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Young women's experience of anorexia, family dynamics and triangulation

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Abstract

The study explored the experience of triadic family relationships of six young women with a diagnosis of Anorexia Nervosa alongside a consideration of their attachment strategies. The research methods employed semi-structured individual interviews, a family sculpt and use of an adapted version of the Adolescent Separation Anxiety Test (SAT). This adaptation featured a unique development for this study of photographs depicting triadic family separation and conflict situations. These attempted to offer an integrated view of their experience of anorexia and of family relationships alongside a consideration of the attachment strategies evoked. Interpretative Phenomenological Analysis was used to generate themes that captured the young women's experience, and a modified version of the SAT protocol coding was used to explore attachment strategies. The main themes to emerge from the data were found to be: Relational distance to attachment figures, Barriers to emotional connection, and Perception of parents' relationship. Attachment strategies were shown to influence perceptions of family relationships and of triadic processes and conflicts. Clinical implications of the findings are discussed alongside limitations of the study and indications for future research.

Keywords: Anorexia, triangulation, family dynamics, qualitative research, attachment, young women

Introduction

Eating disorders, especially anorexia and bulimia are amongst the most dangerous clinical conditions and are also the most difficult to treat. The problems predominantly affect women and develop most frequently develop during adolescence. Anorexia is understood to be influenced by biological, psychological and environmental/cultural factor and a variety of psychological perspectives have been employed to offer models of causation and treatment. In this paper we wish to focus on attachment and family systems theory which have both been utilised to offer explanations of the aetiology of anorexia (Dare et al, 1990).

Family Systems Theory and Anorexia: A consideration of the causation of anorexia and implications for treatment has inspired the interest of many of the major models of systemic family therapy (Dallos and Draper, 2015). The explanations have evolved alongside considerations of anorexia as related to biological and hereditary susceptibilities, cultural expectations regarding women's bodies and types of cognitive processing (O'Shaugnessy and Dallos, 2009). As with systemic models of other conditions, the explanations have arguably held positive implications for young people suffering with anorexia in terms of locating cause in family relationships rather than their own dysfunction. On the other hand, the focus on family relationships may also appear to suggest 'blame' and responsibility for the parents. We will review some of the early systemic literature which argued for family causation of anorexia , not in order to suggest any 'blame' of parents but because they contain some important insights which are arguably in need of further exploration.

It has been suggested that families with a young person suffering from an eating disorder frequently demonstrated a pattern of conflict avoidance, enmeshment and that the parents experienced difficulties in working collaboratively with each other in managing the eating disorder (Minuchin and Fishman, 2004; Dare et al, 1990; Rowa et al, 2001). The concept of triangulation is central to family systems theory and has been used widely to formulate a variety of presenting difficulties (Dallos & Draper, 2015). Minuchin and Fisman (2004) outlined three general processes by which triangulation could occur in families and these can be seen in terms of developmental sequences. In the first, the parents experience unacknowledged and unaddressed dissatisfaction in their relationship to which the young infant responds at an embodied level, for example in terms of crying, restlessness or vomiting etc. If this was successful in distracting the parents and united them in their concern this could reinforced the child's behaviour – and thus a 'problem' behaviour was born. With the development of language, a second triangular and cross – generational coalition was possible each parent could verbally criticise

the other in an attempt to recruit the child to side with them, against the other parent. This could place the child in a distressing dilemma of 'divided loyalties' in which to please one parent is to displease the other. In the third pattern there is unacknowledged and unaddressed parental dissatisfaction with their couple relationship, but one parent seeks affection, and stimulation outside the couple relationship in having a sexual affair, or perhaps in locating all recreational activities outside the family. This leaves the child in the role of a surrogate partner for the remaining parent. In all of these patterns the child has difficulty separating their own emotional needs from those of the parent.

Minuchin et al (1975) suggested that in families with anorexia such triangulation processes further occurred in the context of characteristic patterns of conflict avoidance. This made it even more difficult for children to develop awareness and to express any negative emotions regarding their experience of being 'caught in the middle'. Instead, negative feelings were considered to be supressed and expressed indirectly via symptoms, such as anorexia (Fishman, 2006). Palazzoli (1974) extended this formulation in suggesting that these processes of triangulation were characterised by covert marital conflicts in which the child had been become emotionally 'embroiled' and felt compelled to choose to take sides between the parents. Moreover, she argued that the more the marital conflicts were denied or disguised the more potentially confusing and problematic it could be for the child.

A shortcoming of systemic formulations may be that there is not enough consideration of 'why' the parents may, for example act in a conflict avoidant way. We suggest that an attachment perspective can help to understand how the parents' attempts to avoid conflict derive from their own family experiences and may inadvertently function to produce dilemmas for themselves and their child. Our clinical experience and previous research (Dallos & Dernford, 2008; Dallos & Vetere, 2011) suggests that parents are frequently employing 'corrective scripts (Byng-Hall, 1995 Dallos & Vetere, 2011) to attempt to offer a more emotionally warm and less conflictual family environment for their children than had been the experience from their own childhoods. Hence rather than seeing 'conflict avoidance' as a form of relational deficit in the parents it can be seen as a positive intention to offer a better experience for their own child. However, systemic theory has shown that such positively intended 'attempted solutions' can produce unintended or ironic consequences.

Attachment and Family Systems Approaches to anorexia: Bowlby (1973) referred to attachment as both a relational, systemic process regulated by feedback and also as an internal state that orients the child to seek

protection using characteristic strategies. Hunger is one of the first experiences of need and distress in infants and how this is attended to may be shaped by the parent's attachment orientation and may also in turn contribute to the child's emerging attachment orientation towards the parent (Crittenden et al, 2015; Hooper& Dallos, 2012). The general findings of a variety of research studies is that insecure attachment styles are commonly found in female young women who have eating disorders (Armstrong et al, 1989; Ward, Ramsay & Treasure, 2000, Zachrisson & Kulbotten, 2006; Tasca et al, 2009; O'Shaughnessy & Dallos, 2009). However, the classification of secure vs insecure is extremely broad and research has not found convincing evidence or relationships between attachment subtypes (dismissive, pre-occupied, disorganised) and restricting or bulimic sub-types of eating disorders (Ringer & Crittenden, 2007, O'Shaughnessy & Dallos , 2009). It is also suggest that there is a need for more differentiated distinctions, not just into attachment subtypes but concerning the role of specific attachment strategies, such as minimisation of distress, denial of attachment needs, angry derogation of others or lack of responsibility (O'Shaughnessy & Dallos, 2009; Ringer & Crittenden, 2007;Zachrisson & Kulbotten, 2006).

Though relatively under-researched a few studies have suggested that anorexia may also be associated with insecure processes in the parents indicated b intensely involved parenting style, minimisation of expectations of comfort and valuing self-sacrifice within a restricted emotional environment (Humphrey, 1986; Bruch, McGrane & Carr, 2002). Ward et al (2001) found in a sample of young women with a diagnosis of anorexia that 83 % of the mothers and 95% of the young women displayed insecure attachment patterns as indicated in Adult Attachment Interviews. Evidence from systemic therapies also suggests that attachment research on anorexia needs to move beyond the dyadic perspective that has under-pinned attachment theory. Despite the sophistication of the attachment explanation of dyadic relations, there is a recognition that influential interactions often go beyond the dyad (Dubois-Comtois & Moss, 2008). A significant exception has been the work of Byng Hall (1980) who described children's role in regulating the emotional distance/intimacy in their parents' relationship. Whilst some researchers have focussed on triadic relationships and offered theoretical postulations (Dallos & Vetere, 2011; Fivaz- Depeursinge, 2009), traditional understandings of attachment theory has focused on the dyadic relationship and has not offered an explanation for these wider systems. We suggest that individual attachment styles are important influences on the triadic process and offer insight into why and how triangulation dynamics develop and are maintained. The triadic parent-child relationship is generally a dynamic one with emotional distance and closeness shifting in relation to developmental and environmental changes. Whilst these processes are widely

recognised and worked with clinically, they are under studied with the majority of the research into the development of anorexia focussing on individual experiences (Koruth et al*.,* 2011; Calam et al, 1990).

Both systemic and attachment perspectives can be seen to offer generalised conceptualisations of the family functioning and the emergence of symptoms of anorexia in young women. For example, it is suggested that a child may come to play a role in meeting her parents emotional needs, including developing academic excellence or a 'good girl' self in order to please her parents, including helping them to feel they are successful parents in raising such a high achieving child (Dallos & Denford, 2006; Dallos, 2012; Bell et al, 2009), During adolescence, with the emphasis on separation from parents and gradual independence this may raise dilemmas both of anxiety for the parents' well-being and also a fear of rejection and abandonment at moving out of this placating role from the parents. Developing a debilitating 'illness' – anorexia may function as a covert way of resisting the pressure to please the parents and to mediate in their problems. However, family contexts do not stay the same (Dallos & Draper, 2015; Keeney, 1987) and for example changes and resolutions in the parent's relationship are not always perceived by children. A young person may have adopted the role of mediator in her parent's relationship in the past and if this has involved anorexic symptoms this may have become part of her sense of identity alongside a belief that it would be catastrophic for the family if she abandons her symptoms. Minuchin (1978) and Bowen (1978) had described that a systemic process surrounding symptoms has a mutual causation: the child is both responding to her parents' relationship but also comes to regulate and influence them. This view of mutual influence allows a consideration of family dynamics as causal without attribution of blame. In summary, work in this area may have been unhelpfully misinterpreted as 'parent blaming' rather than as explaining how anorexia can emerge and be maintained by difficult family situations despite parent's best efforts to cope with conflict and care for their child. Research by Dallos (2001) and Dallos and Dernford (2008) suggests an explanation of the triangulation process related to anorexia which focuses on the child's attempts to alleviate parents' distress in the face of an avoidant family culture surrounding marital conflict. For example, they have found that young women frequently reported their sense of their family becoming 'closer' and less conflictual as a consequence of their anorexia. One reason given was that they felt that their parents argued less since they became concerned that arguments might make their anorexia worse (Dallos & Denford, 2006). Such a belief may maintain a systemic process whereby the anorexia appears to be necessary to avoid the risk of future conflicts emerging and in turn may function to block the parents engaging in necessary, functional emotionally charged resolution of their conflicts.

Aims of the Study

There has been relatively little research on how young people with anorexia view their family relationships, their understandings of the potential impacts of the anorexia in family relationships and the influence of family relationships on the anorexia. The primary aim of this study was to explore these with a specific focus on their understanding of triadic interactions, including perceptions of the relationship between parents and their role in relation to the marital relationship. Secondly, the study also aimed to explore how attachment strategies shape the perceptions and narrative accounts of these relationships. No previous study to our knowledge has focussed directly on young women' understanding of triadic relationships and how their narratives are influenced by attachment strategies.

Method

Participants

All participants were females aged between 16 and 18 years with a primary diagnosis of anorexia. Older participants were chosen because of a greater ability to reflect on experiences due to cognitive maturation. Participants came from intact families and identified themselves as being of white British ethnicity. Exclusion criteria included inpatients, those who were actively suicidal, diagnosis of a learning disability, experience of psychosis or autistic spectrum disorder. Six participants took part in the study. Four were connected to Child and Adolescent Mental Health Services in the UK and two had been inpatients and were receiving intensive day unit support at the time of interview. All of the young women were receiving treatment, which included individual therapy and in some cases family therapy, and were judged by their key worker to be physically and emotionally stable enough to take part in the study. Therefore, they were all at an advanced stage of their treatment and where they had received family therapy this had been broadly based on the Maudsley model (Dare et al, 1990) which emphasises externalisation of the eating problems and the parents taking control of their child's eating. . The therapy did not focus on attachment processes, specifically on triadic process nor the parents' relationship apart from promoting them working together to manage the eating. The interviews lasted between 90 and 120 minutes

Ethical approval for the research was gained from the corresponding university and health service ethical committees. Confidentiality and anonymity was ensured for the participants and support was made available in the event of the research process generating any distress. None of the participants expressed any significant

discomfort and instead they reported that the research was a generally positive experience in which they particularly welcomed the opportunity to talk about family relationships.

Design

The study was cross sectional in taking one time point, based on a small group of young women and employed multiple sources of data: Firstly, a semi-structured interview was conducted including a focus on triadic relationships with specific questions about triangulation situations, how anorexia affected these relationships and how the relationships affected anorexia. The interview also included questions about the experience of anorexia, its development, its impact(s) on family relationships and vice versa. The interviews also explored how the problems associated with anorexia had changed over the duration of the illness as well as perceptions regarding its future course. Secondly, a parent-child 'sculpt' was used with buttons to best depict the relationships between the child and her parents before anorexia, currently and how they would like the relationships to be in an ideal world. Participants were then asked to repeat the sculpt for how each parent would answer the questions. It was hoped this procedure would encourage greater reflection on the dynamics within triads. Thirdly, the Adolescent Separation Anxiety Interview (ASAI) was used to reveal attachment strategies. This is a semi-projective technique to elicit attachment strategies from responses to a series of and conflict separation scenarios in photographs (Wright *et al*., 1995; Richard et al., 1998). The picture scenarios depicted situations involving parent figures and a child (see Figure1) and the participants were invited to comment on emotional states, relations between all people depicted and possible consequences/ solutions situations. The young women were prompted using a series of open-ended questions about how they would feel in the situations depicted and how they thought the girl in the picture was feeling. It was also our hope that the semi-projected design of the ASAI would be useful in freeing up defended narratives in discussing triadic situations. Several of the ASAI pictures depict triadic scenarios, such as the father leaving and two additional photographs were designed which depicted triadic scenarios: the parents arguing and parents discussing a school report (see Figure 1 below). These photographs were used to elicit further information regarding the adolescent's thoughts and feelings about their parents' relationships, potential family breakdown, separations and their own involvement. The interviews were audio recorded and then transcribed verbatim, with all identifying information removed.

Figure 1

Triadic photograph 1: 'Parents arguing' Triadic photograph 2: 'School Report'

Attachment Analysis (modified Resnick analysis)

A modified version of Resnick's (1993) coding system was used for the analysis of the ASAI. This system of analysis utilises indicators of attachment processes employed in the Adult Attachment Interview (AAI) and other narrative measures of attachment. It also features an analysis of solutions adapted to attempt to resolve the scenarios. Narrative responses to the pictures were rated on a 9 point scale on the subscales embodying key indicators of two main types of insecure attachment strategies:

1. *Preoccupying:* - anger/anxiety regarding separation and conflicts; derogation of others and fragmented episodes, escalating and emotionally charged solutions
2. *Dismissing:* - minimising the importance of separation and attachment; idealisation; self-blame and minimising or appeasing solutions

These two types of attachment strategies map onto the child observational measures of anxious/ambivalent and avoidant styles. In addition two further subscales were added:

(i) Indicators of trauma in terms of evidence of intrusions from personal material and extreme solutions were considered. The markers of unresolved states were drawn from the analysis employed in Adult Attachment Interview (Crittenden & Landini, 2011), for example intrusions of evocative imagery or

strong affect, or extreme brevity and lack of expected affect in relation to depiction of extreme situations and dangers.

(ii) Reflective functioning (RF) assessed in terms of the young people’s capacity to imagine their parents’ thoughts and feelings and their perceptions of the parents’ abilities to understand the young women’s experiences (Fonagy et al, 1998). The RF prompt questions including asking the young people what they thought the adults in the picture would be thinking and feelings and also what they thought the adults would think the young person in the picture would be thinking and feeling.

Overall attachment patterns were then derived in terms of secure; insecure preoccupied; insecure dismissing and complex/ mixed insecure strategies.

IPA - Thematic Analysis

A qualitative analysis was also conducted on the content of the responses, employing Interpretative Phenomenological Analysis (IPA - Smith, et al, 2009). This is an inductive qualitative analysis that attempts to capture core themes of the young people’s experience of their eating problems and of their family life. The process of the analysis employs an interpretative process to inductively generate themes that appear to capture most closely participants’ experiences. The analysis proceeds from an initial coding, preliminary clustering of sub-ordinate themes and finally a generation of super-ordinate themes, which best appear to capture the dominant features of their experience. A similar interpretative process was employed to analyse the button sculpt and the dyadic and triadic picture scenarios, However, it was assumed that these were prompting the participants to consider family dynamics and conflicts and hence it was expected that this offered a more deductive form of analysis and it was of interest to see how these themes corresponded to those from the open – ended interviews.

An audit trial, including reflective memo – keeping regarding the process of interpretation and also independent analysis was conducted by the second author. Both researchers noted emerging themes which were discussed and agreement reached to develop the final meta-themes. A bracketing interview was conducted in which the lead researcher explored her own family and clinical experiences and considered how these might have influenced the interpretative process of the analysis. A reflective research diary was also employed to reflect on the researcher’s assumptions and interpretations.

Findings

Attachment Analysis (modified Resnick analysis)

All the six interviews were coded by the two first authors independently and then compared for reliability. The first author completed all the interviews; therefore the second author was able to give a level of external validity. The six teenagers all indicated insecure attachment strategies, consistent with previous research (Ward et al 2002;2001). Results of overall attachment classifications, presented in Table 1, revealed a good inter-rater reliability (k=.91; p<.001).

Table 1: Participant Attachment Classifications

Attachment Patterns	**N**	**Pseudonym**
Dismissing	3	Andrea, Eve, Lucy
Preoccupied	1	Lauren
Mixed type	2	Amelia, Donna

The narratives of the young women classified as dismissing indicated a tendency to dismiss the importanceof emotions, to regard negative emotions, such as anger, criticism or hostility as unacceptable, and denial of the significance of conflict and separation from parents. They were also characterised by parent idealisation. In contrast, the transcripts of the young women classified as pre-occupied indicated a pre-occupation with anxiety and anger and the intrusion of emotion as the talked so that their stories became fragmented, disjointed and difficult to follow.

IPA - Thematic Analysis

This analysis combined the data from the semi-structured interview, the button sculpt and the answers given in the ASAI. The themes which emerged from across these explorations are documented in Table 2. **Table 2: Themes**

Superordinate theme	**Clustered theme**
Relational distance to attachment figures	Closeness to mother vs. father less involved Closeness with one parent affects the other
Barriers to emotional connection	Inability to express negative emotions

	Feeling misunderstood Practical ‘fixing’ vs. emotional healing
Perceptions of parents’ relationship	Parental relationships have vs haven’t changed since anorexia Role in arguments: triangulation Feeling responsible

Theme 1: Relational Distance to attachment figures

Closeness to Mother vs. Father less involved

Aspects of the family organization appeared to be influenced by concerns regarding the anorexic difficulties. The young women described anorexia as influencing the closeness and distance in their relationships with their parents and all the adolescent girls spoke about feeling that one consequence was increased closeness to their mothers and more distant to their fathers:

‘I could never talk to her about anything before and I didn’t feel close to her at all. But now we’re really, really, really close and she’s the person I’m closest to in the world.’ (Lucy)

Whilst Amelia simply learned to talk to her mother more about anorexia despite evident conflict:

‘Bizarrely, I think it has brought us closer at times. Erm, because I felt that it’s easier to talk to her about certain things than my father.’ (Amelia)

Lauren and Lucy described high dependency on their mothers. This began with being physically unwell and needing their mother to nurse them. Andrea spoke about her mother spoon-feeding her and Lauren reflected that by regressing to a baby she did not need to face the adult world.

> *‘I was never going to be smaller again and I was never going to have no worries... part of me stalled for a long time to like get better because I didn’t want to find out that it wasn’t true.’ (Lauren)*

In contrast, all of the young women talked about their father not being as involved in treatment. Again, the intensity of this varied. Lucy, Lauren and Amelia talked about anorexia creating tension and now being angry with their fathers. Lauren became furious with her father after she developed anorexia. In contrast, Andrea, Eve and Donna dismissed the importance of their father's behaviour. Eve said:

'My father doesn't really talk to me very much apart from 'how was your day?' sort of thing. I think he's come along to these sessions like about twice.'

Andrea said, *'My father is trying as well, but I don't think a man will ever understand a woman's insecurities.'*

Interestingly, these three young women displayed dismissing attachment strategies and although they reported their parents acting as a team, described their mother playing a more active role in therapy and their parents taking different approaches.

Closeness to one parent affects the other

Several of the young women described the impact of forming closer relationships with their mother or their father. During the button task, Lucy referred to her father's perspective of their triadic relationship:

'For my father kind of like I'm in the middle, like in the way. My mother and father aren't as close and I think he would say that was because of me'.

Lauren talked about how the closeness in her and her mother's relationship had isolated her father, saying that *'…sometimes my mother will get irritated with him* [Father] *too and it's like two against one and I'm sure for him it feels like, he's like pushed away and it's like us against him'.*

Theme 2: Barriers to emotional connection

All of the participants described conflict, some of which indicated trauma, with indicators of this running through the ASAI and triadic photographs.

Inability to express negative emotions

Eve and Lucy talked about finding it difficult to display negative emotions. Interestingly, they were described as having dismissing strategies. Growing up, Lucy found it difficult to discuss emotions.

‘*I’ve always found it really, really difficult expressing how I feel and talking about that sort of thing and I didn’t feel like I could talk to anyone really and I used that* [Anorexia] *instead, I guess.’*

Eve talked about this inability to discuss negative emotions extending to her friendships:

‘*Obviously not just in the family but with my friends as well. I’ve never had a serious argument with a friend or even an argument with a friend’.*

Lauren and Eve spoke about taking the role of the ‘good girl’ in the family.

> *‘I was kind of one of those people who was always afraid to be in trouble. I hated that, so I was kind of just a good girl and I think now this is the first time that I’ve ever not done what I was told. ‘(Lauren)*

Feeling misunderstood

Four of the young women explained that arguments about anorexia had led to them feeling isolated and misunderstood. Andrea said whilst her family were incredibly close this was undermined by anorexia: *‘…but obviously it’s quite hard for them to understand so it’s not going to be easy. There’s always going to be a barrier that they’re not going to understand.’*

Lucy talked about her father finding anorexia hard to comprehend. She said:

‘well it was just that he found it very difficult to understand why I couldn’t just like get better [short laugh] and just eat basically’.

Amelia talked about how anorexia cut her off from everyone whilst completing the button sculpt task.

> *‘It’s like somebody put a box over you, that green button* [Anorexia] *is like having a box put over me because it’s the thing that’s keeping the distance away from my relationship with my parents…it’s the only thing they can see of me.’ (Amelia)*

Some young women explained that when relationships with parents were not going well they would turn to anorexia.

Whenever we end up in a big argument or distancing myself, it makes the Anorexia more desirable because I can feel in those moments that that is something that I know and that is something which I trust and I have control over.'

Donna said that when she was in conflict with her mother she felt that her symptom escalated and she retreated into not eating:

'*If me and my mother argue, which is really rare, we won't talk for a while and I don't like that and it makes me fall back into that* [anorexia] *again a little bit'. (Donna)*

Practical 'fixing' vs. emotional healing

Several of the young women described one parent taking a more practical approach, which they did not find helpful and damaging to their relationships. In most of the accounts, it was the father that took this practical fixing approach. Lauren reflected this in conflictual accounts: she spoke about the practical approach being unhelpful, but later, she talked about feeling resentful that her father could not fix things.

Amelia said that she had:

'…felt like a lot of anger towards him [Father] and I don't know whether that's because he's been telling me practically the things which I should be doing'.

Lucy also talked about her father's approach:

'Instead of talking about stuff he just wanted to fix me…So since around that time I haven't been so close to him'.

Theme 3: Perception of Parents' Relationship

This theme identified teenagers' attachment strategies as influencing individual perceptions of triangulation.

Parental relationships have vs haven't changed since anorexia

Lucy, Andrea and Eve stated that they did not think their parents' relationship had changed since anorexia had been in their lives. These young women were all categorised with dismissing attachment styles. A characteristic of such patterns is to state relationships in positive terms but with an absence of convincing evidence. The

adolescent's responses indicated some avoidance of the question or possible idealisation of their parents' relationships. Eve said:

'I don't think it has at all because, I know my mother is the only one who talks to me about the way that I eat, but I know that whatever I say, whatever I do, my mother will talk to my father and my father will talk to my mother. So they're still as strong as ever' [said with conviction].

Andrea stated that,

'They have each other, they were the only 2 in that situation that went through that, so it made them stronger.'

Lucy didn't really answer the question – just talked at length about how her parents have always been really different and her thoughts as to why – not related to anorexia.

In contrast, Lauren and Amelia noticed a change in their parent's relationships. Lauren, described with anxious attachment styles, talked about her parents addressing their problems since anorexia had been diagnosed:

'I think because of this my parents are going to couple counselling and stuff and it's like it's brought up problems about everything rather than just one thing'.

Amelia talked about her parents using anorexia as a distraction from problems in their marriage:

'*It's something which they can use to have an argument with each other about instead of actually like arguing about the real issues that are there… As a result it actually makes it quite difficult for all of us to let go of the Anorexia'.*

Role in arguments: Triangulation

The young women reported their role in parental arguments in the interview and the ASAI. Again, their perceptions of parental conflicts varied in relation to their attachment strategies.

Lucy, Eve and Andrea categorised with dismissing attachment styles, talked about avoiding getting involved in parental arguments. Andrea talked about trying to stay out of the argument:

'I imagine the girl just stayed out of it, because when your parents are really into arguing, you've got to'. Lucy and Eve spoke about finding their siblings to check they were alright.

In contrast, Donna, Lauren and Amelia, categorised with either mixed or preoccupied strategies, talked about being more actively involved in arguments and being in a triangulated position. Donna talked about her mother requesting her support in arguments:

'I feel like I'm supposed to take a side. Mother will be like, "do you agree, Donna?" and I'll be looking at my father like… [nervous laugh].'

This theme continued through Donna's ASAI interview. In the picture where Father was leaving after an argument she said:

'I'd probably be texting him saying, "where are you?" I'd say to my mother," it's just an argument he won't be long"'.

Amelia described trying to help her parents sort things out when they were arguing and it not being very successful.:

'*I literally do step in as their therapist. It's totally the wrong thing to do because then you do just get in the middle and then that gives them a reason to argue with me rather than argue at each other'.*

Feeling responsible

Regardless of whether the young women became actively involved in parental disagreements or not, a sense of responsibility seemed to prevail. The young women spoke about feeling responsible for the tension that anorexia had caused between their parents, or for their parents' arguments. Donna said*:*

'It makes me nervous and if it's for a longer period of time, it makes me feel panicky a little bit.'

Lauren talked about feeling responsible for arguments even when they are not her fault. She said she felt:

'…like I've created that, the arguments, like I've caused it even if it's not related to me'.

Andrea spoke about feeling responsible for her parents' distress:

'You see them all getting upset and knowing it's your fault, well not my fault but [pause]. It was me; I was the source of it.'

Amelia mentioned the guilt of being responsible for arguments and as a result feeling isolated:

'…because they've got angry with each other they'll both then get angry with me and they won't want to talk to me because as a result it's me that's causing it to happen.'

Discussion

The primary aims of this study were to explore how young women with anorexia perceive the relationships in the family, including parent-child relations and triadic processes and how they see these as relating to anorexia. A core finding was that the young women identified anorexia as influencing the emotional connections and closeness in their triadic relationship (mother, father, self). In some cases the young women described anorexia as simply being a 'thing that they could keep as theirs' from their 'over-involved' parents (Eve). Lauren and Andrea talked about regressing to infant feeding behaviour, and Lauren reflected on whether this was a way of delaying the maturation into the adult world and what life without anorexia would be like. Some of the descriptions seemed to reflect the infant-mother relationship. The young women also described changes in parent-child connections at the onset of anorexia, for example of feeling closer to one parent or of the family overall. Marvin and Stewart (1990) describe how changes in family dynamics are inter-woven with changes in attachment dynamics, such that a shift towards different patterns and intensities of emotional connection and anxiety may become established and maintained. However, in some cases this appeared to produce a more constructive revision of the attachment relationship where the parent could continue to be available to their child even if the anorexia ameliorated. In effect this situation required the young person to take a 'risk' of letting go of the anorexia which appeared to have become a source of control and comfort for them. Additionally, the young women in this study described cross-boundary coalitions: most frequently of close relationships with their mothers and anger towards their fathers, whilst being aware of the isolating impact this had on their father. Their accounts also indicated that the young women in some cases felt a responsibility to attempt to assist relationships difficulties between their parents. This description of a coalition with one parent at the expense of the relationship with the other reflects classic triangulation patterns, in some cases; idealizing one parent emphasizes the inadequacies of the other (Ringer & Crittenden, 2007; Bowen, 1978).

A second theme featured the idea of barriers to cohesive relationships reflecting tensions between the adolescent and both parents despite the reported closeness. The young women described these tensions in relation to anorexia: on the one hand they described how the tensions made the anorexia stronger and this was associated with feeling isolated and misunderstood. They also described how anorexia could feel familiar and comforting in the context of feeling that their parents were not emotionally available. Some of the young women talked about what they described as their father taking the unhelpful approach of trying to 'fix' them, which actually made them feel incapable or inadequate. As they entered adolescence and experienced difficult emotions, the young people described their struggles with talking to others about their feelings and described how restricting their eating potentially became a way of coping and helped them feel disengaged. They specifically noticed that an ability to express negative emotions was seen as a turning point and something which they recommended to others struggling with anorexia in the final question of the interview.

It is important to emphasise that a systemic approach does not suggest that attachment 'styles' are causal of anorexia (Dallos, 2012). Instead, as Bowlby (1973) originally proposed, attachment needs to be seen within the context of the complex interrelated relationships within a family. Hence, the young people in our study can be seen as employing such strategies within the family as a system. As Marvin and Stewart (1990) and Crittenden et al. (2015) describe there is recursive process between attachment strategies employed and the relational dynamics of the family such that attachment styles emerge from and also maintain the family dynamics. This research attempted to investigate the influence of attachment strategies on perceptions of triadic functioning. It is worth noting that whilst perceptions of triadic relations were of particular interest to this study, these themes also spontaneously emerged from the transcripts. The young women in this study showed strong emotions, deep concern and distress at the potential for, or of actual parental disharmony. This was shown in different ways and appeared to be influenced by their attachment strategies; either in an active, involved way (preoccupied) or in a more internal or projected way (dismissive). As an example, the young women who displayed preoccupied attachment strategies demonstrated reactions to the triadic pictures indicating anxiety and anger. In contrast, the young women with dismissing attachment strategies denied any concern regarding parental dispute in relation to themselves, but projected their concern on to others, for example, a sibling. The acknowledgement of conflicts and distress in their parents' relationship appeared to be particularly denied by young women who showed dismissing attachment strategies. For example, Eve, Andrea and Lucy talked about the marital relationship being close, but

descriptively described ruptures and conflicts in relationships and disagreements between the parents in dealing with the anorexia. Some of them denied getting involved in conflicts in the semi-structured interview, but revealed negative emotions and responses in the ASAI or button sculpt.

Triangulation has been described as the 'invisible web' and this research supports earlier postulations (Dallos & Denford, 2008) that the process is a defended one, which families find difficult to reflect on. The young women in this study did show an awareness of triangular processes but this tended to be more focussed on how the anorexia had influenced family relationships, for example that it was seen to have brought the parents closer together in order to fight anorexia (Andrea, Amelia). Several of them described how anorexia was maintained by family dynamics, for example as offering a distraction from marital difficulties and serving to prevent the family from disintegration. However, they did not consider family relationships to be a causal factor in the onset of their anorexia. Some of the young women gave clear explanations of being caught in the middle of arguments (Donna, Amelia) and it appeared that their refusal to eat may have functioned as a way for them to feel a sense of control regarding the dispute between their parents. Although some of them reported not getting involved in parental disputes, they generally described strong emotions about the conflicts, particularly feelings of responsibility. This inactivity, coupled with the experience of strong emotion, is potentially as problematic as being actively involved and caught in the middle of arguments. Previous research suggests that since the emotions of young people may go unacknowledged their attachment needs are not met as parents are preoccupied and distracted with their marital disagreements. The lack of action by the adolescent also implies a lack of opportunity to influence a resolution, potentially generating feelings of powerlessness, which has been described as 'feeling invisible' (Dallos, 2012).

One of the remaining questions regarding triadic relationships and triangulation is why these young women have such concerns about their parental relationship i.e. what drives this desire for parental emotional stability? This research has prompted us to consider child attachment style in relation to these triadic relationships. A child has an attachment to both parents and this is compromised when these are in conflict since the child may feel a sense of disloyalty whenever she feels close to either parent. Both of the insecure strategies which emerged from our data: dismissing strategies such as self-blame and preoccupied attachment strategies such as consuming anxiety/anger appeared to fuel triadic processes but in different ways. Children with dismissing patterns appear to try to withdraw and deny the conflicts, but remain emotionally distressed and isolated. On the other hand children

with preoccupied patterns appeared to become more entangled in their parents' emotional dynamics, but likewise stay emotionally aroused and distressed as a consequence. In other cases the girls' symptoms of anorexia seemed to fuel conflicts between the parents as they come to blame each other for 'causing' her problems. Of course a possible escape from this is to seek the reassurance of an 'illness' explanation, which, runs the risk of minimising the influence of family dynamics and other significant factors on the child.

Clinical implications

This research suggests that paying attention to family members' experience of triadic processes is important when working with anorexia. This will not be a new idea for systemic therapists for whom the concept of triangulation and use of interventions to assists in easing children out of such conflicts is well known. However, focus on this has to some extent been dismissed as first–order practice or as 'parent blaming'. Despite this, integration of systemic therapy with attachment is a growing area and we think this research contributes to supporting that development (Diamond, et al., 2014; Dallos, 2001; 2009). We suggest that the concept of triangulation is an essential ingredient of work with anorexia and that it does not need to imply 'blaming' of parents but is consistent with current attachment oriented family therapy approaches which emphasise the benefits of a resolution of attachment dilemmas for young people and their parents. In our view the parents in our research sample were seen by the young people as not behaving maliciously towards them, but nevertheless, children can become entangled in their parents' distress and conflicts. We feel that a failure of family therapists to recognise these dynamic patterns is, in the long-term, unhelpful for both young people and their parents.

This research does offer an insight into the influence of attachment strategies on processes surrounding anorexia and highlights how young women may describe these relations differently depending on their attachment style. Both of the insecure attachment styles were evident in the young women and none displayed secure patterns. In themselves insecure patterns are not pathogenic and secure patterns are in fact an integrated and balanced synthesis of both strategies in terms of being able to choose when to de-activate or hyper activate emotional responses. However, when parents are themselves distressed, distracted and pre-occupied with their own conflicts neither of these strategies may be sufficient and anorexia may function as a more powerful communication of the child's distress and need for an attachment response. Related to this, the young women differed in how much they were able to articulate their sense of being caught in the middle. Some were more able than others to do this and

our clinical experience is that this is an indication of a positive prognosis. We are not suggesting here that young people need to ‘blame’ their parents in order to progress, but that an awareness of the power of being in conflictual triadic situations is a necessary component of being able to manage future intimate and other relationships, e.g. work-related or peer relationships. It is interesting to note that a frequent narrative of young people with anorexia is that they have experienced difficult inter-personal relationships outside the family, for example bullying at school and difficult emotional relationships with boyfriends.

Our research required multiple methodological approaches including interviews, sculpts and triadic conflict pictures to reveal the importance of these conflicts. We suggest that all three of these are useful tools for family therapists to use in clinical work with these families. Sculpts and interviews are widely used by family therapists but here we added the emphasis on triadic processes. We also recommend that clinicians make use of photographs or images depicting triadic conflict.

A further perennial question is whether these dynamics are exclusive to anorexia or apply equally to other areas of difficulty. Our answer to this question is that some commonalities are seen across a wide range of clinical presentations such as families presenting with self-harm and conduct disorders. It is also the case that most problems are not simple and the young women in our study also demonstrated anxiety, indications of depression and reports of self-harm. Clinically it is not helpful to over-generalise about the characteristics of these families, but it is suggested that a focus on triadic processes is essential for family therapy within the context of trans-generational processes.

Limitations and Future Research

This was a small-scale study which does not claim to make broad generalisations about clinical populations with symptoms of anorexia. Further research could be conducted on larger samples, for example employing attachment measures or on young people in different contexts and comparisons to normative samples in order to build up a broader picture. This study helps to reveal how the relational context impacts on the experience of young people with anorexia and in particular how projective measures, such as triadic picture scenarios help to illuminate young people’s experience of family relationships.

It is relevant that the young women had experienced some form of therapy. This may have influenced their accounts in various ways, for example systemic therapy may have encouraged them to be more aware of family and triadic processes and conflicts. The model of therapy they had experienced was based on the Maudsley model (Dare et al, 1990) which focusses on externalising the eating disorder and the parents taking control of their child’s

eating. We feel that this did not contaminate our findings unduly since there was not a specific focus on attachment issues or experiences triangulation in this model. We were struck by the differences between the young women in their focus on conflict and feelings which were aligned with their attachment styles rather than appearing to be related to the therapy they had received. It would be interesting to attempt such research earlier in the process of their condition but this raises ethical concerns, for example of destabilising them and interfering with the improvement in their eating. More practically, we were informed that ethics committees would be reluctant to allow such research to take place prior to the young women becoming medically stable. Nevertheless, future research could explore the impact that previous therapies have had on their understandings. It was perhaps surprising though that the young women did not spontaneously volunteer much information about this. They did make some comment that there had been too much emphasis on medical issues and this chimes with our own clinical experience of the experience of services for this group of young people.

References

Armstrong, D. & Roth, J. (1989) Attachment and separation difficulties in eating disorders: A preliminary investigation. *International Journal of Eating Disorders* **8***:* 141-155. doi:10.1002/1098-108x(198903)8:2<141::AID-EAT2260080203>30.co;2-E

Bell, L. G., Bell, D. C., & Nakata, Y. (2001) Triangulation and adolescent development in the U.S. and Japan. *Family Process* **40:** 173-173-186. doi: 10.1111/J.1545-5300.2001.4020100173.x

Bowen, M. (1978) *Family Therapy in Clinical Practice.* New York: Jason Aronson.

Bowlby, J. (1973) *Attachment and Loss: Separation, Anger and Anxiety.* London: Hogarth.

Bruch (1979) *The Golden Cage: The enigma of anorexia nervosa.* New York: Vintage Books.
Bruch, McGrane & Carr (2002)

Byng-Hall, J. (1980) ' The symptom bearer as marital distance regulator: clinical implications' . *Family Process,* 19: 355-65 DOI: 10.1111/j.1545-5300.1980.00355.x

Byng - Hall, J. (1995) *Rewriting Family Scripts.* London: Guilford Press

Calam, R., Waller, G., Slade, P., & Newton, T. (1990) Eating disorders and perceived relationships with parents. *International Journal of Eating Disorders* **9:** 479-485. doi: 10.1002/1098-108x(199009)9:5<479::AID-EAT22600905273.0.co;2-1

Crittenden, P, Dallos, R., Landini, A. & Kozlowska, K. (2015) *Attachment and Family Therapy*. Maidenhead: Open University Press

Crittenden, P and Landini, A. (2011) *Assessing Adult Attachment: A Dynamic – Maturational Approach*. Norton: New York

Diamond, G.S., Diamond, G.M., and Levy, S.A (2014) *Attachment based family therapy for depressed young women*. Washington: American Psychol. Assoc.

Dallos, R. (2001) ANT-Attachment Narrative Therapy. *Journal of Family Psychotherapy* **12:** 43-72. doi: 10.1300/J085v12n02_04

Dallos, R., & Denford, S. (2008) A qualitative exploration of relationship and attachment themes in families with an eating disorder. *Clinical Child Psychology and Psychiatry* **13:** 305-305-322. doi: 10.1111/1467-6427.00159

Dallos, R. & Vetere, A. (2011). Systems Theory, Family Attachments and Processes of Triangulation: Does the Concept of Triangulation Offer a Useful Bridge? *Journal of Family Therapy* 1–21 doi: 10.1111/j.1467-6427.2011.00554.x

Dare, C., Eisler.I., Russell, G.F.M and Szmukler, G.I. (1990) The clinical and theoretical impact of a controlled trial of family therapy in anorexia nervosa, *Journal .of Marital and Family Therapy,* 16(1): 39-57

Dallos, R. & Hamilton-Brown, L. (2000) Pathways to problems: an exploratory study of how problems evolve vs dissolve in families. *Journal of Family Therapy* **22:** 375-393. doi: 10.1111/1467-6427.00159

Dubois-Comtois, K. and Moss, E. (2008) Beyond the dyad: do family interactions influence children's attachment representations in middle childhood? *Attachment & Human Development* **10:** 415 — 431. doi:10.1080/14616730802461441

Fishman, C.(2005) *Enduring Change in Eating Disorders.* London: Brunner-Routledge

Fivaz Depeursinge, E., Scolopes, F., Linepython, M. & Favez, N. (2009). Coparenting and toddler’s Interactive Styles in Family Coalitions. *Family Process,* 48:500–516. doi: 10.1111/j.1545-5300.2009.01298.x

Fonagy, P., Target, M., Steele, H. & Steele, M. (1998). Reflective functioning manual, version 5.0, for application to adult attachment interviews. London: University College London.

Hooper, A., & Dallos, R. (2012) Fathers and daughters: Their relationship and attachment themes in the shadow of an eating disorder. *Contemporary Family Therapy*, **34(**4), 452-467. doi: 10.1007/s10591-021-9204-8

Humphrey, L. (1986) Structural analysis of parent-child relationships in eating disorders. *Journal of Abnormal Psychology* **95:** 395-402. doi.org/10.1037/0021-843X.95.4.395

Keeney,R. (1987) *Aesthetic of Change*, New York, Guilford Press

Koruth, N., Nevison C. & Schwannauer, M. (2011) A grounded theory exploration of the onset of anorexia in adolescence. *European Eating Disorders Review:* **20**(4), 257-264*.* doi: 10.1002/erv.1135.

Latzer, Y. & Gaber, L. (1998) Pathological conflict avoidance and anorexia nervosa: Family perspectives. *Contemporary Family Therapy* **20:** 539-551*.* doi.org/10.1023/A%3A1021636401563 %I

Marvin, R.S. and Stewart, R.B. (1990) 'A family systems framework for the study of attachment'. In Greenberg, M.T, Ciccetti, D. and Cummings, E.M. (Eds.) *Attachment in the Pre-school years,.* Chicago: University of Chicago Press, 51-86

McGrane, D. & Carr, A. (2002). Young women at risk for eating disorders: Perceived family dysfunction and parental psychological problems. *Contemporary Family Therapy*, **24**(2), 385-395. doi 10.1023/A:1015359610774

Minuchin, S., Rosman, B., & Baker, L. (1978) *Psychosomatic families: Anorexia Nervosa in Context.* Camridge, MA: Harvard University Press.

Minuchin, S. & Fishman, H. C. (2004). *Family Therapy Techniques.* Harvard University Press: Cambridge.

O’Shaughnessy, R. & Dallos, R. (2009) Attachment research and eating disorders: A review of the literature. *Clinical Child Psychology and Psychiatry* **14:** 559-574. doi: 10.1177/1359104509339082

Selvini Palazzoli, M. (1978). *Self-Starvation.* New York: Aronson.

Resnick, G. (1993). *Measuring attachment in early adolescence: A manual for the administration, coding and*

interpretation of the Separation Anxiety Test. Unpublished PhD thesis, University of Rockville.

Richard, M. H., Fonagy, P., Smith, P. K., Wright, J. C., & Binney, V. (1998) *The Adolescent Separation Anxiety Interview*. Unpublished interview protocol, Goldsmiths College, University of London.

Ringer, F. & Crittenden, P. (2007) Eating disorders and attachment: The effects of hidden family processes on eating disorders. *European Eating Disorders Review* **15**: 119-130. doi: 10.1002/erv.761

Rowa, K., Kerig, P. K., & Geller, J. (2001) The family and anorexia nervosa: examining parent–child boundary problems. *European Eating Disorders Review* **9**: 97-114. doi: 10.1002/erv.383

Smith, J. A., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis.* London: Sage.

Tasca, G.A., Szadowski, L., Illing, V., Trinneer, A., Grenon, R., Demidenko, N., Krysanski, V., Balfour,L. and Bissada, H. (2009) Adult attachment, depression, and eating disorder symptoms: The mediating role of affect regulation strategies. *Personality and Individual DIfferences.* 47: 662-667 doi:10.1016/j.paid.2009.06.006

Ward, A., Ramsay, R. & Treasure, J. (2000). Attachment research in eating disorders. *British Journal of Medical Psychology* **73:** 35-51.doi: 10.1348/000711200160282

Ward, A. , Ramsay, R., Turnbull, S., Steele, M., Steele, S., and Treasure, J. (2001) Attachment in anorexia nervosa: A transgenerational perspective*British Journal of Medical Psychology* 74: 497–505.
DOI: 10.1348/000711201161145

Wright, J.C., Binney, V. and Smith, P.K. (1995) Security of attachment in 8 – 12 year olds: A revised version of the separation anxiety test, its psychometric properties and clinical interpretation. *Journal of Child Psychology and Psychiatry,* **36**(5): 757 – 774. doi: 10.1111/j.1469-7610.1995.tb01327.x

Zachrisson,H.D. and Kulbotten, G.R. (2006) Attachment in anorexia nervosa: An exploration of associations with eating disorder psychopathology and [psychiatric symptoms. *Eating Weight Disorder,* 11:163-170 doi
10.1007/BF03327567