and we shall outline a few in this article.

Why the three theories need each other

Bowlby was both integrative and systemic in his approach to understanding the life-long significance of attachment processes. However, much of the early research work has focused on dyadic relationships, such as mother–child dyads and couple relationships, with a later interest in fathers

and siblings. We argue that systemic theory helps enlarge the traditional focus to an appreciation of triangular relationships and triangulation processes in families. For example, in the original strange situation paradigm, what might have been observed had fathers or brothers and sisters been present when the mother left and returned? In systemic thought, the triangle is the basic human relationship, that is, when any two people are together, their relationship is influenced by their separate relationships with a common third person.

Systemic theory and practice focus on pattern and process in relationships over time, on intergenerational learning in families, on meaning in communication and on the social context that both influences families and is influenced by families. However, it does not explicitly theorise love in family relationships, nor sexuality in couple relationships. Many of the early family therapists were psychodynamically trained, and theories of emotion regulation were implicit in their early work, for example, Minuchin's (1974) description of the impact of unacknowledged anxiety in couple and family relationships, or Bowen's (1978) description of enmeshment. Thus, attachment theory helps explicate the meaning of emotional safety, comfort and reassurance in relationships, and what happens when we struggle to understand and manage our emotional responses.

Narrative therapies are interested in how we story our experience and live time through narrative constructions and in particular how certain narratives about ourselves and others become dominant, and other possible constructions become marginalised. In the elegant descriptions of narrative practice, we miss the theory of narrative as skill development (e.g. Bruner, 1986; Vygotsky, 1978). For example, how does a child learn to construct a narrative of their experience? What makes it safe for children to contemplate all aspects of their lives, and in particular if they live with fear and danger on a daily basis, what happens if it is not safe to contemplate others' intentions towards them? It is in this latter question that we see the fit between attachment theory, systemic theory of relational process and narrative theory.

In summary, we have found that a systemic perspective offers elegant descriptions of problem-maintaining interactions in families but tells us less about how and why these have evolved in the first place. Family therapy appears to have become shy of suggesting causal developmental explanations for fear of appearing to 'blame' parents for causing problems in their children. Attachment theory does offer a developmental and causal model but has been too dyadic in its focus and arguably too much orientated as a deficit model evident in its frequent use in social service contexts to assess 'risk'. Both models can be complemented by narrative approaches which emphasise meaning-making and choice as central to family life. In particular, we draw on Byng-Hall's (1995) idea of corrective and replicative scripts to capture how parents make choices, albeit not always conscious ones, about how to act as parents and relational partners and how they want their families to be similar or different to what they themselves experienced as children.

Representational systems: The layers of attachment

In our view, probably one of the most helpful theoretical developments has been in working with implicit relational knowing (Stern et al., 1998) and the recognition that our representations of our attachment relationships and experiences are held in different memory systems: procedural, sensory, semantic, episodic and integrative (Tulving, 1983). Procedural memory is memory for how we do things, for example, riding a bicycle, making a cake, looking after someone who is sick or having an argument with our nearest and dearest. Sensory memory is memory for sensation, feelings and emotion. It is often implicit memory and is sometimes referred to as embodied memory, with the potential to trigger trauma responses, for example, the look on the face of a loved one (or a feared one), the smell of a baby, the sound of anger, a comforting touch and so on. Semantic memory is thought to be that collection of thoughts, beliefs, values and assumptions about

ourselves, others and 'the world' that is available for conscious processing. Episodic memory is sometimes referred to as autobiographical memory. It is our capacity to link our experiences in subjective time to form a coherent narrative that others, when listening, can follow. At times of duress and distress, when we are highly physiologically aroused, much of our spare mental capacity might be devoted to a preoccupation with managing our emotion such that our ability to narrate experience coherently is constrained. Integrative memory is our capacity to integrate all our memory resources, rather than relying on one predominant memory system to describe and explain experience, and importantly to reflect on what we are thinking, feeling and doing. This capacity has been called meta-communication, meta-cognition and reflective self-functioning within the major theories of psychotherapy.

This development that links attachment theory and theory of memory functioning with trauma theory helps us as practitioners both to develop the therapeutic alliance and fit our responses and possible interventions with our clients' dominant attachment strategies when in distress and under threat. Attachment threat can arise when we fear rejection and abandonment, and fear that we are a disappointment to ourselves and others. This can be accompanied by deep and unprocessed feelings of shame, which if not attended to can continue to implicitly direct our defensive and self-protective strategies.

Implications of attachment theory for therapeutic practice: Working within and between

Attachment theory is representational and is about care-giving and affection, and in adult relationships about sexuality. We like attachment theory because it does not pathologise dependency in our close relationships. Rather, dependency and autonomy are seen as both sides of the same attachment coin. It is when we feel safe and secure in our relationships that we are most likely to reach out to others for help with problem solving, and for comfort and reassurance. Such a sense of safety arises from knowing that close others are more or less predictable in their accessibility and responsiveness to us. These are the building blocks of trust in our close relationships.

Thus, in therapy with children and families, attachment theory emphasises the importance of helping people name, understand, illuminate and process their emotional responses. It emphasises the importance of both listening and feeling heard and deeply understood. This has the ability to help soothe and calm when unhelpfully aroused, and in therapy highlights the importance of helping family members stay present, attuned and listening to each other when one or more are upset. Comfort is central to attachment theory, and in therapeutic work, this translates into practice that affirms and actively supports the giving of comfort, seeking of comfort and receiving of comfort with others and the developing of capacity to soothe and comfort ourselves. When we are unhelpfully physiologically aroused and upset, we may become preoccupied with our own emotional state and our attempts to regulate ourselves such that our ability to process negatively laden material slows down, our empathic curiosity about others may be reduced in a difficult moment and our ability to read relational cues might be constrained. Thus, therapy promotes compassion for self and others and helps family members both feel affirmed and understood, before moving to promote relational understanding and action. Attachment theory is focused on safety and protection in our close relationships and thus emphasises the therapeutic importance of slowing down our work during these difficult moments to help and support people with their understanding and emotional processing. Finally, attachment theory in its later development has emphasised transformations in our representational systems. Thus, if we tend to rely on a de-activating strategy to down-regulate unhelpful physiological arousal, we may emphasise semantic representational systems in

our dialogue with ourselves and others. This may express itself as a tendency to rely on 'facts', to minimise our descriptions and to persuade ourselves we are alright. Similarly, if we become easily overwhelmed when under attachment threat and become preoccupied with our struggle to regulate our arousal, we may tend to over-simplify explanations and become emotionally reactive. A more balanced response involves both the above strategies, with a wider repertoire of coping responses, and some capacity to stay reflective while upset. In our view, all psychotherapies are trying to help people develop their reflective and integrative capacities, to think about what they and others are thinking, feeling and doing, while developing curiosity, empathy and compassion, for self and others. A systemic focus will also include relational esteem, that is, that capacity to hold our relationships in focus, and esteem them as much as we hold ourselves and others in mind.

ANT

A broad framework for utilising systemic attachment and narrative ideas – ANT (Dallos, 2006; Dallos & Vetere, 2009, 2010) – is illustrated below. This employs four key stages in the intervention process,

Creating a secure base. In this stage, it is recognised that coming for therapy can be an extremely anxiety-provoking experience for many families. The first session emphasises safety and validation and invites families to comment on the pacing of the work and how comfortable they feel. It indirectly invites attention to their feelings and how these are communicated and conveys a message that negative or distressing feelings in the session can be commented on and they will be responded to.

Exploration. In this stage, the materials for subsequent emotional and interactional changes are gathered through a variety of forms of exploration, such as genograms, sculpts with objects, tracking circularities, enactments, identifying attachment threats and dilemmas, their explanations of the problems and trans-generational patterns of attachment and comforting. It recognises that such exploration can also provoke anxieties, and the above emphasis on pacing and commenting on their experience of reflecting on the work is maintained.

Considering alternatives. This stage utilises the material from the exploration and extends these to consider exceptions and unique outcomes, to support emotional risk-taking in relationships, processing and clarifying intentions and meanings, and also focuses on the parents' corrective and replicative scripts. Particularly important here is a consideration of what they have attempted to change and whether this has worked. Frequently, family members here mention that they have wanted to be more emotionally available than their own parents had been, but have experienced a sense of failure in not being able to achieve this. Healing past hurts in relationships and repairing relationships is crucial to this stage.

Maintaining the therapeutic base. In this stage, it is recognised that for many families, developing a sense of trust with the therapist has been a new and powerful experience. Discussions take place about how the relationship can continue in terms of what ideas and feelings family member will take away and also what we will remember about our work with them. Healing, understanding and empathic appreciation of self and others give people confidence for the future. This also recognises the need to consider future problems that may arise and to offer further session if required to maintain a sense of continuing support. In our experience, for many

families, the potential of future support is sufficient and they do not in fact need to take up further sessions.

These four domains of relational therapy are not simply distinct or a linear progression but overlap, and we may return to exploration from attempting change. However, throughout we pay close attention to attempting to foster a secure base.

In addition to these four over-arching stages of ANT, we may progress in a spiralling way through a focus on family interactional patterns to a consideration of the attachment significance and attachment dynamics which are shaping these (see Figure 1).

Initially, the focus can be on an analysis of the current patterns of actions, emotions and beliefs maintaining the distress and the problems. Through the exploration and illumination of these patterns, a sense of containment is fostered along with a reduction in the unhelpful arousal associated with the problems. For example, a mother may complain that the problem is that her son is being disrespectful and aggressive towards her. The exploration takes her concerns seriously but also focuses on what happens between her and the child and other family members when the problematic process is occurring. In some cases, the reduction in anxiety and anger fostered by such exploration, for example, by drawing out a circularity of the meaning, emotion and behaviours underlying the problems, can be adequate to facilitate change. This exploration, however, may also reveal failures to understand each other's actions in terms of attachment requests and attachment responses. For example, when the parent complains that her child is being disrespectful and angry, she may find it harder to recognise that aspects of these behaviours may be related to the child's attempts to gain an attachment response and that his 'angry' protest behaviours may represent anger and sadness (or fear of rejection) at not having his attachment requests recognised and attended to. Moving to this level of exploration requires the family to develop a sense of safety with the therapist and the team in order not to feel 'blamed' by these considerations of how they are responding. This analysis also considers what the parents' attachment needs are in general, as well as in the patterns under consideration. This in turn can trigger an exploration of the trans-generational attachment dynamics in the family's recent history. For example, this can involve a consideration of the parents' experiences of the attachment dynamics in their own families, how their attachment needs were responded to and what corrective or replicative scripts they have brought into their current family. For example, the mother above may have felt that her parents were emotionally unavailable and consequently she had developed an attachment strategy of self-reliance and of attempting to minimise her needs. However, it may also reveal that she developed a corrective script of wanting to be more emotionally available as a parent and of wanting a closer relationship with her son. Consequently, she may be especially sensitive to feeling that he is angry with her and that she failed to be the sort of parent she would have wanted herself. These explorations can facilitate a softening of the emotions, an enhanced appreciation of their intentions and greater attunement to understanding each other's attachment needs and contemplating and risking different ways of responding.

This progress through the levels is flexible, and in some cases, work with a family need not involve all of these levels. It is also often the case that the parents need to build trust with the therapist in order not to feel that they are being blamed for their attachment 'inadequacies'. Consequently, considering changes at the initial interactional level, for example, some changes in how they respond to each other, and tactics for 'managing' the anger may be adequate or at least a pre-requisite for agreeing to consider attachment dynamics. However, in our experience, a vital component is a consideration of the trans-generational 'corrective' and 'replicative' scripts. This allows a framing of the parents' intentions as positive in either trying to do things differently and better or to repeat aspects of what they experienced as good in their childhoods. This then frames

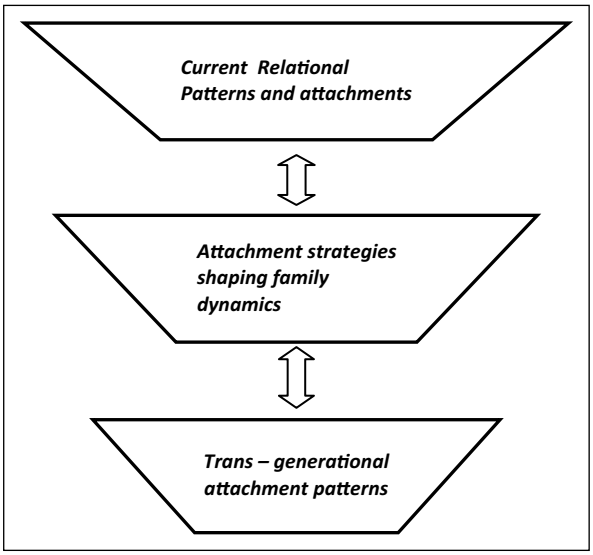

Figure 1. Reciprocal and historical influences on attachment strategies and attachment significance of family relationships.

the discussions of attachment and relationships in the family in positive terms as opposed to 'attachment deficits'. The latter can be a considerable risk in employing attachment frameworks which can inadvertently lead parents to feel that they are being told that the problems are predominantly caused by their attachment 'insensitivities'.

To assist the process of exploration in ANT, we have developed a number of 'formats for exploration', elaborated further elsewhere, for example, Dallos and Vetere (2009). These formats can be woven into the therapeutic work with families at the various stages of exploration.

Format for exploration: Patterns of comforting and self-soothing

The capacity to give, to seek and to receive comfort and reassurance, for ourselves and others, is at the heart of attachment theory. This is a poignant matter. The ANT perspective organises our therapeutic work with comfort in two ways: (a) by emphasising inter-generational patterns of comforting in family relationships and the opportunities for inter-generational learning and change and (b) by using our capacity to compare and contrast by emphasising and drawing out what we observe and experience as similar or different in patterns of comforting across the generations.

We may use the following prompt questions:

When you were upset or frightened as a child, what happened? Who did you turn to?

How did you get to feel better? Who helped you to feel better? How did they do this? What else happened?

What have you learnt from this for your own family?

What do you want to do the same? What do you want to do differently?

How do people comfort each other in your own family/relationships?

How do you comfort your children?

How do they comfort you?

What do you want your children to learn about comforting? If your children were to have children, what would you hope their children would learn about comforting?

Formats for exploration: Corrective and replicative scripts

This format for exploration utilises ideas from John Byng-Hall (1995) that families make comparisons across the generations in terms of similarities or differences between how our parents were with each other and with us (their children) and how this might be repeated or altered in the next generation and for the future of the next generation. Importantly, it allows us to work in a positive frame with the family in that we may construe the intentions of the parents positively, that is, they have tried to repeat what was good or correct what they felt was bad about their own experiences of being looked after. This can lead to an exploration of whether these attempts have been successful or not, including unanticipated consequences, and possibly how they might be altered, strengthened and/or elaborated. Prompt questions might include the following:

What are your thoughts about how similar or different your relationship with each other and with your children is to your parents' relationships and in turn with their parents?

What have you tried to make similar or different to these relationships?

What do you value versus feel critical about in either of your parents' relationships (or grandparents' relationship)?

Does what you have tried to repeat and/or change work? Is there anything you want to alter, strengthen, abandon about what you have been trying to repeat/change?

Thinking into the future, when your children have grown up and might be parents in their own right, what do you want them to learn from you about these experiences?

Conclusion

Attachment theory has clear implications for our therapeutic work with children and their families: (a) in naming emotions, expanding understanding and helping with emotional regulation; (b) in exploring the significance of comfort, safety and protection in relationships; (c) in developing empathy and compassionate appreciation of the self and of the other; (d) in facilitating information processing of negatively laden material; and (e) in facilitating transformations in our representational systems of attachment. In particular, this enables a focus on the attachment significance in our disappointing moments, when we feel hurt and fear rejection and abandonment. If these difficult moments in our close relationships are not attended to and resolved, we risk carrying forward into the future a trail of 'small' everyday relational traumas, that is, losses and hurts that impair our wish to and our ability to trust others. Understanding of the wish to connect with others is at the heart of attachment theory and the ways in which we can heal and repair our close relationships. Narrative theory helps us understand the necessary conditions of emotional safety within which children learn to narrate and integrate their relational experiences into clear and straight forward accounts. Thus, can we support children and families in developing a shared narrative of how they healed, recovered and resolved their relationship difficulties.

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