TRACING THE STORYLINE FROM PARENT TO CHILD
INSIGHTS INTO IMPROVED FAMILY THERAPY

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Marta Lynne Fisch
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From Childhood

The darkness in the room was like enormous riches;
there the child was sitting, wonderfully alone.
And when the mother entered, as if in a dream
a glass quaked in the silent china closet.
She felt it, how the room was betraying her,
and kissed her child, saying, "Are you here?"
Then both looked toward the piano in fear,
for often at evening they would have a song
in which the child found himself strangely caught.
He sat stone still. His great gaze hung
upon her hand, which, totally bowed down by the ring,
walked over the white keys
as if plowing through deep drifts of snow.

Rainier Maria Rilke, translated by R. Bly

ABSTRACT

The effects of the application of attachment theory and classification measurements to family therapy was examined in order to judge its contribution to family therapy. A narrative case study analysis of attachment relationships was conducted of the first three counselling sessions with five solo mothers of European-origin seeking assistance with their children's behaviour.

The Adult Attachment Interview (George, Kaplan & Main, 1985) was a vital component of the application of adult attachment concepts within a family therapy setting. The results of the interview formed the basis for assessment of intergenerational transmission of attachment relationships, and the client's ability or readiness to be in a therapeutic relationship.

This approach helped the therapist better understand the clients' conceptualisation of intimate relationships in order to more accurately address dysfunctional habits of relating.

The findings suggest that the integration of attachment theory into traditional family therapy methods can greatly enhance the therapist's understanding of historical causes of the presenting problem. This enriched understanding can point to more comprehensive therapeutic interventions, which will contribute to fundamental and lasting improvements in family relations.

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Thank you to the clients who were willing and brave participants in the research. May your family lives continue to be fulfilling and rich.

To my colleagues at the Leslie Centre, Presbyterian Support (Northern): you have been invaluable companions on this journey. I hope the process and the results of the research will enhance your work with families. I am grateful to Presbyterian Support (Northern) for their generosity and support of this research. I hope that it will encourage other family therapists within Presbyterian Support to employ attachment theory to their work.

To my husband, Jungle. Thank you for your patience, support and help in preparing the manuscript.

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CHAPTER ONE

INTRODUCTION

Four years ago, families affected by abuse could begin to access free counselling at the centre where I work as a family therapist. The majority of these families are headed by females, many of whom have recently freed themselves from an abusive relationship with their children's father. Many have also experienced abuse in their families of origin. Since offering the free service, the proportion of our clientele who are coping with abuse has increased dramatically, requiring a re-examination of our therapeutic approach. Our centre is experimenting with integrating an attachment approach with family systems therapy, assuming that it will better address the underlying problems our clients face. Before the centre fully commits itself to this new direction, however, a study is warranted to assess its merits on a sample of our clientele, which is the purpose of this research.

Traditionally the counselling centre has used family therapy models based on systemic, social constructionist, solution-focused (de Shazer, 1982, 1985, 1991; de Shazer & Lipchik, 1986; Haley 1980, 1990; White 1989, 1995) and cognitive-behavioural (Beck, 1976; Kendall, 1992) techniques. These models have focused assessment on the present family configuration, beliefs and constructions about the problem, and the resulting behaviours. Presenting problems have been analysed with a systemic approach, whereas exploration into past generations of family history was discouraged as pursuit of a problem-saturated red herring (Haley,1980).

Behavioural and solution-focused therapies have appeared to be of limited value at our agency with clients with serious problems stemming from abuse. In seeking answers for a more appropriate intervention, we looked to attachment theory as a possible framework of analysis, because attachment relationships are known to suffer in families where there has been abuse (Crittenden & Ainsworth, 1989; Parker, 1994). Effective therapeutic interventions aimed at healing attachment between parents and children are believed to lead towards greater mental health and resilience in times of stress (Bowlby, 1987; Fonagy et al., 1995). Life stressors, such as poverty, and unstable housing, often accompany families affected by abuse, compounding their inability to cope with the challenge of parenting. An interactional model which encompasses attachment relationship, life events, racism, and home environment has been used in several studies (e.g. Lamb, 1978; Main & Weston, 1981, both cited in Routh & Bernholtz, 1991; Erickson, Sroufe, & Egeland, 1985; Sroufe, Egeland & Kreutzer, 1990; Lewis & Feiring, 1991).

John Bowlby's (1969/1982, 1973) theory of attachment, or how humans form and maintain family relationships, has greatly influenced counselling approaches since he

began his work in post-war England. Bowlby was commissioned by the World Health Organisation (WHO) to research the mental health of post-war homeless children. He studied how mothers and infants interacted, rather than the father-child relationship, as women were conceptualised as the primary caregivers even more so in that era.[1] From Bowlby's WHO report and his later work at the psychoanalytic-based Tavistock Clinic in London, he developed the conviction that the child-mother relationship should be preserved, even in the case of neglectful mothers. Maternal deprivation, he asserted, put children at increased risk of physical and mental illness.

The theory of internal working models was developed by Bowlby to help explain how destructive parenting behaviours develop and how they are transferred to the next generation. Relationship problems, such as spouse abuse or dysfunctional parenting, are believed to be rooted in the individual's internal working models of self and other. To facilitate change in family relations, the family therapist needs to know how the clients conceptualise intimate relationships in order to help them change dysfunctional habits of relating.

Bowlby has provided the theory; contemporary clinicians are currently seeking ways to apply it to their own unique populations. Applying attachment concepts to family therapy is relatively new (Byng-Hall, 1991, 1995; Friedrich, 1995; Cowan, Cowan, Cohn & Pearson, 1996; Radojevic, 1996). No research of which the writer is aware has been conducted in Aotearoa/New Zealand exploring the application of attachment theory to family therapy. It is hoped that this case study of attachment discourse will provide an impetus for further research of its kind in New Zealand.

Case studies can provide examples of narrative that can help the therapist 1) understand and better match the relating needs of the client in order to strengthen the therapeutic goal of mediating the effects of insecure attachment in adults and children; 2) conceptualise an individually-tailored behaviour management plan for the children which encompasses the family's attachment patterns.

With narrative examples of the client's attachment pattern, it is hoped that therapists will be better able to mediate change in the individual and in the family system. This study thus proposes that an assessment of a mother's state-of-mind regarding attachment can illuminate the therapeutic process.

Bowlby (1949: 123) was one of the first to recognise that children's problems must by treated within the context of their families:

> Child guidance is thus concerned not with children but with the total family structure of the child who is brought for treatment. . . the problem usually lies in the relationships between him and the members of his (sic) family.

Half a century later, adult attachment researcher George (1996: 411) echoed Bowlby's words:

> In sum, professionals in psychiatry, psychology, sociology and law were all beginning to emphasise that abuse was a phenomenon that occurred in the context of relationships (author's emphasis).

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1 In recognition of male and female caregivers, with a biological or non-biological relationship to the child, in this thesis the terms "caregiver" and parent will be used largely interchangeably.

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

In the first part of this literature review, the theoretical foundations of attachment theory will be explained, including its deviation from psychoanalysis and gravitation towards general systems theory. Bowlby's theories of the internal working model and secure and insecure attachment styles are summarised. Studies designed in the last 25 years to test attachment concepts, such as the Strange Situation and the Adult Attachment Interview, will be reviewed. The contribution of narrative theory to both the operationalisation and the treatment aspects of attachment theory is discussed. The valuable contributions to the understanding of how individuals relate to significant others throughout the lifespan, which attachment theory has made, are examined. Intergenerational components of attachment relationships are summarised.

The second part of the literature review will discuss two aspects of the application of attachment theory to family treatment. Firstly, its application to understandings of the therapeutic relationship will be explained. Secondly, there is contained a discussion of how attachment theory has been applied to various clinical approaches, ranging from Freudian-informed psychodynamic psychotherapy to the structural and systemic schools of family therapy.

PART I THE DEVELOPMENT OF ATTACHMENT THEORY

ATTACHMENT THEORY: MOVING FROM PSYCHOANALYSIS TO CYBERNETICS

Bowlby was commissioned by the World Health Organisation (WHO) to research the mental health of post-war homeless children. He studied how mothers and infants interacted, rather than the father-child relationship, as women were conceptualised as the primary caregivers even more so in that era. 1 From Bowlby's WHO report and his later work at the psychoanalytic-based Tavistock Clinic in London, he developed the conviction that the child-mother relationship should be preserved, even in the case of neglectful mothers. Maternal deprivation, he asserted, put children at increased risk of physical and mental illness.

The contrasting emotional experiences of bonding and separation/loss are central to attachment theory. Bowlby attempted to understand how these processess developed from infancy into adulthood. He was dedicated in his search for answers as to how to help those whose early experiences of attachment and loss prevented them from having satisfying relationships with their families. Attachment theory is based on Bowlby's synthesis of ethology, developmental psychology, general systems theory, and psychoanalysis.

Bowlby was trained in the psychoanalytic tradition, but became disenchanted with its focus on the fantasy life of the child. Instead, he was looking for an empirical method for analysing parent-child relationships based on observations of real-life experiences. Ethology, the study of animal behaviour and its relationship to human behaviour, provided the scientific base upon which attachment theory could stand. Karen (1990, 1994) claims that Bowlby built a bridge between Sigmund Freud and Jean Piaget. Freud's work focused on the intrapsychic and emotional experience of the child and adult, whereas Piaget discovered what he believed were universal progressions of cognitive complexity through the life span. Bowlby's thinking married the intrapsychic and interactional approaches to developmental psychology.

Bowlby's theory represented a replacement of Freudian psychoanalytic drive reduction theory, previously used to explain the mother-infant relationship, with a behavioural control systems analysis drawing on general systems theory and cybernetics. General systems theory, as developed by Bertalanffy (1968; cited in Byng-Hall, 1991), examines how an individual's actions reverberate throughout a system of other individuals, and vice versa. Cybernetics and its application to family therapy by the Milan Group (Palazzoli, Cecchin, Boscolo & Prata, 1980) also explains human behaviour as being characterised by circular interactions or feedback loops. The individual's motives and behaviour are understood as being constantly influenced by and impacting upon those with whom s/he interacts. None of the members of the system are seen as having unidirectional power over the whole.

Bowlby postulated that cybernetic systems exist within the central nervous systems of both parent and child which set up a pattern in which the infant expresses its needs to the caregiver, whose own system interprets and acts on the child's expressed needs. The system governing the caregiver's response is believed to be a mature internal working model (IWM), determined largely by how s/he was raised by her parents. Over time and with learned expectations of the caregiver's responses, the child's IWM develops, maturing at approximately five years (Bowlby, 1988b).

Due to Bowlby's integration of systems theory, ethology, and developmental psychology into clinical therapy, he was shunned by the psychoanalytic community from which

he began. Today, however, leading psychoanalytic researchers are recognising attachment theory's relevance (Greenspan & Lieberman, 1994). The intra-psychic focus of psychoanalysis prevented clinicians from recognising interpersonal, systemic causes of childhood behaviour problems, such as child abuse. Bowlby's attention to the child's real life experiences propelled him towards taking a moral stance against the prevalence of abuse and neglect in many homes and society's apparent lack of valuing the importance of child-rearing practices and mores (Holmes, 1963).

Secure and Insecure Attachment to Caregiver

Systems theory influenced how Bowlby thought of the parent-child relationship as a series of circular or reciprocal behaviours. Early interactive patterns were thought by Bowlby (1973: 204) to be "complementary and mutually confirming". A child's attachment to its caregiver, he observed, grew out of the child's signals for protection and affection and how they are responded to by the caregiver. The signal and response pattern is repeated by the child/caregiver dyad over time, leading to an attachment characterised as either secure or insecure (Bowlby, 1987). He claimed that secure attachments would develop in those children whose caregivers regularly responded in an appropriate and timely manner to signals for help or reassurance. Conversely, those children whose signals of distress or need were either neglected or inappropriately met would become insecurely attached.

Attachment theory claims that secure parents are available to provide for their children's emotional and physical needs. Bowlby (1987) described the secure child as knowing that the caregiver is a secure base from which to explore its environment. Insecure parents, on the other hand, are believed to distort or block their children's calls for help as a result of psychic defensiveness, or because their internal working model does not provide for any other response. In his lecture, "The Making and Breaking of Affectional Bonds," Bowlby (1987) explained the roles of caregivers: 1) to be available and responsive to their children; 2) be able to judicially find the balance between over-protection ("controlling") and neglect. Responsive behaviours can include fulfilling normal feeding and sheltering duties, being affectionate, and responding to a child's proximity-seeking behaviour when frightened. Insecure attachment can result from an imbalance in caretaking behaviour, Bowlby claimed. If the caretaking responses are insensitive to the child's cues and developmental needs, an insecure attachment can develop.

A Study of Maternal Sensitivity: The Strange Situation

Research on attachment behaviour and relationships burgeoned following the work of Ainsworth, Blehar, Waters, and Wall's (1978) operationalisation of attachment theory. This groundbreaking study and subsequent studies (e.g. Matas, Arend & Sroufe, 1978; Vaughn, Egeland, Waters & Sroufe, 1979) demonstrated the developmental consequences of individual differences in attachment and, in particular, the relationship between maternal sensitivity and the child's attachment to her.

After working with Bowlby from 1950-1953 at the Tavistock Clinic, Mary Ainsworth began a systematic study of attachment behaviours in infant-mother dyads in Uganda in *the* 1960s (Ainsworth, 1963, 1967; cited in Bretherton, 1992). The Ganda study consisted of observations and interviews with 26 Gandan dyads in which she discovered a significant correlation between secure attachment and maternal sensitivity. Babies of sensitive mothers were more securely attached than babies of less sensitive mothers. The narrative data also revealed three types of attachment behaviour: the securely attached babies explored their environments more and cried little; insecurely attached babies cried frequently and explored little; and not-yet attached babies showed no preference for or differential behaviour to their mothers.

Expanding on the Ganda project, in a Baltimore, Maryland, laboratory, Ainsworth, Blehar, Waters, and Wall (1978) conducted a longitudinal study spanning an infant's first year of life, called The Strange Situation. The study included many naturalistic home visits in addition to a controlled laboratory procedure designed to test Bowlby's theory of the secure base and its influence on attachment style. Ainsworth et al. believed that the creation of a situation in which the mother and infant were temporarily separated would stimulate attachment behaviour, such as proximity-seeking, mother's response, and dyad reunion behaviour. The separation of the mother-infant dyad would provide information on the ways in which the dyads responded to the child's perception of potential danger.

When the infant reached twelve months, the mother and infant dyad were observed in the laboratory setting. In the first two sessions, the mother-infant dyad were videotaped in a laboratory room and were later joined by a stranger (a researcher). In the third session, the stranger was again present but the mother was asked to leave for three minutes. The child's reactions when the mother returned to the room were carefully analysed. This tested the secure base idea that proposes that a secure child's distress will decrease and s/he will return to exploration of the environment upon mother's return (Main, 1990).

Supporting Bowlby's hypothesis, children played and explored most when alone with the mother and least when alone with the stranger. Three styles of attachment behaviour

manifested themselves in the reunion episodes of the Strange Situation. Some children were easily calmed by their mothers upon reunion, some became angry and aggressive with her, and a third group avoided or snubbed their mothers upon return. From this study, Ainsworth et al. devised the Strange Situation classification system in which children are categorised into secure, ambivalent, and avoidant groups. (See Appendix A). The children who were easily placated by mother's return and quickly returned to play were considered securely attached; those who became intensely involved with their mothers in an often aggressive manner, while minimising exploration, were called ambivalently attached; and those who shunned their mothers were classified as avoidant.

A fourth category, insecure-disorganised, was developed later to include those children who did not fit into the first three categories and who appeared to have no coherent or organised strategy for coping with the temporary loss of their mother. Mothers of this group often came from abusive households and were under considerable stress as parents.

Subsequent research has shown that approximately two-thirds of children in a normal population will demonstrate secure attachment. One-fifth will be avoidantly attached, one-sixth ambivalently attached, and five percent will be disorganised (Belsky, 1984). In general, ambivalently attached children will maximise attachment behaviour and explore the environment less. In the balance between exploration and attachment behaviour, avoidantly attached children will minimise or deactivate attachment or proximity-seeking behaviour and explore the environment more.

The Strange Situation procedure revealed the relationship between attachment states and the quality of parenting. It also produced a three category system of defining secure and insecure attachment which was proven to have strong reliability and validity. The robustness of the attachment category system is further demonstrated by studies in which attachment theorists have been able to rule out both intelligence and temperament as alternative explanations of individual differences in attachment (Bates, Maslin & Frankel, 1985; Waters & Deane, 1985).

Internal Working Models

Bowlby (1969/1982; 1980) proposed that humans learn about our relationship to others and ourselves by developing an internal working model (IWM) of attachment relationships. The development of internal working models from childhood to adulthood will be explored below, including a summary of research which explains the interpersonal and environmental influences that shape them.

The concept of the internal working model was based on cybernetics, the study of the circular interaction and communication between the parts and the whole (Tomm, 1984). Internal working models are mental representations that have both cognitive and affective parts which have an active role in guiding behaviour (Bowlby, 1969/1982). The IWM, which processes thoughts regarding attachment experiences, is a metaphor for a mechanism for both continuity and change over the lifespan, and as a result of environmental and relationship variables (Atkinson & Zucker, 1997).

Though the changeable quality of the internal working model was stressed by Bowlby in his description of them as "working" models, once organised they tend to operate subconsciously and are therefore resistant to awareness, which limits the ability to change and heal. In adulthood, internal working models may be re-formed in the absence of an attachment figure, i.e. they are not restricted to actual behaviour or events, and could include hopes, plans, and expectations. However, in childhood, it is proposed that changes in IWMs can only occur as a result of concrete experience.

Contemporary theorists Main, Kaplan and Cassidy (1985: 77) explain how the internal working model is thought to work:

> Internal working models of relationships also will provide rules for the direction and organization of attention and memory, rules that permit or limit the individual's access to certain forms of knowledge regarding the self, the attachment figure, and the relationship between the self and the attachment figure. These rules will be reflected in the organization of thought and language as it relates directly and indirectly to attachment.

Two examples of relevant clinical work incorporating the IWM follow. Clinical researcher Lieberman (1997) suggests that the IWM regulates affect either by blocking or providing access to affective experiences. Her research suggests that primary caregivers model to their children their coping mechanisms based on their own IWMs. In describing the securely attached pattern, she says it "involves flexible access to negative affect and the ability to regulate it adaptively through integration with positive affect," (Lieberman, 1997: 280).

Fahlberg has contributed to the understanding of the development of the internal working model through detailed descriptions of mother-child reciprocal behaviours. Her work is based on extensive clinical experience with children who have experienced disrupted

attachment through foster care and adoption. Most useful in the context of the internal working model is Fahlberg's (1991) explanation of the Arousal-Relaxation Cycle. A child's internal working model is influenced by how the parent responds to the child's signals. The cycle begins with the child's expressed need for emotional comfort, food, or relief from physical pain, most often expressed as a cry. The child's expression is meant to attract the parent's concern and result in behaviour that will satisfy the child's need. Satisfaction of the need leads to quiescence or relaxation, until the next need arises, beginning the cycle all over again.

A secure internal working model would result from consistent and caring responses by the parent. An insecure model is formed when the child's signals are either ignored or mis-read. Mis-reading can be manifested in broadly two ways: anticipation of the child's needs before the child has had the opportunity to express them and inappropriate response to the expressed need. Either of these responses can tell a child that her or his signals are inadequate or that the parent's ability to respond is inadequate, leading to a feeling of insecurity.

The Adult Attachment Interview

The Adult Attachment Interview (AAI) was developed by George, Kaplan and Main (1985) to assess adults' internal working models, or current state of mind, with regard to the attachment they experienced as children. Through narrative analysis of the discourse in the AAI, classification is made based on the coherency of the narrative of self in relation to attachment figures.

The AAI is a structured, semi-clinical interview consisting of 20 set questions in which persons are asked to describe early childhood relationships, as well as current relationships with parents and their own (real or imagined) children. The interviewer begins by asking the interviewee about memories of relationships prior to five years old, progresses to similar questions for the five to twelve year period, adolescence, then adulthood. (Appendix B contains sample AAI questions). Interview questions are intended to "surprise the unconscious" (George et al., 1985), meaning that it aims to capture a person's spontaneous response regarding attachment, tapping into the speaker's internal working model of attachment. The interview is seen as displaying a person's mental representation of attachment relationships, as opposed to an attempt to record actual, early experiences.

The AAI classification system is based on the earlier child attachment model developed by Ainsworth et al. (1978), which categorised infants into three broad attachment

styles: secure, resistant/ambivalent, and avoidant. The adult interview has generated three theoretically and empirically equivalent classifications: free-autonomous, with high scores for valuing of attachment and overall coherence of transcripts and overall coherence of mind; dismissing, characterised by idealisation of parents and lack of memory for attachment-related events; and preoccupied/entangled, where the narrative includes high scores on confused or angrily preoccupied speech. Following work done by Main and Hesse (1990), a fourth category, unresolved/disorganised attachment, was added to include those whose discourse was high on lapses of monitoring of reasoning, possibly exhibiting micro-dissociative episodes, when talking about loss or abuse. Hesse (1996) has recently added a fifth category, Cannot Classify. (See Appendix A for a comparison of child and adult classifications).

The level of coherency found in the interview is an important criterion on which the adult attachment classification is based, (see Appendix G). George, Kaplan and Main (1996) utilise Grice's (1975, 1989) definition of coherency as defined in terms of maxims of quality, quantity, relevance, and manner. In rating the interview, evidence is sought, for example, of ability to provide specific, relevant examples which either confirm or contradict autobiographical description.

The Adult Attachment classifications have proven to be very valuable as an additional lens through which to view counselling clients and their therapeutic needs. For example, insecurity in adult attachment has been found to be strongly associated with clinical status (van IJzendoorn & Bakermans-Kranenburg, 1994), meaning that those who seek or are referred for counselling often have insecure attachment classifications. Most clients seek counselling for help with relationship problems, so it appears that attachment theory offers a way to understand why insecurely attached clients experience problems in relationship to others. George (1996) helps explain the association between insecure attachment and clinical status when referring to Bowlby's claim that disorganised representational systems in particular often prevent individuals from sustaining functional relationships with others. People with the Cannot Classify and Unresolved/disorganised classifications, George argues, have immense problems relating to others.

The authors of the AAI (1985: 16) claim that though they have uncovered "the predictability of discourse usage in life-history narratives as it evolves out of early interaction patterns", there is insufficient predictability to argue for early determinism of psychopathology in children. From thousands of clinical and non-clinical AAIs conducted in several countries, the general findings are of an overrepresentation of preoccupied mothers. Fathers' scores are similar to the standard distribution of mothers', and socio-economic status and nationality do not affect outcome.

Bowlby (1969/1982) believed that working models have a tendency to remain stable within individuals and across generations. His explanation was that the parents' mental representations of attachment would be communicated to the child through caregiving behaviour and sensitivity. This would in turn shape the developing IWM of the child regarding the availability and appropriateness of the caregivers' response to attachment signals. Main, Kaplan and Cassidy (1985) wrote that secure attachments in childhood dispose individuals to have secure attachments with their own subsequent children. Main (1991) hypothesised that secure parents who could respond appropriately to their children's attachment signals raise secure children with secure working models.

The attachment field has been very interested to discover how Bowlby's thesis of intergenerational transmission operates and in what percentage of the cases transmission is correlated from one generation to the next. In particular, researchers were interested in measuring the relationship between AAI classifications and parental sensitivity to the child, believing that high scores on security in the AAI would predict greater parental sensitivity, leading to a secure attachment in the child. Benoit and Parker (1994) conducted a longitudinal study of stability and transmission of attachment across three generations of 96 expectant mothers, their infants, and the infants' grandmothers, using the AAI and the Strange Situation. This exhaustive research found 90% stability of AAI classifications over a twelve month period, which they consider compelling. 65% of 77 grandmother-mother-infant triads had corresponding classifications. The researchers expressed caution about the results, however, writing that they may be skewed due to the high educational level and socio-economic status of the participants, which are not representative of the general population.

Van IJzendoorn and Bakermans-Kranenburg (1997) have reviewed eighteen studies of intergenerational transmission of attachment pattern over the last ten years. The studies have shown that the causal direction of attachment style goes from parent to child; the parent's attachment style is learned, or adopted by, the child. Van IJzendoorn et al. cite a meta-analysis (1994) they conducted of the studies, which showed a moderate correlation. Studies with mothers showed a stronger relationship between parental attachment and infant attachment than studies with fathers, though that may have been a result of social caregiving mores rather than a genetic or gender specific effect.

About a quarter of the studies do not show correspondence, meaning that some insecurely attached parents have secure children and vice versa. It also implies that siblings can have different attachment styles. The lack of a strong correlation between adult

attachment scores and parental sensitivity means that new ways of understanding how attachment is transmitted are required. This has led to questions about environmental and social effects on the transmission of attachment style from parent to child. Case study analysis, which can examine environmental influences on the parent's attachment style, can help attachment theorists better understand transmission issues (van IJzendoorn, et al., 1997).

Because attachment style was thought to be transmitted because of the quality of paternal sensitivity, sensitivity was what was measured. However, this construct has not proven adequate as a predictor of secure or insecure attachment relationships of children and parents. Fonagy (1995) and his colleagues have postulated that parents' ability to reflect on the mental states of attachment figures, as well as reflect on their own mental state, may be a factor that contributes to parental sensitivity and may be a better measure of intergenerational transmission of attachment style. They base their work on Main's (1991) paper concerning metacognitive control. Main introduced the idea of metacognitive monitoring to help explain intergenerational transmission of attachment. She believed that the degree to which a parent could coherently narrate attachment experiences in the past and present would predict her or his ability to reflect on the child's state of mind. The more coherent and structured a parent's metacognitive capacity, the more "maternal" sensitivity s/he can provide a child. Main believed that those parents who have incoherent ways of understanding relationships are vulnerable to raising insecurely attached children, for they have not been able to reflect on and make conscious distressing experiences either in their own or their children's lives.

Building on Main's (1991) thesis, Fonagy et al. (1995) argue that a predictor of intergenerational transmission of attachment pattern is the caregiver's ability to reflect on her or his attachment experiences. To test their hypothesis, they conducted the AAI with disadvantaged, highly stressed mothers. They developed a "reflective self-scale" to accompany the AAI in which narratives were rated according to an interviewee's capacity to reflect on her own and others' experiences. They found that ten out of ten of highly stressed mothers with high reflective self ratings had securely attached children. In contrast, only one out of 17 highly stressed mothers with low reflective self ratings had a secure child. They believe that their results confirm their prediction that capacity to reflect on attachment relationships "serves a protective, resilience-enhancing function, reducing the likelihood of intergenerational transmission of insecurity" (p. 255).

Relying on their ten years of research on attachment in children, Sroufe, Egeland, and Kreutzer (1990) conclude that developmental history and current life circumstances affect change in a child's IWM and attachment style. Sroufe et al. cite a study (Vaughn, Egeland, Sroufe, & Waters, 1979) conducted with 100 economically disadvantaged mother-infant dyads. Though there was significant stability in classification, only 62% of the sample received the same attachment classification at both assessments (12 and 18 months). The researchers found that stressful life events or changes in family circumstances influenced caregiving ability, suggesting that these conditions affected children's attachment behaviour.

Supporting Sroufe et al.'s study of adverse affects on attachment, Belsky's (1984) work suggests that a supportive social network can also moderate the effects of unhealthy early relationships. Van IJzendoorn and Bakermans-Kranenburg, M. H. (1997) cite Waters, Merrick, Albersheim, and Treboux's (1995) work, which found a 70% stability in attachment classification of 50 white, middle-class subjects, measuring continuity over 20 years. This strong continuity may be partially explained by the 78% marriage stability of the parents involved in the study. Correspondence between child and young adulthood attachment classifications was 78% for those subjects who did not experience a major negative life event such as divorce, parental psychiatric disorder or physical illness, or physical or sexual abuse.

The first longitudinal attachment study covering the first 18 years of life was conducted by Zimmermann (1994) in conjunction with Klaus and Karin Grossmann in northern Germany, reviewed by van IJzendoorn and Bakermans-Kranenburg (1997). Almost 70% of the variance of adolescent attachment security could be explained by a combination of life events, mother's attachment style, and children's representation of parental support at ten years old.

Divorce and parental life-threatening illness appeared to relate to insecure adolescent attachment representation in the Zimmermann study. Hamilton's (1994) longitudinal California study (cited in van IJzendoorn et al., 1997) confirmed that divorce, family violence, parental substance abuse, and economic insecurity all contributed to a child's insecure attachment. These findings were supported with an instance of 73% of preoccupied adolescents who had experienced family breakup (Beckwith, Cohen and Hamilton, 1995, cited in van IJzendoorn et al., 1997). When Hamilton's (1994) sample of thirty children reached seventeen years old, they completed the AAI, resulting in a strong attachment pattern stability of 77% from childhood to adolescence.

As a result of the findings from their meta-analysis, van IJzendoorn et al. (1997) have generated a contextual conception of attachment which expands Bowlby's original theory of the plasticity of the internal working model, which they call the environmental stability hypothesis. The hypothesis incorporates the following influences on the IWM: the parent's early attachment experiences, her or his later attachment relationships, social context, and child characteristics. Their model is based on their review of the literature which indicates that mental representations of attachment can remain labile until adolescence as a result of environmental influences.

The hypothesis which had previously guided theorists was the prototype hypothesis (Waters, Merrick, Albersheim & Treboux, 1995) which surmised that the child's relationship with the parent in the first year determines the quality of future attachment relationships. The environmental stability hypothesis, on the other hand, stresses that continuity of attachment pattern is related to a range of environmental effects, such as family stability, economic status, and the parents' coping ability. For example, a child growing up with insecurely attached parents in a socially-disadvantaged environment is more likely to remain insecurely attached from childhood to adulthood. A child growing up with securely attached parents in a supportive environment will likely begin with a secure attachment and carry that into adolescence and adulthood. If, however, a securely attached child's environment becomes unstable in adolescence, that child is susceptible to acquiring an insecure internal model. Fonagy et al.'s (1995) research offers the further explanation of the effect on transmission, namely the capacity for self-reflection on the part of the parents. In their study, mothers living in a distressed environment but who were self-reflective were capable of raising secure children.

In summary, researchers are still involved in explaining the transmission of attachment pattern. Psychodynamic theorists have turned their attention to intra-psychic, metacognitive processing, whereas van IJzendoorn and Bakermans-Kranenburg (1997), who have done an extensive meta-analysis, choose a more contextual model which emphasises environmental factors.

Influences of Adult Relationships on the Internal Working Model

Although early childhood experiences with the caregiver lay the groundwork for an individual's IWM, however, later significant relationships can also influence it. Adult attachment theory explains that the same internal working model developed in relationship with the caregiver is often transferred to intimate adult relationships, and that these relationships continue to be important across the life span. Bartholomew (1990) and

Bartholomew and Horowitz (1991) have created an adult attachment assessment based on Hazan and Shaver's (1987) self-report measure, in which romantic love is conceptualised as an attachment process. They have proposed a Four Group Model of Attachment in which George et al.'s (1985) original four attachment styles have been adapted to include the internal working model of self and other.

Bartholomew et al's. (1991) adaptations are as follows: The securely attached individual sees both other and self as positive and safe. The avoidant internal working model of other is considered negatively and the self positively. The preoccupied style, (of which there were more females than males in the study), sees the other as positive and self as negative. The fearful person (Main & Hesse's 1990 disorganised style, renamed by Bartholomew), considers both the other and the self negatively, thus leading to fear of intimacy.

Bartholomew et al's. (1991) results confirmed that the valence of both self-models and other-models are separate, important dimensions of an adult's conception of intimate relationships and that the two dimensions can vary independently. This finding, they believe, shows the limitation of thinking of difficulties with intimacy as being simply either over-dependency or avoidance of intimacy.

The validity of Bartholomew et al.'s (1991) use of self- and friend-reports has been questioned due to their propensity to evoke either repression or idealisation of past relationships and experiences (van IJzendoorn and Bakermans-Kranenburg, 1997).

Bowlby (1988b) wrote that an insecure attachment working model can be reconstructed through a positive therapeutic, or partner/spouse relationship. A close friendship, according to attachment theory, can also bring about change in the IWM. Rutter, Quinton and Hill (1990), in their study of institution-reared females, found that a close, supportive relationship with a healthy spouse proved to be the most powerful protective mechanism in counteracting the ill-effects of an insecure childhood.

Berman, Marcus, and Berman (1994) extend the lifespan model of the construction of the IWM to an interactional model in which the IWM of each is mediated between adults. The interaction between adults' IWMs creates the nature of the marriage relationship. They believe that partners bring with them into the marriage behaviour patterns resulting from their childhood IWMs of attachment. A securely attached individual would demonstrate more comfort with trust, intimacy and conflict than an insecurely attached person, and vice versa. Their theoretical summary is that the more consistent one partner's adult attachment behaviour is with the other partner's attachment behaviour or pattern, the more likely each partner will maintain her or his attachment pattern developed in childhood.

Let us take an example in which both partners are dismissing of attachment and are more comfortable with distance than intimacy. Each person in this couple is likely to be satisfied with maintaining a distant relationship and her or his childhood attachment style will not be challenged to change. The same would hold true of a couple in which each has an attachment style which favours emotional intensity. But in those couples in which one partner desires intimacy and the other desires distance, conflict will arise which can present the couple with the opportunity to change and heal childhood attachment patterns. Unfortunately, couples often find these relationships immensely problematic and choose to dissolve the relationship.

The tenets of Imago Relationship Therapy (Hendrix, 1992) are based loosely on adult attachment concepts. Imago Therapy is founded on the idea that the childhood relationship one had with a caregiver has a primary influence on adult romantic relationships. Analysis of how spouses' early attachment relationships interact forms the basis of the therapeutic intervention. Imago Therapy provides the conflicted couple with a road map which explains why their problems have arisen and how to find their way to a joint destination. Though Hendrix does not use the term internal working model, his concept of the child parts within adults is harmonious with it. He explains that the part of the child that was rejected or denied the ability to be expressed by a parent is the part that seeks expression through relationship with the spouse. It is in the courting stage when the fantasy that this "denied self" will be embraced by the partner is most elevated. Partners commonly encounter problems when they find that reality and fantasy clash. When conflict arises in the relationship it is a sign that the fantasy cannot prevail and is the ideal opportunity to examine and modify one's internal working model vis a vis the adult partner.

Radojevic (1996) cites Cohn, Cowan, Cowan and Pearson's (1992) study which compared the attachment patterns of couple dyads and found better functioning in couples in which one or both had secure attachments, as opposed to insecure-insecure dyads. Radojevic has also looked at attachment classifications in couple relationships. Her clinical work has demonstrated that strains and risks are present for couples who have different working models of attachment. She suggests that the couple's methods for resolving conflict will be governed by the confluence of two powerful variables: 1) the individual's internal working model, 2) the interaction between the two different models. Radojevic has set out explanations and some guidelines for therapists working with couples whose attachment patterns have been assessed or surmised. She concludes that second-order change (discussed in the family therapy section below) in families is most like-

ly where the secure child and adult attachment patterns exist, or at least where one person in the adult couple or parent-child dyad has a secure model.

When children become adults, the relationship with their parents makes a transition from one of dependence to one characterised by equality and mutuality, eventually coming full circle, when adult children care for ageing parents. In adult attachment, coming to accept and forgive parents for their shortcomings can lead to more autonomous and secure relationships with self and significant other. Williamson (1981, 1991) designed a family therapy (cited by Piercy, Sprenkle & Wetchler, 1996) to assist adult clients to assert their personal authority with their parents so that they may establish a peer relationship with them. Williamson believes that helping clients to write a new narrative of an egalitarian relationship with their parents is the means towards developing true intimacy and autonomy in their relationships.

Autobiographical Memory and Narrative

The methodologies of both the Adult Attachment Interview and counselling (and this thesis) utilise the concepts and approaches of narrative theory. The stories people tell in counselling and the narrative derived from the AAI are based on an analysis of the individual's life story and autobiographical memories. Because narrative theory is integral to this work, its tenets will be briefly explained below.

The justification for using autobiographical memory to understand personal narrative is supported by the research of Webster and Cappeliez (1993) and Singer and Salovey (1993). They forge a strong link between memory and the construction of personal narrative. Their work is based on the premise that we make meaning of our lives by reviewing the past. These theorists summarise a broad field of research which indicates that the individual's current understanding of her or himself is a result of a dynamic dialectic between episodes in the past and the need for a coherent sense of self in the present.

Narrative theory explains how the identity of the self is created. Its process is an evolving, "moving" (Kegan, 1982), reintegration and reinterpretation of past memories so that they lend a sense of coherency to the self in the present (Erikson, 1959, cited in McAdams, 1991). The state of mind regarding relationships is what is uncovered by analysing memories of childhood on which the life story or narrative is constructed. The development of a coherent sense of self is conceptualised by McAdams (1985, 1991, 1992) as an evolving story written by the self as narrator and author, beginning in young adulthood and continuing throughout the adult years.

To eliminate the possibility that memory deficits in general could be responsible for a lack of memory for childhood events and relationships, van IJzendoorn and Bakermans-Kranenburg (1997) have conducted studies to analyse this question. Van IJzendoorn et al. administered a parallel questionnaire designed to elicit autobiographical memories that were unrelated to attachment issues, e. g. "can you remember when you got your first bicycle?" They have found a lack of support for cognitive rather than emotional factors contributing to memory ability. The memory deficits appear to be related to emotional rather than cognitive factors.

Jeremy Holmes (1993) is a contemporary attachment theorist and clinician who incorporates narrative concepts into his understanding of the therapeutic role. Holmes wrote about 'autobiographical competence,' meaning that when a person has a personal narrative of his or her past history with a significant person he or she is likely to feel secure. Holmes wrote:

> Narrative turns experience into a story which is temporal, is coherent and has meaning. It objectifies experience so that the sufferer becomes detached from it, by turning raw feeling into symbols. It creates out of fragmentary experience an unbroken line or thread linking the present with the past and future. Narrative gives a person a sense of ownership of their past and their life (p. 150).

The therapist guided by attachment theory will facilitate, or co-construct with the client, to use the narrative therapy term, (White, 1989, 1995) a personal narrative that will lend coherence to the client's life, and ideally lead to healthier parenting and adult relationships.

Part II The Application of Attachment Theory

In this section, I will explain the central role of the therapeutic relationship in attachment theory. Bowlby's theory grew out of psychoanalysis and the object relations culture, popular at the time that he was working, therefore relationships between the two will be discussed here. Additionally, Bowlby's influence on family therapy and narrative therapy conceptualisations of the therapeutic role will be explained.

The Role of the Therapist

The Therapist as a Secure Base

Just as the essential function of the primary caregiver is to provide a child with a secure base from which to explore its environment (and in so doing itself), Bowlby (1988b) argued that for the therapist guided by attachment theory the function is the same. When a person comes to counselling s/he has found current ways of relating to be dissatisfying, damaging, or even life-threatening. Previous ways of relating and coping have failed and they seek counselling for help in finding new and better ways. A client experiencing distress needs a therapist who will offer the safety required for the client to revisit memories and thoughts of unhappy childhood times that may have contributed to the present relationship crisis.

Bowlby saw the purpose of therapy as an opportunity for clients to review and reconsider past and current relationships with significant figures. He wrote, ". . . the therapist hopes to enable his (sic) patient to cease being a slave to old and unconscious stereotypes and to feel, to think, and to act in new ways" (1988b: 139). The therapist's role, according to Bowlby, is one of trusted companion. Therapy is a journey through past and current emotions upon which the client embarks, with the therapist as supportive guide. For clients who have suffered trauma, Bowlby encourages the therapist to relate losses and separations within the therapeutic relationship to the client's previous traumatic experiences. For example, if a client becomes distressed about a cancellation of a therapy appointment or the impending holiday the therapist is planning, the therapist can relate the distress to earlier experiences of separation and abandonment. It is hoped that the client will be able to contact the original feelings of distress associated with an earlier relationship, so that the therapist can assist her or him in bringing the emotion to consciousness so that it can be both affectively and cognitively processed.

Transference

The therapeutic relationship, Bowlby (1998b) wrote, is a crucial vehicle for the journey towards emotional freedom from the past. Bowlby's training in psychoanalysis is evident in his emphasis on the transferential relationship between client and therapist. It is meant to be a safe relationship in which the client can explore her or his working models of attachment without worry of judgement or rejection by the therapist. An essential

difference between attachment-based therapy and psychoanalysis which Bowlby highlighted is that the attachment therapist assists the client in recognising that current models of relationship stemmed from treatment by the parent, whereas psychoanalysis regarded current behaviour to be based on unconscious fantasies and not actual childhood experience.

Characteristics of the transferential relationship, Bowlby (1998b) noted, were that a client may unconsciously treat the therapist as if s/he was one of her or his parents, and may also treat the therapist as s/he had been treated as a child by the parent. This can be regarded by the therapist as an indication of the client's working models: first, the working model of her or himself as a child interacting with each parent; second, the model representing each parent's interaction with the client as a child. If the treatment towards the therapist is hostile, it is plausible that it stems from an unconscious identification with the aggressor (Freud, A, 1936), described by Zeanah, Finley-Belgrad and Benoit (1997) in the following section relating attachment and psychoanalysis. Fraiberg, Adelson, and Shapiro's (1975) mother-child psychotherapy is cited by Bowlby as an example of attachment-based therapy where the therapist serves as the client's secure base, allowing both cognitive and affective experience to be revisited and re-evaluated within the safe therapeutic relationship.

Counter-Transference

Bowlby's (1998b) work does not discuss the influence of the therapist's internal working model, or its counterpart in psychoanalystic therapy, counter-transference. This is an intriguing omission considering the emphasis Bowlby placed on the partnership quality of the therapeutic alliance and his background in psychoanalysis. It does appear reasonable to assume that the therapist's own internal working model will impact not only her or his interpretation of a client's personality and way of relating but also how s/he responds to the client. Because therapy ideally provides a secure base for the client, by implication, the therapist should be relatively securely attached her or himself, and receive supervision to monitor the occurrence of negative counter-transference.

On the occasions when a therapist is finding the relationship with the client difficult, it would be advantageous if s/he could analyse the conflict in attachment terms. Information could be gleaned about the therapist's and the client's internal working models by observing the problems in their relationship. Byng-Hall (1999), who adapted attachment concepts into family therapy, suggested that research be done in this area in order to better understand and match the internal working models of client and therapist.

As stated above, Bowlby (1988b) asserted that the client will enter therapy transferring many expectations from the internal working model onto the therapist. If the client's experience was of a neglectful or abusive parent, s/he may be vigilant of, or even fabricate, signs of neglect from the therapist as a means of protecting her or himself from the hurt experienced as a child. A neglected child would have missed having a caregiver who took the time to get to know the child's unique self and way of experiencing the world. When this occurs, children generally struggle finding a sense of self because the carer was unable to attune to and mirror back to the child her or his self as a confirmation that the self was recognised and accepted. A lack of a sense of self means there is no clear narrator of a life story, making the formation of a coherent narrative extremely difficult.

The therapist's aim is to provide the insecurely attached client with a relationship that is more secure and healthy than the one experienced in childhood. Holmes (1993) suggests that an essential component in forming a secure therapeutic relationship is the therapist's ability to be attuned to the client. By this, he means a sensitivity to and sharing with the core of the client which allows the therapist to follow the client's narrative and gives the client perhaps her or his first experience of being truly known by another. Out of this relationship a sense of self is solidified while a narrative is co-constructed by therapist and client. Holmes points out that the narrative is not merely the client's case history but is a history of the therapeutic relationship.

Holmes (1993) pointed out that attachment categories (using the child attachment labels) allow therapists to gauge their approach accordingly. The ambivalently attached, he wrote, need a combination of firm limit-setting and absolute reliability. In 1993 he believed that the avoidantly attached do better with a less intense or structured relationship, due to their fear of closeness and vulnerability. By 1997 he had modified his advice to the therapist and suggested that emotional expression be the first task of therapy with an avoidantly attached client. The disorganised pattern, he believes, requires "a low-key supportive approach" (1993: 154) because they are threatened by close attachment and are considered the most disturbed clients.

Family Therapy

Finally, let us look at the implications attachment theory has for the family therapist's role. Attachment theory, its attention to intergenerational patterns, and the AAI's emphasis on autobiographical narrative, provide a template which can augment family therapy. Radojevic (1996) is a family therapist who contends that an analysis of adult attachment status can direct family therapy more than attention to a particular technical orientation.

Other family therapy researchers conclude that the therapeutic relationship is what is vital, rather than the therapeutic paradigm or technique used. Family therapists Duncan, Hubble and Miller (1997) have attempted to discover which family therapy approaches are most effective. They cited Lambert's review (1992) of 40 years of research, finding that no more than fifteen percent of client improvement was a result of specific approaches or techniques. Forty percent of improvement in therapy, however, is attributed to the therapeutic alliance. Duncan et al. conclude:

> Positive change is only modestly correlated with technical wizardry and not at all correlated with any particular therapeutic school. It is far more heavily influenced by what clients bring into the room and the relationship that is created there (p. 24).

From this discussion, it is evident that there are many ways in which attachment approaches to the therapeutic relationship can harmonise with and enrich the family therapist's role. Knowledge of attachment theory can assist the therapist in not only better assessing a client's relationship history, but can also aid in predicting the most effective way to form a relationship between therapist and client. The attachment style of the therapist, as seen above, is crucial in developing or destroying a therapeutic alliance. Being cognisant of the therapist's attachment style can help avoid negative counter-transference (Friedrich, 2000; Auckland seminar).

Application of Attachment Theory in the Clinic

In the first part of the literature review, Bowlby's concept of the internal working model was introduced. In the following section, psychodynamic clinical integrations and applications of the IWM are reviewed. These contrast with The Strange Situation and the intergenerational longitudinal studies summarised in the first part, which had large sample sizes and were carefully controlled. Following the explanation of the psychodynamic utilisation of attachment theory, similarities between family therapy, narrative therapy, and attachment theory are described.

A Rapprochement Between Attachment Theory and Psychoanalysis

Bowlby trained in the psychoanalytic approach of looking for the root of neurosis in the fantasy life of the patient. He broke away from the domination of the intra-personal

perspective of psychoanalysis and was drawn instead to the inter-personal relationship of parent and child. Where psychoanalysis examined neurotic ideation within the individual, Bowlby was interested in how the interaction between mother and child developed and how that interaction was responsible for facilitating or degrading healthy attachment in the child. As stated in the introduction, Bowlby was frustrated with the unscientific theory and methods of psychoanalysis. Freud's concepts of the mental structures of the id, ego and superego and their properties defied examination and could therefore not be confirmed or refuted.

Bowlby created the idea of the internal working model in an attempt to find a more concrete way of hypothesising about how people form ideas about relationships. Paradoxically, Bowlby's concept of the IWM is still a notion about mental processes and is difficult to study empirically. However, by employing general systems theory and ideas from ethology, he was able to examine how mother and child's interactions engendered patterns which could be categorised, which later did lead to reliable research instruments, such as the Strange Situation and the AAI.

Psychodynamic Approaches to Attachment Theory

As a contemporary attachment clinician, Lieberman's (1991, 1997) work comes full circle in that she attempts to facilitate a rapprochement between attachment theory and psychoanalysis. Lieberman combines Freud's analysis of the mental life of the mother with an information-processing approach and applies them to attachment theory. Specifically, she uses the concept of the IWM to understand how mothers' ideas about relationships form and are transmitted to their children through caregiving behaviours. In a Freudian vein, she believes that both caregiving and care-seeking behaviours primarily operate unconsciously.

Lieberman believes that parents who are able to openly acknowledge their own childhood pains are more capable of providing what they call "caregiving sensitivity" (p. 242). Research done by Lieberman and her colleagues (1991) shows that parents who have gained security in adulthood, and have few unconscious defensive behaviours against realising past pain, are more likely to raise secure children. Secure attachment, they argue, results in "successful containment" (1991: 243) of painful memories, whereas "insecure attachment is a defensive compromise" (ibid) in which the avoidant or dismissing attachment styles are manifested. Psychodynamic attachment researchers, Fonagy et al.'s (1995) argument that a parent's self-reflective ability contributes to the transmission of attachment style would support Lieberman's thesis. Fonagy et al. believe

that parents who are less defensive about negative emotional experiences with attachment figures are more likely to appropriately contain their children's distress than those who have strong, unconscious defensive patterns. Self-reflective parents who have been able to reflect on their own experiences of being parented and can reflect on their parents' states of mind "may circumvent the need to repeat our own past in our relationship with our children" (p. 251).

Lieberman's theory about maternal attributions of the causes of her child's behaviour is also founded on her clinical observations of parent-child interactions. Maternal attributions, she says, are "fixed beliefs that the mother has about her child's existential core" and can be thought of as "products or reflections of the mother's internal working models of the infant and of herself in relation to attachment", (1997: 282; 284). Lieberman believes that children conform unconsciously to mothers' attributions of them. Babies, she claims, create sensorimotor memories out of visceral, pre-verbal experiences of their mother's attributions, which become the building blocks of the child's IWM.

Maternal attributions, says Lieberman, can be viewed by clinicians as the manifestation of the mother's IWM, including her fantasies and concrete perceptions of the child. As an information-processing approach, attribution theory proposes that social behaviour depends on the ongoing assessment of persons and their behaviour. Attribution theory stresses that behaviour depends on inferences people make about causes of events, the motives and characteristics of people interacting in situations, and about the nature of the social situation. Attribution theorists Dix and Grusec (1985) have applied several attribution models to parent-child interactions.

Lieberman (1997) applies Dix and Grusec's outline of parental attributions to her clinical population and finds that, contrary to the normative population Dix and Grusec described, parents in a clinical setting demonstrate negative or developmentally inappropriate attributions to their children. In parent-child dyads which exhibit severe attachment disorders, she has found that the caregiver's (in her population, the mother's) attributions often reflect the mother's fear, anger, or unresolved parts of herself. In other words, she believes that attributions are based on the mother's IWM.

Melanie Klein's (1948) theory of projective identification is cited and applied by Lieberman (1997) in order to understand attribution. The unwanted or denied part of the mother is projected, or attributed, to the child. When the child complies with the projection of the mother it serves to confirm her suspicions about the child's traits, which may have begun as her subjective projection.

Lieberman, Weston and Pawl (1991) explored the effects of infant-mother psychotherapy as pioneered by Fraiberg, Adelson, and Shapiro (1975). They were particu-

larly interested in how Fraiberg et al.'s clinical approach addressed Bowlby's (1980) intergenerational transmission theory. Clinicians in the Lieberman et al. study used Fraiberg's approach in order to provide the mothers with a corrective attachment experience through the therapeutic relationship. The clinician

> "spoke for the mother's affective experience, addressing the legitimacy of her longings for protection and safety *both when she was a child* and currently as an adult, and enabling her to explore unsettling feelings of anger and ambivalence toward others (including the child and the clinician). The clinician linked this process to the child through appropriately timed developmental information to reduce negative attributions and to support a benign perception of the child's motives" (p. 202; authors' emphasis).

Lieberman et al.'s (1991) sample was derived from infant-mother dyads who had been referred to their hospital for "at risk" behaviour. They called these "anxious dyads," meaning that the infants were insecurely attached to their mothers. The researchers randomly assigned an experimental and a control group from their sample. The experimental group received psychotherapy and the control group received developmental and educational information only. At the conclusion of the study, the experimental group demonstrated significantly greater indicators of attachment behaviour, such as maternal empathy, improved mother-toddler interaction, and better negotiation of conflict, than those in the control group. However, home measurements of these qualities were not as high as laboratory outcomes.

The Strange Situation was used when the infants were between one and two years old, but not at the follow-up, as it was deemed inappropriate for toddlers. Another weakening of the measurement was the unfortunate decision not to use the AAI with the mothers to assess for adult attachment. Instead, they used the Maternal Attitude Scale (Cohler, Weiss & Grunebaum, 1970). Maternal attitudes were not significantly different for the experimental group. The researchers assigned mother-infant dyads according to the infant's attachment category, resulting in the error of assuming that mother's attachment style matched her infant's. Because this assumed pre-treatment generational transmission rather than testing it, the results of the study should be considered as merely speculative.

In summary, Lieberman's ideas are intriguing and help bridge the gap between psychoanalysis and attachment theory.

Intergenerational Transmission: Ghosts in the Nursery

Selma Fraiberg (1975, 1980) was one of the first therapists to study the application of attachment concepts, and specifically that of intergenerational transmission. Fraiberg believed that the client/parent's insecure attachments were responsible for current parenting problems. She saw the neglectful or abusive parent figures in the client's past as "ghosts in the nursery" who came back to haunt the current parent-child dyad:

> Even among families where the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his (sic) child may find themselves reenacting a moment or a scene from another time with another set of characters (1975: 387).

Based on Sigmund Freud's (1920) theory of the repetition compulsion, Fraiberg et al. (1975) believed that a form of repression was responsible for motivating the client/parent to repeat and recreate the pain with the infant that was passed onto her or him by the previous generation. As a Freudian, Fraiberg utilised the theory that the client was attempting to gain resolution and control over the past by repeating it in the present. Fraiberg asserted that it was not only the early memory of the abuse that was defensively repressed, but also the feelings associated with the painful experience. Those clients who have repressed the affect of an abusive past, who do not feel the pain of the past at the same time as they describe it to a therapist, are less likely to resolve the experience and make sense of or integrate it. This leaves them more prone to identify with the aggressor (A. Freud, 1936) and therefore more likely to abuse their own child.

In hypothesising why some parents from abusive backgrounds abuse their own children and some do not, Fraiberg et al. (1975) said that those who have resolved the past by recognising and feeling the affect of the past can have more empathy for their own child, which allows them to identify with the injured child versus the aggressor. A healing process of resolution of past trauma will permit the parent to let go of identifying with the aggressive parent in her or his childhood. This process opens up the ability for the parent/client to identify with her or his child's pain instead.

The hallmark of Fraiberg's work was the intention that therapist and client form an alliance against the intruders from the past. In the safety of the therapeutic relationship, the affect can be re-associated with the memories, freeing the mother from the intruders of the past, reawakening her conviction to stop the past hurts being visited on her child.

Intergenerational Transmission of Dismissing Attachment

Psychodynamic therapists Zeanah, Finley-Belgrad and Benoit (1997) have analysed the intergenerational transmission of the dismissive category as defined by Main and Goldwyn (1994) in the AAI. In a single case study taken from their clinical work with a family in which the child was put at risk by its mother's aggressive caregiving behaviour, the AAI was administered to the client/mother in order to help the clinicians better understand the mother's perspective on her childhood experiences with her caregivers. A dismissing style in regards to her mother was found, as well as idealisation of her absent father. Lack of resolution about her grandmother's death was also revealed.

The pattern of dismissing attachment that they observed, passed from grandmother to mother to grandchild, agrees with the pattern described in the AAI coding manual (Main & Goldwyn, 1994) as derogation. According to Zeanah et al. (1997: 293), this is a "form of dismissal in which attachment experiences, and especially attachment figures, are actively and contemptuously devalued". They cite their interpretation of the pathological relationship pattern of derogation on Anna Freud's (1936) theory of identification with the aggressor, meaning aggression is turned towards the caregiver as a defence against feelings of extreme helplessness and fear in relationship to the caregiver.

In translating the Freudian (1936) concept of identification with the aggressor into attachment terms, Zeanah et al. cite Troy and Sroufe (1987), who found that only children with avoidant attachment styles interacted as both victims and victimisers with their peers. It is as if the avoidant/dismissing personality equally experiences the victim role, originating in relationship to the caregiver, and later becomes the victimiser in defensiveness.

In Zeanah et al.'s (1997) case study, healing came about, they claim, because the clinicians based their work on Fraiberg's (1980) success using the transferential phenomenon in the therapeutic relationship, as discussed in the section regarding the therapeutic role. The therapists served as the secure base that the caregivers in this family were unable to provide. By applying psychodynamic concepts to attachment theory, Zeanah et al. believe that attachment theory can provide empirical support to these concepts through the concordance of the results of the Strange Situation and the AAI.

Attachment and Family Therapy

Selma Fraiberg's work was revolutionary in the sense that she and her colleagues broke from the prevailing practice of individual therapy of the fifties, by including the infant in therapy with distressed mothers. Looking back, we can see that Fraiberg and her colleague's work was approaching a more systemic view of family problems. In this section, parallels are drawn between the philosophical foundations of both attachment theory and family therapy. Both took a more wholistic, systemic perspective on mental health. Ideally, this section will help the reader to comprehend how attachment theory can be integrated into family therapy.

The analyst who introduced the idea of treating more than one family member was Murray Bowen. Bowen is considered the great grandfather of family therapy, in that the ideas he formulated in the 1950s served as the foundation for the family therapies practised today. Bowen was a contemporary of Bowlby's who was also trained in psychoanalysis. Like Bowlby, he was frustrated with the lack of scientific precision in psychoanalysis. He also agreed with Bowlby that therapy should assess and treat more than the intra-psychic world of the individual, which was the psychoanalytic paradigm. Not only was Bowen interested in the real lives of his patients rather than their fantasies, he went beyond attachment and object relations' theories which focused on the mother-child dyad, and treated the entire family. He believed that the individuals in the family form part of an indivisible whole, and he created a therapy that treated the self of the individual as well as the multiple relations in the family (Sykes Wylie, 1991). Bowen's conceptualisation of the family as an integrated whole consisting of individual, interactive members, is consonant with cybernetics, which became the overarching paradigm of family therapy.

Attachment and Systemic and Structural Family Therapy

Cybernetics, or behavioural change theory, was also an important component on which Bowlby's work rested, especially regarding what he called the mutuality of the proximity-seeking and exploratory attachment behaviours. Systemic and structural family therapy (practised at the researcher's counselling agency) are also based on the philosophy of second-order cybernetics (Mackinnon & James, 1987, cited in Hayes, 1991). It claims that there is on-going interaction between all individuals living within a system, such as a family, and that no individual can be viewed in isolation of the system within which s/he lives. Change occurring in one part of the system will inevitably mean change in

another. First-order change occurs at a superficial level. Second-order change, the end goal of family therapy, refers to fundamental change to the entire system, and, in attachment therapy, change in attachment patterns and relationships.

Byng-Hall (1995) has adapted attachment concepts to family therapy by recognising that the family unit itself, not just the mother or main caregiver, operates as a secure base for children. He cites Donley's (1993) observation that the importance placed on the mother-child dyad in attachment theory obscures the fact that the mother-child dyad exists within the family system. In nuclear families, according to Minuchin (1974), the other dyads existing in the family system are the sibling dyads and parental, or executive dyad. When father is no longer living with the child and mother, the absent father-child dyad is born, having its own unique qualities. The reconstituted family system may be composed of dyads formed by mother and grandmother or mother and grandfather, as seen in the results section of this research.

Joan Stevenson-Hinde (1990) and Byng-Hall (1995) drew a comparison between Minuchin's (1974) structural family therapy concepts and the attachment categories. Where attachment theory has three general classifications: secure, ambivalent/preoccupied, and avoidant/dismissive, Minuchin also categorised families into roughly three groups, which were: the adaptable family is one which equally values intimacy, or cohesion, and individuality in its members. The enmeshed family values cohesion over individuality or autonomy. The detached family values autonomy over cohesion or closeness. Minuchin's idea of the adaptable family is roughly equivalent to the securely attached family; the enmeshed family is similar to the ambivalent-preoccupied style, or entangled, to use the adult attachment term; the detached family is close to the avoidant-dismissive style. The comparison between enmeshed families and preoccupied/entangled attachment personalities may be over-simplified. There is not an ipso facto relationship between growing up enmeshed and developing an entangled adult attachment pattern.

Byng-Hall (1999) has noticed families in which the parents idealise their behaviour but denigrate the child or children's behaviour and personalities. Analysing this dynamic within attachment theory, he believes it results from dismissively attached parents. These are the families, he says, in which members are delegated to a good and a bad pile, there's no in-between. "Family legends in dismissing/avoidant families are often very stark and bare, with 'goodies' and 'baddies,' and may reflect the potential rejection at the core of these relationships, with stories of members being thrown out for being difficult or disrespectful"(p. 38.)

Friedrich (1995) has incorporated attachment concepts into his work with sexually abusive boys and their families. Friedrich was among the pioneers of work begun in the

1970s in the United States with sexually-acting out children. He adheres to the philosophy that these children's behaviours are partly a result of having been abused themselves, as well as lacking love and security in their home lives. Most of the boys he works with have disturbed attachments with their parents and present as either avoidant-resistant or ambivalent-resistant. Friedrich informally assesses his clients' attachment styles then forms his therapeutic relationship with both the boys and their families accordingly. In his 1995 work he did not address intergenerational transmission or adult attachment styles, but generally assumed that attachment would be damaged in the boys' families as a whole. For those families whom he believes have an avoidant style, he will slowly build the therapeutic relationship, knowing that intimacy is threatening to the family culture. If he senses an ambivalent style, he will speak to the boy's and family's conflicting desires to be close and yet distant, as a protective mechanism. He will not expect or demand a consistently trusting relationship with the clients. Friedrich's incorporation of attachment classifications into the field of sexually-abusing children has been greatly enriching, as well as offering useful methods for those doing general family therapy.

Attachment Theory and Narrative Therapy

Byng-Hall's (1991, 1995, 1999) work also originated in the object relations tradition but specialised in family therapy. Over the last fifty years his work has branched into the systemic, narrative, and attachment fields. In an interview (Larner, 1999), he explained that Main et al.'s (1985/1994) development of a narrative measure of attachment, the Adult Attachment Interview, coincided with his work on narrative therapy. The AAI's analysis of the coherence of the narrative has been very useful in his work with families. He prefers Main et al.'s narrative research of attachment classifications to the anecdotal evidence gathered in sessions. Byng-Hall (Larner, 1999: 36) described his use of attachment concepts as a family therapist:

Suddenly here is a bit of research that fits with family therapy ideas. If you start seeing family conflict in terms of insecure attachments you can reframe a large number of phenomena and difficult behaviours in terms of people feeling insecure in their relationships. For instance, the demanding, attention-seeking child can be seen in a different way; as very insecure rather than difficult or bad. . . I have a story which families find useful and I feel on a more secure footing.

How families gain secure attachment is answered by Byng-Hall (1999) in narrative terms. He believes that intergenerational security can be facilitated by a therapist who helps parents come to terms with and then eventually tell a coherent story about their

past. He did not elaborate on whether it is necessary for the client to express repressed emotions while coming to terms with family-of-origin issues, as Fraiberg et al. (1975) contend in their discussion of how clients with disturbed childhoods can regain healthy parenting styles. In a true fusion of attachment and family therapy approaches, Byng-Hall says his goal is to help the family to become a secure base from which its members can feel safe exploring alternative behaviours, solutions and communication styles.

Summary

Fifty years of clinical and laboratory work have been devoted to understanding Bowlby's theory of attachment so that knowledge can be applied to helping families and society raise healthy children. Particular advances in the past twenty-five years have been the development of measurement instruments such as the Strange Situation and the AAI, for they have given the field a common language and tools for directing greater analysis of internal working models and attachment behaviour. The research has shown that parents' life stories of their childhood relationships greatly influence the way they relate to their children. Of great import has been the idea of stability of attachment in an environmental context. The richness of this body of research and analysis offers clinicians an opportunity to more precisely assess, diagnose, and intervene when assisting families to improve their relationships.

The Adult Attachment Interview has been used extensively throughout Europe and North America. Those who have used it in clinical settings testify to its usefulness (Benoit & Parker, 1994; Waters, Merrick, Albersheim, and Treboux, 1995; Fonagy et al., 1995; Lieberman, 1997; van IJzendoorn & Bakermans-Kranenburg, 1997). To better understand its applicability in New Zealand, and in a family therapy capacity, this study will be conducted. Until now, there has been no published research in New Zealand using the AAI either as a research tool or in clinical settings. It is therefore proposed that the use of the AAI with a New Zealand sample is warranted. For the purposes of evaluating the effectiveness of incorporating attachment concepts into family therapy, the AAI appears to be the instrument of choice. Although small scale, this case study research will explore the application of attachment concepts to family therapy offered to New Zealanders. The study will take place in a New Zealand family counselling centre, providing an ecologically valid setting for the research.

The present study will ideally answer the following questions:

Does the client's AAI narrative contain information that is relevant to the presenting problem, information that is not elicited from the customary assessment interview used by the family therapy agency? The customary family therapy interview was originally constructed to assess for systemic, (Palazzoli, Cecchin, Boscolo & Prata, 1980), structural (Minuchin, 1974), and behavioural (Beck, 1976; Kendall, 1992) aspects of the family system. Some attachment information is also included.

If there is additional attachment information, will this study demonstrate whether the inclusion of information gathered from the AAI substantially changes the direction therapy takes? Will AAI classifications affect the counsellor's therapeutic assumptions and interventions?

Does the AAI narrative provide an opportunity to examine autobiographical memories in a way that assists the client in reaching her therapeutic goal? The degree of coherence and organisation of autobiographical memory is believed to influence an individual's self-concept (Kegan, 1982; McAdams, 1985, 1991, 1992; Singer & Salovey, 1993; Webster & Cappeliez, 1993).

Specifically regarding the therapeutic relationship, this study may be able to compare Bowlby's (1988b) and Holmes' (1993, 1997) predictions of how the different attachment patterns respond to the therapeutic relationship.

Will this research offer the possibility of informally evaluating whether there is evidence of intergenerational transmission of attachment (Waters, Merrick, Albersheim, and Treboux, 1995; van IJzendoorn & Bakermans-Kranenburg, 1997)?

What influence, if any, will adult attachment relationships (Hendrix, 1992; Cohn, Cowan, Cowan and Pearson, 1992; Radojevic, 1996) have on the course of therapy?

In conclusion, this study aims to discover the effects of integrating an attachment approach into family therapy as it is customarily used at a New Zealand counselling centre. It will ideally inform the centre as to the worth of this integrated approach.

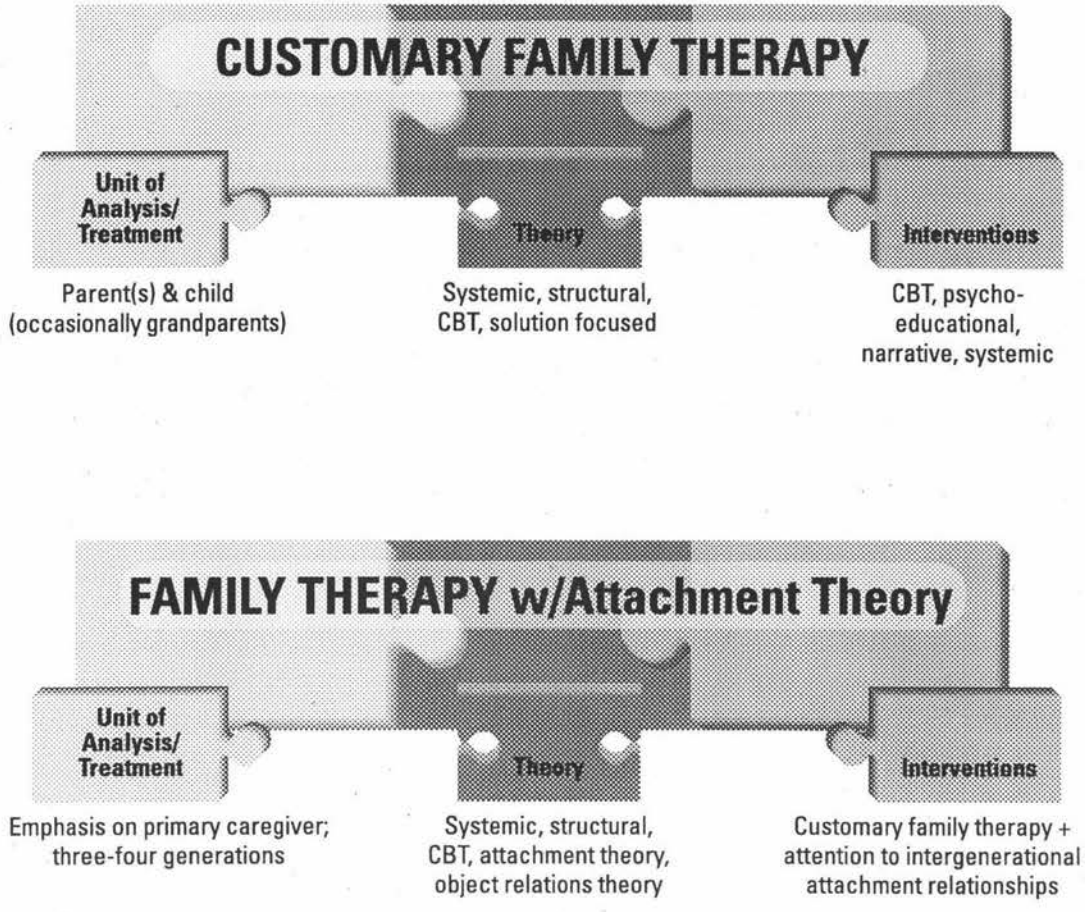

Figure 1: Comparison of customary family therapy, as practised at our agency, and family therapy integrated with attachment theory. © Marta Fisch

CHAPTER THREE

METHODOLOGY

RATIONALE FOR THIS STUDY

This study was undertaken in order to discover how the introduction of attachment theory and use of the Adult Attachment Interview would influence the family therapy approach and interventions currently used at our centre. Many of the mothers who come to our centre with problems with their children have experienced abuse in their adult relationships. Solution-focused methods had a limited effectiveness with these families. The factor of pre-existing abuse led us to believe that applying attachment concepts could be helpful in better understanding the roots of the family problems. Attachment theory and the availability of the AAI offer an approach which the literature indicates may assist counsellors in mediating change in the mother which may produce changes in caregiving interactions with her children. Addressing the mother's way of thinking about caregiving and how she has been cared for may elicit more lasting positive change in the family system than with psychoeducational, solution-focused methods alone.

RESEARCH QUESTIONS

1. Does the use of the AAI add relevant attachment information that is not elicited from the customary initial family therapy assessment?
2. How can the addition of information gained from the AAI to the customary assessment improve therapeutic interventions?
   * Does the attachment classification of the adult client revealed by the AAI, and the theoretical concomitants of the classification, help explain the nature of the problem?
   * What does attachment theory add to family therapy interventions in each case?
   * Will this research help the therapist formulate a more comprehensive therapeutic plan which takes into account both family systems and family attachment patterns?

3. How was the AAI received by the clients and was it perceived to have stimulated some therapeutic process? If so, was this process related to sharing autobiographical memories and creating a more coherent life story?
4. Will the AAI provide examples of narrative that will help the therapist assess and effectively match the relating needs of the client in order to mediate the effects of insecure attachment?
5. Will the researcher find evidence of the intergenerational transmission of attachment style and, if so, what will its nature be?
6. Will the research indicate the impact of the clients' adult attachment relationships on their present family life?

Narrative Theory and Research in Case Studies

The purpose of this research is to investigate the usefulness of attachment theory, and specifically the Adult Attachment Interview, in family therapy. A case study method was chosen for this research because its design allows for the intense and qualitative study of small sample sizes, such as comprise this research. A case study is a semi-structured, in-depth, real-life context analysis of individuals (Danziger, 1990). In an attempt to better understand the attachment relationships of clients, a narrative analysis will be employed, looking in particular at the coherency of the interviewees' life stories. The interviewees' narratives about their relationships to attachment figures serves as the data upon which the attachment classifications are analysed. The narrative data that is coded in the AAI are the participants' recollections, or autobiographical memories, of relationships with attachment figures and their influences on the participants' lives. Narrative from the initial assessment session and the third evaluation session will be analysed informally according to narrative, attachment, and family therapy concepts. Specifically, the Adult Attachment Interview will be administered with clients in the counselling session following the initial session, in which the standard assessment package is always used in the counselling agency.

Narrative Theory

Narrative analysis of participants' life stories is based on narrative theory, which belongs to the post-positivist social science approach. The positivist social science tradition, widely practised in the first half of this century (Kuhn, 1970), presupposes objective truths that can be tested according to quantitative techniques. Narrative research contrasts with the quantitative social science research paradigm. The idea that human experience can be quantified is rejected. In post-positivist narrative research, interviews are an important source of information about the meaning that research participants make of their experience. The participants' personal interpretation is paramount in post-positivist research, which conflicts with positivist research, which privileges the researcher's interpretation over the interviewee's.

Post-positivist research embraces a systems and cybernetics model (Bertalanffy, 1968) and conceptualises the investigator as being in relationship with the investigated. Each is believed to influence the other and there is no pretence, as in positivist research, that the researcher can remain separate and objective. The researcher is understood as being part of the same system as the subject, not above or beyond it (Jonas, 1969; Snook, 1981; Korchin & Cowan, 1982). Greene (1994: 538) encourages social science researchers to "acknowledge if not celebrate the influential presence of their own selves in the inquiry process."

Family therapy researchers Becvar and Becvar (1996) recognise that participation in traditional, positivist research is inconsistent with the systemic philosophy guiding therapeutic practise. They believe that there has been a trend away from quantitative methodologies to increasing use of meta-analysis and a combination of qualitative and quantitative methodologies, which the AAI employs. The trend has been characterised by a move from focusing simply on outcome to observing process in relationship to outcome. The systemic researcher examines the antecedents and results of change in order to develop correlational hypotheses about related events.

METHOD

Case Study with a Narrative Analysis

DESCRIPTION OF THE ADULT ATTACHMENT INTERVIEW

The AAI itself is a structured, semi-clinical interview, with a highly structured questionnaire format. The interviewer's task is to help the interviewee access autobiographical detail about attachment themes. The interviewer is instructed to follow a set sequence of questions, which allow the interviewee to respond freely. The interviewer is prohibited from making judgements or therapeutic comments regarding the participants' responses. If an interviewee's answers are irrelevant, the interviewer's job is to return the interviewee to the set questions at the earliest opportunity. The duration of the interview is semi-structured. It generally lasts from 45 to 75 minutes, but there is no set finish time, which allows the interviewer and interviewee to conclude when all the questions have been asked. The length of the interviewee's responses is relevant to the coding so it is important that s/he is allowed a certain freedom to talk at will. (See Appendix B for examples of interview questions).

TRIAL OF INSTRUMENT

The researcher conducted three pilot AAI interviews with peers prior to beginning research. These were supervised and coded by the coder who has been trained and approved of by Mary Main and her colleagues as a reliable coder. The five interviews that comprised this research were also coded by the above-mentioned supervisor.

SAMPLE

Five New Zealand solo mothers, of European-origin (matching therapist/researcher's ethnicity) participated in the research. In two of the cases the father was of Pacific Island origin, therefore the children of those partnerships are bi-racial. The children in three of the five families visit their fathers weekly. Visitation is sporadic with one family and in the fifth family the father has only recently been released from prison; visitation was sporadic while he was in custody. All were voluntary clients, e.g. no court-ordered clients. This is a special population and a small sample, so it cannot be considered representa-

tive, (Yin, 1984; Stake, 1995), but I hope nonetheless that it will guide my agency's therapeutic work.

Site

A family counselling centre in a major New Zealand city. All interviews were conducted in sound-proof, private counselling rooms.

Methods and Sequence of Data Collection

From the centre's waiting list, five female-headed families were asked by the researcher and her manager to participate in the research on a strictly volunteer and no-fee basis. Clients were assured of confidentiality and that therapy at no charge would continue beyond the timeline of the research, should they elect to attend. No clients were refused therapy if they chose not to participate in the research.

Interviewees were phoned by the administrator for their permission to take part in the research. When they consented, they were sent a letter from the researcher explaining the project and the date of the first appointment. A permission form regarding their consent to take part and to be audio taped were included in the letter, which was posted to the centre or brought by the interviewee/client to the initial interview with the researcher.

An intake interview of one and a half hours was audio taped in which the researcher/clinician met with the parent by herself to assess family history and goals. The assessment package normally used at the counselling centre provided the structure for this assessment session.

The AAI was administered and audio taped with the mother at her second session 1-3 weeks later by the researcher/clinician to assess the mother's attachment style. The average length of the interviews was one and a half hours.

A follow-up session to the AAI was held in which the client had an opportunity to explore the issues raised by the AAI. This session was also audio taped and conducted by the same researcher/clinician.

Summaries of the results were distributed to participants upon request. Two requested a summary.

Sequence of Data Collection

Session 1: Assessment Package used at Counselling Centre (See Appendix E)

Beginning with the initial interview at the counselling centre, clients are customarily asked a list of questions from the assessment package, such as:

- the family's reasons for seeking counselling
- referral agencies
- schools which the children attend
- history and composition of the family
- the family's social and economic situation
- mental and physical health histories

Session 2: Adult Attachment Interview

The Adult Attachment Interview was conducted with each mother of the family at the second session.

Session 3: Evaluation of the AAI

The third session was an opportunity for both client and therapist/researcher to evaluate the effect of the AAI in an unstructured interview with no set questions. Clients were asked to comment on what it was like to be interviewed about their past and what process they went through in recollecting their childhood. They were asked to recall how they felt immediately following the session, as well as several days later. The researcher was also curious whether the clients had changed any of their parenting behaviour as a result of the interview. The counsellor offered interventions in this session which pertained to the themes that emerged over the course of the three sessions.

Transcript Analysis

Narrative theory, as discussed above, was employed in the analysis of the sessions. The researcher began transcribing the taped sessions as they were completed. The transcription provided an opportunity to analyse the narrative in fine detail. During this time, the researcher was able to develop hypotheses regarding the client's attachment issues and level of coherency of the autobiographical narrative. Therapeutic interventions often develop as a result of spending an average of ten hours listening to each taped session. Because the AAI transcript was coded externally, the researcher did not know the resulting attachment classification until after the third session, although hypotheses were earlier made about classifications. Narrative that contained salient information about attach-

ment relationships was highlighted and analysed in the context of the interview as a whole.

Once all three sessions were complete, the transcripts were summarised into the results section. An analysis of their contents according to attachment and family therapy theories has been summarised in the discussion section of this thesis.

Analysis of the AAI

The Adult Attachment Interview (George, Kaplan & Main, 1996) was originally developed in 1984 and has since been replicated with over two thousand people in several countries (Bakermans-Kranenburg & van IJzendoorn, 1993). The AAI itself has a combination of qualitative and quantitative features, as its coding system results in rigorous classifications that can be used in quantitative analyses. A psychometric study of the AAI has shown it to have high inter-rater reliability (80%) and discriminant validity (Bakermans-Kranenburg, et al.)

The AAI is designed to highlight structural variations in the presentation of the life story. In the AAI, it is the present meaning of past events that is assessed, rather than seeking an objective truth about actual events. Specifically, it aims to compare adjectives an interviewee uses to describe her or his attachment relationship with the parent with autobiographical memories used to illustrate the adjectives. When the adjectives and autobiographical memories are considered side by side, the coder looks for instances of coherence and incoherence in the narrative, which provides the basis for the attachment classification. (Refer to tables in the results section, Appendix F). Coherence is defined according to Grice's (1975, 1989) maxims of quality, quantity, relevance, and manner. A linguistic philosopher, Grice developed a cooperative principle of conversational maxims. A brief summary of coherent discourse follows: Coherent discourse contains evidence for what has been said and contradictions are avoided. Discourse is succinct but complete. What is answered is relevant to the question asked. Information is presented in an organised manner. Incoherent discourse violates the above rules.

A discourse analysis of the taped interview, transcribed verbatim, is based partly upon narrative coherence. Judges use a 9- point rating scale to record the degree of mental organisation found in a narrative when scoring speakers. The interview analysis developed by Main and Goldwyn (1985-1996) is applied, based partly on Grice's maxims. (See Appendix G for a summary of the adult attachment classifications).

Narrative Analysis of Sessions One and Three

Narrative research is the ideal and natural method for inquiries regarding memory and interpretation of lived experience, which are the ingredients of therapy and this research. The analysis of sessions one and three was done according to the following narrative theory concepts. Singer and Salovey (1993), drawing on Tomkins' (1979) script theory, believe that memories are self-defining and serve the function of helping the individual resolve the sense of self. Memories are a rich source of narrative data of how an individual clarifies and constructs a definition of self (Crawford, Kippax, Onyx, Gault & Benton, 1992; Bruner, 1990). Crawford et al. propose that a relationship exists between one's self and one's memories, and that the (usually unconscious) construction of the self arises out of the conversation between one's memory of the past and the person one is today. They suggest that events are remembered because they were emotive, and they gain their emotive quality because an event was in need of being made sense of.

In the transcripts of session one, the clients' life stories begin to unfold. They tell the story about their family composition and present strife. The first session's narrative will be analysed according to the following themes: evidence of structural imbalances (Minuchin, 1974); attachment relationships; the impact of the problem on individual's and systems' functioning; substance abuse, health, and violence issues. These are common themes which emerge during the customary initial interview. In the AAI which follows, the childhood story is revealed in detail. Relationships with attachment figures, and major influences, such as loss, trauma, and moves, are disclosed and, in some cases, understood in new ways. Before session three, the client has had several days to assimilate the AAI experience, both consciously and unconsciously. Session three is the time when she can piece together any autobiographical threads that may have been dangling, or weave a new meaning or ending onto her storyline.

The narrative of the three sessions was analysed as a whole according to the following themes:

* Did the AAI reveal useful information that was not available following session one?
* Was the narrative and classification information helpful in formulating therapeutic interventions for the family?
* Was the examination of autobiographical memories a useful method for getting a clearer understanding of her past self and, if so, how?

* How was the therapeutic relationship characterised?
* What information was available regarding intergenerational transmission of attachment, including the concepts of stability of attachment style and caregiver attributions?
* Could current adult relationships be better understood as a result of the integrated approach?

Ideally, these new threads of meaning can be joined by the client and therapist and stitched into a more colourful robe to inspire and comfort her present self. Sessions subsequent to session three have been analysed in order to discover whether mother has acquired a new understanding of her life, and if so, whether this new robe also has a new capacity for protecting and loving her children. Subsequent sessions are windows onto changes in intergenerational transmission of attachment.

Ethical Considerations

Narrative researcher Rosenwald (1996) explains how narrative research has deviated from positivist psychological research methods. Where traditional research ethics guard against harming the subject psychologically, Rosenwald suggests that psychological research be designed to assist subjects.

Cassell (1982) agrees with Rosenwald's criticism of the prohibition in research only to prevent abuse and calls it minimalist ethics. She joins Rosenwald in a call for research which benefits those studied. The researcher, Cassell says, is in a 'gift' relationship with the researched, insofar as the researcher is obligated to return the results from the study to the researched in a form designed to improve their quality of life. Although the intention in this study was to improve the participants' family life through the research process, it should not be presumed that this would occur. The therapist/researcher's personality and theoretical and cultural foundations may not suit all clients. Because all therapeutic and research approaches have a priori value assumptions, it is ultimately the clients' judgement regarding the value of the research or therapy experience that is important. In this research which highlights and privileges finding coherency in the clients' life stories, we may see some clients who feel they have benefited from this approach and others for whom the narrative approach is not clearly what has contributed to positive change.

The interview, in the social science literature, is considered to be an intimate sharing between people in which suffering, joy, and sharing take place (Cartwright & Limandri, 1997; Bogdan & Biklen, 1992). Hutchinson, Wilson, and Wilson (1994) point out that in-depth interviews have great potential for benefiting collaborators' lives, such as providing them with someone to talk to, catharsis, and better self-understanding. But they are also the context in which the clinician/researcher roles can become the most blurred. Greene (1994) warns that a dual role relationship can threaten a study's validity if experimenter bias results from poor role boundaries.

The ethical codes governing the professional and academic institutions to which I belong honour the commitment to minimise potential harm or deprivation to research subjects (Massey University Code of Ethical Conduct, 1998; New Zealand Association of Counsellors, 1998; Presbyterian Support Northern, 1996).

Assurances of confidentiality and compliance with the Privacy Act 1993 were made to the clients. Should a client wish to withdraw from the research, she was guaranteed that counselling would continue with the researcher or another therapist at our centre, if she chose to. (See Appendix C & D for information letter and consent form). Extreme care was taken to ensure that client notes and transcripts were kept confidential and accessible only to the researcher and her supervisors. The identities of research participants were guarded by the use of pseudonyms and initial letters for identifying locators, such as cities or schools. Transcripts in full will not be published, however, brief extracts will be used to illustrate points in the final report.

Dual Roles

It was not until the middle of this century and the advent of post-positivist thinking in social science research that the research relationship could be called an intimate one. In this study I play the roles of both family therapist and researcher, the therapist role involving intense emotional contact with the clients. Corresponding to the post-positivist paradigm, the clients' as well as the researcher's interpretations of their narratives are components of this research design and discussion. I take a post-positivist approach to the role of researcher, as opposed to the positivist assumption that I can be separate from my interviewees and able to be objective or expert in my analysis (Cohen & Manion, 1989).

A common experience expressed in the social research literature (Lanza & Satz, 1995) concerned the overlap of the professional processes employed by researchers and therapists: hypothesis-creation and testing, observation, analysis of findings, and summary of

conclusions. Family therapists and researchers Morris, Gawinski and Joanning (1994) found that it was impossible to separate the therapist and researcher roles. A family therapy interview is both assessment as well as an opportunity to introduce therapeutic interpretations and interventions. In this study assessment and therapy overlap in sessions one and three.

In family therapy, the therapist is considered part of the same system as the family, while in session. While the clients' narrative is valuable, the therapist's narrative is also considered an important aspect of the research. My narrative in this work largely consisted of clarifications and interventions. These have been explained and summarised in the results and discussion sections for each client. As clients explore the background to their present problems, it is not uncommon to find that they start to react to the therapist in similar ways in which they relate or related to attachment figures. This has been explained in the literature review as Bowlby's (1988b) application of transference and counter-transference. In order to contain or avoid adverse transference and counter-transference, I followed Lanza and Satz's (1995) advice to those in dual role capacities to receive expert supervision to help guide and protect the clients, as well as the researcher/clinician. My work was monitored by my clinical supervisor, Sue Ushaw and my chief thesis supervisor, Sue Watson. Presbyterian Support's director of evaluation, Maryanne Richardson, conducted telephone interviews with the participants after the second session to assure ethical practice, which she has confirmed. According to normal clinical practice, I concluded every session with a debriefing, assuring myself that my client felt her emotions were controllable and contained. Above all, I agree with Munhall's (1988) statement that the therapeutic imperative should take precedence over the research imperative when and if a conflict between them arises.

Limitations

As this research project is a small sample case study, no definitive answers are expected, but it is hoped that it will contribute to a larger body of New Zealand research dedicated to discover the place of attachment theory in therapy.

A discussion of the limitations of the methodology must include the conflict a second-order cybernetics researcher has in doing research in a predominantly first-order cybernetics culture. Bertalanffy's (1968) general systems theory, as discussed in the literature review, applies here, where human behaviour is characterised by circular interactions or feedback loops. Research is unavoidably based on a part which is recursively related to other parts comprising the whole. This research, therefore, may only generate questions

regarding phenomenon at a higher order. The results of my research will take on the characteristics of the theory implicit in the model. Results will be dictated by the theoretical framework of the methodology. In this way, the research's limitations parallel the limitations of the therapeutic approach. Because of this insurmountable difficulty, care has been taken to provide evidence from the transcripts to illustrate the interpretations being made so that the reader can judge the plausibility of the overall findings.

This research would have been enhanced had the therapist's attachment pattern been determined in order to see its effects on the therapeutic relationship. Dozier and Tyrrell (1998) have conducted a study in which both clinicians' and patients' attachment patterns were determined through administration of the AAI. Their study involved clients with serious psychopathological disorders and their case managers. Dissimilarity in attachment styles between case manager and client were found to be responsible for stronger therapeutic alliances and benefit. Additional experiments duplicating their methods with varying samples will make a valuable contribution to the field.

Because use of the AAI is restricted to those who have trained with the authors in the United States, it is unlikely that many family therapists would have the opportunity as I have had to employ it in a therapeutic setting. The prospect for applying this research, then, is applicable to those clinicians who can informally assess attachment patterns through familiarity with the theoretical and clinical literature. It is difficult to prove effectiveness of therapy as my clients determined the length of therapy and had the volition to terminate whenever they chose. The study's reliability would have been enhanced had we had access to a second AAI rater, but after searching, none were found in the wider proximity of the counselling centre.

Conclusive answers drawn from the research are unexpected due to the phenomenon of change occurring for the clients simply by the very act of observation, of drawing both the therapist's and the client's attention to her life story. It is hoped that despite these limitations, those reading this research will take away with them a clearer understanding of attachment theory and how it can be integrated into family therapy.

Poem for the unknown child

Hold me as you would a child
given into your arms, a stranger
Let me touch the world
from the shelter of your embrace
And I will grow, to love the world
And be loved
I will hold the world in my arms
A stranger, yes
But I have only to remember your embrace
to know how easy it is
to love a child
that wants so to touch the world
by Jungle Payne

CHAPTER FOUR

RESULTS AND DISCUSSION

RESULTS

A summary of the results of the three sessions follows, presented in their chronological sequence. A summary of relevant data from the initial assessment interview is provided, upon which the working therapeutic hypothesis is constructed. Data from session two, the AAI, follows. Next, narrative from session three, the follow-up to the AAI, is presented. The AAI classifications are detailed. Lastly, pertinent results of subsequent sessions are summarised.

DISCUSSION

Following the results section for each case, a discussion of salient topics is provided. These topics include a discussion of the attachment classification, coherency of autobiographical memory, intergenerational transmission of attachment style, therapeutic implications, the therapeutic relationship, adult attachment relationships, and socio-cultural factors.

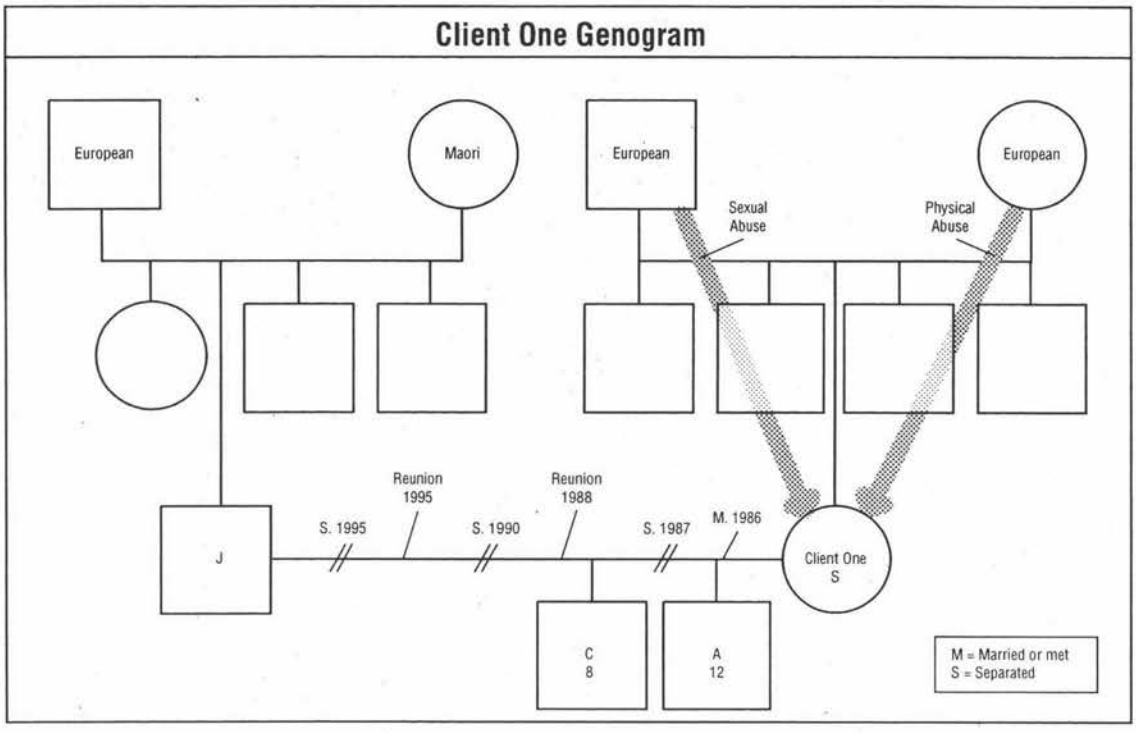

Figure 2

Results – Client 1

Session 1 – Initial Assessment Interview

Client 1 (S) sought counselling to help improve her youngest son's behaviour (C, eight years). S reported that C's behaviour was very oppositional and getting progressively worse and she was afraid of having little control over him. S described C this way: "He's got a very bad temper, so he swears at me, calls me an f'ing b.; he says he wants to murder me, um, he is just so mean to his older brother (A, twelve). He steals out of my purse, he steals food out of the cupboard. He's actually a horrible boy. . . I think he needs to be loved, but sometimes it's hard to love him."

C's family, including her ex-husband, (J), had been to the Centre three years previously and received our customary family therapy. This time, she made it clear that she did not want to participate in counselling with the boys' father, though was not opposed to him seeing a counsellor with the boys, with the warning that she believed he had fooled the previous therapists by falsely presenting himself as an attentive, reliable father. S said that J saw the children weekly but complained that it was erratic, "if it's weekend time

and J doesn't ring up, C will get really angry at me and say you don't want me to see my Dad." I told S that we would not require her to do counselling with J and that I would meet with J only if he initiated it, which he had not.

Some temporary improvement had occurred three years ago, but it appeared that the underlying conflicts between the estranged parents and between mother and C had not been addressed adequately. Her belief was that C's oppositional behaviour was related to the first separation eight years ago when A was four and C less than one. The couple experimented with a reunion four years ago which lasted two months.

When the therapist asked about her family-of-origin while drawing the family tree, S said about her father who died four years ago, "well, he was sort of an alcoholic so he eventually just ruined himself." S reports that J's father, too, is "a big time alcoholic." In reference to her mother, S said, "I wouldn't tell her anything about anything." Her brothers are not particularly supportive, though she does have close girlfriends and participates in church activities. S describes her adherence to her values, passed on to her by her father, as being a great strength to her. She is a full-time mother on the benefit while training in a career. Regarding her other personal assets, S said, "I know how I feel, and I can pretty much generally verbalise the way I feel. I think a lot. . ."

S told me that she has received counselling for a "serious eating disorder" characterised by a complete loss of appetite which can last for several days. S described it this way: "It's when I get really sad or I feel abandoned in lots of ways. . . like, there were times when, like Christmas or Easter, my body begins to shut down and when I go up to mum's I, I eat a lot, but she thinks I'm being really greedy. . . "

Building a Hypothesis for a Therapeutic Intervention

Both S and her mother experience their children as being "greedy" about food. There is a sense that the child's needs are inordinate, unfair, and insatiable. The child's signal for food and the mother's response to that signal are crucial parts of the Arousal-Relaxation cycle (Fahlberg, 1991), introduced in the literature review. In attachment theory, the degree to which the child can signal a need and the parent satisfy it contributes to the child's internal working model of the caregiver's reliability.

S's loss of appetite when feeling abandoned as an adult could have developed earlier as a protective response to a deprived childhood in which S had to turn off her needs. The Arousal-Relaxation Cycle could have been disturbed for S, creating an insecure attachment to her mother. The therapist began to formulate the hypothesis that S has learned to distrust her own needs (because the signals were never appropriately satisfied by her

mother) and resents C for so strongly sounding his. An example of this is her perception that he has an inordinate craving for food which he demands to be satisfied. Another hypothesis is that S might have lost confidence in being able to meet C's signals and blames him for her perceived inadequacy.

S's internal working model of unsatisfied needs had possibly resulted in an intergenerational transmission of this model onto her youngest son, taking the form of food battles. S complained about C's behaviour around food: "C is seriously into food. Food is his comfort". Later, we will see how the AAI demonstrated that S's childhood experience was of having her physical but not her emotional needs met by her mother. In the second session she alluded to her father satisfying his needs at her expense.

Enough information was available from the customary assessment to formulate an hypothesis and intervention based on attachment and systemic theories. According to this working hypothesis, I delivered the following therapeutic input: I praised S for being able to notice, understand, and often circumvent the eating disorder. Because she prides herself on sound financial management, I made the analogy between that and managing the eating disorder: "You've got some food in the bank and some money in the bank and some extra weight in the bank for times when you (get down). . ." S responded, "that's good, I never thought about that."

I explained the Arousal-Relaxation Cycle by saying that the emotional component of food is something C and S have in common. C will subconsciously associate food with mother's love, as his first food was provided intimately by her, just as she associated food and eating with her mother. When C is feeling a loss of love and security his way of coping is to eat more, whereas hers is to eat less. I encouraged S to treat C's over-eating as a signal to her that he is needing reassurance of her love and that when she places limitations on him about eating, he will interpret those restraints as limitations about love she will give him. I referred to her earlier remark, ". . . you said S that you know he's very sensitive inside but you don't always see that on the outside. That inside that's hurting that feels better temporarily with food. . . So the more you tell him no, or not that much, the more he will try to eat to compensate for not feeling he has enough love."

Cultural Attributions

Although cultural attributions or factors were not originally a part of this investigation, I began wondering in this first session if racial differences were a significant part of the couple's and family's difficulty. S portrayed J's family as lawbreakers and attributes this to "their Maori way". I was curious if S's derogation of the Maori culture impacted on

the boys' sense of self as having a dual-heritage and if her problems with J were being mirrored in the boys' continual fights. On the other hand, S has some positive stereotypes about the Maori culture: ". . . even though J's mum is part Maori and they do a lot of bad things, but J's mum has a better relationship with my boys. Maybe it's a cultural thing there, that there's a better loving (than her own mother and family provide) in that way". A potentially promising therapeutic intervention would be the possibility of asking S what would change in her relationship with the boys if they knew how much she likes how their Maori grandma cares for them. I decided to invite a male, Maori co-therapist to join me in working with the family.

Session 2 – Adult Attachment Interview

The AAI provided valuable information for testing the working hypotheses formed after session one. At eleven months of age, S suffered serious burns when an infant and was separated from her parents for several weeks while in hospital. She did not attribute any significance to this separation and, in fact, minimised her family life altogether: "We just were a family and I had a mother and it was no big deal, I guess". S coherently described her relationship with her family as a young child. Her narrative demonstrates that she has spent time reflecting on an abusive past:

> I'm a very sensitive person, a very emotional person, so my mother didn't satisfy me in any of those needs at all. . . (our relationship was) dissatisfying, empty, I guess. Certainly not meaningful, certainly not loving, I wouldn't say loving in the way I would have wanted her to love me. . . I don't have a recollection of her ever holding me or hugging me ever (AAI, 183-191).

> I bet she really hated. . . I really do, those are the words. . . those words sound strong, but I believe that she hated me and that also caused a rift between my brothers and I . . . they were probably mean to me 'cuz my dad used to spoil me because I was the only girl (AAI, 328-332).

I remember being quite spoilt by my Dad and my mum used to hate that, so even though my mum did nice things in that way, it was ruined by the jealousy that she had for me and that still continued right through until my Dad died, so I don't think about my family a lot 'cuz it's just, I just choose not to (AAI, 147-151).

I think my dad was sexually abusing me but I, I've kinda blocked that out because I prefer to, so I wouldn't really like to say my dad and I were close I guess in ways. . . it was just always creepy and I always knew that. . . maybe she (mother) knew, and maybe that's partly why she hated me as well, I've often wondered that but um I would never speak to her about that (AAI, 129-133; 144-145).

. . . we had a funny family, like dinner times were always arguments times, she'd always pick on somebody because they used to drink a lot . . . so if it wasn't me it was somebody else and if it was somebody else getting picked on and they stood up for themselves or walked away I'd be at the table, at the back of the table, I'd be kinda locked in and then she'd start on me. It didn't matter what I said, I'd still get picked on and then the slapping would start (AAI, 358-366).

This piece of the narrative provides a clue as to how S's preoccupation with food may have been initiated by repetitive abuse occurring at meal time. Recall that in session 1 S complained about C's food hoarding. In this session her narrative of her separation from J shows a mirror image of herself in her criticism of C's substitution of food for love: "I had to push through the court system (over access) 'cuz I didn't want J to have A overnight 'cuz I was still breastfeeding him and that was a comfort for me".

In her teens, underlying tensions erupted between the children and the adults. S has many traumatic memories of violent fights between her father and brothers, who were angry about his excessive drinking. The relationship between S and her mother was also violent: "my mother would slap my face really hard. . . she would do that a lot and especially if my dad wasn't around. As a teenager I learnt to slap her back, that was the only way that I could show that I hated her doing that and that I wouldn't tolerate it anymore" (AAI, 341-349).

S's insecure attachment appeared to have solidified by adolescence when S isolated herself from her family, and especially her mother: "(I was) just on guard, emotionally and every way, which was probably why I spent a lot of time in my room as well by myself where I was safe and my music was very soothing" (AAI, 572-576). S's nice memories of her mother making dresses for her for dances again related to material rather than emotional support.

In adulthood, after separation from J, derogation and lack of understanding persist in both mother and S: "I remember saying to (my mother) that she has a husband and I would gladly give up those things for a loving. . . for a husband, but then she'd say to me, 'well you can't even keep a husband, you'll never keep a husband'". S also recalled a time of desperation when she was about to lose her home after the divorce. Again, her mother showed she was not available to help her or her children: "I talked to other friends, but I needed my mum. . . she said, 'Y'know, if you have faith it'll work out.' She didn't say, 'well I'm here to help you, you can always come back home'".

S's response to her loss of her father seems to exhibit a very detached, dismissive attachment, and was interwoven with the sexual abuse:

> I was upset because I saw a dead body and I hadn't seen that before, and I cried a little bit and it was spooky but that's it, it was just one less person on this earth who can hurt me . . . I waited and I waited for my dad to (apologise on his deathbed) and he didn't, he took that to the grave, so, yeah, that just made me feel just as hard as I was before, so I don't feel close to any of them (AAI, 602-610, 612-615).

In answering how her childhood experiences have affected her today, S's response portrays the same resignation and emotional distance as expressed above:

> I'd say it's made me very shy and withdrawn and lacking in confidence, and missing out on so many experiences and emotions, and that makes me very sad, very sad. And it hurts even more 'cuz I see myself as a good, nice person, that I don't use people and I wish my parents know, knew that, I really do. . . . there's potential there to have such a neat relationship with my parents, the potential for me was always there.

But it's too late, it'll never ever happen. . . and I will never let it happen (AAI, 1045-1056).

At the end of the AAI S said,

. . . and just the questions that you've been asking me about my childhood, I don't think I've been much help, but it's really . . . made me look at myself and how my mum too, and hey one day I hope my boys can say better than I have of my childhood, that's really important (AAI, 1356-1360).

Trauma and emotional difficulties in the family were exposed. S's final statement indicated that the interview had already begun a therapeutic process.

Session 3 – Feedback on the AAI

S described surprise and pleasure at being able to recall positive childhood memories through doing the AAI. She said she had become so accustomed to blocking out all memories of an often traumatic childhood that she found it "refreshing" to be able to find earlier, forgotten memories that were safe to integrate back into her concept of herself as a child.

I went outside and looked and I felt good. . . I left here and I was smiling, thinking, well I got through that, and that was fine and it didn't upset me and it wasn't draining, it was refreshing! Y'know, some people say going back and thinking things like that you come out feeling really drained and emotional and I've done counselling before where that's happened and it can be such a strain to remember or understand or really grasp what they're asking you, but it wasn't a problem (#3, 40-48).

A habit of shutting out childhood memories had developed for S which she explained as resulting from her knowledge that she could not change what was. She was disturbed that she had blocked so much of her childhood but I reassured her that there is nothing wrong with a coping mechanism that shuts off bad memories. S said she felt "more nor-

mal" hearing from me that a lack of childhood memories does not necessarily mean that all the memories had been bad.

Through doing the interview S discovered that she could remember childhood times that were not associated with pain, which was a relief that she did not need to repress her entire childhood: ". . . it was just me using my brain and my memory power. . . maybe I can teach myself to do that rather than just closing off my mind and dealing with the problems that I have. I can choose to diversify my thoughts I guess."

Relations with the boys had improved in the past week which S attributed to "finally (being) on the verge of getting help so I have something positive to cling to. You are the only support I have." Curiously, it was difficult for S to accept credit for choosing to be calmer when C tried to irritate her, which resulted in a quicker resolution to a particular fight. S minimised her new ability to remain calm when he was being provocative. She also reported that she has been making more of an effort to tell C that she loves him. Though she says she has always known that unconditional love is important to children, the last week's conversation about "how my mum was with me" has helped keep it in the forefront of her mind.

AAI Classification: U/d, F1

The Unresolved/disorganised (U/d) was given as the primary classification because there was incoherent narrative related to statements about her fear of her mother, panic at the dinner table, fear of the dark and the unelaborated references to sexual abuse by her father. The coder believed that the following statements indicated a persisting and unresolved experience of the abuse: "I was always scared of the dark, and today I still am. I sleep with the light on, always petrified of the dark, very much so". There is a sense that abuse suffered under her mother lives on when S described the frequent times when her mother would "pick on her": "I think about the voices that I hear when she was saying that . . ."

The client's ability to coherently remember, verbalise, and reflect on her childhood traumas, apart from the sexual abuse, qualified her for the secondary category of free/autonomous (F1). The F1 category also fits because she does have a sense of herself as being worthwhile and she values attachment, which is remarkable considering that her home life provided few opportunities for feeling secure and belonged. Individuals classified as F1 tend to come from impoverished households where the family is preoccupied with survival, resulting in a limited expression of affection and attachment, characterised by the following:

We just were a family and I had a mother and it was no big deal, I guess. We just existed and um I suppose there were times when I was happy but there were times when I weren't . . . I don't have a lot of feeling and I don't have any words. For me there are no words. We just got on with life (AAI, 174-179).

The conflicts with herself, her ex-husband and C over the scarcity of food and money dominate her narrative, illustrating how the elements of survival eclipse attachment relationships.

S has given up hope that she will ever have a secure, trusting relationship with her mother, but is committed to providing one for her children. The ability S shows to reflect on her mother's perspective and apply it to her own actions has allowed her to become more aware of underlying reasons for current unhappiness.

. . . when I'm really miserable with my life and really unhappy, I can really be not a good mum, I can get angry with them and snap at them and I look at how I feel and why – because I'm unhappy, so I think a lot and I know that that's maybe how my mum was (AAI, 433-439).

The emotional and physical abuse S suffered from her mother still plagues her thoughts today, but she has retained a belief in her worth:

Because I, I, I think about that a lot even today. I think about the voices that I hear when she was saying that but I know that I, I honestly believe that that wasn't how I was, I realise that that's how she saw me, but I know in my heart that I wasn't like that, so it used, I remember that it used to upset me. . . (AAI, 833-838).

Subsequent Sessions

Applying attachment theory to treatment of this family had led initially to a second-order change (Haley, 1980) in their relationships. S had stopped limiting C's food intake and his behaviour had become exemplary. Her eldest, A, now is practising being the bad boy. A positive change is that A's social life is blossoming, which may mean that he is

conforming to peer pressure to be distant from his parents. He might also feel an increased sense of security with his mother which has allowed him to feel free to explore age-appropriate rebellion. Another hypothesis is that A is maintaining a homeostasis of family conflict by being problematic while his brother abstains.

In session 7, S reflected on how strict she had been with the boys and admitted that "it used to be like the Gestapo!" In the following months of therapy the family relations deteriorated again when S's new boyfriend became emotionally abusive and she had difficulty ending the relationship. Their stormy attempts to separate led S back into the food deprivation cycle she described in session one. The boys became abusive of their mother, possibly due to anxiety at witnessing her slow starvation and unavailability.

Discussion – Client 1

Classification: Unresolved/disorganised, Free Autonomous

Client 1 qualified for the unresolved/disorganised, free autonomous classification. To briefly review, the U/d classification was based on the persisting and unresolved experience of the emotional and physical abuse from her parents. U/d is associated with the disorganised classification for infants in the Strange Situation. The behaviours of these children are characterised by a lack of defensive strategies to cope with anxiety stemming from a feeling of being left vulnerable and unprotected by their parents (George, 1996). The AAI classification of U/d means that in her present state of mind, the experiences of abuse have not been integrated or made sense of, the horror of the episodes is still frozen in her mind. S has not found a coherent story to tell herself or others that helps her acknowledge the painful past and move onto new ways of thinking and feeling.

Coherency of Autobiographical Memory

The U/d classification reflected an incoherency in client 1's narrative regarding attachment relationships. For example, in response to the AAI question, what has S learned from her childhood, she begins in a very coherent way, but minimisation of the trauma and incoherency are evident towards the end of the discourse:

> Now that I'm older and I need more. . . I needed, I know about emotional stability, that's what I would have liked, that's what I needed, and I still need today, but it's too late from my mum and my brothers. So, I would say I had a pretty good upbringing, really, if you took out the alcohol and the jealousy. Yeah, I don't have a lot to compare it to, really, and as I said I kept to myself growing up a lot of the time (AAI, 262- 269).

The F1 classification reflected a strong ability to remember, reflect on, and verbalise the childhood traumas. She showed an awareness of the nature of her relationship with her parents and how they affect her current state of mind regarding attachment. There are positive signs of metacognitive monitoring and cooperation with the interviewer and positive and negative comments about self and parents. She justifies her lack of memory by saying she deliberately puts things out of her mind.

Current valuing of attachment relationships also qualifies her for the F1 code, though F1 is at the dismissing end of the free autonomous continuum, where F4, for example, strongly values the relationship with the attachment figures. S's F1 classification according to the coder is not a perfect fit, but it signals that it is the best indicator of the state of mind if Unresolved is taken out of the classification. Her abusive upbringing which contributed to the U/d classification did not spoil her strong desire to be a loving parent who encouraged her children's attachment to her. In her words, "the children were always with me, that was my life, that's what I wanted, that's why I had them".

Intergenerational Transmission of Attachment Style

Bowlby (1969/1982) argued that an intergenerational transmission of attachment style results when parents' internal working model of attachment is communicated to the child through caregiving behaviours and responses to the child's signals. The child, according to Bowlby, develops an internal working model according to the child-parent relationship and then carries similar childrearing attitudes and behaviours into her or his parenting. Based on Bowlby's theory, Waters, Merrick, Albersheim, and Treboux (1995) have developed the prototype hypothesis of intergenerational transmission of attachment. Waters et al's. prototype hypothesis postulates that a person's future relationships with romantic figures and children are determined by the internal working model developed through the relationship with her or his parents in the individual's first year of life. They

argue that the parent's internal working model will be transferred down to the child by virtue of how the parent relates to the child.

Utilising the prototype hypothesis in this case, I suggest that the critical and harsh behaviour shown S by her mother has been translated into S's own parenting of C, in particular. Implicit in the narrative of the mothering she received and her present parenting style, a pattern of derogation is evident. I am employing here Zeanah, Finley-Belgrad and Benoit's (1997) definition of derogation as a "form of dismissal in which attachment experiences, and especially attachment figures, are actively and contemptuously devalued" (p. 293). As seen in the results section, S describes C as having been a "horrible child" from birth; one can imagine her own mother saying something similar about her.

There is reason to believe that derogation, or at least a dismissing of attachment relations, existed between her parents and grandparents. My client had virtually no experience of her parents valuing contact with their parents or siblings. She has no memory of her grandparents and neither parent spoke about their family-of-origin, leaving S with little family history, confirming the emotional distance characteristic of this family. The occurrence of derogation is addressed by Lieberman (1997) in her discussion of maternal attributions, summarised below.

Attribution

Lieberman's (1997) clinical work has combined information-processing, psychodynamic and attachment theories in analysing mother-child difficulties. Fathers have not featured in her research. Lieberman asserts that in clinical settings with distressed or disturbed mothers, the mother's attributions to the child are based on her internal working model rather than on objective information of the child's behaviour. Derogation was characteristic of the anxiously-attached mother-child dyads with whom she worked. Applying Lieberman's approach to S's AAI, we note that S's mother treated her as if she was intrinsically bad. In fact, it was S's attempts to be helpful that infuriated her mother, who judged her as ingratiating rather than sincere. S feels indignant to this day that her mother never saw her for the good person she knows herself to be. Lieberman would say that S has internalised her mother's criticism, rejected it externally, and turned this criticism away from her own sense of self and towards C.

As a parent, S attributes C with having an anger problem that, from her description, inhabits the very core of his being. She went to lengths in the first session to convince me that this assessment of C is widespread amongst the extended family. Judging by the duration of the conflict between mother and C, it is easy to see how a vicious cycle could

have begun between the two, cementing them in their respective poles and derogation of each other.

As an adult, S attributes her mother's derogation to the jealousy her mother felt of her father's favouring of S over his wife. She never told her mother about the sexual abuse and does not know if her mother knows. The secrecy created a deep abyss between mother and daughter; neither wanted to voice the truth underlying the aggression, for fear of wrecking the family structure. C, on the other hand, is open with his aggression and calls his mother names that she would have been beaten for saying to her own parents. Does S resent C's ability to return the derogation to his mother, when S has never had the power to stand up to her mother's abuse?

S sought counselling, as many parents do, to have her bad child changed into a good one. She had no awareness that her repeated criticisms of C reinforce his "bad" behaviour, nor has confidence that changing her attitude towards him could contribute to it improving. S attributes the children's behaviour to their personalities rather than perceiving it as a relationship between mother and children. When speaking of fighting between her brothers and father, she said that her deceased brother had a "bad anger problem". It could be conjectured that when S experiences what she calls "C's anger problem" she is being triggered by childhood memories of anger and violence.

It is easy to imagine the polarised attributions that must have existed in her family of origin, in which blame and jealousy appeared to infuse their relationships. The only solution they could find to conflict or misunderstanding was violence, alcohol, or escape. I suggest that this style of attributing good or bad characteristics to family members continues to this day, where we see S denigrate her ex-husband's lifestyle, while defending her own as commendable; C is bad like his dad, his brother A is good, like his mum. If it is true that C's anger triggers S's childhood trauma, it could be speculated that S's vulnerability to, and commitment to cope better with C, is an attempt to resolve her childhood memories.

The intergenerational theme of derogation in this family is similar to Byng-Hall's (1995) observation of families which are starkly identified as either "good" or "bad". Byng-Hall believed this characteristic was common in families he would describe as dismissing/avoidant, where there exists core rejection of children, though this thesis is conjectural, as he does not apply attachment assessment tools, such as the Strange Situation or the AAI, in his work.

A therapist employing a pure family systems approach rather than an attachment or psychodynamic one, would be uninterested in the source or motivation of maternal attri-

butions and instead would focus on behavioural interventions that would break the destructive behaviour pattern.

Therapeutic Interventions and Implications

A client who is classified as free autonomous is expected to be more receptive to counselling than dismissing or preoccupied clients (Holmes, 1993; Radojevic, 1996). However, the primary classification of U/d indicates that coming to terms with the chronic abuse may take a long time. Within the first month of counselling great improvements in how S and C got along were achieved. S attributed the changes to a number of factors: relief at knowing that she was getting help from the counsellor, ending prohibitions against food with C, and beginning a new romantic relationship. The reader will recall that the therapist explained the Arousal-relaxation cycle to S and how denying C food represented the denial of love to him. Utilising a cybernetic approach which is held commonly between family therapy and attachment theory, the therapist suggested that S allow C to eat whatever he wanted. This would have the dual purpose of ending conflict between mother and son, as well as communicate plentiful love (and food) to her son.

S stopped limiting C's food consumption and C stopped hoarding and over-eating. In fact, he became proud of his own ability to control his appetite. He exercised more self-control in all other areas of his life. S exercised admirable strength in ending the habit of controlling his food consumption, because, as was discussed, it is interwoven with her own association of food with love. Because her childhood experience taught her that love was given sparingly, she has developed the protective mechanism of limiting her own desire for food (and love), in order to prevent herself from feeling the real emotional hunger lying below. In the AAI, S spoke her conviction that she would never let herself have hope of being loved by (filled up by) her parents: "But it's too late, it'll never ever happen. And I will never let it happen".

Change occurred in the generation before the client, as well. S took the risk of asking her mother to stay with the boys while she went on holiday with her new partner. To her surprise, her mother agreed and the boys' behaviour while she was staying with them was commendable. This gave S a new experience of being able to depend on her mother and her children, ideally a success that could be built on in therapy.

Through doing the AAI and the follow-up session, S gained the insight that allowed her to see how her relationship with C could facilitate change in his behaviour. We discussed my hypothesis that her parents' treatment of her contributed to a fear-based way of raising C. In particular, I explained what I believed to be her internal working model, then

described the similarity with C's: He fears rejection, believes he is unlovable, and therefore acts unlovable, which does in fact distance not only his parents, but the rest of the family from him, confirming his belief that he is unlovable.

S credited her ability to change the food control pattern with C to her new understanding of the Arousal-relaxation cycle and the association C makes between food and love. Conflict virtually disappeared and love was renewed between mother and son. Unfortunately, these improved relations began to deteriorate, possibly due to emerging problems in S's relationship with the new partner. Sadly, with the return of the eating disorder in S's life, both of the boys' behaviour has become out-of-control. Amidst S's criticism of them, the therapist tried to help her see how anxious and out-of-control they must feel seeing her starve. This was an illuminating thought for S, and it helped her understand their behaviour better. However, within a day she would forget the anxious motive underlying their aggressive behaviour and would become frustrated and derogatory again, being too overwhelmed with her own misery to attend to their feelings or reassure them.

The Therapeutic Relationship

S showed the ability to think and talk about painful aspects of her childhood, but has been guarding against expressing emotional anguish with the therapist, despite saying that "you are the only support I have". According to Fraiberg (1975), being able to share emotionally with and utilise the therapist as a secure base would allow the client to be free of the haunting effects of past abuse and grief. There were apparently injunctions against showing pain in S's family. S described how when her brother died she "grieved on (her) own without even telling my family because it just didn't seem right". The therapist assumes that this block in revealing emotion explains why S has not been able to resolve the past and subsequently make significant changes in her parenting. It is possible that ghosts of her past (and present), though leading her to value attachment, also warn against trusting it, including in the form of a counsellor.

Adult Attachment Relationships

Bowlby claimed that healthy, safe experiences in adult relationships, such as with a spouse, can heal the adult's insecure working model. S has been seeking an adult relationship that will deliver her from her past.

The reader will recall from the AAI that S was often trapped behind the dinner table while her mother criticised and slapped her. We will see how a similar situation of feeling trapped arose with her new partner. In the fourth month of counselling, S related how her partner would get into "moods" in which he would be derogatory of her. Because he spent most of his time at her house (he had no accommodation), she felt trapped when he was in a "mood" for she had nowhere to go and felt she could not ask him to leave. It was difficult for S to see the man's "moods" as intimidation tactics which paralleled the experience of her mother's derogatory treatment of S when she trapped and slapped her behind the dinner table. It is not surprising that this parallel remained out of S's consciousness, as Bowlby (1969/1982) wrote that internal working models are largely subconscious and therefore resistant to change.

I drew the connection between her mother's abuse and her new boyfriend's coercive tactics for S with the aim of bringing it to consciousness so that she could become an agent for change in this interaction instead of a victim of an eerily familiar abusive pattern. When I drew the analogy between the new boyfriend's and mother's derogatory behaviour for her, S immediately felt the resonance between the two attachment figures. She said that she has as much trouble challenging her new partner as she has with her mother:

> I don't feel comfortable to challenge her 'cuz she just gets nastier and nastier and she'll bring me down to the point where I don't eat and the cycle starts again so I know how to rescue myself and I do. Again, she wouldn't know that (AAI, 1205-1209).

From S's narrative, one would think that she had an organised, coherent, and effective plan for protecting herself from derogation. Though S describes how she can rescue herself from the starvation cycle when hurt by her mother, from this point on in her attempts to leave the new man, she has been experiencing her worst episodes of the eating disorder.

Information about the repetition of derogatory treatment from mother to boyfriend would not have been available without doing the AAI. I was able to utilise her conviction to never be trapped again as her mother had trapped her to support her in breaking free of an abusive man. She had succeeded in evicting him and creating a more distant relationship, but remained preoccupied with him nonetheless.

Socio-Cultural Factors

Attachment issues have thus far been the focus in this discussion of how to help S find more satisfying family relations. The sessions, however, also contained plentiful data regarding socio-cultural issues. Cultural differences between S and her ex-husband have, been waiting in the wings to be brought on stage for examination. I would like now to integrate these ideas into systems family therapy and analyse the social and contextual factors impacting on the family. In the results section, the effect of S's attitudes about Maori culture and how they might impact on her relationships with her dual-heritage sons and their paternal side were discussed. I proposed that S's derogation of the Maori culture would communicate a lack of acceptance of part of the boys' makeup. I encouraged S to tell her boys how much she admired the way their Maori grandmother cares for them, especially in comparison with the emotional and physical abuse she received from her mother. This intervention was aimed at helping the boys see mother's valuing of a Maori person, hoping it would ameliorate the conflict between the sons and their mother. The grandmother declined the invitation to come counselling. The Maori co-therapist working with the family invited the boys' father to meet with him, but this invitation was also refused, which put a barrier up regarding involvement of the Maori side of the family.

The unreliable and unsatisfactory support S receives from her ex-husband contributes to her difficulty in parenting, as she feels under-resourced financially and emotionally. Lieberman (1997) comments that research in attachment has demonstrated that "the quality of care the mother is able to provide is greatly influenced by the quality of marital or other family support available to her in raising her child" (p. 279). It is understandable how S's hopes were raised, and then painfully dashed, when she began forming a relationship with a new partner two months into therapy, for he represented an end to the lonely and stony road of solo parenting. And though she is presently trying to free herself of the unhealthy relationship with him, fear pervades S of never being able to ultimately find a healthy adult relationship.

It is the therapist's hope that once she has resolved the issues of abuse in the past, her internal working model will allow in information that she is capable and worthy of choosing a safer, healthier man with whom to form a relationship. In the meantime, she has joined a parenting group offered at our centre, which will put her in touch with other solo parents who are also learning to better understand their relationships with their children.

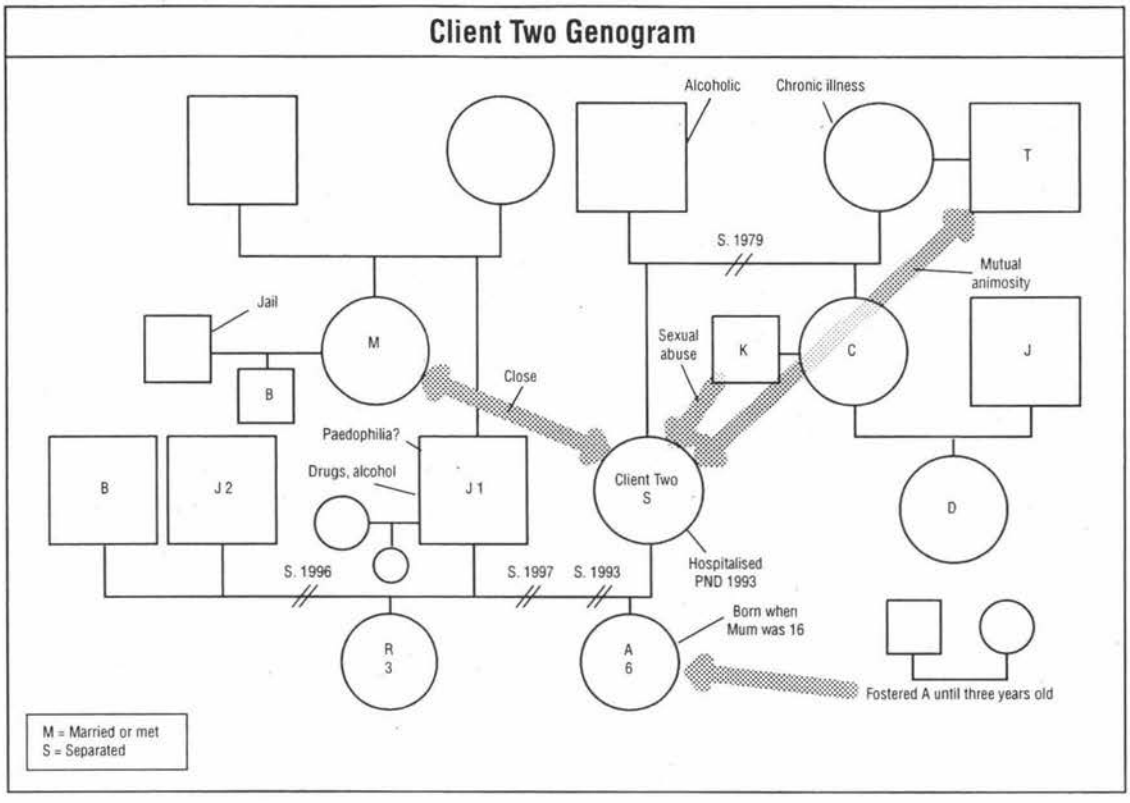

Figure 3

Results – Client 2

Session 1 – Initial Assessment Interview

Client 2 (S), was referred to our centre by the children's hospital after unsuccessful treatment of her three-year-old daughter's (R) sleep problems with a children's sedative. Because our centre has developed a sleep programme, it is assumed S was referred here for family counselling and behavioural therapy when the medical approach failed.

While doing the family tree, the following information was gleaned: S's eldest daughter, A, was conceived when S was 16 while she was in a relationship with J1, eight years ago. S and J1 met when S was twelve and had begun spending quite a bit of time with his entire family, time described as "partying". S says that substance abuse has been a problem for many in their crowd, but that she no longer has a problem with alcohol. A close relationship with J1's parents and one of his sisters exists to this day.

S and J1 parted when her eldest daughter A was six months old, at which time S was hospitalised for severe post-natal depression. Her daughter A lived with friends of S's until she was three years old, when those friends told S that she was now old enough to care for her daughter. When S and J1 parted, S formed a relationship with J2 and they conceived her second daughter, R, who is three. That relationship was short-lived and S and J1 reunited a year later at which time he was in the father role for both girls. J1 and S separated a year after their reunion. Currently S is trying to form a more intimate relationship with B, whom she described as having a close relationship with her youngest, R. S lives with her children in her father's home. B visits daily.

S offered quite a bit of historic family information in the initial interview, talking mostly about her father and step-father, T. S said that her father's mother evicted his partner of eleven years due to her alcoholism. S claims that her own mother did not allow her to see her father because of his alcoholism, which persists today. In the AAI she contradicted herself and said that there was a court order prohibiting her father visitation with the children. Access to family members and alcohol seem to be associated in S's narrative:

> S: . . . I don't really remember much because I didn't have a dad, well, I had a dad, but I never knew my dad 'til I was, I don't know, I must've been about twelve before I actually met him. I mean I knew I had a dad but I never really saw him because we weren't allowed. My sister did, but I never did (#1, 235-239).

The fractious relationship S has with her step-father came up frequently in the narrative. Their problems, for example, were used as her explanation for why she is living with her father now. She might have been expected to explain living with her father being the result of poor relations with her children's fathers. The reader will be interested to follow this narrative theme of reliance and attachment.

Below the reader will find examples of S minimising family problems by calling them "funny" or "interesting":

> S: Um, well I remember we used to go and see him and he used to be quite intoxicated, but he was never violent or anything, he was quite funny actually, and I've been living with my dad since I was 16 years old. . . 'Cuz my step-father and I do

not get along at all, we can't be together in the same room! And um, it's a long family history and it's really complicated when I get down to talking about how I was brought up and meeting J and how we all grew up and/

M: Ah, ok. I definitely want to hear that, let me go on with the family tree today, but I want to hear about that the next time we meet for the AAI.

S: Ok. You'll find it quite interesting. (Laugh) (#1, 271-288).

S says that her sister, C, and her father do not normally get on but that they are becoming closer now that he looks after her daughter daily. C's husband, coincidentally, has the same name as S's first partners, J! S says that she and C have always had problems, but that they too have become closer since C had a child.

Throughout the three sessions, S's narrative was sparse, vague, and sometimes hard to follow. In my attempts to clarify information I may have inadvertently altered the natural way S would have answered the questions. The responses I received may be more expanded than she would have given if I had not encouraged her to elaborate. The following is an example of the disjointed quality of S's narrative:

M: What was (your grandmother's) husband's name?

S: I don't know, I never met him, never knew him.

M: Were they not together?

S: Yeah, but he died years and years ago. His name was O (#1, 385-387).

And regarding her present relationship with J1's parents:

M: Do you go to visit?

S: No, I don't anymore. Sometimes I do. We're all really close still 'cuz I've grown up with all of them.

When asked to describe J1's side of the family, S's response is cryptic and she makes it sound like she is biologically related to J's family, which may only be an indication of her sense of affiliation with J's family: "(Laugh). There are sisters and brothers ok, and the life goes on from the father 'cuz the father's made other children and we've all like just started meeting each other."

Regarding J1's access arrangements with the children, S describes them as erratic and is distressed that he sees them so seldom, especially since he began a new relationship. He and his new partner had just recently had a baby and J1 was keen for daughters R and A to see the child. By the third session he had been imprisoned for being violent with his new partner and was living with S. S disclosed that when J1 was seventeen he was charged with sexually abusing two children but the charges were never substantiated. He was opposed to S seeking counselling:

S: . . . he has a really funny attitude, a funny look on life, it's like a story of its own when it all comes out and all that little bit of information there (pointing to family tree and laughing). . . he rang up last night, we had a, hmm, he had a very mouthy discussion to me when he found out I was coming here for (R) (#1, 438-440; 444-446).

J1's sister, M, is very close to S and appears to be very supportive. M's sister was given interim custody of M's son, B, because social welfare was worried about M's ability to care for him. B's father is in jail. M was happy with the counselling her son and sister were receiving at our centre and suggested that S come as well. This is the first instance that S reveals the depth of her fear for her and her daughter:

S: . . . that's how I knew to come here because she (M) said go to the doctor and urgently ask him to get R here 'cuz B has a temper disorder that R has as well, R has the same symptoms that B has but B's had his since he was seven and R's only three

and I wanna get it now before I actually lose her and have to give her to someone (#1, 572-578).

B had been sexually abused several years earlier by a stranger. It is possible that S is worried that the "temper disorder" she sees her youngest daughter R sharing with B, who had experienced abuse, could be related if she wonders about J1's previous paedophilia charge and if he could have molested R. We will see in the next section that S experienced her own outrage as a result of a sexual attack.

Building a Hypothesis for a Therapeutic Intervention

Following S's vague and incoherent narrative was very demanding, making it difficult to formulate a hypothesis. It did seem, however, that the disorganised narrative might reflect on chaotic caregiving, which could be contributing to R's behavioural problems. In thinking about the transmission of attachment patterns, I knew it would be important to trace what could have contributed to the present caregiving problems. I did not know yet the quality of her early relationship with her mother, but the occurrence of three events when S was twelve would prove significant in understanding how to help S: she was sexually molested, reunited with her father, and apparently began to value spending time with J1's family more than with her own.

Session 2 – Adult Attachment Interview

S's parents separated when she was four and her sister C was seven. They lived with their mother and her second husband, T, ". . . 'til I was 16 and I don't get on with my step-father (laugh) and he threw me out and then I moved in with my dad." When S was twelve, C's boyfriend lived with the family for four years.

S said that she was close to her mother growing up but could not provide any specific memories to substantiate this. After much effort, she offered these adjectives to describe her relationship with her mother: Fun, loving, open, sharing and tough. She described her mother as being very physically affectionate. Regarding "sharing" she related how she used to go through a particular drawer of her mother's which contained jewellery and personal items. Today, S, and sometimes her daughter A, go through the drawer "every time" they visit S's mother. Interestingly, S can only remember spending time with her sister C

on a family holiday, but there are no memories of playing with her as a child or spending time with C and her mother together.

Paradoxically, when asked to elaborate on the adjective 'open', S described how her mother did not believe her when she told her she had been molested by her sister's boyfriend, K, while she was sleeping. The day following the attack, S had thrown a desk at her teacher, which alerted the school counsellor to a problem. When the counsellor told S's mother and step-father that S claimed K had molested her, they said she was lying. To this day S is not believed and the molestation has not been integrated or resolved for her:

> S: I don't know where that fits in but that's been stuck in my head for years. . . Well I think it's important because it's been drummed in my head for years and years and I say that's part of what my problem is now (laugh). . . because I have a mental block in my head and (the children's hospital) told me when I come here, that it'll probably help me to come here (AAI, 413-414; 442-444; 472-474).

This was the first indication I had that S was expecting to discuss her sexual abuse, as it had not been mentioned in the hospital referral. I continued with the enquiry about "open" but again her response seemed to describe a growing distance between S and her mother as S began spending more time with J1's family:

> S: Well, she was, like she was really open, um, when I was 13 I got into the party scene and the bad people and mixing with the wrong crowd and and I told her um when I'd had intercourse I'd go home and tell her, when I had my first intercourse and she told me y'know all about the birds and the bees and everything else and what could happen, and STDs and that, but like she never stopped me from the party scene. . . if she had I'd probably just ignored her but um it was hard because yeah we all grew up together in that circle. (AAI, 499-517).

In response to my question about whether we could discuss the sexual abuse further in a subsequent session, S's answer was incongruent with the question and concerned instead her relationship with T:

S: . . . mum, mum's always known that T and I don't get on and she used to always say to me, um, y'know, 'I know he doesn't like you S, but because you're my girl and you're your daddy's little girl as well and he doesn't like you' but there's not much that she can do about it (AAI, 535-539).

When S was about ten, her mother became debilitated with arthritis and was frequently hospitalised and bedridden. The illness made their relationship "tough". T took over many parenting roles, according to S, and friction became worse between him and his step-daughters. S added a sixth adjective at this point: "Hate. (laugh) I had hate in there. . . towards my mum and towards my sister and towards my step-father. I don't know why but I had a hate stage as well." She proceeded to talk about her mother and T's unfair favouring of C, how she frequently thinks about those unfair occasions but cannot understand them.

S's description of her relationship with her father, on the other hand, is idealised and belied an incomplete sense of her relationship with him: " . . . he was loving when we, when I saw him, he was caring, um, hmmm, I honestly don't really remember him."

S also suffered from an illness and said that her mother was always there for her. But in the next sentence S described being hospitalised over night and punching the nurse the following morning because no one had come to visit her.

When asked how she thought her childhood experiences had affected how she parents, S talked about "giving away" A:

S: Um, well one, um, A, well, as I s. . . when A grew up I gave her away 'til she was three and then she came back and lived with me, and, 'cuz I had a lot of hate for her father and that's where it fits in there, then I had to grow to love her and, yeah. . . I keep saying to A, I hope you realise what I'd done. You know I gave you away but I know I love you! (laugh) (AAI, 1373-1377; 1980).

Her phrase "when A grew up . . . 'til she was three" is a further example of her incoherent narrative. S said she also went through a "hate period" with R when she and J2 separated and she felt very lonely and depressed. S linked these with what she called "the mental block" against physical closeness that she believes began with the sexual abuse

by K. S summarised the route to which she became a mother and the ambivalence she has about parenting:

> S: I thought maybe I opened myself and even though like I've got my two children and obviously made love and accepted y'know the responsibilities of going out and having sex, but I thought maybe I was out there just looking for attention and unfortunately the two children were made out of that. And I tried to make a go of it but it didn't work and I've just been stuck in this rut, this is something that's stuck in my head now (AAI, 1460-1467).

Looking back on how she was parented, S has decided to be more protective of her daughters in regards to alcohol and education, only implying that her mother was too permissive, for her descriptions of her mother are also idealised. In answer to my attempts to track changes in S's relationship with her mother across time, S reported that it had not changed and did not elaborate. Blame is more squarely laid on her sister for setting a bad example. In response to one of the last AAI questions, S said she did not feel that there were any setbacks in her life.

In conclusion, S's hopes for her children are to live a different childhood than she did:

> S: That they don't go through what I've been through (laugh). And that they can be happy, and, honestly I don't know (laugh), and hopefully they'll turn around and look after me (AAI, 1978-1980).

S would like her children to be able to talk to her as they grow up. S said she's very "ambitious" about getting over the mental block so that she and R can become physically close and eventually marry.

Session 3 – Feedback on AAI

The AAI, according to S, had been very helpful in affirming her feelings and had assisted in easing "the block" between her and R:

S: Oh, well I found it really good because you know you took the time to listen to me and nobody else would. I spoke about my mental block, nobody believed me, you sat there, and like you were on, y'know you just listened to me; it was quite amazing and I spoke about things that nobody would even listen to. It was really good, I felt like a shoulder, a burden had been lifted. . . I go home happy (laugh). It's helped a lot with um my relationship with R (#3, 8-17).

A significant piece of information was revealed in the third session: K, S's alleged perpetrator, is married to the client's step-father's niece, which indicates the extent to which his story was believed, hers denied, and that he is now a part of the family. S would have to make deliberate attempts to avoid seeing him at family gatherings.

In response to questions meant to discover whether S had had any thoughts about attachment-related issues following the AAI, S said she had had none. She wanted instead to talk about missing contact with a friend with whom she had had a recent falling out, which appeared disjointed. The following discourse about the abuse, however, displays persistent resentment of her mother for not believing her and, implicit in that, making her grow up too soon, (taking away her pillow), which is an attachment issue:

S: Well I told her, I told her y'know, 'cuz I woke up and I was screaming and my room was right next to mum's and she came in and asked me what was going on and I told her and it was, 'nah, you're lying, you're imagining it' because I used to have a pillow that was my safety pillow or whatever you call it and they threw my safety pillow away before, just before my twelfth birthday and they said oh, she's just having a nightmare, and that's what they kept saying it was, a nightmare, a nightmare, it's a nightmare (#3, 195-203).

S said she had been trying not to yell at the girls as much in the last week so I asked if she had had any other reflections on her parenting as a result of the interview. Her answer was as follows:

S: I just don't want the girls to have a bad life. I mean I, well this is part of the block in my head 'cuz I feel like I've done them wrong by giving them two different fathers and by not being with their fathers. That's everything that's been drummed into my head by people and that's part of why I need help (#3, 368-373).

S also had two fathers, but does not blame her mother for leaving her father. "The block" has become extended now to more than the sexual molestation, and includes others' criticism of her solo parenting.

Subsequent Sessions

The follow-up sessions were cancelled due to S's medical hospitalisation for several weeks. M, S's sister-in-law, had phoned our office to cancel S's appointment "so she wouldn't get in trouble". I surmised that due to M's experience of having her own child removed from home, she confused our service with social welfare and was fearful S might suffer the same fate. Despite the client's statements about the helpfulness of therapy and further goals she had, S did not return to therapy nor did she respond to follow-up phone and letter contact.

AAI Classification: Ds1

The attachment code of "dismissing of attachment" was applied due to a "pervasive lack of love, closeness or support from attachment figures" (Main & Goldwyn, 1994). Direct rejection has also been experienced by people in this category. The absence of childhood memories characteristic of this classification is not completely true for S, though it is notable that she does not recall her sister's company. This is especially noteworthy due to the strong jealousy she feels toward her sister.

The dismissing classification includes a characteristic of incoherent narrative. In this instance, the narrative is coded as extremely incoherent, as illustrated, for example, by the "open" description of her relationship with her mother. In addition, dismissing people tend to deny that they were affected by rejection by the attachment figure. In S's case, this is true regarding her denial of rejection by her mother. Nor does S conceptualise her mother's denial of K's abusive behaviour as rejection. Client 2's narrative demonstrates virtually no reflective thinking, which Fonagy et al. (1997) attribute to insecure attachment.

A central theme is S's goal to be less afraid of being physically close to her current partner, B, whom she has recently asked to move out. A discomfort with closeness is part of the Ds classification criteria in the AAI, but also features in Hazan and Shaver's (1987) assessment of adult attachment through romantic relationships.

DISCUSSION – CLIENT 2

Client 2 (S) was referred to our centre by the local hospital for help for her three year old daughter's (R) sleep disturbance. Throughout her narrative, however, her daughter's symptoms took a back seat to mother's preoccupations with her own sexual molestation and finding a stable adult attachment to compensate for the lack of one in childhood. From the time she was ten, after her mother became bed-ridden, S shifted her search for belonging and care to a peer group, as life with her step-father became more intolerable and her mother was less available. This peer group offered her a sense of belonging, but the abuse of drugs and alcohol and lack of direction was a poor substitute for parenting. With this background, S is attempting the difficult task of trying to mother from a history of emotional deprivation.

Classification: Dismissing Attachment

A classification of Dismissing of attachment (Ds1) is given when the coder's "best estimate of an individual's actual experience of childhood often involves a pervasive absence of love, and a silent open rejection " from the caregiver (Main & Goldwyn, 1994: 128). On the surface, however, the individual's narrative describes a generalised picture of the parent(s) as wonderful or normally supportive.

The classification of dismissing provides us with support for a hypothesis that S experienced a neglected childhood. Her mother's arthritis prevented her from being able to respond fully to her children's needs since S was ten. Mother's physical incapacity also provided S with an excuse to not condemn her mother for inadequate parenting. The lack of protection from her mother at the time of the sexual abuse would have certainly signalled mother's unavailability on an unconscious level. Let us assume that S has idealised her attachment to her mother as a means of avoiding the pain of acknowledging it. S's narrative explained mother's denial of the boyfriend's abuse not as rejection of S herself but merely disbelief that the event occurred. S's explanation could be seen as easier and safer than remembering a long history of neglect.

The dismissing pattern and its transmission onto S's parenting style has important therapeutic and safety ramifications. Both S and her sister have left their children in their father's care, despite his alcoholism. It is possible that the issues regarding lack of protection and limit-setting are related to S's inability to care for A as a baby and her current lack of supervision of the children when they are with J1, who, as explained earlier, has been suspected of paedophilia.

Coherency of Autobiographical Memory

As stated here and in the results section, client 2's narrative is considered extremely incoherent. Lack of coherency, according to narrativists Kegan (1982), Bruner (1990) and attachment expert Jeremy Holmes (1993), indicates that a person has an incomplete sense of self and meaning of her or his life experience. Without a meaningful narrative, a person is left without a sense of ownership or control of the past or the future. It would follow that a parent without a coherent sense of self would have difficulty providing the child with a coherent understanding of their relationship. The narrative provides inadequate support, in the form of specific, detailed memories, for the idealised portrayal of the attachment figures. The coder judged that S's narrative was characteristic of the Ds1 in that it lacked specific memories to justify S's idealised picture of her mother. From that, the coder believes that it is likely that S has not had experience of being cared for adequately by her mother.

Intergenerational Transmission of Attachment Style

The interactive or reciprocal relationship between child and parent was explained by Bowlby as being "complementary and mutually confirming" attachment behaviours (1973: 204). I suggest that R's disturbed sleep is a manifestation of disturbed attachment behaviour in which her attachment signals are poorly responded to be her mother. To understand R and S's problematic behaviours regarding sleep, I applied Fahlberg's (1991) Relaxation-Arousal Cycle. The literature review summarised the cycle as beginning with a state of arousal in the child, who signals a need for help from the caregiver. When the caregiver can satisfy the need, the arousal state ends and the child returns to a state of relaxation. To apply this example to our client, we can interpret R's protestation at having to go to sleep alone as a signal of anxiety of the upcoming separation from her mother for the night. Fear of separation from her mother may have begun much earlier in R's life, but is currently being played out during the night time separation. According to

S, she meets R's state of arousal inconsistently by either issuing angry threats or surrendering to R's demands. To further complicate the interaction, at doctors' suggestions, S has been heavily sedating R for months as an artificial means of bringing her the relaxation that S has been unable to provide as a parent.

S's threats increase R's arousal, leading her to object and scream for hours, at which point both she and mother are well and truly exhausted. Resentment at unfulfilled needs builds. Surrendering to R brings temporary relaxation, but because both mother and daughter know that they will repeat this cycle the following night, it serves to cement R's internal working model that mother's responses are unpredictable, creating a foundation of anxiety in the attachment relationship. This dynamic could mean S is transmitting to R her internal working model of a mother who was unable to hear or meet S's needs, in which case R may be experiencing anxiety similar to that which S experienced as a young child.

The prognosis for R's attachment to her mother is not favourable if the sleep problem is indicative of a generalised attachment problem. S's inability to lessen anxiety in her daughter (or receive obedience) would enhance S's existing anxiety that she is incompetent as a mother, resulting in increasingly unsatisfactory mother-child relationships.

Her eldest daughter, A, may have developed an avoidant attachment, like her mother, having experienced being "given away" in the first three years of life, and then having to de-tach from her foster parents when S took her back. This daughter could have responded by being very distant, or she could have been a very resistantly-attached child and hard to handle. Either way, it would have been an effort to re-establish attachment between S and A.

Trauma and Attachment

The idealised and contradictory description of S's relationship with her mother as "open" was clearly associated with her mother's disbelief of her molestation by K, which plagues S to this day. As seen in session three, the trauma of the molestation was also associated with having her Safety Pillow taken away by her parents shortly before K's attack. The safety pillow could be understood as a common transitional object that many children have and which S used as a substitute for maternal closeness and protection at night. S's association of the two events links the abuse with the dismissing attachment.

The adjective "open" was also used by S to describe her mother's inability to protect her from the influences of the partying crowd. The reader will recall that she said that her mother was open about warning her about STDs when she was 13, but did not prohibit

her from having sex at that young age. Her narrative is also rich with examples of how her mother did not protect her from K, or T's rejection. Notably, S did not express awareness of this lack of parental protection, neither did she appear resentful of her mother's prohibition against seeing her father. Neither was there evidence that S felt her mother's illness had an affect on her parenting.

The narrative did not indicate S's having reflected on her mother's experience, and therefore she appeared to have no access to her internal working model of mother-as-caregiver. Fonagy et al. (1997) would suggest that a diminished ability to conceptualise another's perceptions can result from an insecure relationship with an attachment figure who did not provide the child with an opportunity to "know" or confirm the parent's state of mind. If S's mother has a dismissing attachment herself, which S's narrative appears to indicate, then it would be understandable that S would have insufficient knowledge of her mother upon which to form an internal working model of her mother's experience as caregiver.

Attributions

Assuming that S was avoidantly attached to her mother as a child, based on the dismissing adult classification, it could follow that S's jealousy of and hatred towards her sister, C, and step-father stemmed from being neglected by her mother. The coder wondered whether anger toward a rejecting mother was re-directed toward C as a safer target. Perhaps T serves that purpose as well. T may have been perceived by S to have come between her and her mother, and as her mother has acknowledged that T does not like S, she claimed that she could not intervene. Seeing her mother take T's side would have fanned the flames of a smouldering jealousy. S reported that her mother blamed unfair treatment of S on T, and perhaps she blamed him for any insistence on demonstration of love that S may have tried to make. I suggest that these early love rejections (from mother, father, step-father, sister) would have been the basis for the development of an avoidant, and later, dismissing attachment style, which may be another term for "the block" S experiences against current love opportunities.

Therapeutic Interventions and Implications

Holmes (1993) suggests that dismissing clients remain so in relationship to therapy, as it threatens to bring to the surface disturbing emotions from the past that had been repressed. Judging by S's remarks in the follow-up session to the AAI, however, she did

not report new thinking or feelings about her relationship with her mother. She did not indicate unique evaluations of her childhood years. Blame for not being believed or protected at the time of the abuse was still generalised to the entire family and not to her mother in particular. Had S continued therapy after session three, I would have addressed how the lack of protection she received as a child might have influenced her parenting, as a way of building awareness of how to implement more protective and receptive behaviour with her daughters.

Without reference to attachment theory, family therapists would have interpreted early client termination of therapy under the general explanation of "readiness", meaning that for a variety of systemic reasons, the family system was not ready for the changes therapy could bring. This has always been an unsatisfactory explanation for me for it did not point to how I could help clients feel safer to embark on the change journey. In this case in which attachment information is available, many more possible reasons for termination can be explored. Holmes (1993) warns that avoidant/dismissing individuals require a less intense and structured therapeutic relationship. From his basis in psychodynamic theory which considers processes such as repression, it could be surmised that S withdrew from therapy because the dismissing coping mechanism felt threatened by the scrutiny of the past. A cognitive viewpoint would suggest that the dismissive internal working model which downplays attachment relationships also discounts the interpersonal components of family problems, making it difficult for the parent to see how she or he can help ameliorate a problem s/he believes exists solely within the child and not within the family system. Other family members, including her father, also appear to have dismissing tendencies, which would make it difficult to engage them in family therapy.

Had the client continued in counselling I would have employed a combination of systemic family therapy, behavioural and attachment approaches to help S and R free themselves of the sleep problem. Firstly, I would have implemented an attachment approach and explained the arousal-relaxation cycle to S so that she could have an understanding that underneath R's annoying behaviour was a desperate need for closeness with her mother. I would suggest that S find a regular pre-bedtime occasion for quality mother-daughter interaction in which R has an opportunity to signal a need and have it satisfied by S. S may need some coaching in creating a routine time to practice hearing and satisfying R's needs. Next I would employ a behavioural method: S would be encouraged to have firm bedtime rules and consistently apply consequences for infringements. Family systems therapy would encourage S's father and current partner to support this plan.

The Therapeutic Relationship

In each research session S has spoken passionately of her desire to be believed about the abuse and how my belief in her story is setting her free to love again. Confirmation by her therapist of her storyline has given her a sense of coherency and improved sense of self. On the other hand, S may have harboured a fear of the therapist's power to take away her children if found to be negligent. S has seen her de facto sister-in-law and close friend, M, temporarily lose custody of her son B due to the social workers' assessment of M's inability to properly care for him. It could be postulated that S's withdrawal from therapy was partly due to fear that the therapist would also evaluate S as lacking in protectiveness, making her vulnerable to social welfare intervention. It is also possible that S discontinued therapy for fear (conscious or subconscious) that under closer examination more suspicions would arise of the allegations of J1's paedophilia, especially if it included suspicions that he could have abused his daughters.

Adult Attachment Relationships

My thesis is that because S did not attach securely to her parents she is still desperately seeking a caregiver through an adult, romantic relationship. In the transcripts, S continually related her potential for healing from the sexual abuse, "the block," as she called it, to achieving a committed, satisfying relationship with her current boyfriend. This is in accord with Bowlby's (1988b) assertion that adults will attempt to repair damaged childhood attachments through a relationship with adult attachment figures, such as a spouse. The work of Berman, Marcus, and Berman (1994) and Hendrix (1992), among others, has borne this out.

The thesis here is that a dearth of closeness and trust characterises the family style. The inheritance of an insecure attachment pattern from the parents has disadvantaged S in her attempts to parent her children as she believes they deserve. She also believes she deserves to find the love she missed as a child, and is searching for that in an adult relationship. Being believed by the therapist was paramount for S, primarily because her family had not believed her about K's abuse. I propose that her choice not to continue therapy reflected her internal working model that distrusted that I or any therapist could provide her with the secure base she desperately misses.

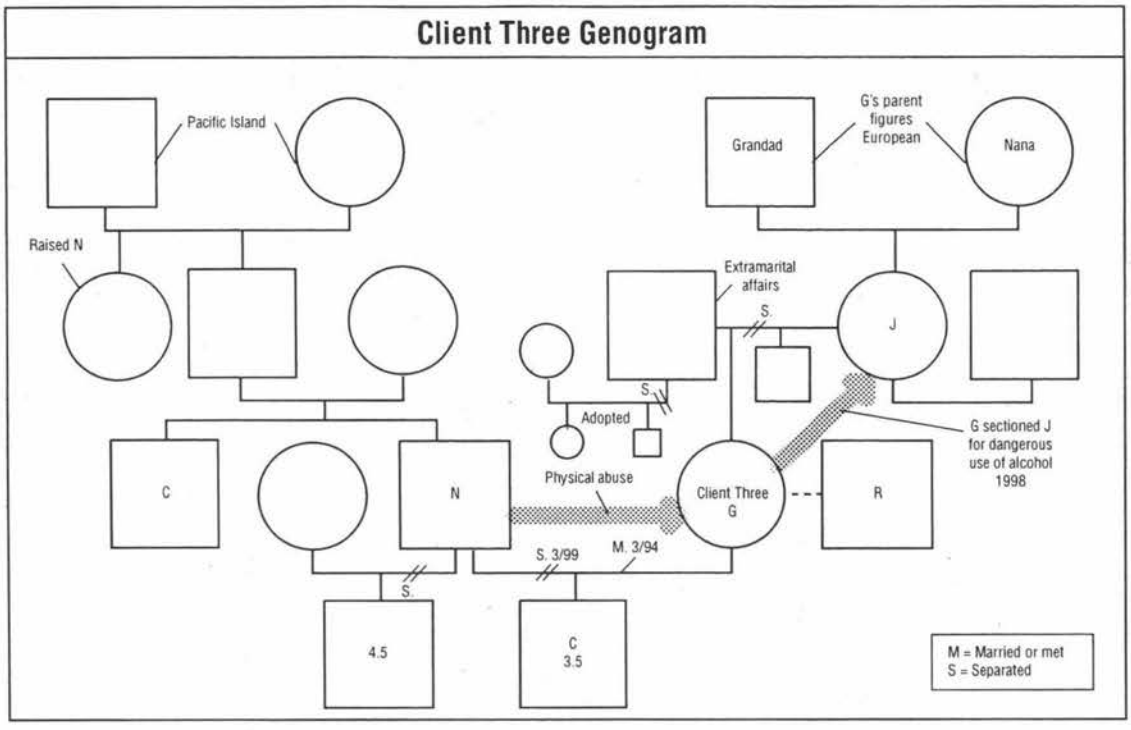

Figure 4

Results – Client 3

Session 1 – Initial Assessment Interview

G, Client 3, was referred to our centre by the domestic violence centre after she had left her partner (N) just two weeks earlier due to physical and emotional abuse. G is Pakeha and N is New Zealand-born of Pacific Island descent. G has an interim custody order of her child and a personal protection order preventing her ex-partner from approaching her at work, where he is also employed. I began by asking her what her goals were for therapy. Much of her narrative was punctuated by crying. She was worried that the violence had had long-term affects on both her and her three-year-old, C, who had witnessed the abuse. G was concerned that her ex-partner's disrespectful treatment of her was being learned and repeated by her son.

C receives speech therapy and is being evaluated for learning difficulties. His behaviour at the full-time daycare had been characterised by aggression, which his teachers believed was partially the result of his diminished capacity to articulate words or sentences. G also wondered if the language problem was caused by family tension.

G had a sense of peace and accomplishment for having found the strength to leave a controlling man. As she put it, "we've adjusted in a new place and so now we've, I'm ready to start the healing; I know I deserve to be loved better and I can be" (136-137; 153). This conviction turns out to be significant in terms of romantic relationships as well as those formed in childhood, as we will see during the exploration of early attachments. In fact, those closest to her contributed to a feeling of intense guilt and hurt for bringing up her boy in an abusive situation and then splitting up the family. G said,

> My grandmother feels sorry for N 'cuz he's such a good dad. When I was hit quite badly by N I broke down to my grandmother and I said what had happened and she said, 'well you can be quite difficult to live with.' That just broke my heart because this is the lady I love and admire and aspire to be like and for her to turn around and say that to me was like cutting off my arm! (#1, 1255-1260).

> ". . . My father has said to me, 'what do you do to these men to make them want to do this to you?' (laugh)." This laugh turns out to be ironic, for her father was quite abusive of her mother, J. G defended herself against her father's attempt to blame her for inviting N's battering:

> So I summed up all my courage and I said to him, 'you think about what you just said, Dad, because your patterning has led me to be drawn to these situations' (#1, 1230-1233).

Despite this criticism, G knew that she had to act to protect herself. She resolved to stand up for herself to her grandmother (Nana) as well. A second goal G had for therapy was to find a balance between her needs and her child's. Considering her struggle with putting herself first, I asked G how she felt about knowing the first three sessions of therapy would be exclusively for her. I was interested in her response partly because it would shed some light on this new approach of analysing the mother's attachment in a family therapy context. G responded by saying that she had wanted him to receive help first but that she had thought about it a few days earlier and realised that she too needed to start healing. I told her that once her healing had begun she would be able to go home and be

there for him in a different way. I told her that "to put yourself first is really putting him first".

While compiling the family tree, G began to cry and offer information usually acquired during the AAI. She said she knew she had blocked out a lot of painful childhood memories and believed that she would need to deal with the effects of her mother's alcoholism:

> G: The alcoholism finally came to a blow late last year when I had her sectioned (requiring alcohol detoxification). . . I was the baddest thing that had ever happened, my name was mud, but I was prepared for my name to be mud (#1,477- 481).

G explained that she felt she needed to take that step in order to protect her grandparents, brother and son from her mother's abusive behaviour when drunk. It was apparent that she was the only family member who felt capable of confronting her mother with her addiction and its effects on the family. Despite her claim that she is through with rescuing her mother and that no amount of counselling will help, her narrative is replete with current high levels of anger towards her mother. As a consequence for her drinking, G refuses to allow her mother to take care of her grandson.

G's parents separated when she was twelve and her father was recently engaged; her mother (J) also has a partner. When asked if her father visits his grandson, G responded:

> . . . my dad's always been a workaholic and he just hasn't had time for us kids and it's just sorta led through to that really, and, yeah; he's a funny, strange person my father. He doesn't realise it's a two-way thing. He feels that if we don't ring him or contact him we don't give a rat's ass and we just use him for money and stuff like that, but it's a two way thing y'know (#1, 595-601).

Building a Hypothesis for a Therapeutic Intervention

To her credit, early in the assessment session G recognised that her relationship with her mother was likely to be part of counselling. I noted that when asked about her father's relationship with her son, her answer related to her own relationship with her father.

When I said that it appeared that she had given a lot of thought to parent-child relationships, G described how she spends quite a bit of time talking about family dynamics with a friend who has studied psychology. Before knowing G's AAI classification, I detected from her description of her relationship to her parents qualities of the preoccupied pattern, in which a person ruminates on disappointing relationships. I began to form the hypothesis that her attachment pattern would include a preoccupied component.

With his first wife, G's father adopted two children before he had an affair with J. G said her mother was threatened by his adopted children, which G attributed to her mother being spoilt as a child. Her father, she said, was gravely hurt by J's spitefulness and resentment of the adopted children. I made a mental note of needing to follow up on this idea of the grandparents' spoiling in order to see if it was fuelled by guilt and if it had been transmitted through the generations.

G's grandparents spend time with C, their great grandson, in a way that G sees them more as grandparents to C as opposed to great grandparents. G is quite resentful of her mother for the fact that her grandparents were saddled with raising her and her brother, whom she sees as internalising his childhood hurts through drug abuse and denial. Nana is portrayed as valiantly carrying the lion's share of the problems associated with J's drinking and granddad as being too fragile to cope.

When G was pregnant with C she was "devastated" to learn that N already had a one-year-old son. Adoption issues from the previous generation were stirred up in G when she learned about his first born. G said,

> C was unplanned but much loved um and I felt that when I fell pregnant that this was one experience N had never had and I was just so pleased that I could give that to him. But over the years I've become acceptant and I was prepared for the day when that child might knock on our door and know the father, 'cuz the way my mother had been with these other adopted children, I've decided that I was going to be acceptant and not reject that child (#1, 1192-1203).

N is a twin who was separated at birth and adopted by his father's sister while his twin remained with their birth parents. The parents did not want to give N up, which gave rise to an on-going conflict between the two families. G had spent time gathering information about N's childhood, for he apparently knew or remembered little of the history. She believes that N's adopted mother alienated him from his birth family by leading him to

believe they did not want him. This resulted in feelings of abandonment which she felt undermined her relationship with N whom she believes carries emotional scars from the experience:

> "Our relationship never formed because of my utter disgust and disbelief in what she said to N and I felt that I paid in the way she had raised him" (#1, 854-856).

Due to G's interest in N's childhood, he began spending more time with his birth parents (much to the auntie's chagrin). G wanted to nurture both N's and their child's relationship with N's parents and siblings, a gesture which was greatly appreciated by them. Because G was the catalyst for N's re-integration into his birth family, I asked how her son's relationship with N's family would be maintained now that they were separated. G said that it would take time before "the poisoning of my name is gone," and that she hoped that until then N would keep up contact between his parents and C, in order to maintain family and cultural ties. Issues of adopted families and adopted cultures imbue the families concerned.

G wondered if repressed feelings or memories were "a ticking time bomb waiting to go off" and pledged to recall as much as she could in the following interview, even asking if she could bring notes of any memories that came to her in the ensuing week. I told G that I believed that traumatic memories can be brought out and digested and mourned over as a means of integrating them into who she is as a whole person, but that I honoured their protective function as well, and that it would be appropriate to bring some notes if she liked. I encouraged G to be patient with herself, "that things will come when they're ready and that's the best time for them".

Towards the end of session one, while discussing C's speech delay, G said that despite being told that it is not her fault, she held herself partly to blame for it because she only took two months maternity leave. G had just provided another piece of the puzzle regarding guilt. G said how much she would like C to be able to articulate his feelings with her, which is understandable for a mother who herself is emotionally articulate. If the learning difficulties persist or he is not inclined in this way, however, it could lead to problems in the future for him and his mother.

The five adjectives G chose to describe her relationship with her mother were friendly, fun, unsure, anxious, and safe. As she elaborated on the relationship, however, it became clear that much of her childhood experience was of an emotionally absent, often drunk, and spoiling mother who attempted to win her children's love (and possibly pardon) with material gifts. When asked if she had any memories of friendly times, G said, "Yeah, I remember those times being good times, yeah, sorry (starts to cry)". G's affect did not match her words. I wondered if she was making an unsuccessful attempt to portray her relationship with her mother as better than it actually was.

The stable caregivers in her life were her grandparents to whom she believes she developed a stronger attachment than to her parents. As she spoke about the lack of bonding with her mother, G said, ". . . sometimes I feel sorry for her 'cuz she didn't really stand a chance with the bonding 'cuz the bond with my mother's parents was so strong that I didn't feel that I needed. . ." (AAI, 154-158).

The bond to the grandparents was fraught with conflict. Though G and her brother learned to depend more on their grandparents than their parents, they were blamed for the stronger attachment to the grandparents. G recalls her mother devaluing the attachment to her grandparents through her vivid example of two of the adjectives, anxious and unsure:

> G: Um, sigh, I remember a time of having visited my grandparents up in A, and they both got sick with the flu that was contagious and mum came up to get us and I just remember hating her for coming to get us because that, I had the unsure and anxious feeling of y'know, 'oh, what are you kids crying about? They're not your parents, they're your grandparents!' Y'know, 'what are you f'ing going on about?' (AAI, 401-407).

> G: (I remember) wanting the love from her (mother) but not getting it, just getting the verbal abuse, like, that was her um sensing that, y'know, ugh, I bet it kills her everyday that she knows that I regard my grandmother as my mother, even back then she must've been hurting thinking, 'oh, for god's sake, pathetic individuals'.

M: 'Pathetic individuals.' What did she mean?

G: Well she would, y'know, um by us craving our grandparents and stuff like, well, 'I'm your mother, I'm here now, it's supposed to be alright;' but it didn't feel alright. So that's what I relate to a time of feeling I needed her love, but (she) couldn't give it (AAI, 418-429).

G also felt anxious and unsure when her mother would take the children in the car to check on her father, whom she correctly suspected of having extra-marital affairs. The children would flee to elderly neighbours during marital arguments or would be farmed out to their grandparents during her mother's occasional disappearances when she would go on a drinking binge. Other factors colluded to erode G's sense of being wanted by her parents, such as her grandmother's criticism of their parenting ability in front of the children.

G: I mean something that always sticks out is my grandmother said to my parents over the years, 'you should never have had these children. You should never have had them', because they've said often they've raised us, my grandparents.

M: How did that feel?

G: Um, it hurts, (present tense), 'cuz you sorta think about if I wasn't born, what, y'know, who would I be and stuff like that . . . (my dad would say) of course we wanted to have these children, of course we're providing for them, but as an adult looking back, no, they shouldn't have had us. They couldn't raise us to save themselves (AAI, 946-972).

By the time G was a teenager, living alone with her mother and brother, animosity had grown between her and her mother. Her mother's drinking often led to blackouts, leaving G with many adult responsibilities, including carrying her mother to bed. It appears that one of these nights G was telling her mother that she hated her and her mother retaliated

by increasing G's sense of insecurity. She accomplished this by revealing that G had been conceived out of wedlock while her father was still married to his first wife. Her father rejected J when he found she was pregnant and Nan took J to a Catholic home for unwed mothers where it was arranged that G would be adopted out once born. While in the home, however, G's father returned and promised to marry J and they decided to keep G. Needless to say, this was traumatic news.

G elaborated on the motives (provided by Nan?) driving her parents at the time of her conception. The reader will recall that her father had two adopted children when he was seeing J. There is a sense that G saw her mother as incapable even before her birth:

> G: (He) said to mum, 'all I ever want is my own child', and my mother said to my grandmother at the time, 'I'd live with him in the bushes 'cuz I love him so much, it doesn't matter,' she was so emotionally weak what I would say, she was emotionally weak, she didn't see that surely if he had an affair to start off with then surely he's going to have affairs further down the track, isn't he? (AAI, 1022-1028).

During her teenage years, G had several long-term relationships with young men who were older than she and whom today she considered to be father figures. When she was sixteen, G witnessed the outcome of gruesome abuse of J by J's boyfriend. Her story provides further evidence of G's perception of a mother who was not protecting herself or acting responsibly, leading G to feel again an impotent desire to defend her mother, leading to the familiar feeling of resentment.

Two years later a different boyfriend of J's attacked G while her mother was blacked out. She felt doubly resentful because her father had given this man permission to discipline G and her brother. G was proud of having punched him back. Despite these traumas, G was enthusiastic about her teenage years as a time when she could stand up for herself and "became my own person".

As an adult, still taking responsibility for her mother's alcohol abuse, G had an opportunity to express her rage towards her mother while admitting her to a detoxification centre. G concedes to wanting to punish her mother at the time: "(I told her) 'I hate you so much' and that was my only time I got to say to her how I really felt about her. . . She deserved to come down the hard way" (AAI, 1189-1202).

G's attachment to her father was equally insecure. The adjectives she used to describe their relationship were: strict, distant, unloving, unsure, and abandonment. G comment-

ed that where finding adjectives to describe her relationship with her mother came easily, describing her father would be more difficult. The interviewer's experience, however, was that her answers regarding her mother were more defended and less honest, to both herself and the interviewer. Expressing grief about her relationship with her father was easier for her and her description was harder because she allowed the tears to flow while doing it.

As a young child she remembered some affectionate times with him, but her dominant (and recurring) memory of the relationship was of being afraid of his harsh discipline which she defined as abusive. As an adult, what hurts most is a continued sense of being devalued. She says, "I feel he doesn't listen to what I'm trying to say".

Despite the abuse suffered by her parents, G clearly credits her grandparents' care to her positive sense of self:

> G: . . . through the love and that from my grandparents I'm a very caring, giving person and I feel that me as a whole is something that's come out of the negative and the positive of that" (AAI, 1704-1707).

At the end of the interview when asked what she hoped for for her child when he grows up, G seems preoccupied with fear that the cycle of disturbed relationships would continue:

> G: And I hope that one day he'll meet a nice girl, she's gonna have to get past me first (laugh). It's just ironic, life is ironic though in the sense that I can protect him, raise him, and make him the most sensitive guy to woman and then he'll meet some girl who's as mucked up as all buggeree and might reduce him to a little pittance y'know and it's just the cycles that, that's what I think about constantly. . . (AAI, 1583-1589).

Session 3 – Feedback on the AAI

As a result of the interview, G realised that she had been "carrying around a lot of baggage" and was pleased to have had the opportunity to talk about it as it gave her a sense of letting it go somewhat. She liked the fact that her story was documented and was "hoping to find like answers to why I am like I am". We talked about how, contrary to her fears

expressed in session one, she was able to remember quite a bit of her childhood. She credited her ability to the structure of the interview, which she called "layering". She explained layering as a peeling back of the memories to uncover the raw emotion, which released some of the pain. It was easier to access memories by locating them at particular addresses where she had lived.

We talked about what the rest of her day had been like. She reported,

G: I came out and I felt really exhausted, but I couldn't, I hardly had any memory of what we talked about. I wanted to talk about it but I didn't know how to piece it together. Little bits and pieces came out, then I just decided to leave it.

M: Maybe you'd done enough, and it was your day off!

G: Yeah (laugh), so, but then later in the day I just felt at peace again, yeah. I have a little bit of anger and resentment as well again, 'cuz those painful memories had been brought up. Um, reflected on my adjective words on both my parents, how my father's words came readily to mind and how my mother's didn't and just how I felt about both of them, yeah. . . Like I have a hate for my mother, but I felt some positive stuff come out of her, some positive words in how I described her, and I knew that I felt negative about my dad but I didn't know how strongly I felt about it. . . Well it frightened me a bit 'cuz I sorta y'know, didn't know I had all that emotion inside of me about my father mostly, yeah (#3, 130-170).

When asked if she found her parenting was different since the interview, she responded no, but that she had realised that her fear of low patience levels with C came from the physical abuse she had experienced with her father.

We talked about difficulties she and her new partner, R, had had with C the previous weekend. G had spent quite a lot of time trying to understand the motives for C hitting R and being generally disruptive, "because we've had a whole weekend totally devoted to him". G was wondering if it was the adjustment to a new man in his mother's life, grief about the separation, or jealousy of the attention G was giving to R. G seemed to take his

hitting very personally, after "giving this child everything . . .he's just doing that 'cuz he knows it hurts me. . . if only C could realise that this person (R)really loves me and I need the nurturing for myself in order to give it back to him".

When attempting to discipline C, G felt very frustrated with the apparent inconsequentiality of it. She attributed her child's behaviour to her ex-partner: "There's a lot of characteristics like his father that I can see there, that he just, like his father just doesn't care and makes a mockery of everything I do . . . and now, sorta sitting back and analysing things, he'd discipline C to hurt me or y'know, or, reward him when I don't want him rewarded to get to me." G appeared to get caught up in analysing C's behaviour and getting triggered by the sense of impotence she felt with his father. Both of these behaviours can give the child more power and control than he should have.

I explained that it was normal for C to be testing limits considering his history of having received inconsistent discipline, as G and N had always argued about parenting techniques. G said that she was frustrated because she was anxious to move on from their life with N.

G's efforts to please C to the point of devotion and her subsequent resentment when he was not appreciative echoed what I had understood her mother's parenting style to be from the AAI. My hypothesis was confirmed when I asked G if she thought her mother's style influenced her own and she said, yes, in that she spoils C after she punishes him. Seeing how the spoiling influence from her mother played a part in her own parenting was something she realised, she said, only in the present session. G saw the part that guilt played in the spoiling, and concluded that her parents spoiled her "because they weren't around". Towards the end of the session it came out that Nana also spoiled G, and that Nana felt a similar indignation when her efforts were not rewarded:

G: . . . she'd (Nana) make you feel guilty in the sense that 'I give you kids everything and how dare you do this to me!'

M: That sounds very familiar!

G: I don't get the link.

M: You said "I did everything he wanted to do this weekend, and look how he behaved!"

G: Oh yes, but I didn't say that to him but I'm feeling it. Hmm. Actually yes. See this is it, the talking and makes you realise things. Oh my god, I'm like my nana! (laugh). You said that, didn't you? You sense a likeness between us (#3, 984-998).

A clue emerges in the narrative as to how guilt and poor limit-setting have been taught or transmitted in this family, specifically in her Nana's relationship with J, her own daughter. G has confronted her Nana for feeling guilty about J's alcoholism and not standing her ground with her:

G: I'm like, 'how can you let her ring you, how can you let her come back?' And she always turns to me and says when C gets older and heaven forbid if he has an addiction or something, you'll understand how I feel. So. (#3, 1067-1070).

I pointed out how admirable it was that G was now breaking the intergenerational cycle of guilt and poor limit-setting by being aware of the guilt but not necessarily acting on it. Questions about how G's attachment style would be affecting her perceptions of C's motives made me wonder if an adult with a preoccupied style would be more likely to ruminate on a child's bad behaviour than promptly impose a sanction. I decided to introduce the interpretation of C's aggravating weekend behaviour as an annoying mis-communication from a language-delayed child. I wondered if G was confusing C's experience with her own and if her preoccupations with her own feelings prevented her from seeing C as a child, with child, not adult, perceptions. Fortunately, G made an observation indicating that when she can distance herself from her own emotions she can more accurately see C and his child needs and behaviour: "You don't see them (children) as a personality until you sit back and think, oh, that's probably why (he was misbehaving), because he was tired". More about G's family's intergenerational transmission of parenting styles and how they are related to attachment patterns will be covered in the discussion section.

Subsequent Sessions

In the fourth to sixth sessions, G brought C to the counselling centre where a behavioural management plan was explained and I taught them how to use paper plate masks to practice talking about feelings. G quickly put the management plan into place and,

with the help of her new partner, has achieved satisfactory cooperation from C. As a result, she rarely needs to yell at him and the fear that she had inherited an abusive "impatience trait" from her father and would become as abusive as he was has vanished. Her parenting overall has relaxed and there are far more enjoyable times with C than before.

After an early intervention assessment was done by the special education service, G decided to move C to a daycare centre that would apply more immediate and consistent consequences for aggressive behaviour, which would better match the plan his mother is using at home. His progress is unknown at this point.

Once C's behaviour was under control, G chose to attend a therapy group for women survivors of abusive males. I contacted her several weeks later to check on her progress. A group counsellor had suggested she return to individual therapy to resolve abandonment issues with her mother. Though I have phoned her twice to assure her of my availability and the continued free counselling, she has not made another appointment. This could be due to work demands or an unfounded fear that resolving issues with her mother would require her to forgive her mother or re-establish contact with her. The therapist wrote her a letter inviting her to discuss the status of counselling at her convenience.

AAI Classification – CC/E2/Ds2

Client 3 has been classified with a Cannot Classify (CC) attachment, meaning that when there is strong evidence of both preoccupied and dismissive attachment, the Cannot Classify code is applied. Theoretically, the preoccupied and dismissive patterns are mutually exclusive and are unable to be integrated. The outcome unfortunately is the absence in the internal working model of an established coping style, leaving the person's relationships often chaotic, (George, 1996).

The key component of the preoccupied classification was the high level of preoccupied anger and the amount of cold dismissive anger, or derogation, G feels towards her mother. The stereotypical preoccupied pattern of a pull/push relationship G has with her mother is evident in the narrative. She has repressed a desire to be loved by her mother, and instead feels resentment for becoming her caretaker. The derogation of her mother stemming from the resentment will be explained in more detail in the discussion.

G considers her grandmother another attachment figure and though assessment for attachment to her was regrettably not done, the coder believes there are hints that she has idealised their relationship. The high degree of resentment of the parents may have absolved grandmother of any caretaking failures.

DISCUSSION – CLIENT 3

As seen in the results section, G received a code of CC/E2/Ds2. In this discussion G's two contradictory states of mind regarding attachment, preoccupied and dismissive, and how they contribute to the "cannot classify" (CC) code will be explored. The hypothesis will be discussed as to whether the CC code resulted from G having had two conflicting sets of parenting figures, her parents and her grandparents. The AAI does not provide for a differential analysis between caregivers (related to Bowlby's concept of multiple models of attachment) and this research was not designed to assess for attachment to grandparents. I will explore issues of intergenerational transmission of attachment pattern, social pressures, and adoption. In the context of therapeutic repercussions of employing attachment theory, G's withdrawal from, and later re-entry into, therapy is examined.

Classification: CC/E2/Ds2

As seen in the results section, G feels safest with her grandmother, to whom she appears securely attached. Upon closer examination, however, her description of her grandmother could be considered idealised (a sign of dismissing attachment). With such unstable parents, G spoke of having to depend on her grandparents instead, especially her grandmother. This dependency on her grandmother may have been precarious, leading G to idealise the attachment to grandmother out of desperation for an attachment figure.

G's narrative showed that she was cognisant of the frustration and hurt her mother experienced at feeling that her children were more bonded to her mother than to her. G remembered a time when her mother blamed G and her brother for being "pathetic individuals" for "craving" to be with their grandparents rather than return home with her after a drinking binge. G also experienced a disunity in caregiving between parents and grandparents in which her mother resented her own mother for mothering her children. As a result, G may have felt guilty about her more positive attachment to her grandmother.

This torn loyalty must have created a confused model of attachment in which G risked blame for feeling safest with her grandmother, so in effect she was not ultimately safe feeling safe with her grandmother. But when she tried to choose her mother over her grandmother, she was at risk, as her mother's drinking prevented her from being a safe caregiver. To exacerbate the situation, her grandmother blamed her parents' caregiving in front of the children. I would suggest that it is G's attachment to both her parents and grandmother that is an irresolvable mixture of preoccupied and dismissive, leading to the CC pattern.

Another detractor from the development of a healthy coping strategy in G's life was the reversal of caregiving roles, a common characteristic of the preoccupied narrative. Since adolescence, G has felt she has needed to protect her caregivers: firstly, to save her mother from violent boyfriends and alcohol; secondly, she says "she's (mother) caused so much heartache to my grandparents and that's what I, my ultimate responsibility that she doesn't bother them anymore". The role confusion extends to the fourth generation, for G has also known that at times it has been essential to protect herself from her mother for her child's sake. This self-protection, accomplished through distancing herself from her mother, is another aspect of the Ds pattern:

> G: I'd been dis-attached from her situation for about a year or so, 'cuz when I was pregnant with C I tried one more time to get her help and then I started to bleed and I was losing C and I just thought this is time to pull away (AAI, 1197-1201.

These examples demonstrate how G's internal working model of her mother as victim and perpetrator is the opposite of the secure internal working model which would conceptualise the parent as protector.

I will turn now to examining the preoccupied attachment pattern. For many preoccupied individuals, a prevailing and often unconscious feeling of anger towards their caregivers is felt, caused by a sense that unconditional love is just inches beyond reach. G described how her mother would alternately neglect and spoil her, which would have set up an expectation in G that her mother's love could not be relied on, so that G became preoccupied with desperately seeking a way of ultimately winning it. Her father was characterised as sometimes the haven when mother had disappeared on drinking binges, and sometimes the feared source of the "lightning bolt hand" when disciplining the children. As we have seen, both of her parents' worries about their marriage, affairs and alcohol deflected them from attending consistently and lovingly to their children.

Recalling that G said that her earliest and strongest bond was to her grandmother, it is interesting to query if G's preoccupied attachment is related to Nana as well as to her parents. G's hope of ultimately winning her grandmother as a primary and secure attachment figure was constantly jeopardised by J who was jealous of the children's preference for Nana. Recall that G may have also idealised her relationship with Nana, a dismissing characteristic. It is easy to see, therefore, how her upbringing would have established a combination of dismissive and preoccupied attachment.

Coherency of Autobiographical Memory

G had weak recovery of specific early childhood memories, but very good access to upsetting middle childhood and teenage memories. Her grandmother, rather than herself, is the source of much of her memory of her past. G was able to articulate her feelings coherently. Her narrative is rich in opportunities to examine the contextual component of intergenerational transmission of attachment patterns because of the current interaction between four generations: G, her parents, her grandparents, and her son.

In the results section I explored the different ways in which G described her relationship with her parents and what that difference may indicate about her internal working model. In both the AAI and the follow-up session, G said it would be easier to find adjectives to describe her father. Despite this ease, she was far more distressed while relaying them, as if it was easier to express the strong affect about her father than her mother. In face-to-face relations, however, G has been able to confront her mother with her anger, whereas this has not yet been possible with her father. It will be recalled that the adjectives used for him were those associated with emotional distance, which reflects a dismissive attachment. Yet at one point, while describing his abusive discipline, she appeared re-traumatised as if she had been transported back to the event. Her ability to fully recall the affect of these moments is possibly an indication that the dismissive pattern is vulnerable to change and healing, which will be discussed in more detail below in reference to Fraiberg Adelson, and Shapiro's (1975) work. This confusion about how to make sense of her relationship to her father may be a contributor to the CC attachment.

Intergenerational Transmission of Attachment Style

The narrative offers a chance to examine the various hypotheses put forth by researchers of generational transmission. Bowlby (1969/1982) had originally postulated that the internal working model of the main caregiver will be transferred to the child through her or his caregiving behaviours. As the internal working model is a subconscious process, it is difficult to change. For these reasons, Bowlby believed that attachment styles are passed from one generation to the next.

Currently, G resents her mother for seeking a relationship with her grandparents, her son, and herself. She portrays J's attachment to her own parents as a weakness. Considering G's conflict about her attachment figures, it is possible that G resents sharing her grandparents with her mother. J's offer to look after C was seen as an affront to C, for it opened the old wounds of how J was not able to care for her as a child.

Her son, C's, behaviour at the onset of therapy was characterised by an insecure and perhaps resistant/ambivalent attachment to G. In the therapy play room, he demonstrated the push/pull behaviour common to this pattern, alternately being affectionate with mother, followed by hitting and kicking her. She did not respond firmly to limit his aggression, which led him to repeat the aggression a few minutes later. This behaviour also occurred at home, according to mother. The reader may recall that the resistant/ambivalent attachment pattern in children is related to the preoccupied (E2) adult pattern. Conducting the AAI with all four generations could have helped explain transmission of attachment patterns.

Preoccupied adults are labelled such for being preoccupied with potential danger, as their experience is that security has always been ineluctable. Looking at the intergenerational transmission phenomenon, we see how G also ruminates on potential disaster in her son's life. In this instance she is concerned that all the work she will put into raising her son will be dashed by his future partner:

> G: . . . that's what I think about constantly, all this work I'm going to do and comes along some girl who's totally messed up by some other person, it may be parents or some past partner, and the whole thing starts all over again (AAI, 1588-1592).

The preoccupied and confused attachment pattern has resulted in inconsistent and guilty parenting, perhaps because she also has expectations that C will satisfy her needs. When asked at the end of the AAI about what three wishes she had for C when he grows up, her response is indicative of preoccupied role-reversal thinking, in that her needs are confused with or overshadow her son's. Her ability to reflect on and articulate an awareness of the possible inappropriateness of the preoccupation, however, is a sign of health. In the following words, G also reveals worries about the transmission of the role reversal of caretaking and insecure attachment:

> G: . . . that's what I want from him and I want, can I want something for me from him? That he'd love his mum? (crying). . . and look after his mum? And respect the sacrifices I've had to make to try to make his life as liveable, as normal as possible, not hate me for walking out on his dad. I don't think he will 'cuz he's a very take-caring little boy. Already, y'see, that's what I don't want to rob him of, (crying inten-

sifies) I don't want to make him have to grow up earlier than he needs to, I want him to still try and be a kid but I can see him being mature already and that, I just want to keep an eye on that (AAI, 1611-1618).

The adjective mature is a clue to the dismissive pattern (Ds), in which insecurity is disguised as a coping strategy. Dismissing people attempt to close off awareness to painful memories and portray themselves as immune to abuse. The Ds would occur in relation to being shunted off to the grandparents as a small child, as well as from her distancing herself from her father because of his physical abuse. The following excerpt from the AAI is illustrative:

G: Safe? ...even at that age I was mature in the sense that I felt that if anything happened to mum and dad, there'd always be nana and granddad and I was ok with, to let mum and dad go if something tragic even if that did happen to them, but I knew that I'd always be safe as long as my grandparents were there (AAI, 459-464).

G acknowledges blocking out pain inflicted by her father and wants to teach her child to stand up for himself, as she had not been able to: ". . . (I tell C) when you're not happy about something, you need to say it, 'cuz a lot of my childhood has been repressing and being too scared to speak up to my dad."

By the end of the AAI, G formulated her understanding of her family's transmission of attachment patterns:

G: Funny how it goes in circles, y'know, like my grandmother had nothing and so she gave my mother everything so she became spoiled, and my mother gave me everything, 'cuz that's all she knew, and now I'm giving C nothing materially but I'm giving him everything emotionally. Yeah (AAI, 1568-1572).

Considering the Ds pattern, we see a prevalence of derogation in the relationships of the three women. Zeanah, Finley-Belgrad and Benoit (1997) have analysed the intergenerational transmission of the dismissive category through a psychoanalytic lens. They call

derogation a "form of dismissal in which attachment experiences, and especially attachment figures, are actively and contemptuously devalued" (p. 293).

An example of intergenerational derogatory behaviour is provided by the incident G remembered of her mother accusing her and her brother of being "pathetic for craving their grandmother." J's words clearly discounted attachment. J's mother retaliated by criticising J's ability to parent, saying "she should never have had the children." Today, G is disdainful of everything her mother does, including her attachment to and need to maintain a relationship with her parents. This could be interpreted as an example of projective identification (Klein, 1948), meaning that a repressed part of a person is projected, or attributed, to someone else. I would suggest that G has subconsciously denied her own need for attachment to her mother because it was so often rebuked. In turn, she has projected her denied need onto J and degrades her for having her own attachment needs.

Stability of Attachment Style

It will be argued here that aspects of both the environmental stability hypothesis of attachment transmission expressed by van IJzendoorn and Bakermans-Kranenberg (1997) and the prototype hypothesis (Waters, Merrick, Albersheim, & Treboux, 1995) are applicable. The environmental hypothesis states that a homeostasis of social context, family structure stability, later (teen) attachment relationships, and child characteristics will encourage maintenance of an internal working model that had been formed earlier. The converse is also true: if the child-raising environment changes over time, then the attachment type can change.

The environmental stability hypothesis is closest to the family systems approach and its integration of contextual life factors which are a normal part of our clinical assessment. Considering significant instances of separation, violence and substance abuse impacting G throughout childhood and the teenage years, context needs to be paramount in thinking about attachment transmission. G's feeling of insecurity with her parents as a child has continued into her adult years. We do not know what her mother's attachment pattern was as a child, but from G's descriptions, it appears that it is insecure as an adult, judging by J's unpredictable caregiving and derogation of the children's subsequent dependence on their grandmother.

Waters' et al. (1995) prototype hypothesis postulates that a child's future intimate relationships are determined by the internal working model developed within the child's first year. They argue that the parent's internal working model will be transferred down to the child by virtue of how the parent relates to the child.

Extrapolating from this contextual hypothesis, I would assert that social strictures can affect the quality of the attachment relationship. Social mores and family values regarding fertility and extra-marital pregnancy had an enormous influence on G's family. G was conceived when her father was married to a woman with whom he had adopted two children, presumably due to infertility. Before G's father reunited with J, the plan was to adopt her out. There is a strong social stigma against infertile people which G's father may have been trying to correct through his liaison with J. G relayed that her grandmother said that her father had told J that all he ever wanted was a child of his own. On the other hand, he continued to have affairs after the birth of his two children, which may indicate instead a devaluing of family commitment.

In addition, had there not been strong taboos against unwed motherhood, it is possible that this couple would not have felt the pressure to marry, which could have avoided what turned out to be a very unstable marriage. The relatively tolerant culture in which G is now an adult has allowed her to make radically different choices from her parents', though they have not led to greater stability for C.

In this particular case it could be asked, how would J's attitude towards G have been different had she not been made to feel like a pariah for being pregnant out of wedlock and how would that have been transmitted to G? Did J's demeaning experience as an unwed mother lead her to be more threatened by her mother's caregiving of her children than she would have been without the taboo? It would be reasonable to suggest that J would have felt less ambivalent about her pregnancy with G, resulting in a more secure footing for her daughter.

G's experience of being undervalued was also due to the widespread incidence of male dominance and violence in society and her own family, as shown in the following excerpt:

> G: I asked my grandmother, I told her that I was doing this (the interview), and I asked her about my paternal grandfather, what, what he did to cause dad to be who dad. Well I found out that he also had affairs on my grandmother, which came as a shock. I found out that my dad had an affair when mum was pregnant with me. . . that my grandmother wouldn't confirm or deny it, but that dad got physically rough with my mum when she was pregnant with me. . . Uh, it really made me septic 'cuz,

yeah, I just don't, ugh, I need to find that out whether he did that or not and thank god I'm ok but gee, y'know, it's ugh, those sorts of things which are also leading to the distance (between G and her father) (AAI, 628-637).

The convoluted and conflictual attachment relationships between the four generations, in addition to the social pressures, could have contributed to G developing a conflicted (CC) attachment pattern.

Adoption

In G's narrative she regarded her relationship with her grandparents as safe, basing it partly on the fact that they were related by blood, in contrast to her adopted half-siblings whose father deserted them. It would be interesting to explore the aspect of G's narrative which portrays her internal working model as defining security through blood ties with the grandparents, though not through her parents. As the reader will recall, G had a near brush with being adopted out herself before her father "claimed" her mother from the unwed mothers' home. This claiming entailed abandoning his first children, though he may not have known at the time that that would eventuate. Subconsciously G may have felt guilt about her father forsaking his first children.

G reported that at the time that J was at the Catholic home, it "was the happiest she'd (grandmother) ever been 'cuz she's protecting her daughter, whereas mum was miserable. . ." The reader has to wonder if it was the grandmother who was the source of this information, for G was of course not alive at the time. If so, this offers a window into the grandmother's frustrated parenting of J, who may have been resentful of being in a dependent role with her mother. Looking again at G's internal working model of J, in her narrative about the near adoption, she omits reference to how her mother fought to keep her. If she had been told a story of being wanted by her mother, this could have contributed to a more secure attachment.

It could be surmised that G's attempts to reunite N with his birth parents was a means of coping with her father's abandonment of his adopted children, and subconsciously her fear that he could abandon her too. She had already seen that he had abandoned his first born who had been kept a secret from her and whom she has yet to meet.

G made some significant changes to her parenting that improved her relationship with C. In planning a therapeutic intervention, it is essential to remember the debilitating effect of ruminating on preoccupied people. In some ways G is cursed by her ability to think about the complexity of her background, as it leads to ruminating and a sense of despair. As seen in the results section, the therapist introduced a more pragmatic, behaviourally-based parenting approach, which G employed successfully.

After attending a therapy group for abused women at another agency, she told me that her group therapist recommended that the next therapeutic step should involve her talking about her relationship with her mother with an individual therapist, namely me. I agreed to do this with her, but she never finalised an appointment, which I took to mean she was not truly invested in the idea. One hypothesis for termination of therapy was that she needed time to accommodate the powerful feelings and realisations resulting from the counselling. Additionally, the confluence of the preoccupied and dismissive patterns could have been responsible for G's withdrawal from therapy in the sense that she had not yet experienced a way to cope with her past and had no basis upon which to hope that counselling could help. Her difficulty in resolving attachment issues with her parents, and particularly her mother, is illustrated below. When asked how she felt her childhood experiences affected her adult personality, G commented on the influence of later (teenage) attachments and her awareness of blocking unwanted memories:

> G: . . . like I want to try to work on my relationship with my dad, I, I don't know, I just feel like I do. I know, I just, I can't even go near with mum, I just can't. I have too much hate and too much resentment and I don't even think that any amount of therapy is going to get me past that 'cuz I just, so much hurt and so much hate towards her addiction and what she's done (AAI, 1524-1530).

As earlier stated, G has yet to confront her father as she has her mother, so it is intriguing that she should feel more hope for growing closer to him than to her mother. If G's attachment to father has always been less powerful than that to her mother, it would be understandable that the prospect of resolving differences with him would appear less traumatic and therefore easier to face.

The Therapeutic Relationship

Fraiberg, Adelson, and Shapiro (1975) believe that those adults who emotionally survive an abusive childhood seem to be the ones who not only can remember the abusive events, but can also express the affect associated with that hurtful time. G has expressed anger towards her mother to her grandparents, brother, father and friends, and has gone one step further and confronted her mother with her resentment. Despite feeling a sense of justice in this act, however, preoccupying anger persists. I suggest that resolution about her mother can come through more expression of not only the anger, but also sadness and fear, in the safety of the counselling relationship. Once she can allow this expression in therapy, the full story of her feelings towards her mother will be told and therefore resolved.

One year after the initial session, G contacted me in order to continue therapy. She had taken time to re-establish herself and C as a family without his dad. This supported the hypothesis that she needed time to assimilate and consolidate the work she had done the previous year. I found it gratifying that she felt enough trust in me to return to our therapeutic relationship in order to continue her healing.

Adult Attachment Relationships

G's narrative demonstrated ways in which she relates to romantic partners that are related to earlier relationships and experiences. Her ex-partner, N, had been adopted by his aunt, who alienated him from his birth parents. Perhaps due to having adopted half-siblings and her own brush with adoption, G became very active in reuniting N with his birth parents. It was clear that this was her goal, rather than a relationship initiated by N. It could be surmised that G's active participation in N's reunion was a subconscious means towards resolving her own family's lack of owning the adopted children.

G removed herself from N when he became physically abusive of her. Her swift, determined, and lasting separation from N is testimony to her inner strength and resolve not to be a victim of physical abuse, as she had been at the hands of her father. This is another instance of having achieved some resolution to her childhood experience of abuse and in valuing herself, despite another's attempt to devalue her.

Forming a new relationship with R has meant many changes for G since leaving N. She is relieved to share C with an adult who agrees with her parenting values and practices, and whom she feels respects her and her ideas. G attributes some of the improvement in C's behaviour to the co-parenting experience with her new partner. G may be experienc-

ing the healing of disturbed attachment of which Bowlby and many others have written, through her adult attachment to R.

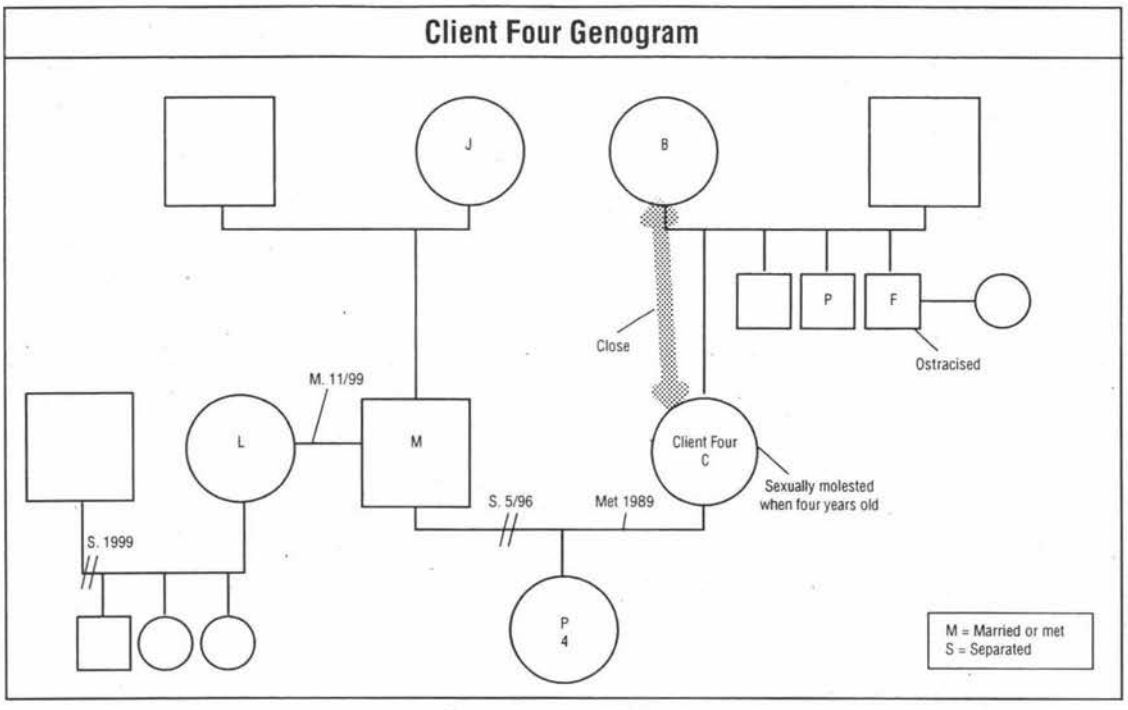

Figure 5

RESULTS- CLIENT 4

Session 1 – Initial Assessment Interview

Client 4 (C) was referred to the centre by her General Practitioner concerning her daughter's night terrors, whose symptoms are extreme agitation upon waking in the night. The child is usually in an altered state and is therefore inconsolable. They last for ten to thirty minutes and then the child falls back to sleep, having no recollection of the event by morning. The problem was exacerbated by the fact that C resisted allowing her ex-partner overnight access with their child due to the terrors. A battle over access and custody was brewing between the parents and C feared that her daughter's night terrors might be a manifestation of the parental conflict.

C has been raising her four-year-old daughter (P) on her own for three and a half years while doing university study. C and her ex-partner had been in a relationship for approximately seven years when they had an unexpected pregnancy which resulted in miscarriage. The subsequent pregnancy with their daughter, P, was lovingly planned and hoped for. It was a great surprise to C to find that her ex-partner, M, wanted to end the rela-

tionship when P was six months old, for though he was reluctant to marry, she believed and hoped that he would eventually become committed to family life. C was forced to suddenly find housing and income for her and her six-month-old baby.

At the time that C came for counselling, M had become involved with another woman who had three young children. Because M had seemed to reject C and P because he was adverse to family commitment, seeing him join another family opened the wounds again for C. She said,

> C: . . .the side of M I fell in love with is the side I see when he's with P. . .and seeing him now in the new relationship with someone with children, it's like, man, you could've had it all with us (crying). . . (he is following) the same dreams, it's just all been transferred to another family (deeper crying). And I don't want her to grow up without a secure family around her, I think she's got that with my extended family. . . I never would've got pregnant with P if I'd thought it was going to end like this (#1, 968-971; 979-985).

There were various reasons C attributed to the separation: her change of focus from M to the baby, who was having trouble feeding, and conflict between her and M about how soon she would return to paid work, for she found it difficult separating from P. Another explanation C had for the end of the relationship was her increased self-assertiveness:

> "I started putting my foot down more about things, whereas before I'd let M make all the decisions about things, or letting his decisions be the overriding ones, such as the, him definitely not wanting to get married. . . " (#1, 487-490).

It became clear in the first interview that C's parents were doing a great deal of caregiving and that P regarded her grandfather as a more prominent male caregiver than her own father, whom she saw sporadically.

At the end of the session, C commented on how surprised she was that the initial interview had brought up strong emotions. It was her first experience with counselling, and she had thought her main concern was her daughter's night terrors. Though C said that she worried that problems between she and M might be contributing to P's disturbed

sleep, she found herself revealing her grief for the end of her relationship and felt relieved to talk about it.

Building a Hypothesis for a Therapeutic Intervention

I reassured C that it was normal to grieve, and that sudden losses of relationship and dreams were especially difficult to cope with. Because it was her first experience with counselling, I explained to her that it is an appropriate venue in which to express grief and anger, which could allow her to resolve problems with M more quickly, which could lead to released tension for P at night.

The freedom with which C so passionately expressed sadness in the first session was notable. I began to make some preliminary hypotheses concerning attachment and the expression of feelings. I wondered if her free expression of grief was an indication of a secure attachment style or a preoccupied one. Specifically, I was curious whether her grief an indication of a person with a preoccupied pattern who might find it especially difficult letting go or a secure person who can be more expressive of the grief than dismissing people?

The information that C is part of a close, extended family, and that her relationship with M had been non-abusive, led me to assume that C's AAI would be relatively straight-forward and trauma-free. This proved to be incorrect, pointing out the value the AAI and/or attachment classification instruction could have as an early assessment tool.

Thinking about Hendrix's (1996) theory that unresolved attachment issues with parents are played out in adult relationships, I queried C about M's relationship with his mother. C responded:

> C: J (M's mother) recognises that M is a difficult personality, she has told me, 'I just don't know what I did with him,' y'know. J is um, I mean she's quite a self-centred sort of person. . . they spend a lot of time travelling overseas, she's not around a lot, she isn't the grandmotherly type, y'know (#1, 613-618).

C's narrative would lead me to guess that mother and son had a distant relationship which could have resulted in M acquiring a dismissing pattern, which would explain his difficulty in committing to and marrying C. C described her own mother's (B) caregiving in stark contrast: " My mother spends every moment she has with P" (#1, 633). It

could be assumed that C and M experienced very different caretaking as children, which could explain their different expectations of adult relationships and parenting. The following summary of the AAI will help to enlarge this picture for the reader.

Session 2 – AAI

The following week C and I met to do the AAI. Before proceeding, C wanted to clarify a statement from the last session.

> C: It was just one or two other things I thought of afterwards, when I thought of some of the emotive answers, they weren't exactly what I felt like. I remember saying something about I never wanted to be a mother alone, I always wanted to be part of a mother and a father and a child and all that in a family structure, but on reflection, I certainly wouldn't have changed anything to either a) not have P, or to have gone on a different path, because I think if we hadn't had P, we wouldn't have actually faced all of the problems we faced. . . we would have carried on without facing them (AAI, 7-18).

C's ability to reflect on the first session helped her to arrive at a more accepting and hopeful perspective on her separation from M. Fonagy et al. (1997) call this "reflective thinking", which they attribute to lending coherence to narrative, which contributes to a better sense of self.

The AAI elicited valuable information about C's family history and the nature of the family relationships. C emigrated from Ireland when she was seven with her parents and three brothers. This was a traumatic move for everyone, as they had left behind a very close, extended family and strong cultural ties. Her parents did not replace those social ties once they moved to New Zealand, which meant that C's nuclear family remained quite insular, to use C's word. The adjectives C used for her relationship with her mother were: warm, compatible, friendly, secure, and comfortable. She described her mother as her best friend, but also wondered if "maybe I was with her too much." C had ready access to memories to describe their relationship:

C: I remember being held a lot and uh, I do remember that warmth from her, y'know, that uh, yeah, just a secure feeling that came from being with her or when she was around. Like I can, I, seriously, I can remember a time of feeling upset about something, I think I'd come in from school, I didn't know where mum was, I didn't see her around, and that panic, 'she's not here,' and as soon as she walked in it was, 'whew, there she is,' y'know, really secure (AAI, 263-270).

C's description of feeling secure matches Bowlby's theory that the attachment system is activated when the child feels afraid or upset. The secure child expects that the caregiver will provide solace. The Strange Situation demonstrated that a securely attached infant will show distress upon separation from the caregiver and relief when s/he appears. Likewise, C's state of distress was relieved when she discovered that her mother was home. When C was asked to which parent she was closest, she answered her mother, adding, "we have difficulty breaking that chain between us." Separations (from homeland, from family) were difficult as a child. C attributed part of this problem to what she called "The Catholic Guilt Syndrome". C described this syndrome as the eternal accompaniment of guilt with love and belonging. We will see a development of this theme in session three.

C: I think one of the major things about my childhood, and one of the things I'd really like to sort out, is the thing about um, y'know, um, just being so close to mum and dad. . . I think I actually have difficulty pulling away. . . being able to leave anything or anyone, it's always been hard for me (AAI, 1014-1019; 1026).

C spoke of her father's closeness to his mother and his frequent references to her and his family back in Ireland. She believed that that separation had been difficult for him. C spoke of her father's lovingness and how he idolised her, resulting in her being scared of disappointing him. He would also threaten C: ". . . he used to always tell me he'd give me away if I didn't do, if I wasn't a good girl." When he has threatened P in the same way, C has firmly told him to stop. She said, "there's a pretty wide range of things they (her parents) can do, but none of this emotional bribery."

In the course of the interview, C disclosed that a teenage boy had sexually molested C when she was four (the same age of P at the time of counselling). Three persisting results

of that assault were: her diminished trust in her father and brother P, who were home at the time and whom she had believed would have come to her rescue; her parents', but especially her mother's, subsequent over-protection, or smothering, as C put it; her mother's current insistence that C was not damaged in any way by the molestation, which invalidated C's experience and feelings.

As a teenager, individuating from her family was very stressful. Her description of their difficulty in letting go coincides with the researcher's hypothesis at the time that her early attachment was preoccupied: "So we didn't have a good relationship during my teen years, I think it was often that mother thing, mum just didn't want me to go and do my own thing. I mean, I always felt the guilt from her (AAI, 1028-1031).

C's parents and younger brother treated her decision to go flatting as traitorous. The eldest son, F, had been cut off from the family two years earlier at the age of eighteen for staying overnight with his girlfriend when she was ill. He is now in his forties, living in the same city and married to the woman who was his girlfriend then, and there has still been no rapprochement between F and his family. Similarly, her mother banned C and M from the house for some years because they were living together out of wedlock. B reluctantly visited their house only once, to accompany a visiting sister.

In adulthood, C remains very close to her parents and sees them alternate days, partly because they provide frequent childcare while she is studying. C wants her daughter to have the positive aspects of close family ties, without the stifling parenting that has made her feel ambivalent about her parents' love:

> C: I'd like her to know that she's loved and loveable. . . that she isn't held back, um, by feelings of not being good enough. . .that family is forever, it's uh, it seems like that continuum, they've always been there, they always will be there. . . I don't want P to have any of that guilt, and I think it was a big part of our upbringing (AAI, 1390-1396).

My assumptions, and hopes, that C's AAI would demonstrate a secure attachment and be trauma-free were obviously wrong, as evidenced by the sexual molestation, her subsequent loss of trust in her father and brother, and guilt associated with parental love.

Session 3 – Feedback on AAI

C began session three reflecting on how the AAI had highlighted her family's difficulties with separation. She had progressed to thinking about how her family development had been stunted because her mother was continuing to treat her (and her brothers) as children, despite her adult status and being a parent herself. One of the ways both parents maintained their adult status was through criticism of the children: "Mum says to me, and has always said to me right through, 'you're not doing it right'" (#3, 243). C attributes these constant criticisms to her mother's Irish Catholic heritage:

> C: Well it just seems to me that Irish mothers are a bit like that, the old-fashioned Irish, the guilt thing all the time, 'ah, you're breakin' my heart,' y'know, 'what did I ever do to deserve this?' Those are usually the lines."
>
> M: Uh huh. So they're always in the right and the child is in the wrong?
>
> C: Absolutely, and that follows through to now (#3, 118-129).

In session three C began to consider that her mother's identity could be fragile, as it rested on the Irish mother role. C says that her mother would fall apart if she ever contemplated giving up her role as the family authority:

> ". . . while the mother, the older mother is still around, I think it's very hard (for the daughter to be considered a mother)".

The consequence of this is that C cannot hope to be her mother's peer or have her respect during her mother's life time. An important discovery for C during this session was realising that the role of matriarch was passed on relatively early to her mother, whose own mother died, leaving C's mother the eldest of several sisters and playing the role of mother protector. The sisterly relationship her mother had promised C once she reached adulthood was understood now to never be one of equals: "It's just that mum thought that we'd have a sisterly relationship, we probably have the sisterly relationship that she had with her sisters, which was the mother". C feels a terrible family bind: To

receive the love and protection of the family she feels she has to give up her adult status, which implies that she cannot be respected for who she is:

> C: I think I can actually see what some of the problem is there. You have this lovely, warm, loving, family cocoon and if you don't rock the boat too much it will actually stay that way
>
> . . . Because they have been so good to me through the whole, the whole breakup, they've been the ones there, (crying) I feel I should always be there, and y'know, I'm the only daughter, the one closest to them all, it's like an unspoken thing that if anything should happen to one or the other it just would be me who would step in and look after them (#3, 740-746).

Though it took all her courage, C made a stand against her parents' criticism of her parenting last Christmas, which was a relief at the time but has not changed her parents' behaviour nor diminished the rage she continues to feel when they undermine her parenting.

When asked if she had had any new thoughts regarding the sexual molestation since doing the interview, she answered in the negative.

At the conclusion of the interview, C said that it had been quite enlightening: "I must admit that I'd recognised that there had been more than just the M issue, with um, and I felt a lot of the way I responded to that was probably bound up with my relationship with mum (#3, 1135-1138).

AAI Classification: F4b

Client 4 qualified for the Free autonomous (F) classification due to her free recall of childhood memories and the ability to discuss them from an adult perspective. C demonstrated the ability to revise her own thinking as the sessions progressed. There is strong coherence in her AAI which may have resulted in her reported life-long habit of reflecting on her experience.

There is no doubt, according to the coder, that C is ambivalent towards her parents but her ability to articulate her struggle with separation moved her from insecure attachment

into the F4b category. The parents' overprotective responses to the molestation would have disturbed her sense of confidence. Emigration, the coder believed, was a contributor to the separation issue. The secure code she received suggests that this client's ability to reflect on her lifestory has enabled her to gain a secure attachment pattern.

Subsequent Sessions

In session 4, C chose to discuss the separation from M. She spoke of how the day before, on the third anniversary of their separation, she had returned to their old neighbourhood and seen their old house being re-modelled to accommodate M's new family. She sat in a nearby park and admonished herself, "wake up from that old dream!" C is beginning to accept that her dreams did not coincide with M's. Coincidentally, P's night terrors had vanished after Session 1.

To help C make sense of M's transfer of their dream onto his new partner, I explained Hendrix's (1996) model of adult attachment relationships as a means of resolving childhood attachment dilemmas. We discussed the possibility that she chose a man who represented the free, uncommitted child she had hoped to be, but who was also unavailable to be committed to her.

C read her AAI transcript, which we used as the focus of therapy in session 5, concerning deeper separation issues with her mother. In session 5 C was more emotionally involved (assisted by integrated drawing therapy)than she had been in session 3, which according to her, she had difficulty recalling. Possibly session 3 was an intellectual preparation for the emotional release accomplished in session 5. C's drawing from session 5 had the caption:

> "This is me: heart, soul, well. Complete without mother, daughter, anyone! I want to be whole again, then I can share again."

In session six, conflicts about loyalty were discussed. Seven months after her initial session, C continues to attend therapy, now focusing on M's engagement to marry his current girlfriend and C's deep grief at the final loss of her dream of having a family with him. The validity of applying Hendrix's thesis is questioned at this news of M's commitment to his new partner and her children. The prospect of P legally becoming a stepdaughter and sister to M's new family is requiring terrific emotional adjustment for C. The theme of separation that C described in the AAI remains salient, beginning with her

parents' decision to leave Ireland, extending to M's decision to leave C and P. C has asked me to support her while she forms an unique dream based on her unique desires and goals.

Discussion – Client 4

C came to counselling for help with her daughter's night terrors. It became apparent that C was still grieving and angry about her separation from her daughter P's father, M. The night terrors and his requests for P to stay overnight were intertwined for C, as she felt she could not let go of P while she was experiencing the terrors. The AAI revealed C's concern that letting go of attachment figures has always been hard, beginning with her mother and ending with her current grief over losing M. C felt very secure as a child in her family's "cocoon" but it was not until adolescence and the desire to find independence that strife arose between her and her parents. This suggests that C felt secure as a child but that in her adolescent and adult years her parents' attempts to control her created a level of frustration which, in her thirties, she has come to understand and accommodate more easily. C's apparently healthy parenting style with P is a testament to her gained security of attachment.

Classification: Free autonomous

The reader will recall that I had assumed from session 1 that client 4 had either a secure or a preoccupied attachment pattern. The secure attachment was deduced from her description of being part of a close, extended family, and because her relationship with P's father had been non-abusive. On the other hand, I wondered if the intensity of prolonged grief for her separation from M and the emergence in her narrative of an ambivalence towards her mother were characteristic of preoccupied attachment. Had the AAI not been administered, essential information about how guilt, criticism and smothering occur in this family would have gone unseen and led to a serious compromise of the therapy, which points to the value of doing the AAI as an early treatment assessment tool.

* Coherency of Autobiographical Memory

C's narrative was classified as Free autonomous because, despite the grief she has experienced in relating to her mother, she has found a way to create a coherent story that explained her mother's behaviour and her own reactions to it (Main & Goldwyn, 1985-

1994). As mentioned in the results section, client 4's memory for the pre- five years was superb and the strong coherence in her AAI which may have resulted from her style of reflecting on her experience. Fonagy et al. (1997) believe that fine reflective skills can predict secure attachment. As explained, the AAI measures the interviewee's current state of mind regarding attachment relationships. The coder commented that had client 4 been interviewed ten years earlier, her interview would have shown higher levels of anger than today and would have likely received a preoccupied attachment classification. C appears to have resolved some of the anger towards her mother and is able to articulate her frustration in a coherent way that takes into account the cultural factors that contributed to her mother's parenting style.

Intergenerational Transmission of Attachment Style

Attributions

In session three, C seemed freer to talk about her mother's demeaning style and how it is manifested in her adult life as criticism of C's parenting, devaluing C as an adult and mother in her own right. Applying Lieberman (1997) and Zeanah et al.'s (1997) work on parent-child attributions, we see here examples of role attribution. This family operates as if it is the parents' role to criticise the children to keep them in an inferior and undeveloped position, and it is the daughter's role to forgive them on grounds of cultural/religious tradition; in other words, C should suppress her rage because of her huge debt to her parents.

At the outset of session three, C attributed her mother's dominating and critical style to cultural sources more than to her personality. After some conversation, however, she began to see how her mother's identity was bound to being the authority: "If she thought for a minute that she was wrong or the things she's done are wrong, then things would start falling apart for her" (#3,494-495). I conjecture that this deeper analysis of her mother's motivations, done during session 3, allowed C to gain some distance from her mother's sharp criticism.

C's belief and fear that her parents' love is highly conditional and requires her to compromise her autonomy is a prime example of what structural family therapist Salvador Minuchin (1974) calls enmeshment. Enmeshed families are those who fear that autonomy of its members threatens its cohesiveness and survival. C's parents' ostracism of their eldest son, F, as a consequence of his decision to stay overnight with his girlfriend is

characteristic of this phenomenon. There is a paucity of accommodation to the unique needs of different members' personality and developmental stages. C summarised the dilemma of a child caught in an enmeshed family: ". . . being so angry that . . . the only way to sort it out with mum and dad is to do what they want and that's what annoyed me, that I actually did what they wanted".

As John Byng-Hall (1995) wrote, these families tend to peg members as 'goodies and baddies' and are typically ambivalent/preoccupied. F's ostracism from the family clearly marked him as a 'baddie' whose example was meant to warn the other children. This pattern coincides with the researcher and coder's hypothesis that C has a degree of ambivalence towards her parents.

Therapeutic Interventions and Implications

C parents very differently to her parents: She is parenting on her own, avoids motherhood as an exclusive role, refrains from emotional blackmail, and allows P to express individuality, especially regarding food. Recall that C and her mother would get into fierce power struggles when P would refuse to eat. C would allow her to eat what she liked, while her mother would denigrate and interfere in her parenting. P was very stimulated by her mother and grandmother's conflict, and would become angrier, leading C's father to comment that P and C had similar personalities. What he was missing was that both P and C were expressing outrage that their autonomy was being threatened.

As her therapist, I wanted C to recognise the effect of her mother's smothering behaviour on the subsequent generations, so in session three I said, "It's the same battle you're raging with your mother: 'I'm me! I'm not you! You can't tell me what to do!' And P's saying, 'you can't tell me what to eat!'" We discussed strategies for avoiding this pattern, such as clearly asking her mother to not interfere. I wanted to support her in gaining autonomy while not jeopardising their relationship.

I affirmed C's successful parenting style which combines authority with allowances for P to find appropriate means of self-assertion which encourage her to monitor her own appetite and emotions, as opposed to her mother's way of gaining compliance through guilt, which requires the child to constantly monitor mother's responses and state.

The F4b classification tells the therapist that the sexual molestation has been resolved, relieving the therapist of the task of addressing that issue further, unless requested to do so by the client. C's ability to remember specific incidents and express affect in the session, according to Fraiberg (1975), means that the ghosts from her past will have been laid to rest. The F4b classification can guide the therapist towards utilising a more cog-

nitive and present-oriented approach, rather than one geared towards eliciting emotions related to the past. The prognosis for successful therapy is quite good considering that Free autonomous individuals tend to be more resilient than those in the insecure categories.

The Therapeutic Relationship

C has been highly motivated to attend therapy and practice homework assignments, which she has discussed with me at subsequent sessions. She has fluidly moved between cognitive and affective processing in sessions. Her regular and productive therapy sessions demonstrate that she is free to consider the therapist a secure base, characteristic of a securely attached individual (Bowlby, 1988b). I have found it interesting that she is the one client with whom I have contemplated having a friendship. I would not pursue a friendship while we share a professional relationship, but the degree of comfort and respect between us is noteworthy.

Adult Attachment Relationships

The adult attachment relationships in C's life right now are her parents, her ex-partner, and her brothers, to whom she is very close. Although the eldest brother, F, has been ostracised from the family for his adult life, C still has very strong feelings about him and how threatened their parents were by his growing independence. As it happens, F and his mother recently met for the first time in twenty years. C witnessed how it was traumatic for both of them and feels that it impacts on her recent analysis of her family's conditional "cocoon". As F is now reaching out to my client, including him in therapy may be a good structural intervention to strengthen the sibling dyad and in so doing, lessen the control of the parental dyad (Minuchin, 1974). Williamson's (1981, 1991) intergenerational therapeutic approach could be appropriate to use with C, in that his method helps adults assert their authority with their parents towards the goal of breaking out of the child-adult relationship and achieving a peer relationship with them. As C has appeared more resolved regarding her relationship with her mother since session 5, I have not applied this approach.

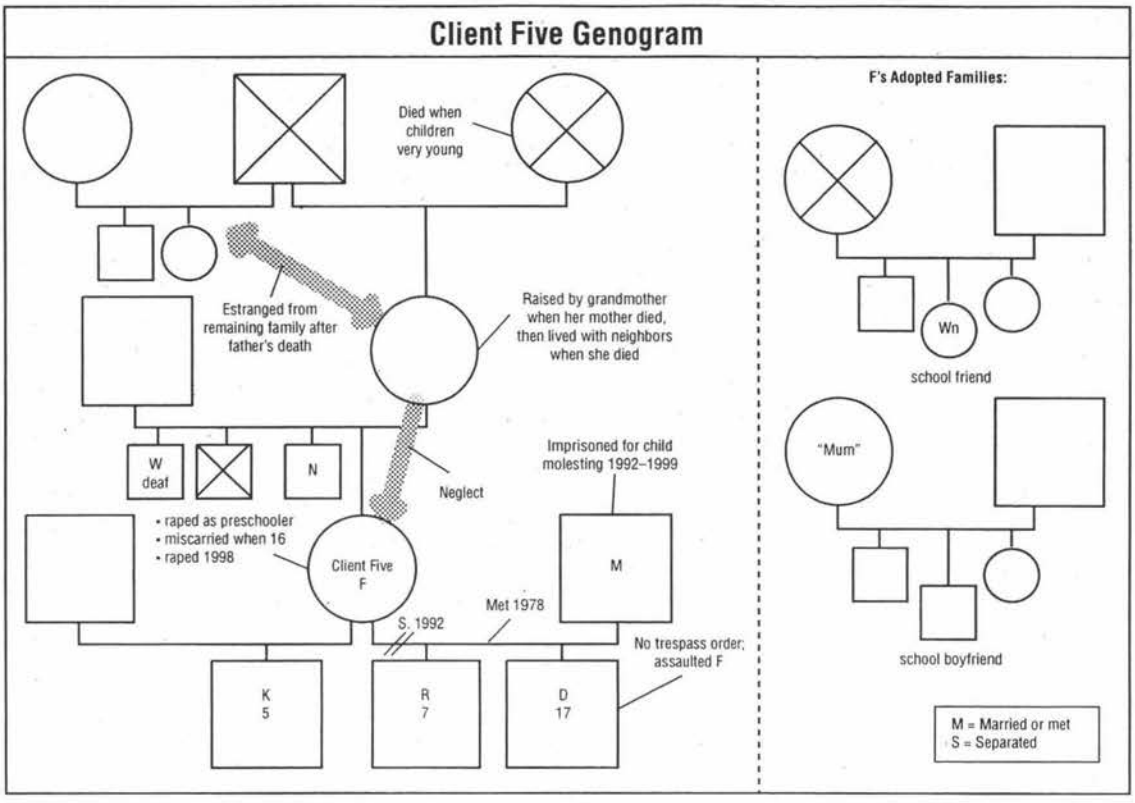

Figure 6

Results – Client 5

Session 1 – Initial Assessment Interview

Client 5 (F) came to our centre in considerable distress over her sons' behaviour and safety. His father was being released in a fortnight from a five year prison sentence for sexually molesting and raping minors. F had been referred by her 7-year-old son's (R) Special Education coordinator due to aggressive, anti-social behaviour and running away from class. She believed that R's behaviour was partially caused by anxiety about his father's release. F herself was particularly worried that R's father (M) would claim custody of or demand access to his son once he was released, and that he would abduct or manipulate R in order to do so. F was acutely anxious about her ex-partner's unpredictable and destructive behaviour which she feared would bring both her and her children into danger. She was constantly admonishing R and his 5-year-old step-brother, K, not to wander far from home, to stay away from strangers, and to seek help from neigh-

bours if needed. These precautions probably heightened the boys' sense of fear and could have contributed to R's anxious behaviour at school.

F also shares a teenage son, D, with M. A month before referral, she put a no-trespassing order in place against D for assaulting her in her home. D has a history of offending and drug and alcohol problems and spent his early teen years in foster homes and residential facilities. Difficulties with D had been in F's life a long time and her primary goal for therapy was helping R settle down at home and at school before he became a problem, just like his older brother. It was important to F to address R's behaviour before their relationship deteriorated as she had seen happen with W. She also was very interested in getting professional help for R in the future, when he would need to cope with learning about his father's sexually criminal behaviour. Citing a much older son M had with his first wife who has exhibited violence, F queried whether her sons' anti-social behaviour was inherited by their father. It is a testimony to her dedication as a parent that she did not let these fears prevent her from feeling hopeful for change and seeking help through counselling.

Building a Hypothesis for a Therapeutic Intervention

From the first interview, it was easy to admire F's both tender and "tough" love for her sons. She was afraid that all of her hard work with them would be spoiled by M's encroachment in their lives. Despite the bitterness and fear regarding her ex-partner, she had been able to work part-time, maintain a strategic cooperation with M's first wife and the justice system, and was very involved in her younger sons' schooling. The school indicated that F's involvement was occasionally intrusive, however, and I felt that one way we could assist the family would be to help improve relations between F and the school personnel. As the summary of the AAI will show, there was a precedent in F's life regarding her mother and special needs programmes.

R obviously required help regulating his high anxiety levels and coping with what must have been traumatic news about his father. My co-therapist planned to have several individual therapy sessions with R as well as offer him a place in a social skills group for young boys at the centre. Helping F regulate her own anxiety was essential and sessions with me were scheduled to achieve that.

Early and middle childhood relationships and feelings were very difficult to access for F, whereas she could remember the teen years more readily, and with current feelings of resentment towards her family. Underlying, though prominent in F's narrative, was a current, high level of anger towards her parents for emotionally abandoning her as a child and in this current crisis. Her narrative had moderate incoherence for, despite strong feelings towards her parents, F dismissed their importance or impact on her. This theme will be expanded upon in the discussion of session three.

F described her parents as a stable, impenetrable unit, having little contact with their own parents, siblings, or friends. F is the middle child, with an older brother, N, and a younger, deaf brother, W. F's mother was raised by her maternal grandmother after her own mother died when she was young. F's mother's younger siblings, however, stayed with their father who later remarried. F never met her maternal grandfather, his second wife, nor her aunts and uncles. When F's mother was in her late teens, her grandmother died and she went to live with friends rather than with her father and siblings. F does not recall seeing photos of her great grandmother or her grandmother. F's mother avoided efforts F made to know more about her maternal side and why contact had ceased.

F's family did have contact with her father's side and F's fondest family memories are of spending time with his siblings, notably when F's parents were not present. When F was asked to describe her relationship with her father, she said, "Didn't have one". What she described as a non-existent relationship was due partly to him being often at work and partly due to his emotional inaccessibility.

Recollections of her relationship with her parents when she was younger than five were notable for her sense of being excluded by her mother whom she felt favoured her deaf brother. As she put it, "life revolved around W". The sense of rejection was augmented by F's memory when she was ten or eleven that her father could see that she and her older brother were being neglected, but did nothing to prevent it:

> F: Yeah, even Dad knew back then, he could see it, he could see what was happening, but he just didn't. . . so we sorta made our own friends and off we (inaudible-tottled?) into someone else's family. . . I don't know whether it was so much that he knew that we were missing out, but the fact that she was spending so much time at the school for deaf, he'd get hacked off sometimes. And then he'd sorta, I think he

came to realise that that's how we were feeling! But it never stopped her! (AAI, 198-201; 210-215).

It was not until high school when F and her brother spoke to their mother about the neglect, "but by that time it was too late anyway, we'd already done our sorta dash and we were on our own and virtually starting work". Although F's words convey a sense of resignation about her mother's inaccessibility, the hurt and anger are still present in F's life. This theme will be analysed further in the discussion section.

Before she was seven, F was raped by a neighbourhood teenage boy on their farm. She never told anyone about the incident and though she said, "there's not much really to talk about, it just happened", she cried as she said it. This is another example of incongruency between her words and expressions.

When asked about incidents of separation, F answered that her first separation from her mother occurred when her mother was in hospital giving birth to a son who died just a few days after birth. When considering her intense jealousy of her younger brother whom she perceived as favoured due to his deafness, it can also be surmised that the death of his older brother made his existence more valued by their mother. If F's mother had blamed herself implicitly or explicitly for his death, then it would be understandable that she might sacrifice her life for her next born, W. Unfortunately, this was yet another theme that her mother would not discuss with her. F said that when she tried to talk with her mother about her brother's death and the family's past, "a shutter would come down". F's suggestions of going to visit her deceased brother's grave were shunned by her mother.

From school age, F "adopted" a neighbouring family to provide the sense of belonging and emotional warmth that was lacking in her own. By virtually living with another family, F was repeating her mother's experience of leaving her own family as a child to go live with her grandmother, and later neighbours. The vital difference in F's case was that F's mother was still alive when she began affiliating with her friend Wn's family. During the first interview F had said that her ex-partner, M, had forbidden her from socialising with old friends. It was not until the AAI that it was discovered that these were not merely old friends but her "adopted" siblings and parents who had taken her in when she had been expelled as a teenager (and had miscarried a baby) from her parents' home. M had in essence cut her off from family when he hindered her social life.

At the conclusion of the AAI, when the depth of her loss was evident, I tried to reassure F that our agency could help. When I saw the disbelieving look on F's face, I remem-

bered that she would probably transfer onto me her generalised suspicion of people's trustworthiness, stemming from her relationship with her parents and the emotional and sexual abuse she had suffered. I told her that I could imagine that past experiences would lead her to be wary of trusting me and gave her permission to withhold trust and voice it, when and if it occurred, in our therapeutic relationship.

Session 3 – Feedback on the AAI

There is an inarticulateness and hopelessness in F's responses to doing the AAI. For example, in the beginning of the interview when asked what she thought of it, she answered:

It's hard to describe, it's (inaudible) feelings but it's sorta something that I've known, but actually having to sorta talk about it was totally sorta different. In, I don't know, it's just, it's always been there, it's always been the same, so I guess I just didn't think about.

M: About what?

F: What we were just talking about, no one's there (crying).

M: Do you feel that doing the interview, that it's made you feel any different about contacting your parents?

F: No, not really, 'cuz it's always the same" (#3, 14-20; 41-52).

Being able to talk about the issues discussed in the AAI, which she had previously kept to herself, was not therapeutic, according to F. She said:

"I realised a lot of it (crying) but never really talked about it, it just sorta reinforced the, hey, heh heh, we're on our own, that's it, make the best of it (#3, 688-691).

During session three, F recounted further instances of her parents' rejection of her and her children, especially in this present time of stress. There is an intransigent sadness and resentment that her mother has never been and never will be there for her, characteristic of the E1 style, in which the adult child ruminates on never having won the parent's love.

Encouraging F to reflect on her parents' point of view so that she might be able to have another perspective on the situation was attempted and she responded:

"Sometimes I wonder why they even had kids, 'cuz it didn't to me, looking at other parents, I don't know if it was the way they were brought up, but they have done absolutely nothing, really, for us".

Questioning her parents' fitness to parent is similar to a statement by client 3, who shares F's CC attachment category. I again encouraged F to consider one or many motives for her parents' actions:

M: If you were to try and crawl into their heads and hear their honest thoughts, what do you think they'd be thinking?

F: Don't know. 'What about us? What a mess we've (the children) made of all their lives,' but hey, they weren't exactly perfect as far as I'm concerned, so.

M: And you don't think that inside of their heads they might be thinking, 'what have we done?'

F: No! Not dad because, that's what I mean. He had his opinion and that was it, not open to suggestion or change of views at all. And I think that's where it, it really broke down" (#3, 95-127).

Persistent pursuit of this technique of helping F to "get inside her mother's head" achieved the following new thinking:

M: And when you think about it now as an adult, kinda looking back on her from an adult perspective/

F: I suppose in a way I can see that she did, was a bit like I was. He (father) sorta controlled her, that's the only way she's known. But then again I was a bit different, I always held a job, and had my own little bit of independence, she didn't even have that, she was at home all of the time. . . I remember one fight they had when we were older. He was just gonna sell up and leave her with nothing. That was the only fight I could ever remember and like I said, I don't even remember what it was over. But I suppose in, like she had nothing" (#3, 200-204).

This moment of identifying with her mother and looking beneath her actions was short-lived. When asked whether she thought her mother might have felt controlled by her son's deafness, F responded that yes, she probably felt controlled and guilty. Despite my efforts to engender reflections on her mother's experience of losing a child, bearing a disabled one or losing her own mother in childhood, they did not come spontaneously to F nor did they capture her attention for long. Her response did not allow for expanded consideration, which could have lead to greater understanding and resolution:

"She can't, she shouldn't, well if she does feel guilty she shouldn't, 'cuz it's not her fault, it's just one of those things."

F also rejected my attempts to draw a parallel or sense of identification between her mother's sense of abandonment as a child, subsequent adoption by a neighbouring family, and F's own adoption into Wn's family:

M: What do you think was going on in her heart or in her mind when she saw her daughter always leaving?

F: I don't honestly know. She never, ever said anything, and like I said, she was always so wrapped up in W and the school and stuff like that, a lot of the time she wasn't even around to see me coming in. . ." (#3, 558-563).

Later in the interview I again coached F to take her mother's point of view regarding attachment. F was briefly empathic, but overall unsympathetic, and her conclusions lack coherency:

M: What kind of fears and hopes do you think she might have had as say a ten-year-old about other people?

F: Finding someone to. . . I suppose finding someone that would look after her and, she felt wanted and needed.

M: And who wouldn't leave.

F: Leave. Uh huh. And I suppose in a way I can see that now with her sticking through the marriage like she has, to me she should've walked out, if she'd had the guts, she should've walked out years ago, but she hasn't and they have stayed together. . . if she felt like that, she should've seen what she was doing to us" (#3, 584-595).

At my prompting, F proceeded to talk about the fondness that exists between her and her adopted families. In fact, she disclosed that she calls her school boyfriend's mother "mum". She also reported that immediately following the AAI she sought contact with Wn's brother and was pleased to learn that he had been thinking of her! Seeing her obvious sense of belonging to these two families, I hoped that I could encourage a sense of pride and resiliency in finding better homes for herself. She slowly warmed to the idea, but up until the very end of the interview, F refused to take credit for finding more nurturing families than her own: ·

M: So what does that say about you?

F: Don't know. That people are willing to accept me the way I am, that I don't have to prove to mum and dad that I have to be like them, like they want me to be, to be liked. . . But sorta realising on the other hand that I still do have people there, I mightn't have my own family, but I have got other people if I wanna go to them (#3, 1100-1110).

Though the feelings brought up by the AAI had been painful, as a result of doing it, F called upon her adopted siblings after a long period of no contact and received confirmation of their care for her.

AAI Classification: CC/E1/Ds3

In F's AAI there was strong evidence of both preoccupied and dismissive attachment, therefore the Cannot Classify code (CC) was applied as the primary classification. Theoretically, the E1 and Ds patterns are mutually exclusive and are unable to be integrated. The outcome unfortunately is the absence in the internal working model of a coherent coping style, leaving F's relationships often chaotic.

The E1 classification was given due to F's passivity of thought regarding her childhood experience. This was seen in her sense of being a victim of her parents' neglect. Her narrative was also frequently incoherent, irrelevant or confused. Despite having little contact with her family, worries about their fractious relationships are prominent for F, which is also characteristic of the E1 pattern.

More obvious in her narrative are indicators of the Ds3 pattern and its hallmark of restricted feeling. She clearly fits this pattern in that she directly mentions rejection by attachment figures but claims it has not affected her.

Subsequent Sessions

Therapy was designed to address 1) R's social and school problems; 2) supporting F emotionally as she negotiated the upcoming release of R's father; 3) offering F an opportunity to resolve some of her feelings of rejection by her parents. A combination of behaviour management, systemic therapy and attachment-oriented therapy was employed. The therapist sent a letter to F on 19 May citing the client's words highlighting her resiliency in finding a family to adopt, "people (who) are willing to accept me the way I am, that I don't have to prove to mum and dad that I have to be like them, like they want me to be, to be liked."

In the fourth session, the therapist assigned F two homework tasks: to write a draft letter to her mother describing her sense of rejection and neglect, and a draft letter to M expressing her rage at his emotional abuse. Neither letter was meant to be sent but were instead intended as documents to discuss in therapy to help the client clarify her feelings. F promptly brought both letters to the fifth session. We discussed the letter to M, and F felt much more empowered having written it. It appeared far more difficult for F to talk about the letter to her mother. She declined the invitation to discuss it in the sixth session. Unlike clients one, three and four, F did not pursue attachment-oriented therapy. As we saw in the third session, talking about her childhood in the context of the AAI was not therapeutic for her. Hypotheses as to why this was so will be covered in the discussion section.

One of the primary goals of both school and parent was to have R stay in class for an entire day. Reaching this goal quickly was essential considering mother's concern that R's might attempt to pressure or abduct him. Though F has a protection order for herself and her two youngest sons against her ex-partner, at the time of our first session, her fear of him hurting the children was very high.

A standard behavioural management strategy was put in place in which F rewarded R with marbles for good school attendance. Within two weeks R was staying in class all day (much to his mother's relief) and had negotiated with his mother a monetary value for each marble and was quickly earning money for a new bike!

From that day on, R became in control of his actions at school and made great strides in his academic performance. R attended a social skills group at the counselling centre and has made two friends at school. At a meeting with the school staff, everyone had noticed the changes in R, which made a wonderful opportunity for F to be proud of him, to receive praise from the staff for her parenting skills, and to plan further refinements.

About a month after his release, F had reported to the police that she saw M driving by their house, which was a violation of his parole. She was relieved by the police's swift response, and her fear of him has been greatly reduced. Problems with her eldest son had occurred again one month after therapy began in which she was invited by the social welfare and justice systems to take D back and give him another chance. His violation of his parole while in her care diminished her sense of guilt and responsibility for D, for she felt she had given him another chance which he failed to use sensibly. Turning the responsibility back onto D freed F to feel less vulnerable to his manipulation of her. Regarding M and D, F is feeling more in control of her life. Despite the lack of resolution she feels regarding her family of origin, F has been able to implement change with R, at the same

time hopefully improving the pattern of intergenerational transmission of attachment in this latest generation.

DISCUSSION – CLIENT 5

Client 5 sought counselling when she learned that her previous partner was due to be released from a prison sentence for sexually abusing children. She was terribly afraid of him returning to terrorise and threaten the family life she had established with her two youngest sons since he had left. She and the school were also very distressed about her son's disruptive behaviour, believing that it was related to his father's imprisonment and pending release.

Classification: CC/E1/Ds3

The Cannot Classify (CC) code was given before other codes because no single organised state or strategy of understanding her early relationships was evident. Neither the dismissing (Ds) nor the preoccupied (E1) classifications gained prominence as a means of making sense of the rejection felt in childhood, leaving F vulnerable to experience a lack of sense of self.

Aspects of the preoccupied pattern are present in F's intense anger with her parents for moving the previous year (following W's rape trial) to a southern city. Her perception was that they were abandoning their troublesome children. The confluence of the Ds and E patterns is most evident here in the sense that she ruminates about their departure, but has difficulty making sense of it so that it can be more resolved for her. Instead, she is continually trapped in a web of feeling unloved and deserted by her parents, while simultaneously blaming them, which increases the distance between them.

F's perception of her parents' move could also be considered an example of a response typical of a Ds pattern, in that the others' actions are assumed to serve a distancing function from the child. This means that others' emotional lives are poorly understood and usually emotions are described with basic adjectives such as "angry" or "happy". Others' emotions are also perceived as dangerous or unintelligible. The distancing is unconscious and therefore F cannot readily see her interpretation of her parent's move as direct rejection and as creating distance between them. It could be argued that her internal working model could not accommodate alternative reasons for the move, such as her parents favouring a retirement town over a big city.

A question which could lead to a better understanding of the CC pattern is how it stops people with this pattern from postulating about others' actions, and more specifically, what stops F from considering that her mother may feel she had failed, that her move was possibly precipitated by a sense of failure and resentment regarding W (after all she'd done for him) rather than a rejection of F, F's sons, and F's older brother.

Coherency of Autobiographical Memory

Narrative contained in the results section demonstrated that it was new for F to consider reasons why her mother may have parented as she did. Finding or fabricating an explanation for others' actions as a way of making sense out of one's life story can often bring a sense of resolution and coherency to one's life (Bruner, 1990). George (1996) cites Bowlby's claim that as long as a representational system is organised, individuals are capable of sustaining functional relationships with others.

Dismissing narrative in F's interview appears in regard to how she defended against the core sense of being neglected by her parents and particularly her mother. Grouping herself with her older brother and the other hearing children, possibly to avoid the pain of identifying her own unmet needs, F portrayed herself as not being considered important and virtually not being. Her model of her mother is dominated more by a sense of her mother's favouring of W than an outright rejection of F:

M: Do you have any specific memories of thinking, 'ahh, mum's not here?'

F: Not so much she's not there, but we knew where she was, type thing, she's off with W's. . . like all her friends revolved around the school for deaf. . . Just sort of you weren't, you were there but you weren't, thought of sorta.

Further examples of evading the feeling of being rejected follow in these incongruous answers:

M: Do you remember feeling rejected as a child?

F: Not so much rejected. Yeah, they did what was needed for us, like we got the essentials, but I suppose it was just, being left out, not so much rejected.

The dismissing pattern is evidenced in how F disregards the hurt of rejection by her mother. She skips over the hurt stage and jumps to the coping stage. An example follows:

M: Do you remember a time when you realised she wasn't there when you wanted her?

F: Not really because I think I'd come to expect it. I had like Wn's (best mate) parents, I had another set of parents who were more like parents to me than. . . more what I expected of parents than they were. They still look at me like the adopted sister.

F's denial of the strong feelings associated with the childhood rape is also characteristic of the dismissing pattern. When given the opportunity to process her feelings, she was not initially ready to discuss it:

F: There's not much really to talk about (tearful), it just happened, like I said, I didn't know what happened until I sorta found out what sex was all about.

Intergenerational Transmission of Attachment

F described her mother as estranged from her own family of origin as a child. Her father appeared to have limited contact with his family. Neither parent shared childhood stories with F. When hearing about how distant both her parents appeared both from their own families and their children, I began to employ the prototype hypothesis (Waters et al., 1995) of intergenerational transmission of attachment patterns. I supposed that her parents' neglectful and rejecting parenting would lead to a dismissive attachment style in F. Later in the interview, however, it became clear that F had preoccupied attachment characteristics and did not idealise her parents, as most Ds people do. F recognised the effects of the parenting she received and has tried to parent her children with more warmth and acceptance than her parents had offered her:

F: Sorta find it very hard to let people in close. With my kids I, I wanna be a lot closer, I want to know what's going on in their lives, I don't want them to think they can't come and talk to me. I wanna, I suppose in a way I am too soft on them, but I don't want them to feel as though I hate them. And they know how far to push me. The two little ones, (small laugh) (AAI, 1225-1230).

One possible explanation for why F developed a CC pattern was that information that could have helped her make sense of her world was severely limited by her parents' failure to communicate with her about their pasts or the family's present. Fonagy et al.'s (1997) theory is applicable to F's family, in that insecure parents who limit communication and reflection of feelings with their offspring deprive those children of learning how to reflect on their own and others' experience once they become adults.

Therapeutic Interventions and Implications

The referral from R's school named the boy's aggressive and anti-social behaviour as the reason for requesting therapy. Behavioural management techniques combined with a systemic approach would have been employed under normal circumstances. A systems therapy assessment would have analysed the characteristics of the parental and sibling subsystems but would probably have missed the depth of loneliness F feels at this juncture in her family life. In conventional family therapy assessment practised at our centre, F would have spoken of the many supportive acquaintances she has in her circle, but not her disavowal of emotional dependency on any of them.

The AAI, on the other hand, revealed that it is her mother's attention to her plight that she craves during the current crisis and has sought in previous ones. The AAI also uncovered how F has made a deliberate effort to provide the emotional support to her children that she has felt deprived of. Certainly, it would have been unlikely in a traditional family therapy assessment to access so quickly the great resourcefulness F demonstrated in replacing her emotionally-bereft family with two more emotionally-sustaining ones.

Because F's internal working model appeared disorganised, the therapeutic aim was to encourage the client to explore aspects of her narrative which could be used to provide coherence to her life story, which Bowlby (1988b) strongly endorsed. For instance, at the end of session three and in the letter sent to F, I attempted to uncover a neglected yet

potentially healing story from F's life, namely her adoption of two, more loving families. I also encouraged her to consider reasons or attributions for her mother's behaviour.

Due to the AAI, my co-therapist and I were able to be sensitive to prior conceptions F may have brought to the school setting from her experience of W's special needs education. F insisted that her youngest son be involved in the therapy so that he would not experience the sibling competition with her special needs brother that characterised much of F's childhood. This knowledge indicated that it would not be useful to encourage F to withdraw involvement with the school, (despite the school's complaints of her intrusiveness), as that could trigger feelings of rejection from her past. It would also have conflicted with her deep-seated assumptions about "good" mother behaviour.

If there was one aspect of her mother's parenting that F respected, it was that she devoted herself to alleviate her child's disability. If F is spending much of her time ensuring that her children love her, they will miss out on appropriate limit-setting opportunities to learn how to regulate their own behaviour. F said that the children seek her limits, which we can assume are fairly loose in a mother overly-concerned with being liked by her children. As we saw through R's swift improvement at school once a reward technique was put in place, proper limit-setting was capable of making a big change in his life and could have contributed to reducing anxiety. It is a credit to F that she was able to institute and maintain the behavioural technique.

To successfully implement family therapy along an attachment model, I would have needed to assess how F's internal working model has been communicated to her children and how the children attached to her. Beyond the research sessions, F was offered further sessions in which I hoped we could discuss themes of trust and parenting, which would also be an opportunity for F to build and test the experience of a secure base within a therapeutic relationship. In the five follow-up sessions to the research, however, she did not return to the AAI themes nor the rape.

Among the topics that were discussed in the following sessions were the children's continuing improvement and F's reunion with old friends, including "adopted" siblings and an old boyfriend. Notably, there had been a rapprochement with Wn, her childhood friend and adopted sister, who called upon her for help as the only woman her brother would listen to! Significantly, fear of her ex-partner's reprisals have virtually vanished. When asked what theme would describe her present life, F said, "not being taken advantage of by males anymore".

Clearly, F has experienced pain and distrust of her attachment figures, including parents, partners, and now her sons (in their attachment to her). I sensed that F might reject seeing me as a secure base, as well, as she indicated many times in her narrative that she was cautious of trusting others: ". . . I'm not the type of person that gets really, um, lets them figure out that I'm upset or hurt. . .". Bowlby (1988b) warned therapists that a client's sense of insecurity with a caregiver would be transferred to the therapist, therefore it was a safe assumption that F would transfer that fear of rejection onto me, her therapist. However, being able to overcome that fear within a safe therapeutic relationship could modify her internal working model that intimate relationships are dangerous, citing Bowlby (1988b), and therefore allow her to build more trusting relationships with her children and close adults.

Knowing in the first session that F had met disappointment all of her life, I chose to apply Friedrich's (1995) approach, which aims to let the client know that her or his attachment experience is understood and accepted by the therapist. This is an essential first step to take, before trying to reassure someone that one is trustworthy. If the client does not believe that the therapist understands how hard it is to trust or feel or cry, then the therapeutic relationship is ended before it has begun. At the end of the first session I spoke what I assumed were F's fears that I would be as untrustworthy as every previous social service worker she had come into contact with over the course of her first, and now her second son's, conduct disorder. I told her that I assumed she would be thinking that this experience would prove disappointing as well. Upon hearing this, F's armour began to crack and she let her tears fall. I believe this was the beginning of an inkling that she could trust me.

Once F did let me see the painful impact the past attachment experiences had had on her, I had an opportunity to develop an intervention which integrated her attachment experiences with a family systems behavioural approach. The question could be posed, would F had been as keen to use a simple reward system if she had not felt the therapist knew her deepest pain? The Cannot Classify classification further complicates the therapeutic relationship, in that F may feel the need to remain distant from me, on one hand, but also deeply desire closeness, on the other. F's inability to integrate an attachment style indicates that it would take some time to develop a secure therapeutic relationship.

Adult attachment researchers Bartholomew and Horowitz (1991) suggest that people with an E pattern tend to overvalue others and undervalue themselves. One could postulate that F's perception that she was "left out, not so much rejected," that her mother's existence was more important than her own, demonstrates an overvaluing of mother and undervaluing of herself. It is both a contributor to, and indicator of, the preoccupied component of her pattern.

For many years F tolerated abuse and coercion from M, perhaps because her IWM was that this was the treatment to be expected from those close to you. Society would have supported that model to include men. Even during the year when M was being charged with and sentenced for paedophilia, F did not end their relationship. It was his six year prison sentence that caused their separation. That break helped F regain a sense of agency and worth. Therapy helped F hold onto her power once he was released. Her third son's father has had no contact with either his son or herself and has not assisted in supporting his son. He is another adult relationship typifying a lack of responsibility and respect for F.

In conclusion, considering the failure of F's upbringing, it is a testament to her that she strives to sustain long-term and supportive relationships with her children and friends. Regarding the integration of attachment concepts into family therapy, this case study shows the importance of being cautious about not insisting that the client address attachment issues, for it has been seen that F terminated counselling once the crisis period had passed and was not interested in pursuing attachment themes. One hypothesis is that her CC classification prevented F from utilising the AAI and counselling as a therapeutic tool. Another is that attachment ideas were not salient to F's therapeutic needs at this time. Clients' means of healing their lives must be respected, despite the therapist's theoretical orientation. It is the therapist's sincere hope that F's sense of empowerment and self-worth grow with every day.

SUMMARY

The results of the transcripts of sessions one, two and three have provided ample opportunity to explore the clients' experiences from an attachment perspective. Themes that arose from an analysis of the narratives were: attachment classification, coherency of autobiographical memory, intergenerational transmission of attachment style, therapeutic implications, the therapeutic relationship, adult attachment relationships, and

socio-cultural factors. The way in which these emergent themes can be utilised in family therapy is explored in more depth in the following discussion chapter.

CHAPTER FIVE

DISCUSSION: CROSS CASE ANALYSIS OF THE INTEGRATION OF ATTACHMENT THEORY INTO FAMILY THERAPY

In the results chapter, significant elements of attachment theory were discovered and discussed in each case, such as classification style, how attachment was or was not transferred to the next generation, characteristics of adult attachment relationships, and how the data analysis informed family therapy interventions. A specific discussion based on these analyses was included for each case in the results chapter. This cross-case analysis will discuss global findings resulting from the three sessions' transcripts, addressing the research questions: the effect of integrating attachment concepts into family therapy interventions; the role of coherency of autobiographical memory in the therapy sessions; the effect of attachment classification on the therapeutic relationship; the effect of environmental conditions on the intergenerational transmission of attachment pattern; and the role of adult attachment relationships in these clients' lives. Unexpected findings regarding social factors and work with abuse victims are also included in this discussion. It is hoped that these findings will contribute to existing knowledge of attachment theory and its applications.

Effect of Access to Attachment Information on Family Therapy Interventions

Family therapy as has been practised by our agency focused on behavioural and systemic interventions that would break destructive family interaction patterns. The integration of attachment theory and the analysis of the intergenerational transmission of attachment relationships has enhanced therapeutic assessment and intervention in this study. Evidence from the case discussions shows that the use of the AAI has augmented the information gained from the attachment questions already existing in the customary assessment package.

My findings are in accord with other family therapy experts (cited in the literature review) who have discovered the value of integrating different techniques into family therapy. William Pinsof (1999) is one who has reflected on the evolution of his integrated approach, moving from structural and strategic family therapy towards a psychodynamic or attachment approach. Like our counselling centre historically, Pinsof says,

I begin with straightforward behavioral interventions, because when they work, they are the fastest and simplest. If failure persists, I look at transgenerational legacies. If that doesn't work, I go still deeper inward, toward child's-eye-views of parents and others (pp. 55, 66).

Intergenerational Transmission of Attachment Pattern and Therapeutic Implications

Below is a summary of how attention to clients' attachment histories contributed to therapeutic interventions:

Client 1

S brought her sons to therapy hoping for change in the behaviour of her youngest, C. Apart from his derogatory treatment of his mother, one of his most irritating behaviours was what S believed to be inordinate food hoarding and consumption. In S's childhood, parental care took a material form, such as the provision of food and shelter. She was starved, however, of love. Her mother treated her in a very derogatory way, including both emotional and physical abuse. S's vague recollection of sexual abuse by her father would also constitute derogatory and hurtful treatment. As a result, it can be surmised that S developed the protective mechanism of limiting her own desire for food (symbolising love), in order to prevent herself from feeling an underlying emotional hunger.

The therapeutic intervention was developed to address two features of intergenerational transmission of attachment style: 1) derogation in two generations (S's mother towards her and S towards C), and hypothetically in the third generation (S's grandparents to her parents); 2) the battle over food being waged between S and C. The therapeutic interpretation is that food symbolises love. In C's case, preoccupation with food is a manifestation of his desperation to feel more love from his parents. For S, C's desire for more food triggers her own defensive mechanism to limit food, which is her defense against feeling starved of love in childhood and adulthood.

The cybernetic model of Fahlberg's (1991) Arousal – Relaxation Cycle, underlying both family therapy and attachment theory, was explained to S. I suggested that S allow C to eat whatever he wanted in order to provide the relaxation pole of the cycle. This would have the dual purpose of ending conflict between mother and son, as well as communicate plentiful love (and food) to C. S stopped limiting C's food consumption and C

stopped hoarding and over-eating, and in fact demonstrated self-control in all other areas of his life. S credited her ability to change the food control pattern with C to understanding the Arousal-relaxation cycle and the association C makes between food and love.

Love was renewed between S and C until problems began to emerge in S's new relationship with an exploitative boyfriend. The eating disorder returned to S's life when her boyfriend began treating her in derogatory ways, which triggered her IWM regarding derogation with childhood attachment figures. Both sons' behaviour became disrespectful and out-of-control. Amidst S's criticism of them, the therapist tried to help her see how anxious and out-of-control they must feel seeing her starve. Although this more benevolent interpretation appealed to S, it was difficult for her to retain while she was embroiled in her adult relationship and its echoes to a painful childhood.

Client 2

Client 2, (S) was referred to our agency for help with her daughter, R's, sleep disturbance. S used the sessions instead to discuss her childhood sexual abuse experience and the hurtfulness of not being believed or defended by her family. S left therapy after the third session relieved to having been believed by the therapist. The primary and sole classification given to S was dismissing, which is characterised by a minimisation of attachment relationships. Dismissing individuals can be less aware of interpersonal family relationships, making it difficult for S to see how her caregiving behaviour contributes to R's problems. Had S continued therapy after session three, I would have explained the Arousal-Relaxation cycle so that she could learn that R's bedtime protests were a desperate plea for closeness with her mother. A behavioural/cybernetic approach could have been taught to help S find a regular pre-bedtime occasion for quality mother-daughter interaction in which R could have an opportunity to signal a need and have it satisfied by S.

Had counselling continued, I would have addressed how the lack of protection S received as a child might have influenced her parenting, as a way of building awareness of how to implement more protective and receptive behaviour with her daughters. S's daughters are vulnerable to develop disturbed attachments as a result of their chaotic upbringing. More unsettling is the possibility that they are at risk due to the lack of protection S appears able to provide them with. This could regrettably lead to the continuation of the transmission of an insecure attachment pattern into her children's children.

Client 3

G sought counselling for help in controlling her son's angry outbursts at home and at preschool. She also wanted to find a more measured way of responding to him instead of shouting and blaming, and later feeling guilty about her behaviour. A clue emerged in the AAI narrative as to how guilt and poor limit-setting have been taught or transmitted in this family, specifically in her grandmother's relationship with her own daughter, J. G discovered that her grandmother was failing to set limits on J when she was intoxicated and confronted her grandmother for feeling guilty about J's alcoholism. G recognised through doing the AAI that guilt and poor limit-setting existed in the previous generation and that she was unconsciously copying the inconsistent parenting with her own son.

The intervention, based on G's discovery of the transmission, was to praise G's recent efforts to break the intergenerational cycle of guilt and poor limit-setting by being aware of the guilt but not necessarily acting on it. G's disorganised and secondarily preoccupied attachment style would make her inclined to ruminate on her child's bad behaviour rather than promptly impose a sanction. I wanted to help G free herself of the rumination, personalising, and guilt-driven parenting. Helping G see her 3 year old son's behaviour as normal from a developmental point of view assisted her in laying down consistent consequences for tantrums. Effective use of behaviour management techniques helped G get some emotional distance from C's actions, relieving some of her propensity to be preoccupied with their relationship.

Client 4

Two issues were salient for C: 1) grieving for the end of her relationship with M; 2) entanglement with her parents. From doing the AAI, it was discovered that C's parents' love is highly conditional and requires her to compromise her autonomy, what structural family therapist Minuchin (1974) calls enmeshment. This information did not appear in the customary assessment. Instead, C portrayed a close knit and caring extended family situation, with no intimations of her resentment of her parents' intrusiveness.

As an intervention, C and I discussed the effect of her mother's smothering behaviour on herself and her daughter, especially when the three generations were spending time together. It was important that C gain more autonomy from her parents, without jeopardising their relationship, for C would become irate when her mother attempted to sabotage her parenting. We discussed strategies for avoiding this pattern, such as C clearly asking her mother to not interfere in her parenting of P. I affirmed C's successful parent-

ing style which combines authority with allowances for P to find appropriate expressions of self-assertion which encourage P to monitor her own appetite and emotions. This is in contrast to C's mother's way of gaining compliance through guilt, which requires the child to constantly monitor mother's emotional state, a propensity of the preoccupied pattern.

Client 5

F has made a heartfelt effort to provide the emotional support to her children that her parents did not offer her. The contribution of the AAI as an assessment and clinical tool was significant. Our customary family therapy assessment would not have uncovered the depth to which she feels pained at the lack of love she receives from her parents. The customary assessment was not designed to indicate the level of her incoherent narrative in making sense of her childhood relationships. In addition, the AAI revealed the great resourcefulness F demonstrated in replacing her emotionally-bereft family with two more emotionally-sustaining ones.

Because F's internal working model appeared disorganised, the therapeutic aim was to help F develop a more coherent narrative of her life story, an intervention that Bowlby (1988b) and narrative theorists support. Towards this aim I highlighted F's resourcefulness in adopting more loving neighbourhood families. With limited success, I encouraged F to reflect on her mother's behaviour and motivations, and to write a draft letter to her mother.

There was no evidence of the transmission of an insecure attachment style onto her middle son, for whom she sought counselling. He and F appeared to have a close and trusting relationship. Interventions, therefore, were restricted to behavioural techniques to encourage more self-control on her son's part and increased monitoring and support from F.

Coherency of Autobiographical Memory

Clients' Reflections on the AAI

According to attachment and narrative theories, finding a coherent way of telling one's life story to oneself and to others is a key element of living a meaningful and healthy life (Kegan, 1982; Bruner, 1990; Holmes, 1993). Bowlby (1969/1982) taught that a parent

without a coherent sense of self would have difficulty providing the child with a coherent understanding of their relationship. In turn, that child's internal working model would be vulnerable to insecure attachment constructions. Each of the participants in this research, regardless of their attachment pattern or the length of therapy, had the opportunity through doing the AAI to remember, reflect and comment on their life stories. Each of them, to varying degrees, reported that this was a beneficial experience.

Client 1

Client 1, for example, claimed that it was very useful to have taken the time to talk about her life and that she would try to do more of it. She was relieved to find that some positive memories emerged from doing the AAI, as she had worried that delving into the past would be completely traumatic and draining.

Client 2

Client 2 did not appear to make new realisations as a result of the AAI, but the act of sharing her story with a dis-interested professional gave her renewed self-trust. Her family members have a vested interest in the abuse remaining invisible, so the act of bringing it alive through talking about it was empowering for client 2.

Client 3

The process of doing the AAI had mixed results for G. On one hand she felt relieved and at peace at the end of the interview, for she had been "carrying around a lot of baggage" about her family. On the other hand, the interview renewed strong feelings she has about her parents, "'cuz those painful memories had been brought up." In particular, she was frightened and surprised because she "didn't know I had all that emotion inside of me about my father." She was pleasantly surprised that she was able to come up with what she called positive adjectives to describe her relationship with her mother.

G's reflections on her experience of the AAI are detailed and articulate. She was the only client who said that she appreciated that her life story was being documented. Her session 3 narrative was also unique in its analysis of the structure of the interview. G commented on the process of searching for adjectives and the difference she found between her narrative about her mother and her father. Like client 1, she talked about remembering more than she thought she would have, but G analysed how the interview structure allowed for that to happen, and called it "layering," which she described as a peeling back of the memories to uncover core emotions. G also demonstrated a strong

self-reflective ability, evidenced by her narrative that she was "hoping to find like answers to why I am like I am". The narrative in session 3 demonstrated a strong ability to organise and articulate her experience, unusual for someone classified with a disorganised pattern.

Client 4

C gained many insights from doing the AAI and articulated them very coherently. In session three C reflected on how the AAI had highlighted the insular quality of her family and their difficulties with separation. It helped her gain a clearer view of her parents' monopoly on adult status in the family, and how they maintained that status through criticising their adult children. She reflected on how her mother in particular treated her (and her brothers) as children, despite her adult status and being a parent herself. C attributed her mother's behaviour to her Irish Catholic heritage.

A new realisation for C as a result of the AAI was an insight into her mother's fragility, seeing that her authority depended on a role of being the Irish mother. C said that her mother would fall apart if she ever lost her role as the family authority. C spoke about the role that guilt played in her family as well. Another tool in her parents' bag of control tactics was blaming the children for "breakin' their hearts" if they disobeyed or wandered from the home.

C called the interview "enlightening" in that it pointed out that her current problems in separating from both her daughter (on access visits) and her ex-partner were "probably bound up with my relationship with mum." These concluding remarks indicate a high degree of self-reflective ability and a capability to make new connections from examining the past, indicators of secure attachment and healthy resolution of problems.

Client 5

Doing the AAI did not facilitate Client 5 in finding new understandings or hope about herself or her attachment relationships. Her responses to doing the AAI were fairly incoherent. The interview, it seemed, was more useful to the therapist as an assessment tool for building therapeutic interventions, rather than a means for the client to find resolution to past pain.

I believe that benefit occurred not only because the clients had a forum in which to be heard, but additionally because it was one which offered an organisation for talking about their lives. This is the legacy that John Bowlby left and which has been expanded upon and enriched by the authors of the AAI and adult attachment theory.

With each client, the measurement of and attention to her past and current states of mind regarding attachment has helped pinpoint where troubles began and why they persist. In particular, learning how to analyse the narrative for coherency and ability to reflect on the life story has aided me in understanding how to direct the clients towards resolving current problems. Becoming familiar as soon as the second session with attachment issues facing the client helped direct the work more quickly with her children.

Client 1

S has always put a high premium on taking time to be alone with her thoughts. This has manifested, in her case, in a strong ability to remember, reflect on, and verbalise her childhood stresses and traumas. S knew the limitations of her parents' caregiving and could track their effects on her as an adult. She was able to share both positive and negative comments about herself and her parents. Despite her abusive past, these narrative attributes qualified her for the secondary F classification.

She demonstrated immense courage in participating in the research project considering the level of abuse she suffered as a child. Her clear decision not to discuss her father's sexual abuse, however, prevented her from re-examining that issue in a way that I believe could have benefited her, hence the primary U/d classification. Her sense of self and in relation to adult male relationships could have been elevated if she had been able to share those memories with a therapist. If she chooses to do so in the future she will have an opportunity to resolve the abuse issues.

Client 2

Client 2 demonstrated little coherence or self-reflection and was given a Ds classification. Access to childhood memories was limited. It appeared that her ability to create a mental organisation or way of coping with her experiences was poor, which deprives her of being able to capably understand present and future attachment relationships. The prognosis for her being able to provide her children with a model for organising attachment experiences is poor. Several months after she had left therapy, I learned that she was no longer seeing the man whom she had hoped to marry once she had got over "the block". She had temporarily left her children with her de facto sister-in-law while looking for a new place to stay. Her sister-in-law was worried and unsure when she would be back to retrieve the children.

Client 3

Client 3 also had weak recall of childhood memories, but good access to middle childhood and teen memories. Unfortunately, many of these were traumatic. However, she displayed a strong ability to organise her memories into coherent narrative which led to new reflections on the past events and relationships. While talking about her past, she would often explore new ways of analysing the events and their implications for future ways of relating to her attachment figures. For example, within the AAI she spoke of how much therapy she was willing to do to improve her relationship with her father, and how little in regards to her mother.

Her ability to articulate and organise her autobiographical memories is probably the reason why she gained so much insight in the first few sessions that led to second-order change in her way of relating to her son. In future counselling together, she wants to explore her relationship with her mother, as well as access and custody issues with her ex-partner. Perhaps early childhood memories will arise once we explore more deeply her relationship with her mother.

Client 4

Client 4's narrative showed excellent access to memories as well as strong coherency. Her reflective skills were also very sharp, demonstrating that she was capable of changing her ways of thinking about relationships. Some of this flexibility accounts for her increased acceptance of her mother. She has also progressed in letting go of her ex-partner. These are very good indicators that she will continue to cope well as future challenges arise.

Client 5

Client 5's narrative showed little ability to access or talk about the pain she felt as a child of being rejected and/or neglected by her parents. It was easier for her to talk about being angry with them, especially regarding present neglect of her and her children. She demonstrated little ability to reflect on either her own or others' actions and motives. Developing trust in a therapist, friend, or spouse, could allow her to share the deep hurt of her childhood, which could then free her to reflect deeper on the experiences of her parents and herself. Increased practice in talking about and organising her attachment experiences could lead to better relationships in the present. As she had said, it is difficult for her to trust others, but it is also what she wants most.

Analysis of the narrative coherency of each of these cases has opened a window onto how these clients have constructed stories from their lived experience and how these stories have influenced the way they cope as adults and mothers. Each of the women have appreciated having a time set aside to reflect on their lives. Some utilised the experience of telling their stories to create new understandings and connections.

Effect of Knowing Client's Attachment Pattern on the Therapeutic Relationship

Summary of Classifications

Knowing the client's attachment pattern helped the therapist understand and cater to particular issues and needs. It also helped explain why and when clients chose to leave or postpone counselling. For future use, if a therapist becomes adept at informally assessing attachment patterns, this information could be of value in predicting whether the relationship with the client will be short-, long-term, or interrupted.

The following is a summary of the Adult Attachment classifications and implications for the therapeutic relationship:

Secure/autonomous (F)

Although childhood problems, which could include trauma or abandonment, may be discussed by secure individuals, these adults demonstrate a solid sense of self and a commitment to relationships. The discussion of attachment experiences often leads to a flexible integration of emotions, memories and thoughts regarding attachment relationships. Often new insights are reached during the characteristically open interview, showing the individual's ability to integrate past with present experiences. George (1996) asserts that secure adults can freely discuss attachment experiences with a therapist or concerned other. Bowlby (1988b) and Holmes (1993) wrote that secure adults were capable of developing an intimate relationship with a therapist who could represent the secure base that might have been missing for the individual in childhood.

Dismissing (D)

Dismissing adults typically have internal working models which are organised to deactivate strong feelings regarding attachment. These adults appear self-reliant, strong, and emotionally detached. The narrative is often composed of generalised statements of

secure and idealised childhoods, but dismissing individuals find it difficult to recount detailed memories supporting these generalisations, or cannot access many childhood memories at all. Holmes (1997) suggested that emotional expression be the first task of therapy with a dismissing client. Because these adults devalue attachment relationships, it is unlikely that they will form a close relationship with a therapist. Paradoxically, it is the formation of trust in another that can bring healing (Bowlby, 1988b).

Preoccupied/Entangled (E)

This category fits those individuals who describe persistently dissatisfying relationships with one or both caregivers. The individual has an enduring sense of being unable to meet parental expectations in childhood and adulthood and their narratives reflect ruminations on this theme. Preoccupied individuals' narratives can be quite lengthy and lack coherency. George (1996) believes this is due to an IWM organisation which disconnects attachment-related emotion from experience. Many preoccupied adults have a prevailing feeling of anger towards their attachment figures, whose approval can be felt as just inches out of reach. The preoccupied attached, Holmes (1993) wrote, will tend to transfer these feelings of desperate need and fearful anger onto a therapist, who represents the caregiver. They need absolute reliability in the therapist, as well as firm limit-setting in response to inevitable tests of that reliability.

Disorganised Attachment Classifications:

Unresolved/ disorganised (U/d)

Childhood trauma, such as loss or physical, sexual, or emotional abuse from attachment figures, is believed to have caused a disorganised cognitive state in regards to the trauma. Unresolved adults are believed to have not completed the mourning process. Irrational thinking, such as a belief that the individual caused the trauma or loss, can occur in some instances. They continue to be overwhelmed by their experiences.

Cannot Classify (CC)

This classification applies when a confluence between conflicting patterns exists. For example, when there are equal indicators for Ds or E the individual will receive CC as

the primary classification and Ds or E as the secondary classifications. Because there is a striking mix of mental states, no single organised state or strategy is obvious.

The absence in the internal working model of an established coping style leaves the disorganised attached person's relationships in chaos. Therapeutic relationships involving people with disorganised attachment styles are extremely difficult to establish and maintain, as there is no precedence for an enduring, trusting relationship upon which to base the therapeutic relationship.

THE FOLLOWING IS A SUMMARY OF THE CLIENTS' ATTACHMENT CLASSIFICATIONS AND THERAPEUTIC PARTICIPATION:

Client 1 was given a U/d/F1 classification. She consistently attended therapy with her children, but reluctance to express emotion regarding the sexual abuse may have hampered therapeutic progress. Client 2 had a Ds1 classification. She discontinued therapy after the third session. Client 3 was given a CC/E2/Ds2 classification and discontinued therapy after the 7th session. She accomplished therapeutic goals set at the onset of counselling. She contacted me one year later to re-establish the counselling relationship.

Client 4 has a F4b/UD classification and has been an active and effective participant in the therapeutic relationship. She is planning to terminate therapy soon. Client 5's classification is CC/E1/Ds3. She discontinued therapy once her second child's behaviour improved, accomplishing her therapeutic goal. It is unclear whether change was related to achieving more coherency regarding attachment issues. She also contacted me several months later to address a new family issue.

Implications of Secure Classifications

Clients 1 and 4 share the only secure classifications out of the five participants, and are the sole remaining clients after nine months. Each of them has been willing to endure an often painful analysis of their attachment relationships and their effects on their parenting. Each of them has clearly stated their reliance on the therapist in helping them improve their family life. This finding provides possible confirmation of Bowlby's (1988b) thesis that a securely attached client can develop and utilise the therapist as a secure base. Client 4 has expressed satisfaction with changes made as a result of therapy and plans to terminate soon.

Client 1, on the other hand, continues to struggle with her sons and adult relationships and has not achieved her therapeutic goals. Attachment theory would suggest that this is

partly due to her primary U/d classification and the lack of resolution she has found in regards to childhood abuse. According to her, love and trust were absent from her family life. Although she has worked hard to make them present in her adult life, her relationships continue to be hurtful, both with adults and her children. Her reluctance to share with the therapist details and emotions relating to the sexual abuse may be an indication of an obstacle in establishing a trusting relationship. From the point of view of the therapeutic relationship, it would appear from this study that the secure attachment must be a primary classification for a more trusting relationship to occur.

Implications of Dismissing Classifications

As discussed earlier, dismissing clients 2 and 5 were not interested in exploring their attachment histories. Probably because her dismissing coping mechanism felt threatened by the scrutiny of the past, Client 2 did not pursue a therapeutic relationship after session three, which concurs with expectations in the attachment literature. Both women, it is interesting to note, appeared to cope with neglect by adopting families of primary school friends with whom they have maintained contact. In client 2's case, she bore a child to her "adopted" family's son and sees his sister daily. Casual adoption could be seen as a resilient way of finding nurturing in another family, but also one which does not require the same intensity of attachment that a birth family could potentially have. Because these women appeared to form some kind of attachment to adopted or friendly families, it would have been illuminating to have assessed their attachments to these families in case that would have altered their classifications.

Client 5's primary classification was CC, but her interaction in therapy was characterised more as dismissing, her third classification. In fact, after the initial session, she came to rely on the therapist and follow the therapeutic plan in a very organised way, achieving wonderful results. By the end of therapy, her son's behaviour was under control and she was feeling more empowered regarding her ex-partner, fulfilling both of her goals for therapy. In fact, a year after her initial appointment, she contacted the therapist again regarding a new problem, demonstrating that she had put trust in the therapist. The ability to trust others was a characteristic that earlier in therapy she mourned not having.

Unexpected Findings Regarding Disorganised Classifications

Like client 5, client 3 was given a primary classification of CC and no F classification, but despite this, she too formed a trusting therapeutic relationship and fluidly expressed feelings during sessions. Client 3 concluded therapy after the seventh session. I hope that

this is partly due to relieving the preoccupied propensity to ruminate on attachment relationship problems and that she is happily occupied with the present challenge and joy of raising her son and forming a new, healthier adult relationship.

Despite a limited time in therapy, clients 3 and 5 made significant changes in their parenting which addressed their original reasons for seeking therapy. Client 3's preoccupied and confused attachment pattern resulted in inconsistent and guilty parenting of her son. With a combination of reflections gained from doing the AAI on her own parents' guilt-driven and abusive parenting, plus behaviour management instruction, client 3 was able to quickly become in control of shouting at her son. She no longer felt guilty when she set appropriate limits and consequences. She initiated techniques with her child that allowed him to be more in control of himself as well. The trusting relationship she has been developing with her new partner (they have just celebrated their first anniversary) has helped her to feel confident in her parenting and rejoice in having a more harmonious co-parenting regime.

In summary, the therapeutic relationships established by clients 1, 2 and 4 fit the predictions of the attachment literature. However, clients 3 and 5's Cannot Classify primary classifications do not comply with attachment theory's predictions for a disorganised attachment relationship to the therapist. One possible explanation for this, based on the literature, is that there was a swift change in the pattern resulting from considering the therapist to be a secure base.

Unexpected Benefits to the Therapeutic Relationship Through Use of the AAI

Using the AAI has offered some unexpected bonuses. The taped interview format has forced me to stay in the listening role more than I am used to. In the role of interviewer, my assignment is to pose a question and listen, not attempt to interpret or solve or empathise with the interviewee. This is of course very different to a typical counselling session where the therapist is expected to help the client. Having a session devoted to listening I believe has improved the therapeutic relationship and therefore the effectiveness of therapy. The luxury to pore over the tapes and examine in detail the clients' words has in itself helped therapy.

Environmental Factors Influencing Stability of Attachment Style

All of the mothers in this sample came to counselling out of concern for their children and wanting to parent better than their parents had. Some are attempting the difficult task of trying to mother from a history of emotional deprivation. Van IJzendoorn and Bakermans-Kranenburg (1997) explore environmental and social contributors to the development and maintenance of attachment styles. Environmental factors such as the dissolution of a marriage in young childhood, family violence, financial pressures, and parental substance abuse all contribute to the development of insecure attachment. Van IJzendoorn et al. (1997) believe that this indicates that the internal model is not fixed until the teen years, due to the impact of social variables.

Van IJzendoorn and Bakermans-Kranenburg's (1997) environmental stability hypothesis states that the continuity of attachment pattern is related to the stability of the environment. Those children raised in families in which attachment relationships were strained by either the parents' insecure attachment models and/or difficult environmental factors, and where those same factors remained stable over time, are likely to have an insecure attachment that extends into their teens and adulthood. The converse is true for secure attachment relationships and environments. If, however, an adverse environmental event occurs between childhood and adolescence, a secure individual runs the risk of developing an insecure attachment pattern.

Let us look then at the environmental factors which would have influenced the participants and whether they experienced a stable or unstable set of factors from childhood to adolescence, and how that compares with their adult attachment classification. The environmental stability hypothesis cannot be tested in the confines of this research, of course, because we do not have childhood attachment classifications for these clients or their caregivers. Case discussions included only hypotheses about the clients' parents' attachment models, based on the clients' narratives. A summary of the intergenerational issues and environmental contributors facing each client follows.

ENVIRONMENTAL RISK FACTORS:

Stability of Marriage

Client 1 (S) -stable but unhappy marriage, one move

Client 2 (S) – marriage dissolution when client under three, one move

Client 3 (G) – marriage dissolution (infidelity) when client in middle childhood, two moves

Client 4 (C) – stable marriage, one move (emigration)

Client 5 (F) – stable marriage, one move

Parental Abuse of Alcohol

Client 1 – both parents alcoholics

Client 2 – father alcoholic

Client 3 – mother alcoholic

Client 4 – none

Client 5 – none

Illness or Disability of Client or Parent

Client 1 – prolonged hospitalisation as infant with little contact with parents

Client 2 – mother's debilitating disease; client's childhood illness

Client 5 – brother's deafness

Incidence of Loss/Trauma in Childhood or Adolescence

Client 1 – hospitalisation for serious accident

Client 2 – loss of contact with father when parents separated

Client 4 – sexual molestation when 3-4 years old

Client 5 – rape when under 7 years old

Parental abuse (sexual, physical, emotional, neglect)

Client 1 – belief that father sexually abused her; mother's continual physical and emotional abuse

Client 3 – physical abuse by father; emotional by mother

Client 5 – emotional neglect

From the above, it is obvious that each of these women has been the victim of an abusive family situation or traumatic environmental experience. Only client 4 experienced an isolated incident of abuse that did not involve a family member or acquaintance, and she

is the only client with a primary classification of Free autonomous. Knowing that secure attachment is threatened in abusive and traumatic childhoods, (Crittenden & Ainsworth, 1989; Parker, 1994), it is safe to assume that the other four women were vulnerable to developing insecure models as children. We know from their AAIs that they have insecure or unresolved adult models of attachment. Comparing client 4's life story and secure attachment classification with the other participants' introduces the speculation that the environmental stability hypothesis could be applicable in this small case study.

The women in this sample were not selected on the basis of their background but because they sought counselling for their children's behaviour. The high incidence of abuse in the mothers' backgrounds suggests that child behaviour problems will reveal environmental risk factors in the lives of mothers prior to the birth of the child. The high risk factors in the mothers' childhood make her vulnerable to insecure attachment which will be transmitted to her children.

Internal Working Model of the Non-Abusive Caregiver

According to attachment theory, insecurity would arise as a result of being raised by an abusive parent. This case study offers some views on how the client's internal model represented the parent who *witnessed* the abuse, rather than the perpetrator of it. What is common between clients 1, 2, and 5 is a persisting lack of trust in the non-abusive caregiver for failing to protect or believe her in regards to sexual abuse. A sense of betrayal by the non-abusive parent smoulders in these clients, more so than anger towards the perpetrator. Client 4 has a similar reaction. I submit that these stronger feelings exist for the attachment figure as opposed to the less important parent or, as in clients 2 and 4's cases, the perpetrator who was a non-family member. These issues are summarised below:

Client 1is more agitated with her mother's jealousy of her than angry towards her father. S traces this to her mother's suspicion of sexual abuse by her husband of their daughter S. Huge distrust between mother and daughter exists. Client 1 does not admit wishing her mother had protected her from father.

Client 2 has a preoccupation with her parents' lack of belief in her allegation of sexual abuse, versus anger towards the perpetrator. Both parents were abusive and held to blame by client 3. This is perhaps because she had the benefit of surrogate attachment figures, namely her grandparents, from whom she could seek solace. Client 4 blames her mother for minimising the effects of the rape on her instead of blaming her teenage rapist.

Client 5 never trusted her parents enough to tell them of the rape she suffered when under seven. Her denial of the emotional impact on her or its effects on her level of distrust in her attachment figures was incongruous.

These results point therapy towards healing the breach of trust in the non-abuser, in addition to conventional therapy, which is aimed at helping the client resolve issues of shame and anger concerning the abuser. This in itself is a valuable contribution of bringing an attachment perspective into family therapy.

Socio-Cultural Issues

Socio-cultural factors were not an original focus of analysis for this research, but the case narratives have proven that these factors cannot be ignored.

Mixed-Ethnicity Family Relationships

In client 1's case, antagonism between the Maori and Pakeha sides of the family appears to be a large contributor to the conflict which persists between the couple. Their boys' developing sense of individual identity depends on a cultural identity, and as long as this issue is not openly discussed or resolved between the two sides of the family, the boys will struggle to determine who they are. Unfortunately, this struggle has been taking the form of polarised hatred against mother, as a means of finding identification with the often absent father.

In client 3's case, tension existed between the client/mother's Pakeha side and the father's Pacific Island side. This tension was illustrated by client 3 through her description of her son's (C) first birthday party. Each side of the family had different approaches to the organisation of the party, who had decision-making power, and the type and quantity of food served. What most angered my client was what she felt was the audacity of her mother-in-law to hit her son, C, at the party. This clinched her opposition to her mother-in-law, which had the effect of compromising her relationship with her partner. It has been argued that social taboos against extra-marital pregnancy and adoption greatly impacted this family as well.

Immigrant Status

Cultural factors were very salient for client 4. Client 4's family's enmeshment, she believed, was partly due to their immigrant status, in that they felt different to their Kiwi neighbours and therefore kept the family relatively isolated. There was the unspoken idea

that no one could ever replace the sense of belonging they had had "back in Ireland." Catholicism was also a large contributor, my client said, to her parents', and especially her mother's, uncompromising ideas of family roles. These ideas drove a wedge between her family and her ex-partner for many years.

Disabilities

New Zealand's backward treatment of deaf people for most of this century created a horrible stigma against those without hearing. Client 5's mother was determined to save her deaf son from this stigma. Her mother's preoccupation with assisting her deaf son, client 5 felt, was responsible for her neglect of herself and her older brother, possibly leading to an insecure attachment classification in childhood.

Socio-Cultural Tolerance of Male Dominance

I will discuss how cultural expectations of gender influence the adult attachment relationships formed by these participants. Four of the participants' families of origin were stifling, abusive and unhappy (except client 4) and each of them left home as soon as she had formed a relationship with a man or boy. Women are more likely to seek escape from unhappy families of origin through pregnancy and/or marriage than men in a patriarchal society in which autonomy and earning power are allotted to men more than women. According to Rutter, Quinton and Hill (1990), often this leads women to make a less-considered choice of partner than men from similarly disadvantaged backgrounds. Rutter et al. conducted a longitudinal study of males and females raised in institutions. They found that when these children grew up, those who planned for a career or marriage had a direct statistical effect for adequate adult functioning, though more so for men. Those who did not plan or believe that they could control their future were more often female. Pregnancy often resulted from a lack of planning, and had an enormous determination on the young woman's life direction, often making her dependent on a male, or the state or her family of origin, in the event of separation.

In examining the research participants' lives, we find that these insecurely attached four women also left an unhappy home on the arm of a man: Client 1 married her first boyfriend at 17. Client 2 became pregnant to her first boyfriend when 17. Client 3 had many relationships with older boys/men in her teens, and an unplanned pregnancy in her 20s to an abusive partner. Client 5 had a relationship with an older man when she was16, and miscarried when she was 17. Client 5's relationship with her ex-partner ended when he was imprisoned for child molestation. By that time her eldest son had become physi-

cally and emotionally abusive of her. I propose that her toleration of abusive treatment by these male family members, (and the decision to forgive a recent acquaintance rape), result from socio-cultural tolerance of male dominance and abuse.

Social Undervaluing of Parenting

Each of these women is also struggling with the enormous difficulty of raising children as a solo parent in a society which undervalues the parenting role. Financial pressures exert themselves on each one of them as they fight to support their families on subsistence wages, a low benefit, and with unsupportive ex-partners. As Crittenden and Ainsworth (1989) stated, economic insecurity can contribute to emotional insecurity in the children growing up in these homes.

From the above discussion, it can be seen that socio-cultural factors had a significant impact on the lives of each of these families. Though these environmental factors were not initially a part of the study, their persistent appearance shows strong support for van IJzendoorn and Bakermans-Kranenburg's (1997) argument for the inclusion of environmental factors into the analysis of attachment formation and development.

Adult Attachment Relationships

The inheritance of an insecure attachment pattern from their families of origin has disadvantaged four of these clients in their attempts to parent their children as they believe they deserve. Each mother also believes she deserves to find the love and security she missed as a child, and is searching for that in an adult relationship. Bowlby (1988b), and other attachment theorists cited in the literature review, acknowledge that adult attachment relationships, such as that between a spouse, partner, or friend, can help heal childhood scars. Rutter, Quinton and Hill (1990) found that a close, supportive relationship with a healthy spouse proved to be the most powerful protective mechanism in counteracting the ill-effects of an insecure childhood. A summary of the participants' experiences with a recent partner is discussed:

Significant though temporary improvements in family relations and self-esteem began when Client 1 began a relationship with a new partner. Unfortunately, the eating deprivation habit began when he became emotionally abusive and she feared his abandonment, as well as the prospect of challenging his abusive treatment of her. These experiences with him paralleled her mother's abusive treatment of her. Because she had been unable

to defend herself from her mother or resolve the past, his abuse triggered old self-destructive habits.

Client 2 stated that the therapist's belief in her sexual molestation as a young adolescent, when her family negated her claims, helped her become closer to her current partner. Client 3 re-partnered shortly before beginning therapy, and reports being more capable of controlling her dysfunctional parenting habits with his help.

Therapy has helped Client 4 begin to make sense of similarities between her attachment relationship to her partner and her parents, especially in regards to separation issues. C began the process of resolving the grief about the end of her partnership, which had previously interfered in her parenting and work. Client 5 felt a re-stimulation of personal and family distress upon the release of her ex-partner from prison and his potential re-entry into her family's lives.

Attachment theory states that insecure childhood attachments can be healed through a healthy adult attachment relationship. Many of these clients have tried to find that healing with a man but have been gravely disappointed. My hope is that through the therapeutic process and relationship, these clients will have begun to heal their attachment patterns, and doing so will be better prepared to choose healthier adult partners in the future, who can help them continue their healing.

Conclusion

The paramount question this thesis has attempted to answer is whether incorporating an attachment approach into family therapy will improve the clients' chances of achieving the change they seek. Will this integrated approach make the therapist more capable of facilitating change between mother and children than she would have without incorporating attachment information into her practice?

The incorporation of attachment theory into family therapy as is customarily practised at our counselling agency has provided a detailed intergenerational perspective that is not present in structural or systems family therapy. Namely, it has added an analysis of the clients' internal working models and their effects on the formation of adult attachment relationships and parental sensitivity. This intergenerational transmission approach has highlighted current problems or dynamics between at least three generations in this study, leading to a more comprehensive analysis of problematic behaviour and effective intervention. This study has shown how an examination of internal working models and intergenerational transmission has turned a spotlight on problems between the mothers and their children that would have been lost in the dark without an attachment framework.

The use of the AAI in particular contributed to the effectiveness of therapy in two dimensions. First, it provided the client/parent with a vehicle in which she could explore the storyline beginning with her childhood attachment relationships, continuing into parenthood, and ending, for the present, with adult attachment relationships. Second, the narrative analysis of the degree of organisation and coherence in the clients' stories provided a superb assessment tool for understanding how she makes sense of and copes with present relationship difficulties.

In this small case study sample, some anomalies are apparent when comparing the data with attachment theory predictions. I will examine here instances of where the attachment classifications in some of these cases did not fit attachment theorists' predictions of behaviour. For example, clients 2 and 5 both received dismissing classifications due to incoherency and minimisation of valuing of attachment. Nonetheless, they responded quite differently to both the AAI and therapy. Narrative theory of autobiographical memory, upon which the AAI is based, posits that people will benefit from the opportunity to speak about their lives and the concomitant increased organisation and understanding about lived experience story telling can bring. Client 2 found the AAI extremely helpful because through the story telling she found that she needed to be believed about the sexual abuse after years of being disbelieved by her family. Though her narrative was incoherent according to the AAI rating scale, S nonetheless created her own coherence out of the experience. Client 5 also received a dismissing classification due to incoherence. In line with the theory, she did not find the AAI experience illuminating or especially gratifying. It did, however, assist in providing information that later was useful in constructing interventions.

Client 3 was given a disorganised classification yet her response to doing the AAI demonstrated a high level of organisation and coherence. The purpose of this research was not to test the reliability of the AAI classification system, but nonetheless, it has highlighted inconsistencies between data and theory.

Knowledge of the clients' classifications offered a limited explanation regarding the dynamics of the therapeutic relationship. As with the anomalies regarding coherency explained above, the classifications did not manifest therapeutic relationship qualities predicted by the literature. Clients 1 and 3 stand out as not fitting the stereotype of disorganised attachment style vis a vis the therapeutic relationship. It has been discussed that both women, despite a disorganised pattern, were able to have a trusting relationship with the therapist, which is contrary to both Bowlby's and Holmes' predictions. Client 5 who was classified as dismissing also developed a trusting therapeutic relationship, which also contradicts the attachment literature. Attachment theory provided a context in

which to think about probable problems or terminations of the relationship with the therapist. Client 2's withdrawal from therapy after session 3 may have been the result of finding quick relief by confiding in the therapist and having her story believed, rather than a dismissing reaction to a potentially closer (and hence threatening) therapeutic relationship.

A possible explanation for these discordances concerning coherency and therapeutic relationship is that the classifications they were given were partially inaccurate. The participation of a second AAI coder as well as more clinical supervision could have brought a more rigorous examination of the procedures and analysis of the research. On the other hand, perhaps this study indicates the need for a rethinking of Bowlby and Holmes' ideas about how clients respond to the therapeutic relationship. The disorganised classifications are relatively new and perhaps those individuals' responses to therapy beg further, updated analysis. These results also demonstrate the utility of assessing the attachment classification of the researcher/therapist in future studies. Overall, however, the therapeutic relationship was enhanced by incorporating the AAI into family therapy, as its structure required me to take the role solely of interviewer for one session. This experience deepened the empathy the clients felt from me by experiencing unconditional attention to their story.

An analysis of environmental effects on a developing internal working model helped explain not only the mothers' current relationship problems, but also the manifestation of problems in their children. Utilisation of the concept of the internal working model brought out an unexpected discovery regarding clients' need for trust in and protection by the non-abusive caregiver.

The theoretical similarities and differences between psychodynamic and family therapies have been discussed in the review of the literature. From its inception, attachment theory has alienated and threatened the various schools of psychoanalysis. Only recently have clinicians begun to publish their successes in blending the two. In integrating attachment theory into family therapy practice, I found that the potential existed for a psychodynamic approach to overshadow family systems therapy approach. In this study in which adult attachment was the focus, I ran the risk of overlooking the children's therapeutic needs and the environmental context in which the family lives. Ideally, the additional attachment information will help the therapist more fully address contextual issues, as suggested by van IJzendoorn and Bakermans-Kranenburg (1997) and structural family systems issues (Minuchin, 1974), such as the mother's attachment needs vis a vis her own parents and partner. With practice, it is assumed that a healthy balance could be achieved between the two approaches.

Attachment theory explains the drive to search for healing in significant adult relationships. Each of the clients has experienced heartbreak in their relationships with men they hoped would be safe and committed partners and fathers. Utilising an attachment approach helped me understand why some women persevered in unhealthy relationships, and helped explain how qualities in their choice of mate could replicate past attachment relationships. Knowledge of the propensity to transmit or repeat childhood attachment experiences in adult ones will ideally lead the client to more carefully choose a partner in the future.

This study has revealed how the incorporation of attachment concepts into family therapy practised with a small Aotearoa/New Zealand sample can augment therapeutic outcomes. It has shown that an integrated approach with this sample offered therapeutic interventions that facilitated improvement between mother and children that would not have been available in the customary family therapy practice. The use of the AAI as an assessment tool proved to be invaluable in gaining a historical and in-depth analysis of the client's internal working model and propensity to parent accordingly. However, the existence of some discrepancies between AAI classifications and client behaviour predicted by the literature, indicate that classifications should be interpreted with caution or that additional data be examined. It is hoped that subsequent research on using the AAI and attachment theory in Aotearoa/New Zealand will supplement this initial exploration so that clinicians can continually improve their practice.

Chapter Six

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APPENDIX A

A Comparison Between Child And Adult Attachment Categories

ADULT STATE OF MIND WITH RESPECT TO ATTACHMENT	INFANT STRANGE SITUATION BEHAVIOR
Secure/Autonomous (F) Coherent, collaborative discourse throughout the interview. Valuing of attachment, but seems objective regarding any particular event or relationship. Description and evaluation of attachment-related experiences is consistent, whether experiences themselves are favorable or unfavorable. Discourse does not notably violate any of Grice's maxims.	**Secure (B)** Explores room and toys with interest in pre-separation episodes. Shows signs of missing parent on separation, often crying by the second separation. Obvious preference for parent over stranger. Greets parent actively, usually initiating physical contact. Usually some contact-maintaining by second reunion, but then settles and returns to play.
Dismissing (Ds) Not coherent. Dismissing of attachment-related experiences and relationships. Normalizing ('excellent, very normal mother'), with generalized representations of history unsupported or actively contradicted by autobiographical episodes recounted. Thus, violating of Grice's maxim of quality. Transcripts also tend to be excessively brief, violating the maxim of quantity.	**Avoidant (A)** Fails to cry on separation from parent, often continues to play even when left entirely alone. Actively avoids and ignores parent on reunion. i.e., by moving away, turning away, or leaning out of arms when picked up. Little or no proximity or contact seeking, no distress, and no display of anger. Response to parent appears unemotional. Focuses on toys or environment throughout procedure.
Preoccupied (E) Not coherent. Preoccupied with or by past attachment relationships/ experiences, speaker appears angry, passive or fearful. Sentences often long, grammatically entangled or filled with vague usages dadadada ', 'and that'). Thus, violating of Grice's maxims of manner and relevance. Transcripts excessively long, violating quantity.	**Resistant (C)** May be wary or distressed even prior to separation, with little exploration. Preoccupied with parent throughout procedure, my seem angry or passive during reunion. Following reunion, fails to settle and take comfort in parent, usually continuing to focus on parent and cry. Fails to return to exploration.
Unresolved/disorganized (U/d) During discussions of loss or abuse, individual shows striking lapse in the monitoring of masoning or discourse. For example, individual may briefly indicate a dead person is believed still alive in the physical sense, may briefly indicate a belief that a person was killed by a childhood thought, may lapse into prolonged silence, or may lapse into eulogistic speech. Individual may otherwise fit to Ds. E or F categories.	**Disorganized/disoriented (D)** The infant displays disorganized and/or disoriented behaviors in the parent's presence, suggesting a lapse of behavioral strategy. For example, the infant may freeze with a trancelike expression, hands in air., may rise at parent's entrance, then fall prone and huddled on the floor; or may cling while crying hard and leaning away with gaze averted. Infant may otherwise fit to A, B or C categories.

APPENDIX B

Sample Adult Attachment Interview Questions

The AAI is a controlled and unpublished research tool. Its use is made available to this researcher only under the supervision of the primary supervisor, Sue Watson, Massey University, Palmerston North. For this reason, facsimiles of AAI questions are provided below.

Please describe your relationship with your parents when you were a young child.

Choose five adjectives which best describe your relationship with your mother and father when you were under twelve.

What would you do when you were upset?

Describe your first separation from your parents.

How do you think your childhood may have affected who you have become as an adult?

Did anyone close to you die when you were a child or adult?

Have you had any traumatic experiences?

Were there many changes for you between childhood and adulthood?

Describe what it is like when you are separated from your child (or imaginary one) as an adult.

What do you hope your child would have gained from being parented by you?

APPENDIX C

Information Letter Sent to Participants

Tracing the storyline from parent to child: Insights into improved therapy.

Dear Parent,

You have received this letter because you have shown an interest in participating in a masters research project while you receive counselling. This research has been approved by Massey University and supported by the Leslie Centre. Thank you for your interest.

Let me tell you a little about myself, as I will be your therapist/researcher. I am originally from California, where I earned a B.A. in psychology and taught bilingual primary school. In 1997 I earned a PGDip(Counselling) from Massey University, where I am also doing my master's study. I am a member of the New Zealand Association of Counsellors.

Attached please find a list of my supervisors and consultants for the project.

Nature and Purpose of the Study

If you choose to participate, you will be one of five women who have agreed to talk with me in the course of three counselling sessions about how you think your childhood experiences have affected the way you parent today. Out of this, I am hoping we will 1) discover how ideas you formed as a child have contributed to how you see yourself and your children now; and 2) tailor an unique behavior management plan for your children.

Requirements of the Participants

An initial interview of one and a half hours will be audio taped in which I will meet with you alone to assess your family's history and current goals. This is a part of what all clients do at the Leslie Centre when they first visit us.

I will do the Adult Attachment Interview (AAI) with you at your next appointment, which I would also like to audio tape. The interview is a way of looking back on your childhood relationships. The interview has been done with thousands of people in many countries. We'd like to find out what New Zealanders have to say about it. I've done the interview with staff members who found it very valuable. The length is 1- 1 1/2 hours. My supervisor, Sue Watson, has been trained to code the AAIs, which she will do for the purposes of this research.

A follow-up session to the AAI will be held at your third session, in which you will have an opportunity to explore the issues raised by the AAI. This one hour session will also be audio taped. Transcriptions of sessions will be viewed by Sue Watson.

At this point research ends, but therapy continues with you and those of your family you would like to take part, until your therapeutic goals have been reached and/or you choose to end counselling. A summary of the research findings will be distributed to all participants. You may have a copy of the transcript of your AAI, upon request.

Through your participation, you will be helping us at the Leslie Centre find ways of continually improving our counselling service. By being involved in the first New Zealand study using the AAI, you will help us know if this will be useful to other New Zealanders.

To ensure that you feel safe and comfortable with the research process, I have arranged that Presbyterian Support's evaluation department manager, Maryanne Richardson, phone you for your feedback. She will ensure that your feedback is anonymous. Likewise, should you be unhappy with any part of the process, you are also welcome to contact Maryanne yourself.

Under Massey University research guidelines it is important that you be aware of your rights, which are as follows:

I will honour the commitment to minimise potential harm or deprivation to research subjects (Massey University Code of Ethical Conduct, 1998), and counselling clients (NZ Association of Counsellors). I will also honour the NZAC's principle of beneficence: "(to) promote welfare and positive growth of the client," (NZAC, 1998), also included in the code of ethics of my workplace, (Presbyterian Support Northern, 1996).

Anonymity and Confidentiality

Extreme care will be taken to ensure that session recordings, notes and transcripts are kept confidential and accessible only to a participant, the researcher and her supervisors. I plan to transcribe all interviews, however, in the event that I cannot complete this task, I will employ a transcriber to assist who will be required to sign a confidentiality agreement.

You have the right to ask any questions about the study at any time during participation. You have the right to decline to answer any particular question. You have the right to decline to take part in the research at any time. If you choose, you have the right to continue with counselling at the Leslie Centre nonetheless, either with the initial counsellor/researcher, or with another Leslie Centre counsellor of her choice.

USES OF THE INFORMATION

I will ask participants' permission that I be able to keep the transcripts for possible further work in this field and that my supervisor be able to keep a copy of the anonymous transcript as part of ongoing research into the usefulness of the AAI in New Zealand.

CONFLICT OF INTEREST/CONFLICT OF ROLES

I will receive expert supervision to help guide and protect the researcher/clinician, as well as her subjects/patients.

A permission form regarding your consent to take part and to be audio taped will be provided at the initial interview. I look forward to meeting you on:

Day_____ Time_____

Sincerely yours

Marta Fisch

Identities of and how to contact the researcher, her supervisors, and external evaluator

RESEARCHER:

Marta Fisch, Family Therapist, B.A. Psych, PGDip(Counselling), MNZAC
[redacted].

SUPERVISORS/CONSULTANTS:

External professional consultant: Sue Ushaw, MNZAC; [redacted]

Primary academic supervisor: Sue Watson, MPhil (Ed), Dept. of Educational Studies and Community Support, Massey University, Palmerston North. (06) 531-3353.

Secondary academic supervisor: Judith Morris, M.A., Dept. of Policy Studies and Social Work, Massey University, Albany. (09)443-9774.

Administrator: Christine [redacted]

Manager/Coordinator: Jim Lynch, Leslie Centre.

External evaluator: Maryanne Richardson, Manager of PRIME, Presbyterian Support
([redacted]

APPENDIX D

CONSENT FORM

Tracing the storyline from parent to child: Insights into improved therapy

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I agree to participate in this study under the conditions set out in the Information Sheet.

I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.

I agree/do not agree to provide information to the researchers on the understanding that my name will not be used without my permission.

I agree/do not agree to the interview being audio taped.

I also understand that I have the right to ask for the audio tape to be turned off at any time during the interview.

I agree/do not agree that transcripts of the Adult Attachment Interview, with all identifying details removed, will be made available to Sue Watson to contribute to a database of the distribution of attachment types in the New Zealand population and the further study of whether the Adult Attachment Interview is an appropriate instrument for use with New Zealand cultures. (All other information will be used only for this research and publications arising from this research project).

Signed: _____

Name: _____

Date: _____

APPENDIX E

LESLIE CENTRE ASSESSMENT PACKAGE

Sample Questions

(The term parent is used to refer to birth, adoptive, and foster parents)

We begin by asking questions which allow us to draw the family tree, or genogram. These questions query who the significant family members are and what their relationships are to each other.

Please tell me what you have come to the centre for.

What are the parent(s)' and family's resources and skills?

Please describe your child's developmental history, e. g., the pregnancy and birth; temperament, sleeping and eating pattern; developmental milestones; significant family events; times of separation.

Please tell me about your child's general health and medical history.

What are your child's skills and interests?

If your child is school age, how does your child find school; have there been any significant changes in school performance; does your child receive specialist help; what is your contact like with the teacher; is attendance regular; does your child have friends at school; what's the nature of their friendship?

If your child has experienced abuse, could you describe the circumstances?

We ask a series of questions regarding the child's and parent(s)' behaviour, such as sleeping and eating habits, level of excitability and ability to self-calm; concentration ability; anxiety, depression; dissociation; sexual behaviour problems; suicidality.

Please describe your relationship with your child(ren).

Does the parent have any substance abuse problems; mental health issues; history of abuse or trauma? Has the client received counselling for these issues?

APPENDIX F
TABLE OF AAI RESULTS

Client 1 (U/d/F1)

Client 2 (Ds1)

Client 3 (CC/E2/Ds2)

Client 4 (F4b/UD)

Client 5 (CC/E1/Ds3)

APPENDIX G

ADULT ATTACHMENT CLASSIFICATION CRITERIA

A summary of the AAI and attachment criteria and categories (George, 1996) follows:

SECURE/AUTONOMOUS:

Although they may describe childhood problems with their parents, which could include trauma or abandonment, these adults demonstrate a solid sense of self and a commitment to relationships. "Like secure children, secure adults flexibly integrate attachment-related thought and feeling and are able to discuss their past and present experiences without relying on defensive exclusion" (George, 1996: 416). Often new insights are reached during the characteristically open interview, showing the individual's ability to integrate past with present experiences. "The hallmark of security lies in the individual's ability to think about the source of her or his own mental representations and integrate these reflections into current experience" (Ibid: 421).

There are five sub-categories:

F1 – Some setting aside of attachment; often associated with a re-evaluation and redirection of personal life as a result of a difficult childhood. Coherent narrative with mild though unexamined sense of standing support from parents.

F2 – Somewhat dismissing or restricting of attachment. Moderate lack of memory for childhood, moderate idealisation of one or both parents; fear of loss only partly connected to source. Defensive or belligerent stance towards attachment which is countered by affection or admission of concern for attachment figures.

F3 – Secure/autonomous. High coherence, good memory for childhood, lack of idealisation of parents; do not necessarily find current relationships satisfying.

F4 – Strong valuing of attachment with some preoccupation with attachment figures.

F5 – Somewhat resentful or conflicted while accepting of one's own continuing involvement in the relationship with the attachment figure(s). Some seem to be strong-willed, with highly developed characters who enjoy demonstrating their present or early sense of character during the interview. May be over-forgiving.

Dismissing

Like avoidantly attached children, dismissing adults tend to have internal working models which are organised to deactivate strong feelings regarding attachment. These adults appear self-reliant, strong, and emotionally detached. Attachment relationships are devalued. The narrative is often composed of generalised statements of secure and idealised childhoods, but dismissing individuals find it difficult to recount detailed memories supporting these generalisations, or cannot access many childhood memories at all.

There are three sub-categories:

Ds1 – Dismissing of attachment. Pervasive lack of love from attachment figures; direct rejection; lack of memory for childhood. Strong idealisation of at least one parent.

Ds 2 – Devaluing of attachment, possibly in response to involving/role-reversing parent.

Ds 3 – Restricted in feeling. Directly mention rejection by attachment figure but do not think it has affected them.

Preoccupied/Entangled

This category, predominantly known as preoccupied (E), fits those individuals who describe persistently dissatisfying relationships with one or both caregivers. The individual has an enduring sense of being unable to meet parental expectations, beginning in early childhood and continuing to the present. These individuals are caught up in a never-ending contest to be accepted by the caregiver and their narratives reflect ruminations on this theme.

Preoccupied individuals' narratives can be quite lengthy and lack coherency. George (1996) believes this is due to an IWM organisation which disconnects attachment-related emotion from experience. Ruminating on their difficulty in reconciling the actions and emotions of self and parents can prevent them from moving to the higher level of accepting multiple causes and new perspectives. As a result, many preoccupied adults have a prevailing, often unconscious, feeling of anger towards their attachment figures, whose approval can be felt as just inches out of reach. Winning final parental approval is the goal which they believe would allow them to disentangle from enmeshed family relationships and develop a strong sense of self.

There are three sub-categories:

E1- The most striking feature of this interview is the implied passivity of thought regarding an ill-defined childhood experience. Speech often contains irrelevancies or

become confused, vague or incoherent. Characterised by excessive involvement in family relationships.

E2 – The chief marker for this category is high ratings for current anger and conflict towards one or both parents. The interview is usually very long, for the interviewee offers great detail about problems in relationships with one or both parents. There is often a difficulty in being able to take another's perspective, although s/he may claim to through the use of pseudo-psychological language.

E3 – The individual is fearfully preoccupied by traumatic events. This sub-category is rarely found in normal samples. The interviewee may not appear particularly angry and preoccupied with a parent, but the existence of past trauma means s/he cannot escape being preoccupied with it as a whole.

Unresolved/ disorganised States of Mind in Regards to Loss or Trauma

Childhood trauma, such as loss or physical, sexual, or emotional abuse from attachment figures, is believed to have caused a disorganised cognitive state, as seen in the AAI, in regards to the trauma. A considerable level of disorganised thinking is required for this to be the primary classification.

Unresolved adults are believed to have not completed the mourning process. Irrational thinking, such as a belief that the individual caused the trauma or loss, can occur in some instances. They continue to be overwhelmed by their experiences.

Cannot Classify

This classification (CC) applies when a confluence between conflicting patterns exists. For example, when there are equal indicators for Ds or E the individual will receive CC as the primary classification and Ds or E as the secondary classifications. Because there is a striking mix of mental states, no single organised state or strategy is obvious. The outcome unfortunately is the absence in the internal working model of an established coping style, leaving the person's relationships often chaotic.

LIST OF FIGURES