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## **COUPLE CONFLICTS FROM AN ATTACHMENT NARRATIVE THERAPY PERSPECTIVE**

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**attachment narrative therapy**

**couple conflicts**

### **Summary**

Conflicts seem to be one of the most common problems presented by couples undergoing couple therapy. Although the results of research show the clearly negative impact of destructive conflicts on couple functioning, a constructive resolution of conflicts may strengthen the relationships of people who are close to each other. The aim of this article is to present core information concerning couple conflicts and then discuss the range of psychological assistance options available to couples from an attachment narrative therapy (ANT) perspective. In this approach, the source of conflict may be unmet attachment needs. Attachment strategies constitute an interactional pattern, and this pattern could become problematic for a couple. During psychotherapy, the main focus is not on individual attachment strategies but on the interactional pattern. ANT is a stream in psychotherapy that integrates the systemic, narrative, trauma theory, and attachment theory approaches. Such an extensive integration has enabled psychotherapists working in different approaches to easily draw upon the assumptions of ANT in their practice. The article is brought to a close with guidance for psychotherapy work with couples who are struggling to cope with conflict.

The word conflict comes from Latin and means “to strike together”. Various kinds of conflicts are extensively analysed by philosophers, political scientists, sociologists, and psychologists alike. Conflicts seem to be one of the most common problems presented by couples undergoing couple therapy. And it is these very conflicts in close relationships that are extremely interesting as this is an event that occurs between people who should be able to rely on each other and mutually look out for each other and protect one another. Moreover, psychologists maintain in unison that conflicts in a relationship are unavoidable [1] and, indeed, escalate more easily in close relationships. The strong emotions accompanying a conflict lead to selective attention, which is conducive to a biased interpretation of the partner’s behaviours. This, in turn, triggers reactions that reinforce the conflict. Declarations on the absence of any conflicts in a couple may raise doubts as to whether or not the differences and conflicts are being minimised.

The aim of this article is to present the core information on couple conflicts and to discuss the range of psychological assistance options available from the attachment narrative therapy perspective. It is the

approach to psychotherapy that offers conflict analysis possibilities from two complementary perspectives: intrapsychic and interpersonal. Attachment narrative therapy is a stream in psychology that integrates the systemic, narrative, trauma, and attachment theory [2–4]. Such an extensive integration has provided psychotherapists working in different approaches to easily draw upon the assumptions of this school in their clinical practice.

The article is tasked with presenting the underlying assumptions of attachment narrative therapy as well as its creative use in the therapeutic work with a couple involved in a conflict. Attachment narrative therapy is an ever-evolving approach and can be applied in different clinical contexts. However, in the literature pertaining to this school of psychotherapy, there is an absence of positions directly relating to working with couples finding themselves in conflict.

### **Definitions and types of conflict**

A conflict in a couple is a social interaction where the partners have divergent goals but they do not have to be conscious or even articulated [5]. There are many different definitions of couple conflicts in literature and, what follows, different ways of researching this phenomenon and, therefore, divergent conclusions stemming therefrom [6]. Destructive and constructive conflicts can be identified. The latter do not really have a negative impact on marital relations and on the overall functioning of the family. The difference between a destructive and a constructive conflict lies in the way the couple deals with it and the feelings that it elicits [6]. Thus, a constructive way of coping with conflicts means that the parties of the conflict show each other mutual respect, strive to cooperate with one another, and control their emotions; while destructive coping is manifested in aggressive behaviours and the expression of negative feelings.

The results of research confirm the correlations between couple conflict intensity and lower relationship satisfaction [7–10]. The existence of couple conflicts also affects the mental well-being of an individual. A correlation was identified between the intensity of conflicts in a couple and signs of depression [11]. Conflicts are also of relevance to physical health [12–14]. Persons in marital relationships enjoy better health than single people. However, conflicts experienced in a relationship seem to be related to an impairment of health since they give rise to stress that affects the immune, endocrine, and cardiovascular system. The adverse effects seem to be particularly notable in the case of women. Conflicts may also lead to a relationship breakdown although even an intense conflict is not its main predictor [15].

A marital conflict may, but does not have to, destructively affect the children in a family [15]. A constructive conflict sometimes even fulfils a positive role, provided that the child learns how to resolve interpersonal problems from their parents. The results of research show significantly less tension experienced by children affected by the conflicts of their parents as well as the negative reactions to the family situation if the parents, despite the conflict, can communicate with one another. Children also gain from brief explanations given by their parents as to how the conflict was resolved by them [15].

Destructive conflicts, on the other hand, lower the sense of emotional security of a child. Children who perceive the conflict of their parents as posing a threat to their security experience greater negative effects of the conflict than children interpreting the conflict differently [6]. A child reacts to the conflict of their parents also by a greater secretion of cortisol, although this is not a simple dependency as cortisol secretion is also dependent on genetic factors [6]. Destructive conflicts between parents are linked to the worse adaptation of a child, increasing the likelihood of conflicts arising between the parents and the child, and misunderstandings between siblings [12].

In order to gain an understanding of couple conflicts, attention should also be given to their intensity and whether or not they lead to psychological or physical abuse. There is a large body of literature analysing the causes and consequences of violence in a relationship [16–20], which is why this will not be discussed in this publication. Of course, only some of the violence appearing in a relationship results from ongoing conflicts. Research findings have also demonstrated that the violence that results from attempting to take complete control over the partner is the most destructive in a relationship [6].

Researchers are in agreement as to the differentiating factor between well-functioning and badly-functioning couples being not the very conflict itself but the manner in which it is resolved [21]. Overall, three main types of conflict-solving capabilities can be identified: 1) Constructive involvement (cooperation, listening to the partner, and acceptance of their point of view; 2) Destructive involvement in the form of confrontation (blaming, criticising, intimidation and bullying, as well as manipulation); and 3) Avoidance. The last type of conflict solving capability involves avoidance, withdrawal from contact, lack of openness, and refusing to take part in a conversation. The more subtle forms of avoidance consist of focusing on other people instead of one's own relationship or analysing the course of a conversation instead of dealing with its content [21].

According to the concept of Rusbult, Johnson, and Morrow [quoted after: 22], conflict resolving strategies in a couple can be classified in two dimensions: constructive–destructive and active–passive. Taking them into consideration, four strategies of reacting to conflict can be identified: 1) Dialogue (constructive and active); 2) Loyalty (constructive and passive); 3) Conflict escalation (destructive and active); and 4) Withdrawal (destructive and passive). The first strategy includes actions that lead to problem resolving and maintaining the relationship in a good condition, such as an open and sincere conversation about the problem, attempting to understand the partner, looking for solutions that are optimal for both parties, and searching for different forms of help and support from the outside. Loyalty, on the other hand, is a passive strategy aimed at waiting out the problem with the hope of the situation improving and stabilising on its own.

This overview allows for a more precise classification of conflicts and of the methods of coping with them, but is insufficient to gain an in-depth understanding of the couple conflict phenomenon which is required in the case of psychotherapy. Attachment narrative psychotherapy that refers to attachment theory is also helpful in understanding what could underpin the couple conflict and, therefore, what help can be offered to couples.

### **Couple conflict in the attachment theory perspective**

Since attachment theory has been repeatedly discussed in the Polish literature [e.g., 23–28], its assumptions will not be analysed in detail in this article. Attachment is manifest by seeking proximity with a significant other in the face of strong stress. This bond is to restore a sense of comfort and security. Note that it should not be identified with other forms of proximity.

Attachment lasts throughout the lifetime and is universal in nature [25]. In the case of older children and adults, symbolic proximity seeking (which does not always have to translate into physical closeness) starts to play an even greater role. If a child has caregivers who are sensitive to their needs and physically present by their side, they learn that they can count on them in the face of threat. Parents alleviate the child's anxiety, helping them to calm down. A child looks for their closeness whenever they feel any kind of danger. Sometimes, however, the caregiver is not accessible, not very sensitive, or they themselves become the source of the child's anxiety. If this situation repeats itself, it leads to the formation of secondary attachment strategies. They can be broken down into two main types: hyperactivating (escalating), and deactivating (avoidant) [25]. A hyperactivating strategy involves exaggerating the problems that have arisen, belabouring over them, and focusing on the stress and difficulties being experienced. Persons applying it emphasise very strongly the need for support from others. On the other hand, people using the deactivating strategy do not seek support from others in order to calm themselves down and they deny their need for proximity. They try to deal with stress on their own, even if they themselves need such help and support.

Both types of secondary strategies are not a manifestation of pathology in their own right. Moreover, they may even have an adaptive significance in some situations. This is because it is sometimes worth withdrawing (avoidance strategy) during an ongoing conflict or, on the contrary, "putting one's foot down" (escalating strategy). These strategies, as mentioned earlier, also help to cope with the feeling of threat or anxiety in childhood [25]. However, the constant and rigid use of secondary strategies that are ill-suited to the circumstances leads to couple problems arising and being maintained. From the point of view of attachment narrative therapy, these problems stem from unsatisfied attachment needs [2, 3]. Thus, adults who feel tense and anxious do not find consolation in contact with their partner.

Attachment anxiety correlates with frequent conflicts and perceiving the behaviours of the partner as irrational and permanent [21]. The greater the intensity of this anxiety, the greater the tendency to resolve conflicts by dominance and attempting to force closeness. Persons with escalation tendency during conflicts (therefore, strongly anxious) have the tendency to tell and show their partner how wounded they are by them. They also evoke a sense of guilt [7]. On the other hand, attachment avoidance correlates with a lower conflict frequency but at the cost of their avoidance (*i.e.*, not analysing their causes), a lack of openness to negotiation, and not being very open in a conversation. Research results also show that withdrawal from contact with a partner as a result of conflict makes the emotional recovery of both partners more difficult, and lowers

relationship satisfaction and the sense of intimacy [29]. Withdrawing from contact is taken as a signal of not being important for the partner.

The intentional use of withdrawal in order to punish the partner is particularly destructive to the couple [29]. It is also worth pointing out that withdrawing from the relationship may be a sign of using the deactivating strategy, that is, avoiding further stress by reducing contact with the partner, but also — which is less obvious — a sign of a hyperactivating strategy. In this second case, the withdrawal is aimed at the partner to punish them, which leads to an escalation of tension in the couple and further aggravation of the conflict.

### **Basic assumptions of attachment narrative therapy**

Although attachment narrative therapy is not an approach that is particularly centred on supporting couples in managing conflicts, the proposed way of explaining couple functioning by this school may successfully be harnessed when working with conflicted couples. Below is an overview of the main assumptions of attachment narrative therapy along with a description of its stages in couples in conflict. Specific therapeutic techniques have only been touched on. A detailed description of them would require a separate elaboration.

Attachment narrative therapy is an approach that integrates the classic school of systemic psychotherapy with attachment theory and narrative psychotherapy. Its originators, namely, Prof. Arlene Vetere and Prof. Rudi Dallos, were not after constructing an original stream in psychotherapy but harnessed the knowledge that was already available [2–4]. The advantage of attachment narrative therapy is this very attempt to integrate already existing approaches and using their synergy effect. Due to the present space constraints, the description of the key assumptions of attachment narrative therapy presented below will be brief and simplified, focusing exclusively on the elements of the theory required for the deliberations hereunder. It is noteworthy that attachment narrative therapy is not, as the name may erroneously suggest, a variation of narrative therapy.

Some of the assumptions of narrative therapy and attachment narrative therapy are different. This mainly concerns attachment. In attachment narrative therapy, the assumption is that attachment — and what follows — attachment trauma, are genuine psychological phenomena [2, 3]. Therefore, attachment narrative therapy is closer to the objectivistic position (although its originators are not fully in agreement with this). Narrative therapists, however, represent a subjectivist position, specifically referring to the assumptions of social constructionism. According to this premise, reality is construed within the process of communication between people. The core term for narrative therapists is the story. Attachment is treated as one of many other possible narrations.

Narrative therapists do not agree with such a radical position but, at the same time, do not question that attachment is also expressed through narration [2, 3]. They have accepted, similarly to narrative therapists, that the relational dimension of couple functioning is co-construed by the partners within the communication process or also by other persons contacting the couple, *e.g.*, by a psychotherapist with whom the couple is

having sessions. They therefore emphasise the analysis of how the narrations created by the couple about themselves arise, investigating the way these narratives are interpreted by the partners, and how they focus on couple-specific ways of communicating [3].

Attachment narrative therapy focuses on attachment needs and the ways of getting involved in relationships stemming from attachment strategies [2–4]. The attachment strategies of partners constitute a pattern of interactions between them and it is this very pattern that can become a problem for the couple. Therefore, narrative psychotherapy focuses not on single attachment strategies but on what they jointly give rise to and create in a couple. Psychotherapy does not diagnose the attachment strategies of specific people but how they impact each other.

Researchers of couple functioning speak of an interaction effect between individual attachment strategies occurring in the couple [21]. They mutually adjust to each other, creating a new quality. Couple psychotherapists often deal with an effect where, for instance, there is a partner with a tendency to escalate (*e.g.*, starting rows), behaving submissively towards the person using the avoidance strategy, and showing little interest in them. In another scenario, the person usually trying to avoid conflicts begins to be aggressive towards their partner, which they perceive to be overly expansive. Couple strategies can sometimes temporarily undergo modification, which does not change the whole dysfunctional pattern thereof. By way of example, a husband who usually uses an avoidance strategy goes out and arranges to meet up with his mates for a beer to avoid the virulent, in his way of seeing things, comments of his wife (escalating). This is an avoidance – escalation pattern. When the inebriated husband gets home and the wife starts a row, the husband explodes with anger and starts to behave aggressively towards his wife, who tries to get away from him. Despite the change in the types of individual behaviours, the dysfunctional pattern itself, namely, “avoidance – escalation”, remains constant.

In general, conflicts are more exacerbated if both the partners are characterised by distrust [21]. If this distrust is expressed by heightened anxiety, this can easily lead to mutual attacks on each other, aggressive defence of one’s own views, and focusing exclusively on individual needs. In couples where both parties have divergent strategies, that is, when one person is avoidant and the other escalating, a destructive cycle of avoidance and escalation is created. Avoiding one of the partners is received as a threatening signal by the other partner, who reacts with escalation. Escalation frightens the avoidant partner and triggers their further distancing from their partner. If the distrust in the persons is expressed by avoidance, this leads to poor expressivity, withdrawal and distancing oneself. Couples avoid direct confrontation and arguments, and they have a low level of openness.

The attachment style, the attachment strategies, and the dysfunctional patterns mentioned above, and, ultimately, the conflict itself, are all visible in the narrations of the couple [2–4]. This is what is mostly accessible for analysis during psychotherapy. A couple comes to a psychotherapist with a certain story about their problems, *e.g.*, about the conflict between them, and the therapist works on changing this narrative. Often the narrations that couples usually come with to therapy are thin; thus, such stories that focus on the problem,

without factoring in the entire complexity of their mutual relations, and are imbued by criticism towards the other person.

The aim of couple therapy is not the direct resolution of conflicts but such a reinforcement of the closeness relationship that will allow the couple to more effectively cope with subsequent problems, which they will undoubtedly come across. The foundation of couple conflict resolution is building or rebuilding the trust of the partners towards one another [2, 3]. If the partners feel that they can count on one another, that they constitute each other's support should various kinds of difficulties arise, they will be able to cope with potential conflicts much better.

It is justified, from the perspective of attachment narrative therapy, to speak of a primary conflict surrounding the satisfaction of attachment needs and secondary conflicts that stem from unsatisfied attachment needs. These secondary conflicts concern very different things and the psychotherapist is tasked with their analysis and identification. By way of example, secondary couple conflicts may concern the style of upbringing of children, the breakdown of household chores, or the style of spending free time.

Furthermore, not all couple conflicts are linked to attachment. They may, for instance, concern power in a relationship or a sense of justice (what the partners consider just and unjust in their relationship). If, however, the primary conflict is effectively resolved, then the couple copes much better with other types of conflicts. Therefore, attachment narrative therapy focuses on the primary conflict, considering that it is this primary conflict, and coping with it, that is critical for the resolution of subsequent couple difficulties.

The main phases of psychotherapy work with a conflicted couple will be discussed below.

### **Security**

Enhancing a sense of security in a couple is the first goal of a psychotherapist [3, 4]. The overview of research results by Sweeney and Fitzgerald [7] demonstrates that the absence of a sense of security related to the unsatisfied attachment needs in a relationship has a detrimental effect on the course of couple conflicts. For instance, persons with a strong avoidance tendency overestimate the intensity of the negative emotions of their partner. This, consequently, leads to an exacerbation of defensive reactions leading them to show hostility [7]. Therefore, the further successful course of the therapy will depend on whether or not the sense of security can be strengthened and reinforced. A sense of security during a session constitutes the base for a good regulation of emotions that, in turn, is necessary for the couple to cope with the conflict between them. According to attachment theory, the regulation of affective states occurs within the context of social relations, and this process is rooted in early attachment relationships. Therefore, the regulation of emotions is shaped during the course of development, encompassing the integration of a series of processes that are not just behavioural but also biological. In order for this process to proceed correctly, the parent has to adequately identify the inner states of the child and react appropriately to them [30]. A trustful bond between the child and their caregiver is key here. Thanks to this bond, children acquire the certainty that the world is a safe place

and, in the event of threat, they have someone to turn to and ask for help, thereby reducing their sense of anxiety.

There are several potential sources of a lack of a sense of security in a couple. The first is the partner themselves. In couple psychotherapy, we are dealing with this particular situation, where the persons who take away the sense of security are alongside [30]. It is their reactions that evoke anxiety, which releases defence reactions like, for instance, an attack on the partner or avoiding contact with them. Both types of reaction serve to counter the threat. Aggressive comments made in relation to the partner, finger-pointing, and humiliation are evidence of the anxiety being experienced and defence by way of an attack — a very well-studied psychological reaction. Withdrawal from contact is also used to avoid the very source of the anxiety. In certain circumstances, these two ways of reacting are adaptive but usually their initiation, not just during a psychotherapy session, brings destructive consequences.

The sense of security is sometimes also reduced by the very psychotherapist who is working with a couple. Let us not go into their obvious mistakes here. Couple conflicts and the way that a person speaks of them, the reactions of the patients may, potentially, evoke a sense of threat in the psychotherapist who may assume a defensive position, distancing her/himself from the couple or get enmeshed in their conflict. In this latter case, when attempting to resolve the conflict, they infantilise the patients or experience what is happening between the couple very strongly, thus, leading them to react too quickly. Distancing oneself from the couple's conflict may translate into not getting involved, manifesting an overly distanced approach to the participants of the therapy (which is sometimes experienced by them as rejection), the therapist's difficulty in understanding the processes taking place in the family, or a covert critical attitude towards the couple.

A psychotherapist also reacts differently to specific persons within the couple, depending on the coping with conflict style assumed by the patient. If the patient and psychotherapist are similar in the way that they react to conflict, they may unwittingly create a coalition — which is usually difficult to bear for the other person in the couple. And, conversely, if the patient's and the psychotherapist's styles are divergent, it is possible that one of the persons will start escalating their reactions and the other attempt to avoid any conflict. In any case, the psychotherapist's knowledge of the way in which they themselves react to conflict and which styles of coping with conflicts are closer to them, as well as what kind of conflicts they have participated in during their life, how these experiences have affected them, and what are the transgenerational communications in their family concerning conflict resolution, are all very important. This knowledge of the psychotherapist helps them strive towards remaining neutral throughout the session.

Fostering a sense of security is important across all stages of psychotherapy, not only during the initial sessions. A psychotherapist tries to foster security by asking whether the couple feels safe and what could be done to solidify their sense of security. They want to ensure that the reactions that manifest hostility and aggression are minimised, and to prevent any strong and negative feelings from escalating during the session. Two attitudes of the psychotherapist are key in the security that is being forged. These traits can be compared to the properties of the relationships of parents building trustful attachment bonds with their child. Firstly, the

psychotherapist must be attentive to what is happening with the couple (which relates to the presence and accessibility of parents, vital to shaping a trusting attachment in them). Attentiveness is complete presence here and now, focusing on the couple and on what is going on and happening within it [31]. The second key trait of the psychotherapist's attitude is their responsiveness [30]. A therapist not only notices what is going on with the couple but also describes it. However, they do so delicately and compassionately. A conflict brings with it an array of abrupt feelings and behaviours that wound the partner. A couple finds itself entrapped in a raging conflict, making it difficult for them to go beyond the habitual patterns of behaviour, leading to suffering, which evokes compassion and care.

The sense of security in a couple can also be strengthened by approaching the conflict as an unavoidable phenomenon that adults have to face (and not a sign of disrupted couple functioning). Thus, the psychotherapist uses the normalisation technique [30]. They treat conflict not just as a natural phenomenon but as a developmental phenomenon, provided that it is identified and does not lead to mutual hostility and the breakdown of the relationship. The introduction of such a perspective during a psychotherapy session serves to alleviate the tension felt by the couple, which helps in analysing the mechanisms of this conflict that takes place during the next stage of psychotherapy.

### **Couple Conflict Diagnosis**

The base for the analysis of conflicts is the sense of security mentioned earlier [2, 3]. When the participants of the psychotherapy feel safe, they do not activate their defence mechanisms, thus, allowing them to focus on exploring their own experiences [cf. 30]. Couple reflectivity (constituting the foundation of a diagnosis) develops gradually during the course of therapy sessions. An analogy can be made here to how reflectivity develops in the context of a relationship with a caregiver, reflecting the mental states of the child. Anthony Bateman, Peter Fonagy, and Patrick Luyten [quoted after: 32, p. 29] claim that understanding the behaviour of others in terms of their likely thoughts, feelings, wishes, and desires is an achievement that is partly innate and partly acquired during the course of development, and the assimilation of this ability depends on the quality of the attachment relationship, particularly the relationship of early attachment and the degree to which our subjective experience was adequately reflected by caregivers. The attachment is to ensure that the child not only has protection but also a context in which they can develop their ability to reflect on themselves and on the world. This reflection reciprocally strengthens a sense of security. Thus, a sense of security is required for reflection and it, in turn, is conducive to achieving a sense of security.

In attachment narrative therapy, the diagnosis of the conflict mechanisms in a couple is also the result of cooperation between the psychotherapist and the couple themselves [2, 3]. The psychotherapist invites the couple to have a conversation, the subject of which is attempting to explain this very difficult in the category of relational problems. The diagnosis is co-created, although the psychotherapist proposes certain concepts that are, in their view, helpful and serve to build a deepened understanding of the problems being presented. They draw on their expert knowledge (*i.a.*, attachment strategies) but, at the same time, they are not an expert

on whatever is going on between the specific couple with whom they are working (which in turn constitutes a reflection of the attitude of a post-modernist psychotherapist). They treat the couple as unique and are interested in the possible hypotheses concerning its functioning in their specific case.

As outlined above, it is accepted in attachment narrative therapy that couple problems appear when attachment needs are not being satisfied by the partner [2, 3]. In this perspective, the conflict will focus on the possibilities of satisfying these needs. Moreover, the way in which patients try to satisfy these needs can also exacerbate the conflict between them, which in turn impedes or renders the satisfaction of the mentioned needs completely impossible. Thus, the reactions of couple-patients compound their problems, despite the fact that, theoretically, they are meant to lead to their resolution.

Usually, strong feelings like anger, rage, fury, contempt, and aversion accompany the conflict that the couple is going through. It is important for both the psychotherapist and the patients to be able to recognise the emotions that are hidden under those that are openly expressed. Leslie S. Greenberg [33], the originator of emotion-focused therapy, differentiates between primary adaptive emotional responses and secondary reactive emotions. The latter are reactions to the primary emotional reactions and lead to the transformation of the primary emotion into the secondary one, which is not always completely appropriate to the given situation. In other words, the primary reaction to a loss of a sense of security may be anxiety, which in turn leads to the experience of anger. Anger, in this approach, is a secondary reactive emotion. The partner of a person who is feeling anger, defending themselves from their feelings being hurt once again, responds by an attack which consequently escalates the conflict further. The partners express many negative feelings but they are secondary to their primary anxiety. However, it is much more difficult to reveal this anxiety before oneself since, by doing so, they are showing their own weakness. It is only the admittance of these feelings that we sometimes metaphorically refer to as “soft”, that paves the way for dialogue with their partner concerning the possibilities (and constraints) of the conflict being resolved.

Put differently, one of the mechanisms responsible for the persistence of the conflict is experiencing secondary emotions that lead to behaviours that escalate this conflict further [*cf.* 33]. A conflict can be compared to an “arms race”, where both sides show that their weapons arsenal is capable of destroying the opponent. The paradox of this situation is that it is precisely giving up these arms and threats in relation to each other and revealing their own vulnerabilities that is vital to any attempts at resolving the conflict. This is an incredibly difficult task as it exposes them to being wounded further.

When crafting hypotheses, the psychotherapist encourages the partners to both focus on their current situation and on the past. In this case, the genogram is an invaluable technique making it easier to understand how secondary attachment strategies came to be, discovering the transgenerational patterns of coping with conflict, and assisting in identifying the stimuli triggering strong emotional reactions during a conflict [2, 3, 34]. A couple is not always aware of these stimuli, which are referred to as triggers, that impede constructive coping with the conflict. In the past, usually in childhood, these stimuli signalled difficulties or even the inability to satisfy attachment needs. They may also be linked in memory with some traumatic events. The

triggers referred to here are, for instance, some sort of specific tone of voice, facial expression, gesture, or use of set words or phrases. If such stimuli appear during a conflict in adults, it leads to strong emotional excitation. A patient's sudden outburst (*e.g.*, during a therapy session) disrupts the constructive course of the conversation and is seemingly incomprehensible. Hence the great importance of such stimuli being identified, allowing the further escalation of strong emotions to be prevented.

The above approach to a conflict should be treated exclusively as a starting point for further diagnosis. Diagnosis is a process in psychotherapy, in other words, it changes and becomes enriched as subsequent sessions progress. It is also worth emphasising that a deepened diagnosis of couple conflicts is facilitated by the compassionate attitude of the psychotherapist [*cf.* 35]. A destructive conflict is a sort of trap that the couple falls into. Often, the more a couple tries to get out of this trap, the more they fall into it. Attempts of getting out of this trap are accompanied by anxiety, which evokes compassion. The couple's efforts to cope with the difficult situation command respect. Compassion is possible when, as therapists, we look at the couple as persons who are trying to cope with the difficult life challenges that they are facing, and refraining from looking at them through the prism of pathologies.

### **Change and consolidation**

In attachment narrative therapy, patients are invited to consider various kinds of changes that may take place in their lives and relationships [2, 3]. These changes may relate to behaviours, emotional approaches to oneself or the narration of the partner or their own, and their role in the conflict. The less frequent use by a couple of secondary attachment strategies will allow the attachment needs of the partners to be satisfied. The emotions felt by the partners will, over time, become more and more complex. The narrations of the couple will also be transformed. They will become richer, multi-faceted, and go beyond the conflict story itself. The narration about the partner themselves will also change, who will stop being described solely as a person mainly serving the satisfaction of their own attachment needs. Individuality and the other person's needs will also be noticed.

All these changes are a manifestation of the mutual trust present in the couple and, what follows, a stronger sense of security. The partners become more and more convinced that they can count on each other when facing difficulties, which constitutes a good foundation for resolving various current and future conflicts in their relationship.

It is rightly emphasised in attachment narrative therapy, as in other approaches, too, that change must be consolidated [2, 3]. It is therefore worth ensuring that the psychotherapy comes to a slow and gradual end. Old, habitual ways of reacting in the face of conflict situations will undoubtedly re-emerge. However, the couple now knows how they can deal with such circumstances (although such knowledge sometimes needs refreshing, *e.g.*, through consultation with the psychotherapist). The participants of psychotherapy can also revisit and re-analyse earlier reported conflicts, although not all can be resolved; some will still give rise to

various forms of tension between them. What is key, however, is for such conflicts not to be destructive to the couple's functioning and for them not to lower their relationship satisfaction.

### Conclusions

Although couple conflicts seem to be one of the more common reasons to seek therapy, this issue is not widely discussed in the literature on attachment narrative therapy. Thus, out of necessity, some of the theses presented in this article are an original proposal of developing the ways in which an attachment narrative therapist works with couples. These are, however, always based on the fundamental assumptions of attachment narrative therapy, constituting the framework for the deliberations presented hereinabove.

Research shows that psychological interventions directed at the problems relating to the fulfilment of attachment needs in a relationship bring benefits to the couple [*cf.* 7]. They help deescalate conflicts and serve to reinforce the sense of security that is drawn from the relationship. There is no data directly referring to the effectiveness of attachment narrative therapy — such analyses are derived from emotional-focused couples therapy [7] — an akin approach to the topic discussed in this article.

Understanding couple conflicts in attachment narrative therapy is certainly just one of the many possible ways of explaining what is happening between them, and it is not always sufficient. Coping with one type of conflict often reveals others, which could not have emerged before. This is a kind of paradox of the psychotherapist's interactions: by helping the couple deal with the primary conflict, sometimes other problems are discovered that could be significant for the further functioning of the relationship. Chris Knoester and Tanya Afifi [6], in the afterword to "Couples in conflict", posit a hypothesis (based on a review of research) that the significance of conflict has been overestimated to date. Perhaps tackling conflicts surrounding attachment needs allows or simply facilitates the next stages of working with the couple, which do not just concern these needs alone.

### References

1. Ryś M, Greszta E, Grabarczyk K. Intelktualna, emocjonalna i działaniowa bliskość małżonków a ich gotowość do rozwiązywania konfliktów oraz przebaczenia. *Kwartalnik Naukowy Towarzystwa Uniwersyteckiego Fides Et Ratio*. 2019; 2(38): 221–254.
2. Dallos R. Attachment narrative therapy. Integrating narrative, systemic and attachment therapies. Maidenhead: Open University Press; 2016.
3. Dallos R, Vetere A. Systemic therapy and attachment narratives. Applications in a range of clinical settings. London, New York: Routledge; 2009.
4. Vetere A. Terapia systemowa i narracje przywiązania. Zastosowanie w terapii par. In: Józefik B, Iniewicz G, ed. *Koncepcje przywiązania. Od teorii do praktyki klinicznej*. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2008, pp. 91–112.
5. Bradbury T, Rogge R, Lawrence E. Reconsidering the role of conflict in marriage. In: Booth A, Crouter A, Clements M, Boone-Holladay T, ed. *Couples in conflict. Classic Edition*. New York: Routledge; 2016, pp. 59–82.

6. Knoester Ch, Afifi T. Reviewing couples in conflict. In: Booth A, Crouter A, Clements M, Boone-Holladay T, ed. *Couples in conflict. Classic Edition*. New York: Routledge; 2016, pp. 251–268.
7. Feeney J, Fitzgerald J. Attachment, conflict and relationship quality: Laboratory-based and clinical insights. Manuscript. COPSYC 643; 2018.
8. Fincham F, Rogge R, Beach S. Relationship satisfaction. W: Vangelisti A, Perlman D, ed. *The Cambridge handbook of personal relationships*. Cambridge University Press; 2018, pp. 422–436.
9. Candel O-S, Turliuc M. Insecure attachment and relationship satisfaction: A meta-analysis of actor and partner associations. *Person. Individ. Differ.* 2019; 147(1): 190–199.
10. Mund M, Johnson M. Lonely me. Lonely you: loneliness and the longitudinal course of relationship. *J. Happiness Stud.* 2020. Downloaded from: <https://link.springer.com/content/pdf/10.1007/s10902-020-00241-9.pdf>
11. Goldfarb M, Trudel G. Marital quality and depression: a review. *Marriage Fam. Rev.* 2019; 55(8): 737–763.
12. Beach S. Expanding the study of dyadic conflict: the potential role of self-evaluation maintenance process. W: Booth A, Crouter A, Clements M, Boone-Holladay T, ed. *Couples in conflict. Classic Edition*. New York: Routledge; 2016, pp. 83–94.
13. Kiecolt-Glaser J, Wilson S. Lovesick: How couples' relationships influence health. *Annu. Rev. Clin. Psychol.* 2017; 13: 421–443.
14. Smith T. Relationships matter: progress and challenges in research on the health effects of intimate relationships. *Psychosom. Med.* 2019; 81(1): 2–6.
15. Boone-Holladay, T. Introduction to the classic edition. In: Booth A, Crouter A, Clements M, Boone-Holladay T, ed. *Couples in conflict. Classic Edition*. New York: Routledge; 2016, pp. XV–XXX.
16. Malina A, Suwalska-Barancewicz D. Przywiązanie i satysfakcja z realizacji zadań rozwojowych w bliskich związkach a zachowania agresywne między partnerami. *Psychol. Rozw.* 2012; 17(2):71–86.
17. Wirkus Ł, Kozłowski P. *Przemoc w rodzinie. Ujęcie interdyscyplinarne*. Kraków: Publishing House „Impuls”; 2017.
18. Franczyk-Glita J, Müldner-Nieckowski Ł, Śmierciak N, Daren A, Furgał M. Formy agresji kobiet doświadczających przemocy w relacji intymnej. *Psychoter.* 2018; 1(184): 65–78.
19. Velotti P, Zobel S, Guyonne R, Tambelli R. Exploring relationships: a systematic review on intimate partner violence and attachment. *Front. Psychol.* 2018. Doi: <https://doi.org/10.3389/fpsyg.2018.01166>
20. Bates E, Taylor J. red. *Intimate partner violence: new perspectives in research and practice*. New York: Routledge; 2019.
21. Feeney J. Understanding couple conflict from an attachment perspective. In: Booth A, Crouter A, Clements M, Boone-Holladay T. ed. *Couples in conflict. Classic Edition*. New York: Routledge; 2016, pp. 71–81.
22. Kriegerlewick O. Kwestionariusz do badania strategii rozwiązywania konfliktów w parze małżeńskiej. *Nowiny Psychologiczne* 2003; 4: 15–31.
23. Bowlby J. *Przywiązanie*. Warszawa: Wydawnictwo PWN, 2007.
24. Drożdżowicz L. Teoria przywiązania w praktyce terapii par. W: Tryjarska B, ed. *Bliskość w rodzinie. Więzy w dzieciństwie a zaburzenia w dorosłości*. Warszawa: Wydawnictwo Naukowe SCHOLAR; 2010, pp. 246–267.
25. Lubiewska K. *Przywiązanie w kontekście wrażliwości rodzicielskiej oraz wpływów kulturowych*. Warszawa: Wydawnictwo Naukowe PWN; 2019.

26. Józefik B, Iniewicz G. ed. *Koncepcje przywiązania. Od teorii do praktyki klinicznej*. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2008.
27. Wallin D. *Przywiązanie w psychoterapii*. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2011.
28. Żechowski C, Cichocka A, Rowiński T, Mrozik K, Kowalska-Dąbrowska M, Czuma I. Style przywiązania a zdrowie psychiczne osób dorosłych w populacji ogólnej – badanie pilotażowe. *Psychiatr.* 2018; 15(4):193–198.
29. Prager K, Poucher J, Shirvani F, Parson J, Allam Z. Withdrawal, attachment security, and recovery from conflict in couple relationships. *J. Soc. Pers. Relatsh.* 2019; 36(2): 573–598.
30. Johnson S. *Attachment theory in practice. Emotionally focused therapy (EFT) with individuals, couples, and families*. New York, London: The Guilford Press; 2019.
31. Gremer Ch, Siegel R, Fulton P. *Uważność i psychoterapia*. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego, 2017.
32. Adamczyk L. *Mentalizacja. Cz. 1: Wprowadzenie do zagadnienia, wymiary mentalizacji*. *Psychoter.* 2013; 3(166): 25–36.
33. Greenberg L. *Terapia skoncentrowana na emocjach*. Gdańsk: Wydawnictwo Harmonia Universalis; 2013.
34. Gerson R, Hartman S, McGoldric M. *Genogramy. Rozpoznanie i interwencja*. Poznań: Zys i S-ka; 2007.
35. Gilbert P, Choden. *Uważne współczucie*. Sopot: Gdańskie Wydawnictwo Psychologiczne; 2019.

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