

# Narrative Matters: The Eternal Triangle – a century of family psychology for clinicians

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In the second of his three volumes on Attachment, Bowlby (1973) writes of the school refusing child: 'it is found time and time again that mother treats the child as though he were a replica of her own mother, the child's maternal grandmother. Not only does the mother seek from her child the care and comfort she had sought, perhaps in vain, from maternal grandmother, but also she may behave towards him as though he were the dominant figure' (Bowlby, 1973).

Embedded in this highly condensed vignette is a story of anxious attachment. As a baby, the boy (the male gender of child will be used throughout) was wanted by mother as someone who could make up for her own mother's failure to love her enough. His own needs were secondary to hers. This sounds like a moral judgement but it need not be; it is also a fact that we should neither condemn nor disregard. It requires exploration. The couple have an enmeshed relationship that excludes others, such as grandparents, father, siblings, aunts and uncles. Even though he cannot really parent her, the boy feels powerful at home with mother. Whatever the truth of the matter he imagines that she needs more love than father can give her, and that without his devoted attention the family may not survive. Yet he is trapped. As soon as he returns to school his domestic prowess evaporates, to be replaced by an intolerable panic that is immune to reason or encouragement. No education is possible.

Most readers will recognise an echo of the Oedipal triangle here. At the turn of the twentieth century, Sigmund Freud borrowed Sophocles' drama to illustrate the child's desire for union with mother that is thwarted by someone who has already achieved that. This is both disturbing and exciting for the child. He is aware that his parents have a power that he lacks (to make babies) but also supposes that he can have exclusive access to his mother – as if he were the husband – and keep the father out. These alternatives can coexist in the child's mind. In the emotional game of musical chairs, he is sometimes with one parent, leaving out the other, and at other times he is the left out one, looking on at their relationship. This seemingly awkward arrangement is useful. Triangular life fosters three-dimensional thinking, described by Britton (1989, p. 87) as the 'capacity for seeing ourselves in interaction with others and for entertaining another point of view while retaining our own, for reflecting on ourselves while being ourselves.' On the other hand if the adults around him collude with his fantasy marriage, they undermine the effectiveness of the caregiving partnerships on which his development depends.

Building on his earlier work with Gregory Bateson on the double bind in the 1950s, Jay Haley wrote in

'Problem-Solving Therapy' 'the term *coalition* means a process of joint action *against* a third person ... the problem is most severe when the coalition across generations is denied or concealed ... when this becomes a way of life the family organisation is in trouble.' (1976, p. 109) His contemporary the child psychiatrist Salvador Minuchin's brilliant work with brittle diabetic and asthmatic children and their families revealed the extent of enmeshed relationships. 'Consider the asthmatic child who wheezes at home on weekends but who can ride his bike 6 miles with his friends; or the diabetic child who develops ketoacidosis while intervening in his parents' conflict but who controls his metabolism while visiting his grandparents.' (Minuchin & Fishman, 1979) These children's dangerous symptoms function to avoid conflict.

The surprise for clinicians beginning to work with families is that, while such coalitions have little freedom to change, the pair will greet with some relief the observation that they are a couple, as if they were indeed married, happily or not. It is therapeutic to point this out. Whatever kind of work we are doing, systemic formulations can change the way we see puzzling symptoms or troubled behaviour, generating fresh hypotheses about aetiology and possible intervention. In recent years, there have a number of theoretical and scientific developments that support this stance.

The essentially triangular pattern of relatedness around a child is not, as many may assume, a twentieth century idealisation of middle-class heterosexual families. Recent ethological and anthropological studies show that one of the key innovations in human evolution was the presence of more than one consistent caregiver for children, a feature not found in other apes: 'infants with several attachment figures grow up better able to integrate multiple mental perspectives' (Hrdy, 2016, p. 29). The child's father may or may not be one of these figures. Many of them are women. This sounds familiar because child care still so often works that way. Mothers find other women (often including their own mothers) to share an otherwise overwhelming task. When maternal mortality was common it was vital to have other familiar caregivers who could at once take over in the event of her death.

There is developmental merit in the growing child's active participation in the partnerships between familiar adults – parents, grandparents, older siblings, minders and teachers – who care for him. Within weeks of birth, children are intensely engaged in triadic relationships. While a child will almost always have a preferred caregiver (usually mother), jealousy is not the only feature of the triangle. Elegant laboratory observations of babies together with both parents note how purposefully

engaged they are in the couple's relationship. 'Infants as young as 12 weeks make 'triangular bids' to share their affects with both parents: they rapidly alternate their gaze and affect signals between them' (Fivaz-Depeursinge, Frascarolo, Lopes, Dimitrova, & Favez, 2007, p. 18), but when the couple start to argue the child makes strenuous efforts to stop the conflict and to get them to attend to him instead. If this becomes the child's primary mode of relating to his parents, he has become an in-house marital therapist, and the caregiving task has been turned upside down. As the researchers note in a subsequent paper such children are 'enlisted to serve the parents' problematic relationship rather than to develop their own social competence'.

Bowlby's vignette describes an enmeshed relationship that formed very early in the child's life, and also links the mother's problems with deficits in her own childhood. In the last decade of Bowlby's life attachment researchers began to identify bizarre behaviours in children whose parents had suffered unresolved losses or traumas – such as the death of one of their own parents – around the time of the child's birth. Solomon and George (2011, p. 43) write that 'many of the mothers describe psychological merging between themselves and their precocious and highly sensitive child', noting 'the centrality of unresolved loss and dissociative processes in the behaviour of mothers and their disorganised children.' The affected mother is so emotionally distracted that she does not see the child only as dependent on her, but also as a danger. In a recent study, mothers with borderline personality disorder – whose own upbringing had been similarly disrupted and deprived – 'were significantly more likely to exhibit fear/disorientation in response to the infant's attachment bids, a pattern strongly associated with infant disorganised attachment' (Hobson et al., 2009, p. 328). In a desperate effort to create some predictability, the child in this situation tries to control the parent by taking the dominating role, just as described by Bowlby decades earlier.

As Bowlby suggested, anxious attachments tend to repeat across generations. Using the ingenious Adult Attachment Interview, Fonagy et al. showed in their classic paper in *Child Development* that 'maternal representations of attachment predicted subsequent infant-mother attachment patterns 75% of the time.' (1991, p. 891) The pregnant woman's capacity to relate to her own childhood history correlates with the child's later attachment to her. Yet recycling of insecure attachments may be halted by the entry of a helpful third, perhaps mother's partner (whether or not the father) or by any attentive, trusting relationship – with friend, relative, colleague, or professional helper – if it can add the necessary extra dimension in which triadic reflection becomes possible. Without an opportunity to experience more than a two person relationship, the child's development is restricted and the chances of disturbance are increased. 'Enmeshed family patterns forecast children's depressive symptoms; controlling and disengaged interactions predicted anxious and depressive symptoms; and hostility forecast ADHD and somatic complaints'. (Jacobvitz, Hazen, Curran, & Hitchens, 2004, p. 577)

These concepts – Oedipal tie, double bind, enmeshment, coalition, anxious/disorganised attachment and role reversal – are all carefully and distinctly defined by researchers but from a clinical point of view have a great deal in common. While familiar to family therapy teams, the special bond can be observed and commented on as a phenomenon in its own right. Looking at transactions between family members rather than at each individual remains a valuable though underused lens in child and adolescent mental health. Even quite serious mental health presentations may not reveal relevant mental diagnoses, while a focus on the intransigence of an enmeshed cross-generational relationship shows how trapped each partner can be. Neither is able to observe the system that they are in, nor therefore think for themselves on how to get out of it. The clinical task is to help them to do so.

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