

INTERVIEW
Conversations about the field

The 'Unfashionable' John Byng-Hall: Narrative, Myths and Attachment*

Glenn Larner**

John Byng-Hall would not want to be called a 'hero' or 'pioneer' of family therapy, nonetheless that is what he is. He has acted as a major figure in the development of the profession in the United Kingdom since the 1960s, co-founding the family therapy course at the Tavistock clinic, where he was a Consultant Child and Family Psychiatrist until he retired in 1997. As an author and editor of internationally recognised books and papers on family scripts, myths and legends, narrative and attachment, John has bridged systemic, attachment, psychoanalytic and narrative approaches to family therapy. Like his ancestor Admiral Byng, John's own narrative challenges the existing political order, which in current family therapy involves conformity to Postmodern fashion and denigration of things historical.

Glenn: I'd be interested to know how you see family therapy progressing into the millennium.

John: Good question (laughs). It will progress all right, but I think there are hopes and fears for it. Maybe some parts will progress, others won't. To start with you have to look back into the history of family therapy. Fifty years ago when it was all starting, the energising force in family therapy (this is my story) was the excitement of pioneering. The motto of the founding fathers was, 'We have discovered, and you must go on pioneering'. This is very exciting. But unfortunately like all idealisations it's partly based on a denigration of something else. So whom are we denigrating? Originally it was psychoanalysis in America which was dominant at the time. There was a tremendous sense of relief to get away from something that was so constraining, focused only on the individual, and not available to many people.

Glenn: Is that still happening?

John: I don't think it is so much now, but what we are slower to give up is the pioneering ethos. In the millennium the balance may switch further from idealising everything in family therapy towards listening to other disciplines. Over the last 50 years, we've had this wonderful idea, now very old fashioned, that we constantly have to move on to new territory in order to find



new ideas to plant our flag on. There have been very interesting developments in our field but a high price has been paid for not listening to other forms of knowledge, for instance developmental research, which has been largely bypassed in my view. Certain areas of useful knowledge and research in psychology have been made unavailable and I think we've turned to other

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things that are less relevant. For instance when social constructionism became fashionable I thought that at last we were going to have access to a lot of research data, and to collaborate with researchers in looking empirically at how social practices influence human perception, and so on.

Glenn: *You mean the use of knowledge from social and perception psychology?*

John: Yes. Instead we've gone to people who are much less relevant. With no disrespect intended, Maturana and Varela are very good biologists and know a lot about animal perception. We should have gone to human psychology which had much more knowledge to give us, but we were going on being pioneers: we even 'discovered' the Chileans!

Glenn: *On the frontier—in the Antipodes!*

John: That's right. We've become fashionists. Being preoccupied with fashion is an aspect of always having to be pioneers and move on from the previous territory to something else.

Glenn: *We lose a sense of the past and tradition.*

John: And in the process we don't even build on our own experience, because along with the move to a new fashion goes a wiping of our past, so we are not building up a body of knowledge in a way that we could have done.

Glenn: *Do you see the narrative paradigm associated with this movement to the fashionable?*

John: That's a good example. A lot of people have knowledge about narrative, like the analysts who explored it in depth in the twenties, and yet suddenly here we are in the late twentieth century behaving as if we've discovered it. We're slow to consider how we can build our knowledge about narrative and families on the strength of what's already known. I've been interested in attachment theory throughout my career. I came to the Tavistock in 1969 partly because Bowlby was working there. Attachment research turned its attention to narrative in the 1980s when Mary Main, who was originally a linguist, did some wonderful work with narrative and attachment which was very powerful in terms of research findings, and extremely relevant to family therapy.

Glenn: *Tell me more.*

John: First of all you should know that the research on attachment tells us that children who have insecure attachments with parents are more likely to have problems. Children who have secure attachments are more likely to do better in a whole lot of ways, cognitively, peer relations and so on. What Mary Main did was to follow up families in which she had been looking at attachment in children starting from the age of one. She had used the Ainsworth Strange Situation procedure which involves laboratory observations of a child's separations from, and reunion with, a parent, so she knew whether the children were secure or insecure. When they got to the age of six she added another element. Mary and her colleagues devised an interview, (the Adult Attachment Interview, AAI) about the parent's own childhood, in particular about their experience of

attachment. They then explored the relationship between the narrative that the parents used and the attachment status of the children. They wanted to see if there was a link. Could you, in a research double-blind way, predict from the narrative what sort of attachment the parent had had with his or her child?

When she looked at the data she found that if the story about childhood was coherent, it predicted that the parent was likely to have a child who was securely attached. Suddenly it becomes exceedingly interesting. It throws light on what would have to change for somebody's narrative to become more coherent, which is associated with greater security. Mary also found that there were different types of incoherence that predicted particular types of insecure attachment, that one would expect from the style of the narrative.

In 'insecure-avoidant' attachments the child is very cut off emotionally, and doesn't seem to be concerned when the parent leaves the room during the Strange Situation procedure, and when the parent comes back into the room, turns away as if avoiding the parent. These children are more likely to have parents who dismiss the importance of attachments in their narrative (categorised as 'Dismissing' in the AAI). So you can see this is actually a relationship quality that is shared between parent and child. Both behave as if attachment is unimportant. You also find that these children are likely to be rejected or pushed away by their parents if they make emotional demands on them. All children are initially programmed, thank goodness, to make a fuss if they're upset in order to elicit some comforting. But if your parent is 'dismissing' and you make an emotional demand, he or she is likely to push you away because he or she can't stand upset emotions. As a child you will then learn to adopt an 'I don't care' attitude. Actually we can all do that if we've been rejected or jilted. We all know that phenomenon (luckily it's usually short-lived), but if you've had a lifetime of such experience because it is part of a relationship, it becomes ingrained.

In contrast there is another group of children with 'insecure-ambivalent' attachments. They cling and demand, constantly trying to get their parent's attention, but you find the parents are preoccupied with unresolved issues from the past, which shows up in their narrative (categorised 'Preoccupied' in the AAI). Because of this they are only intermittently emotionally available to the child. They are frequently thinking about some injustice done to them, but when their children make strong enough demands they finally gain their parent's attention because they are keen to be good parents themselves. So these children learn that you have to demand care persistently in order to get it. They also discover that their parents, who are often upset, want to have them near them for their own comfort. The children then make themselves indispensable by comforting the parent, thus guaranteeing that the parents will go on wanting them around. This is a good strategy for maintaining the otherwise insecure relationship. This however produces a role reversal; they become parentified children. These parents have diffuse boundaries

and anyone in their world, including children (or therapists) can become figures from the past. The children may thus be allocated parental roles and treated like a particular adult, say a punitive grandparent. In this way two year olds having tantrums can become perceived as 'monsters' and 'tyrants' doing it all deliberately, rather than being seen as vulnerable little children.

Glenn: *How would a child with that sort of experience present?*

John: These become the school refusers, and so on. What is really interesting is that an attachment researcher and a family therapist called Bob Marvin in the States spotted the link between these categories and Minuchin's family categories. The families with secure attachments are equivalent to 'adaptable', and in the insecure attachment: avoidant-dismissive are 'detached', while the ambivalent-preoccupied are 'enmeshed'. The latter matching categories share a lot of features, role reversal, blurred boundaries, mutual clinging, intrusiveness, etc. Suddenly here is a bit of research that fits with family therapy ideas.

Glenn: *How do we use that knowledge in therapy?*

John: For me it's enormously valuable. 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, controlling child can be seen in a different way; as very insecure rather than difficult or bad. You can explain to parents, 'Little Johnny is trying to make sure you notice him the whole time because he's feeling insecure, and has to find some way of making sure that you don't forget him. The sad thing is that he does it in a way that is so exasperating that he drives you nuts. Then you feel like pushing him away, which revs him up further, and he gets even more insecure about you; and so clings even more—that gets you even more exasperated. So you both get in a vicious circle.' This is not only something that families can understand, but there is good research data around it, which I quite often tell parents about. It is also reassuring when they learn that the research was done with a normal population (roughly 60–65% secure, 20–25% insecure/avoidant, 10% insecure/ambivalent. Another category of insecure/disorientated is not discussed here).

Glenn: *Does this process of helping families to understand their child's problem take place over a number of sessions?*

John: I think it can start quickly, because it makes sense, but needs to be worked on. These children are very fascinating. You sometimes see them behaving like little old men or women, while part of them goes back into being more demanding and childish, so there is often confusion about what to expect of them. The research picture is actually very helpful in making sense to me of a lot of troubled behaviour. I have a story which families find useful and I feel on a more sure footing.

Glenn: *This is how attachment research informs your use of narrative in therapy?*

John: Having published in 1973 and 1979 on issues of narrative, I was very excited when the attachment research on narrative was published in 1985. Mary Main used a number of criteria for coding the coherence of narrative, including telling both a plausible and a consistent story about your own attachments when you were a child. Also the coder, having read the transcript, feels he or she could empathise with the interviewee. By and large those adults who have had a reasonable experience of being cared for in childhood give accounts that were coded coherent, while if their experience was troubled then it was likely to be incoherent.

There are some important exceptions. There is a group of parents who have had a rotten childhood but can tell a coherent story about it. They are likely to have securely attached children, and are said to have 'earned' security. For example a parent when asked about his own childhood said it was a terrible time, his mother was a prostitute with men coming into the home all the time. While he was able to be upset about it, he could also say: 'It was the only way she could feed us as children and I know I was a pain, I was very difficult'. This was a coherent narrative because it was a story that could make sense of his feelings and he was also able to empathise with his mother's problems and put himself in the scenario. He could take a systemic view of what happened and come to terms with it. This parent had a secure attachment with his own child. This group of parents who have 'earned' their security is very good news for therapists. It shows that if you can help people to come to terms with their past and tell a coherent story about it, they could be in a better position to give their own children a better chance.

Inconsistencies between various elements of the narrative can make for incoherence. One interviewee (coded Dismissing) was asked for an adjective to describe her mother who she described as 'wonderful', but later said, 'I broke my arm once and it was three days before I could tell my mother about it'. This was grossly inconsistent with the idealised description of her mother. While being dismissive of the importance of attachment she was using idealised images to describe her own parents. Idealisation and denigration is typical of detached/avoidant families. The parents are cut off from the needs of their children, and this woman, as a child, had discovered that if she made demands on her own mum, she would reject her. In such families care is not readily available. To use Bowlby's terms, parents 'defensively exclude' information, memories or experiences that put them in touch with their pain of having been rejected as a child. The child helps save the parent this experience by switching off his or her own attachment behaviour, which might otherwise involve an emotional outburst on separation and on reunion. Despite outward appearances these children have been distressed by the separation. Eventually they also learn to dismiss the importance of attachments. 'It's best to be expected to look after yourself. Our children are not

spoiled' then becomes the shared family motto (called pseudo-autonomy by attachment researchers).

Glenn: *This is part of the idealisation?*

John: Exactly. To go back to another point about constructionism, here we have evidence about what can influence perceptions. These parents become vigilant for any sign of troubling emotions, so they avoid empathising with their upset children—which would involve putting themselves inside their children's shoes and so feeling their pain. The perception of what is going on with their child is given a different lens. Demands for care are considered signs of a dangerous dependency. They thus respond to the infants' distress as a signal to back off rather than to pick up and comfort the child. In time the infants grow into their parents' construction of them, as not needing care. This illustrates how you can link a person's story with research data. The family narrative of these people is limited, blunt, short and dismissive. Often memories of childhood are lost.

Glenn: *This is the shape of their narrative. So how do you work with this? You help them construct a coherent story?*

John: By and large it's by creating a co-constructed coherent story about what's going on; making it understandable in terms of attachments. What is most immediate and powerful is to understand the current interactions, for instance, around a child making a fuss in the session, or working on stories about what happens between sessions. I can help them to begin to create another story within the frame of the research findings on attachment and insecurity.

Glenn: *An alternative story?*

John: Yes. I find it simplistic to think you can have a dominant discourse and a subjugated one that you can just release. The dominant discourse here is that attachments don't mean anything, and the subjugated story—that doesn't get out—is that we all need support. First you need to understand why there is this pushing away. Just like children's play, it can be turned into narrative with the family. While I watch I may act as a narrator trying to make sense of it: 'Oh! See what happened, just when Johnny started to cry, you put him off your knee ... perhaps ...' and so on. Unfolding interaction can be turned into narrative within the family. Glenn, you have written about doing that with children's play, haven't you.

Glenn: *Yes they then start their own narrating?*

John: Yes. They begin to ask themselves, 'What does that mean? That happened followed by this ...' The family can start creating their own more coherent story about feelings and attachments and tune in to the child's experience of being upset, rather than merely getting furious. It's a different frame, understanding it in terms of insecurity, and the various strategies to keep the relationship going. That together with talking about what goes on in the session, between sessions, and in the past, helps a new belief system about relationships to evolve. The stories that fit these beliefs help to enable family members to tune into each other's experiences.

Glenn: *And the number of sessions over which it happens varies according to the family?*

John: While in general I don't work very long with families, I work as long as it takes. My aim is to help the family become more of a secure base for working out things for themselves. In secure attachments you feel safe enough to explore difficult ideas, or behaviour, because you're not going to be rejected if you do. It's a place where you can resolve conflict. For me the best thing a therapist can do for any family is to help them become more secure with each other so they can resolve their own difficulties during the therapy, but also after therapy, and to find their own solutions. The moment I can see they're ready to do that I hand it over to them.

Glenn: *A fascinating interplay here is how your concept of a narrative therapy incorporates a body of empirical knowledge, which is pioneering without discarding traditions of research on attachment.*

John: A lot of the useful bits of family therapy, like the concept of enmeshment supported by attachment research might be dismissed.

Glenn: *As first order cybernetics?*

John: But human nature doesn't change and family therapists can also participate in this dismissing phenomenon which attachment research has found.

Glenn: *Is there an attachment problem for family therapists, do we have a secure or an insecure base?*

John: Yeah (laughs). Seriously, that's a good researchable question: if therapists have secure attachments and can tell a coherent story about their own background and experience, does that make them better therapists? I think a lot of us therapists struggle on the edge of things and have had some difficulties in our own families. A number of us have been parentified children for instance. But to come back to the question of the millennium: whether family therapy flourishes will, I think, depend on whether empirical research is rubbish as merely being part of a dominant discourse. If we can join a respect for people's own stories with research on the 'most probable' story—which is what science does—we can build up a knowledge base with therapeutic implications and testable hypotheses. For instance, seeing if an increase in the coherence of narrative in families is associated with improvement during family therapy.

Glenn: *What is fascinating for me is the interaction between myth and reality, between the family story and what actually is the case as the most probable story. I know you have written a lot about this but can you talk about myths?*

John: Myths are interesting, I first explored them in the early 70s when I was working with families with troubled adolescents in an inpatient unit run by Peter Bruggen. It struck us that some of these families were idealising themselves and denigrating the child. Their attitude was: 'We're fine, we're trying to do our best and the only problem is our child'. What we observed was that the parents seemed crazier than the child, while their belief system was to see themselves as ideal.

I called that a family myth because of this discrepancy. This was long before the attachment research came out in the mid 1980s, suggesting that these families were probably 'dismissive', and eject distressing adolescents.

The problem with the term 'myth' is its varied usage. A common meaning of myth is that something's not true. But cultural myths are thought of as stories that reveal a fundamental truth. It's a paradox that I struggled with. Having published a paper in 1973 about family myths that are used to hide a truth, I explored family stories to explore any possible links between these two usages. In a 1979 article I classified various family stories, one of the types being family legends; which are stories which tend to get told again and again. They encapsulate the family ethos like a parable, for example, telling stories about what Uncle George did. In the way it's told it is made very clear to the current generation: 'Don't be like him by doing that', or, 'Do be like him'. Legends are a way of conveying the family ethos to the next generation. 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.

Legends are thus stories that illustrate the essence of mythology. In this case they reveal how the idealised family image is maintained through a story about what happens, in contrast to a belief that obscures some of what goes on. Here was a link between the two apparently contradictory usages. Mary Main showed us how the narrative might be explored empirically rather than just relying on the therapist's constructions.

Glenn: *It's objective knowledge?*

John: You used the word (laughing)! It's a *more probable story*. So this is the way I integrated the idea that stories can reveal what is going on and can also be used to support a mythology, which you could say is the dominant discourse. Myths both hide things and, in the story, reveal something about what actually goes on in the family.

Glenn: *So how do you see the relationship between a myth and the dominant story?*

John: This is interesting, I'm coming at this issue here for the first time. The myth at the time of writing in 1973 was to do with what I call consensus role images. So in the family it was agreed that dad was a great guy, little Johnny was a terrible, and so on. Somehow the family would agree that these images would represent the family. There might however be private reservations but you would never go against that view, not publicly anyway. If you did you might get thrown out or scapegoated. Adolescents might say: 'Dad you're a failure!' But they are very quickly disqualified for challenging the consensus image. A family myth in these terms is a very comfortable thing for family members because it validates an acceptable self-image. That father did not have to constantly keep wondering whether he was a success or failure (a secret fear) while his family validated his success.

Glenn: *So this is the dominant discourse.*

John: If the concept is used in that way I can agree with it, but what worries me is when a dominant therapist takes the subjugated discourse and somehow makes that the dominant discourse.

Glenn: *Inverting it.*

John: Yes, it's like joining with the children. That really worries me. It's a big mistake not to realise that children scapegoat their parents just as much, so you could too easily take the side of the poor misunderstood child. With adolescents it's very dangerous because they scapegoat their parents the whole time: 'I'm only bolshy because my parents are so old fashioned, and horrible'. The worst thing you could do is imply, 'Yes. You're right', because that removes any responsibility, it disempowers them completely. It's very dangerous to suggest that a grievance is justified.

Glenn: *To make the adolescent story a dominant one.*

John: Without any thought about what they are contributing to the problem.

Glenn: *To make the subjugated story dominant is fine as long as there is some understanding of how the two sit side by side?*

John: I reframe what is going on in the context of the whole story especially in terms of security and insecurity. And with adolescents the problem is also how to deal with autonomy, and all that.

Glenn: *Perhaps we could go off on a different tack, I'm interested in your own myths and legends.*

John: Okay (laughs). In 1978 I realised that if you're theorising about stories and legends—if you make a generalised theory about human behaviour—you always have to think about what relevance the theory has to yourself. I set myself a rule to think about my family stories. What really surprised me was that the one that came into my head was two hundred and fifty years old, about Admiral Byng. I thought this must be daft but I kept to my rules and it turned out to be an absolutely fascinating legend about the fear of being a coward. Admiral Byng was shot because he didn't get close enough to the enemy. I explored the history and found out there was nothing in the family legend as told to me by my parents that was true except that he was shot. Everything else was historically wrong. That intrigued me. I could follow the legend as it was interpreted over the centuries because it became a national legend. Voltaire wrote about it in *Candide*. The hero asks, 'Why is this admiral being shot on his own quarterdeck?' and he's told, 'It's to encourage the others because he did not get close enough to the enemy'. The hero then asks a very interesting systemic question: 'If he wasn't close enough to the enemy, does that mean the enemy wasn't close enough to him'.

Glenn: *So should they be shot as well?*

John: Exactly. It turned the whole thing on its head. I found it fascinating to go to the British Library and get out the documents, some of which may not have been touched since the original events.

Glenn: *Systemic ideas were not necessarily invented*

by family therapists in the second half of the 20th century—a sobering thought that the fashionable can be old.

John: Yeah. The same with family myths. I discovered when I had written my paper that it had already been written about by Ferreira ten years before. I had to swallow my pioneer's pride. On the other hand it fitted, so I felt my own story was a bit more validated.

Glenn: *It's important for family therapists to understand their own myths?*

John: People have to explore their own stories and be more aware of their coherence, and particularly any resonance with their own family, because this may be constructing what stories we make of what's going on in therapy.

Glenn: I see your point, that the appeal of the new fashion of, say, constructionism that dismisses the past, can distract from family therapy.

John: What I am perturbed by is ditching everything in order to go on, which guarantees superficiality. If you build on previous ideas and see the connections you can have a much richer view of families. One other thing about family research is that it's difficult and that may be another reason why we don't take doing it seriously enough. That's the other thing that might happen to family therapy in the next millennium—no one will take us seriously if we do not do it. That's my worry. Family therapy may slowly wither away, fewer people going to conferences, etc. It could become more of a cult caught up in its own belief system, especially if we ditch science. We could all go off to Hawaii I suppose.

Glenn: *The millennium conference could be there!*

John: (laughing). We could sit on the beach and exchange our certainty that we've got it, and know better than anybody else, and talk about the huge mis-

takes others have made about thinking there is a certainty. This is the problem about self-idealisation. But you can also idealise humility: 'He's the most wonderfully humble person that's ever been'.

Glenn: *'We' are not part of the dominant discourse!*

John: No! We're so humble we don't have a dominant discourse (laughingly). Except we do know best.

Glenn: *That could be a good point to end on.*

John: Okay.

References

- Byng-Hall, J., 1973. Family Myths used as Defence in Conjoint Family Therapy, *British Journal of Psychology*, 46: 239-250.
- Byng-Hall, J., 1979. Re-editing Family Mythology during Family Therapy, *Journal of Family Therapy*, 1: 103-106.
- Byng-Hall, J., 1982. Family Legends: Their Significance for the Family Therapist. In A. Bentovim, A. Cooklin and G. Gorell Barnes (Eds), *Family Therapy: Complementary Frameworks of Theory and Practice*, Vol. 2. London, Academic Press.
- Byng-Hall, J., 1988. Scripts and Legends in Families and Family Therapy, *Family Process*, 27: 167-180.
- Byng-Hall, J., 1995. *Rewriting Family Scripts: Improvisation and Systems Change*, NY, Oxford University Press.
- Byng-Hall, J., 1995. Creating a Secure Family Base: Some Implications of Attachment Theory for Family Therapy, *Family Process* 34, 1: 45-58.
- Byng-Hall, J., 1997. Toward a Coherent Story in Illness and Loss. In R. Papadopoulos and J. Byng-Hall (Eds). *Multiple Voices: Narrative in Systemic Family Psychotherapy*, London, Duckworth.
- Byng-Hall, J., 1998. Evolving ideas about Narrative: Re-editing the Re-editing of Family Mythology, *Journal of Family Therapy*, 20: 133-141.
- Byng-Hall, J. (in press). Creating a Coherent Story in Family Therapy. In G. Roberts and J. Holmes (Eds), *Narrative Approaches in Psychiatry and Psychotherapy*, Oxford, Oxford University Press.
- Larner, G., 1996. Narrative Child Family Therapy, *Family Process*, 35: 423-440.
- Main, M., Kaplan, N. and Cassidy, J., 1985. *Security in Infancy, Childhood and Adulthood: A Move to the Level of Representation*. In I. Bretherton and E. Waters (Eds), Monograph of the Society for Research in Child Development, Serial No. 209, 50: nos. 1-2. Chicago, The University of Chicago Press.