Creating a Secure Family Base: Some Implications of Attachment Theory for Family Therapy.

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The aim of this article is to make attachment research findings available in a form that family therapists can use. In attachment theory, parents are conceptualized as providing a secure base from which a child can explore. Family therapists, however, need a systemic concept that goes beyond the parent/child dyad. The concept of a secure family base is proposed, in which a network of care is made available for all family members of whatever age so that all family members feel secure enough to explore, in the knowledge that support is available if needed. Factors that contribute to the security or insecurity of the family base are outlined. The overall aim of therapy is to establish a secure family base from which the family can explore new solutions to family problems both during and after therapy. The role of the therapist is to help to resolve conflicts that threaten relationships, and to explore relevant belief systems that may be contributing to a sense of insecurity. The conceptual framework presented allows for an integration of family therapy techniques and ideas into a coherent whole. A new school of family therapy is not proposed.

Attachments lie at the heart of family life. They create bonds that can provide care and protection across the life cycle (Ainsworth, 1991), and can evoke the most intense emotions—joy in the making, anguish in the breaking (Bowlby, 1979)—or create problems if they become insecure. This article will present some of the important findings of attachment research in a format that can be used by systems family therapists. As (Donley 1993) points out, the focus of attachment researchers on dyadic relationships has not adequately taken into account the fact that dyads are embedded in the family system. She used the concept of an “Emotional Unit,” based on Bowen’s (1978) concept of triangles, to extend the theory beyond the dyad. This article proposes the concept of a secure family base as a way of providing the systemic framework necessary for family therapists.

Attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1979, 1988; Bretherton & Waters, 1985; Parke, Stevenson-Hinde, & Marris, 1991) has been exposed to increasingly extensive research, which has yielded results that are startlingly predictive for social science. Furthermore, the findings are highly relevant to family therapy. For instance, insecure attachment patterns are associated with a wide range of dysfunction (Belsky & Nezworsky, 1988). Longitudinal studies have also shown that insecure attachment in infancy strongly influences many aspects of psychological adaptation. And yet, surprisingly, the implications of attachment theory for family systems (Byng-Hall & Stevenson-Hinde, 1991; Donley, 1993; Marvin & Stewart, 1990; Stevenson-Hinde, 1990) and for family therapy (Byng-Hall, 1990, 1991, & in press; Doane, Hill, & Diamond, 1991) have only recently been the subject of more intensive study. Earlier, however, Wynne(1984) recognized the importance of attachments when he suggested that attachment behavior was the first step in the epigenetic developmental process within family systems.

Concept of a Secure Base

The presence of an attachment figure can provide a secure base from which a child can explore, safe in the knowledge that the parent is available and will insure protection when needed. Ainsworth (1967) first used the concept of a secure base in her fascinating study of Ugandan children and their parents. She observed how toddlers would move away from their mother to play, returning every now and then to touch base with mother: "He is content to move away, as long as he knows that she is there. He can even leave the room on his own initiative, and his aplomb in so doing is sometimes in sharp contrast to the consternation when his secure base gets up and moves away" (p. 345). Attachment behavior is when an individual seeks proximity to someone, usually the attachment figure, who is perceived as more able to cope with the situation.

Attachment figures are used as secure bases throughout life (Ainsworth, 1991). Children take more responsibility for managing the attachment relationship as they grow older, eventually taking over the caregiving role in their parents’ old age. New attachment relationships are formed with other adults (Weiss, 1982), such as partners or friends, who may then provide each other with a mutual, secure base, making care available in times of illness or when either of them is in need. In situations of danger or stress, even strangers, such as therapists, can also rapidly become temporary attachment figures. The knowledge that there is someone who is concerned about you, and has you in mind, is crucial to the functioning of a safe base at any age and in any circumstances. This image supports autonomous behavior even when the attachment figure is not currently available.
Family as a Secure Base

My definition of a secure family base is "a family that provides a reliable network of attachment relationships in which all family members of whatever age are able to feel sufficiently secure to explore." The term "network" implies a shared family responsibility that assures everyone that any member who is in need of help will be cared for. For small children, it means an expectation of reliable handover and hand-back within the family network, or with appropriate outside carers. Children need a sense that relationships between the adults are sufficiently collaborative to insure that care is available at all times. A secure family base involves a shared awareness that attachment relationships need to be protected and not undermined. The shared working model of the secure family base is of family members supporting each other to care for their members.

FAMILY SECURITY

Two aspects of security need to be differentiated. First, within particular attachments there are observable strategies that are used in an attempt to establish a sense of security. The resulting interaction patterns between careseeker and caregiver tend to persist over time. Second, there is "felt security," which is how each member of the family feels at any one moment. This can fluctuate depending on circumstances. For instance, even a secure family base will not prevent members from feeling insecure in the middle of a major crisis.

Effect of Relationships

The security of an attachment may be affected by the other relationships in the family. Goldberg and Easterbrooks (1984) and Belsky, Rovine, and Fish (1989) showed that the quality of the parents' relationship influenced the security of the child's attachment. Egeland and Farber (1984) found that in attachments to mothers that deteriorated from being secure at age one to insecure at the age of 18 months, the mothers were more likely to be living without a husband or boyfriend. These studies suggest that a sustained partnership, so long as it is well adjusted, helps to maintain the security of a child with regard to the parent.

Support for parents can, of course, come from a wider group of adults. The art of helping other people's caring relationships lies in concern for, and enjoyment of, what is happening in the care of the child, for instance, the way that a grandparent can support his or her child's parenting. It also involves tolerating being left out while watching what goes on, or—whenever help is given—avoiding being intrusive, competing, or taking over. At the level of the community Belsky et al. (1989) showed that those parents who perceived their neighbors as being friendly and/or helpful were more likely to have securely attached children. Belsky and Vondra (1989) demonstrated how the social network influenced parenting.

This suggests that it is important to evaluate the context of the whole family and its supports when considering the security that a family provides for its members. As Sroufe (1988) puts it: "A relationship system may be far more powerful than a single relationship in shaping development towards health or pathology" (p. 26).

Situations That Undermine

Various family situations and insecurities in other attachments can undermine the capacity of the family to provide a secure base (Byng-Hall & Stevenson-Hinde, 1991):

1. Fear of losing, or actual loss of an attachment figure: The effect of loss and separation on children has been studied extensively (Bowlby, 1980). Breakdown of the parental relationship, and how that is managed, is currently the most common source of potential loss or unavailability of an attachment figure.

2. Attachment figure is captured: Another member of the family may "capture" the attachment figure. This may happen when an anxiously attached child clings to a parent and excludes all others from gaining access, or when an insecure parent captures his or her partner and blocks, for example, the children or the in-laws from adequate access to that partner.

3. Turning to an inappropriate attachment figure: When an appropriate attachment figure is unavailable, an individual may turn to an inappropriate member of the family. For example, this may occur when one parent is, for one reason or another, not acting as a secure base for the other parent, who may turn to a child instead. This can undermine the parent's care of the child.

4. Conflict within relationships: The most striking example of a conflict that undermines security is that of abuse, whereby the attachment figure becomes the source of danger as well as being the person the child would naturally turn to for protection. Between adults, as Goldner, Penn, Steinberg, and Walker (1990) point out, many violent partnerships are continued, despite the danger, because of the value given to attachments. At the level of a whole family, power disputes over authority and family conflict in general can create a great sense of insecurity.

5. Expectation of repetition of losses similar to those encountered in previous generations: When children reach the same age at which their parents suffered major traumas, parents may start to behave as if it is about to happen again in this generation. The family scripts (Byng-Hall, 1990, 1991a, b, & in press) that are enacted may be either
"replicative"—repeating similar traumatic scenarios—or "corrective"—trying to avoid the feared situation. Either way, parents may become less likely to respond appropriately to their children's actual attachment needs in the present.

SECURE AND INSECURE ATTACHMENT PATTERNS

Attachment researcher Mary Ainsworth and her colleagues (1978) devised a laboratory procedure to explore attachment behavior by exposing normal Maryland infants of one to one-and-a-half years old to a situation in which attachment behavior is normally activated. This was done by exposing the child to two brief separations from the parent—one for 3 minutes and once for 6 minutes—within the unfamiliar setting of the laboratory. This is called the "Strange Situation" procedure and has now been replicated world-wide many thousands of times. The way in which the parent and child greet each other on reunion shows how the child has felt about the availability of the parent, and how the parent settles the child. This reveals the reciprocal strategies for caregiving and careseeking under stress. In Ainsworth's study, the children were also observed for many hours at home. Congruent patterns of interaction were found, thus giving validity to the test. This means that the typical scenarios evoked in the Strange Situation can usefully be used to illustrate important aspects of attachment relationships.

In order to understand more about the parent's contribution to the scenario, it is important to know something about the parent's attitude toward attachment behavior. This can be elucidated through the Adult Attachment Interview or AAI (Main & Goldwyn 1985-1993). Adults are interviewed about their experiences of attachments in childhood. They are asked to give five adjectives that describe each parent, and then asked to describe an episode that illustrates each of these adjectives. Inquiries are also made about what happened when they were upset as children; whether their parents threatened them; whether they felt rejected; were there any separations or losses; why their parents behaved like this; and whether these childhood experiences affected their adult personalities. (It is worth noting here that questions about parental cooperation would complete the picture of the security of the family base.) The narrative is then analyzed from the transcript. What is most interesting is that the coherence of the narrative can predict whether or not the parent has a securely attached child. A coherent account is one that gives the assessor a clear and convincing picture of what it was like. It is truthful, succinct, yet complete, relevant, and presented in a clear and orderly way. Another predictor of security is that the individual can reflect on the motives of those involved (Fonagy, Steele, & Steele, 1991). This research suggests that if a parent can make sense of what happened in childhood, and can see the motives behind each person's behavior, then the parent is more likely to be able to respond appropriately to his or her child's needs, and the child is consequently more likely to be securely attached.

The research by Main, Kaplan, and Cassidy (1985) showed that three categories of incoherent narrative—dismissive, preoccupied, and showing evidence of unresolved mourning—predict the three types of insecure attachment patterns likely to be found in the child. What is more, the patterns resemble each other; the sort of distortion in the narrative is congruent with the kind of strategies used in the attachment interactions. This matching of the parent's mental representation of attachments with the respective observable interaction pattern enables us to talk about categories of attachment relationship. The value for family therapists is that the research can thus provide a convincing story about what happens in various types of attachment that can also be observed in therapy. This story will be told in sufficient detail to make it useful.

Marvin and Stewart (1990) point out that the categories of attachments are very similar to family therapy concepts used to describe how relationships are meshed: namely, adaptable, enmeshed, and disengaged (Minuchin, 1974). This will help to orient family therapists.

Categories of Attachment Relationship

Secure

The majority of children—ranging between 57% and 73% in studies of a normal population (Spieker & Booth, 1988)—are classified as being securely attached to the parent. These relationships have adaptable transactional styles. The typical secure attachment behaviors (classified as "B" in the Strange Situation) demonstrated in the second separation and reunion are as follows:

The infant is upset when the parent leaves the room; however, this distress is not excessive. When the parent returns 6 minutes later, both parent and child are pleased to see each other and soon get together. The child quickly settles and goes off to explore.

At home, these children and their parents have fun together and the parent respects the child's age-appropriate autonomy. Communications are generally warm and sensitive, and the parent has a coherent view of attachment and its importance to the child. The infants are not afraid to express anger. There is freedom for parent and child to come together or move apart as appropriate. Many attachments are not as perfect as this and have elements of insecure patterns as well, but the overall pattern is secure.
Insecure

1. **Insecure/avoidant ("A"):** These attachments (range, 15% to 32%) use a similar transactional style to those of disengaged relationships. To the observer, these relationships may appear to be detached, but are experienced as potentially too close unless a distance is kept. The exemplar scenario is as follows:

   Infants do not appear to mind much when the parent leaves, and busy themselves with exploration. On reunion, he or she turns away from the parent and may move toward some object, such as a toy. The parent is also cool, looking toward the toys as well. When picked up, the infant wants to be put down again to play with the toys.

   Although the infant is apparently unconcerned by the separation, he or she shows physiological signs of anxiety. The child then remains aroused for much longer than the secure child, whose physiology settles rapidly on reunion with the parent. This suggests that the child is indeed anxiously and insecurely attached but does not show it. The child's strategy is to attempt to deactivate feelings of insecurity about the separation by switching attention away from the parent's whereabouts. This in turn deactivates the attachment behavior. When seen at home, these children are commonly observed to be rejected by the parent, who also finds the infant's attempts to make physical contact aversive, or withdraws when the child is sad. These infants are more openly angry in this safer setting.

   In the Adult Attachment Interview (AAI), the parent is **dismissive** (classified as "D" in the AAI) of the importance of attachments. The parent has often forgotten much of his or her childhood, and tends to idealize his or her own parent, but this idealization does not fit with the account of the care actually given. For instance, one parent described her mother as "wonderful," but then said that when she had broken her arm she could not tell her mother because mother would be angry. In other words, the narrative is incoherent because it denies the unpleasant implications about the care given. The parent also avoids reliving any painful experiences, either by forgetting them or by avoiding having to empathize with the child when he or she is in similar situations.

   The shared parent/child attachment strategy is to maintain distance both physically and emotionally, in order to reduce the likelihood of emotional outbursts that might lead to rejections. The price is a loss of sensitive care for the child when it is needed. The child does not learn to explore feelings and intimacy, and, although apparently very independent, is not adaptable. Play tends to be stereotyped and to be used as a distraction from attachment needs.

2. **Insecure/ambivalent ("C"):** These attachments (range, 4% to 22%) use similar transactional styles to those of enmeshed relationships. To the observer, these relationships appear to be too close, but are experienced as intermittently unavailable, which provokes clinging. The exemplar scenario is as follows:

   The infant makes a fuss when left, clinging onto the departing parent, and then staying near the door crying for the parent. On reunion, the child demands to be picked up but then pushes the parent angrily away. The parent fails to settle the child, who does not leave the parent's side and so fails to explore again.

   At home, the parent, although highly committed to mothering, is quite often emotionally unavailable. The infant learns that the parent will respond, but only if he or she works at it. The child's strategy is to keep close and to force the parent to take notice by being demanding, overly babyish, or controlling. Alternatively, such children may care for the adult so that the parent will want them to be around.

   In the AAI, the parent is categorized as **preoccupied.** Far from forgetting his or her childhood, the parent is frequently ruminating about unresolved issues from the past. Boundaries become blurred, with role reversal: the child often is parentified. There is a great deal of mutual monitoring and mind reading, all in an attempt to forestall any potential drifting away on the part of either the parent or the child. One shared strategy is to threaten greater distance. Unlike the avoidant strategy, however, this is designed to stimulate the other person to come closer. The child does this by pushing away, while the parent might threaten to abandon the child or send him or her away. The price is loss of autonomy for the child who misses out on appropriate care.

3. **Disorganized/unresolved ("D"):** There is also a group of insecure children (range, 15-25% in normal population, but 80% in the maltreated group) who are classified as **disorganized.** This group was discovered by Main and Solomon (1986) when examining the videotapes of Strange Situations. They found that some children could not be classified under previous categories because they did not seem to have an organized strategy for handling the reunion. It is thus not possible to give an exemplar scenario for this group. Subsequently, it has become clear that this group is an important one because it is likely to include children who may become part of the clinical population. There remains some controversy about the nature of the group. The reunion may include a mixture of avoidance and ambivalence (Crittenden, 1988), or an approach/avoidance conflict created by fear of the attachment figure who may be maltreating the infant. The infant may suddenly freeze while going toward the parent, or veer away from the parent just when getting close. Although the reunion pattern may not make sense in the context of the Strange Situation, the behavior might be choreographed to fit the parent's
behavior at home. For instance, the child may run off to huddle by a wall in order to avoid an anticipated blow.

On the AAI, many parents are categorized as unresolved ("U"); that is, they have not adequately mourned a lost attachment figure, or they have had a recent trauma, such as a brush with death, that they have not got over (Ainsworth & Eichberg, 1991). Main and Hesse (1990) suggest that the attachment figure is frightened by the memory of a past trauma, and may dissociate momentarily. This must, in turn, be frightening for the child. The child's response to the fear may be a dissociative one since moments of trance-like states may be observed. The general impression is that the parent does not have the child in mind at all but, rather, is scripting the child into some past drama of which, of course, the child is ignorant and so cannot yet develop an organized strategy. As the children grow older, overall strategies do seem to evolve. They either become more controlling of the parent, often in a punitive way, or they become caretaking of their parents (Main et al., 1985). See Table 1 for a listing of features associated with the above categories of attachment relationships.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Features Associated with Attachment Relationships</th>
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<tbody>
<tr>
<td></td>
<td>Secure</td>
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<tr>
<td></td>
<td>B</td>
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<tr>
<td>Child SS*</td>
<td>B</td>
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<tr>
<td>Child's style</td>
<td>Autonomous</td>
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<tr>
<td>Explodes readily</td>
<td>Avoids closeness</td>
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<tr>
<td>Attachment behavior deactivated</td>
<td>Attachment behavior deactivated</td>
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<tr>
<td>Parent AAI*</td>
<td>Coherent</td>
</tr>
<tr>
<td>Narrative</td>
<td>Autonomous/Free (F)</td>
</tr>
<tr>
<td>Parental style</td>
<td>Sensitive and caring: good care planning</td>
</tr>
<tr>
<td>Relationship</td>
<td>Free to come and go</td>
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<tr>
<td>Distance</td>
<td>Adaptable</td>
</tr>
<tr>
<td>Transactional style</td>
<td>Maintains contact</td>
</tr>
<tr>
<td>Shared strategy</td>
<td>Responds to child when child wants it</td>
</tr>
<tr>
<td>Role reversal common</td>
<td>? Dissociation when frightened/frightening</td>
</tr>
</tbody>
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* SS = Strange Situation categories; AAI = Adult Attachment Interview categories.

Function and Dysfunction in Attachments

Although insecure children are more likely than secure children to develop difficulties, it is not appropriate to use an individual's attachment classification as a predictor of dysfunction (Sroufe, 1988) because many insecure children do not develop problems. Indeed, the strategies they use to maintain the attachment are relatively successful in the short term; however, insecurity does leave them vulnerable compared to a securely attached child. In the same way, Minuchin (1974) points out that "enmeshment and disengagement refer to a transactional style, or preference for a type of interaction, not to a qualitative difference between functional and dysfunctional" (p. 55). He suggests that most families have enmeshed or disengaged systems at some time, but that "enmeshed subsytems ... may be handicapped in that the heightened sense of belonging requires a major yielding of autonomy"; in a disengaged system, however, "[o]nly a high level of individual stress can reverberate strongly enough to activate the family's supportive systems" (p. 55).

In terms of distance conflict, the story may go as follows: the parent's relationship may feel too close for one partner, hence he or she backs off; but it is too distant for the other, who clings on. This can be called the "too close/too far"
relationship (Byng-Hall, 1980), which is potentially unstable. Another person, say a child, may be drawn in as a distance regulator to stabilize the relationship by becoming a problem, which then draws the parents back together to deal with him or her, or drives a wedge between them when the relationship becomes too intrusive. In some family scripts (Byng-Hall, in press), the attempted solution to all dyadic distance conflicts is to involve a third person. The security of the family base, however, depends on all members of the household, the extended family, the support network, and on changing circumstances.

Children's attachment patterns follow developmental pathways (Bowlby 1982), depending on the unfolding circumstances. In populations that are relatively stable, attachment relationships are likely to remain the same from infancy to age 6 or longer (Main et al., 1985), while the influence of the security has been shown to persist until age 15 (Urban, Carlson, Egeland, & Sroufe, 1991). In at-risk groups, there can be a deterioration toward insecurity; however, there can also be a shift toward greater security.

Insecure Family Base: Case Example

The family therapist has a unique opportunity to observe the current household's attachment pattern. This may be apparent on entry of the family into the strange situation of the therapist's room where attachment behavior is likely to be aroused. In the Morton family, the identified patient, Jason (nearly 4 years old) was referred because Annabel, his mother, was finding him impossible to manage, and she frequently had to ask for help from her husband Frank, who worked in the adjoining orchard. In the first session, Jason comes into the room first but stays close to his father; Annabel follows with William (age 2). Frank sits down and puts Jason on his knee. Annabel sits next to him and puts William on her knee, but Frank makes an overture to William who quickly leaves his mother to come to him. Annabel, now on her own, engages the therapist in conversation. When the children become unruly, their father settles them by playing with them on the floor. Annabel is left out and is upset when the therapist turns his attention back to the rest of the family.

Additional information can be gained from the Family Separation Test, a procedure I designed for families with young children, and which is easy to carry out during therapy. Before the session, the parents are asked if they would collaborate in a simple test. They are then given written instructions so that the children are not warned of what will happen. The parents are instructed to leave the room at a given signal from the therapist. The children are left with the therapist. The parents were asked to return to the room after 6 minutes, entering the door together, then to stand side by side for 5 seconds before reacting naturally. This procedure reveals (a) difficulties in separating; (b) attachment behavior between the siblings during the separation; (c) attachments to the therapist; (d) which parent is the preferred attachment figure for each child on reunion; and (e) clues as to the nature of the attachments.

In the Family Separation Test, William is very upset at the departure of his parents. He calls for his father first but eventually calls for both parents. Jason comforts William by hugging him. After 3 minutes, William settles and both children begin to play with the therapist (it was 2 months into therapy). On reunion with the parents, Jason avoids any eye contact with his mother and goes to his father and sits on his lap. William goes to his mother first, but only to fetch his comfort cloth. He then went to his father. Thus, in these two family scenarios, both children end up with father and mother is left on her own. This pattern was repeated many times early in the therapy. It suggested that both boys had insecure attachments to mother, with avoidant features for Jason and ambivalent features for William, but both were more secure with father. In the Strange Situation procedure, this was confirmed (see Table 1). Jason was found to be insecure/avoidant (A) while William was insecure/ambivalent (C). Both were securely attached (B) to their father. This would suggest that the patterns seen on entry to the first session, together with the Family Separation Test and the overall pattern in the sessions, will provide adequate information about attachment patterns for therapeutic purposes in families with young children (Cotgrove, 1993).

This family illustrates another research finding, namely, that the child's pattern of attachment behavior with one parent does not predict the type of attachment with the other. One may be secure, the other insecure. Fox, Kimmerly, and Schafer (1991) conducted a meta-analysis on a series of studies and found that children have a slight overall tendency to be either avoid-ant or ambivalent with their parents. They attributed this either to a shared parenting style or to the temperament of the baby. Annabel showed the same phenomenon in reverse, having one child ambivalent and the other avoidant, while the overall family style was enmeshed. In clinical experience, problems often seem to arise from contradictory strategies for achieving a sense of security—avoiding closeness but also clinging—when found in the same family: the too close/too far family system (Byng-Hall, 1991a). It may lead to a skew in the family's distance patterns, which may become dysfunctional. Annabel Morton felt isolated from her husband—having William cling to her at home was no comfort. Jason felt unheld at home, so he escalated his attachment cues to bring his father home. When the family style is either entirely enmeshed or entirely disengaged, it seems to pose fewer difficulties.

**IMPLICATIONS FOR FAMILY THERAPY**

A family therapist can provide a temporarily secure base for the whole family during therapy. The overall aim is to use
this secure base to help the family explore ways of improving the security of the family's attachment network. The family can thus establish itself as a more secure base, which enables them to explore and solve their own problems during and following therapy. I have found the following techniques useful in achieving a secure family base; other therapists may use their own techniques to the same end.

**Availability of the Therapist**

I make myself available as quickly as possible, and then maintain contact for an adequate period of time. I telephone the family in order to establish the beginnings of a relationship. In the first session I engage warmly with each member of the family. I start, if possible, by seeing families weekly to establish an attachment. Once this is achieved, I tail off the frequency to fortnightly or monthly, and end up by seeing them every 3 to 6 months. After discharge, I make it clear that I am still available. In this way I see families, on average, about ten to twelve times, but spread over 1 to 3 years. Thus, in terms of therapy time, I offer what amounts to a brief intervention, but in the process provide a much longer-term secure base.

**Conflict Resolution and Exploration**

A therapeutic, temporarily secure base thus includes two main functions, protection first and exploration later when the family is not feeling threatened.

**Protection**

This includes identifying dangers and conflicts in the family, and then making sure that necessary measures are taken. A sense of security comes from knowing that fearful situations will be tackled; it is not based on ignoring dangers. I try to ascertain core anxieties and conflicts as soon as possible in the first session. Both Morton parents turned out to be terrified of hurting Jason: Annabel because she got into uncontrollable rages with him in which she was frightened of battering him "black and blue"; Frank was anxious about hurting Jason when controlling him. At a deeper level, the couple was frightened that conflict would disrupt the marital relationship. While the children were out of control, and parental authority was in dispute, the family continued to feel in danger.

The protective action taken by therapists can include structural family therapy techniques to restore parental authority (Minuchin, 1974), and by resolving the parents' distance conflicts that triangulate the children (Byng-Hall, 1980). The early part of the work was taken up with helping the parents regain control of the children in a way that was safe. This included helping Annabel to find a way of doing it when on her own. Later in therapy, work increasingly focused on the parent's relationship.

**Exploration**

The therapist helps the family to explore how, when, and why these conflicts arise, and to improvise alternative ways of relating. This includes:

(a) **Understanding distance conflicts:** Using knowledge of insecure attachment dynamics, therapists can positively connote behavior that would otherwise appear to be merely hostile, distancing, or controlling. It can be especially difficult to see that withdrawing or pushing away may be an attempt to maintain the relationship. Understanding that Jason's apparent indifference to her was his way of trying to reduce the tension helped Annabel to feel less angry with him. It is usually easy to understand demanding behavior as a sign of insecurity. What is more difficult is to see that resistant pushing away by the child, or threats of abandonment by a parent, can be a strategy to get closer by provoking the counter-response of clinging. Although William was easily provoked into clinging, Annabel could understand that this had the effect of making her genuinely want to escape—something that William soon picked up, which made him even more demanding.

Children's problematic behavior can also be understood as regulating a parent's distance. Jason's unruly behavior brought his father home to his mother. However, Jason's close relationship with his father then excluded mother. His parents could see that he brought them together when they were too far, but it also separated them when they got too close.

(b) **Exploring how past losses or experiences influence present action:** Frank was an identical twin. Their father died when they were 2 years old. In the face of their mother's depression and withdrawal, the twins had turned to each other and became mutual attachment figures. Frank, now faced with a depressed wife, turned to Jason as a comforting companion whom he could comfort. He did not realize that this made his wife even more isolated and depressed, or that the sibling-like relationship with his son would undermine his parental authority. Annabel's childhood experience had included intense jealousy of her younger brother who was her father's favorite. She had beaten her brother "black and blue." Now, when Jason angrily demanded attention, it made her terrified that she might do the same to her son, who was also favored by his father.
Working with the Wider Network

Extended Family
I work with grandparents and other relatives directly when possible (Byng-Hall, 1982). If not, I work through the family to influence those relationships. Frank started to differentiate himself from his family, first from his twin brother, and then from his parents. This was difficult since he was very enmeshed with them. They attempted to recapture him, and then tried to exclude his wife. Once he was free, the couple could finally get properly married.

Substitute Care Network
The concept of the secure family base helps to remind me to inquire about the care arrangements for the children, as well as those for elderly or infirm family members. When Annabel found she could manage Jason on her own, she no longer called on Frank to help her. However, she then reported another series of episodes of fury with Jason, but this always happened when the 19-year-old au pair was in the house. She called this young girl in to help instead of asking Frank. Annabel had idealized this au pair, saying that the girl was a better mother than she was. Once this piece of self-denigration had been challenged in therapy, Annabel decided to look after the children herself when the au pair left. This worked well, and she could then redefine herself as a competent mother.

Creating a Coherent Story
As we have mentioned, to be able to tell a coherent story about attachments is associated with having a securely attached child. Main et al. (1985) found that parents whose childhoods were troubled were usually categorized as incoherent on the AAI. They were thus likely to replicate trouble for their children. However, there was one group that had had very painful experiences but who could nevertheless tell a coherent story about it. They were in touch with their feelings about what happened, but could empathize with their parents’ dilemmas and acknowledge their own part in what went on. Thus, it seems that it is not the painful experience, as such, that is important; it is what you make of the experience that counts. This would suggest that making sense of the events that traumatized the attachments is important. But the most effective way of creating a coherent story line is to help the family to manage their current attachments in a way that takes into account all its members’ attachment needs. This will require them to tune into each other’s pain. The children might then also be able to tell a coherent story to their children.

CONCLUSIONS
The implications of attachment research do not warrant a new school of therapy. Thank goodness! Attachment behavior is only one aspect of family life, although it is an important one. Attachments, however, are affected by many other behaviors, such as power conflicts. Attachment theory helps to inform the therapist of situations likely to affect security, and about which strategies are likely to be useful when dealing with the sense of insecurity. As most therapists are already sensitive to these issues within current practices, the theory does not require a radical revision. It might, however, suggest some reorganization of practice, for instance, making oneself available over a prolonged period. The theory can also inform practice from an expanding research base. Of particular interest to family therapists is the evidence that links narrative style to behavioral patterns and to dysfunction.

Attachment theory suggests an overall aim of increasing the security of the family base, thus helping all family members to be self-sufficient. Many different family therapy techniques—for example, structural, historical, reframing, future questioning—an be used at the appropriate moment. In other words, attachment theory provides a framework that can integrate several ways of working, as opposed to providing a school of family therapy with set premises and specific techniques. It has the potential to offer something to all therapists.

REFERENCES


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