

An interview with Pat Crittenden

Chip Chimera

In this interview, Pat Crittenden talks to Chip Chimera and explores the relevance to family therapists of her 'dynamic maturational model of attachment' (DMM). Pat Crittenden was at IFT presenting the last two days of her five-day course, *Attachment and Adaptation*, in April 2009.

Pat Crittenden has many links with family therapy. She was awarded the Lifetime Achievement Award by EFTA in 2004 and has published in the *Australia and New Zealand Journal of Family Therapy*, as well as many other publications of relevance to family therapists. With Rudi Dallos, she has recently published *All in the Family* (Dallos & Crittenden, 2009).

How do you see the fit between family therapy and the DMM?

Perfectly comfortable: it's [the DMM] in a hierarchy of system theories from generic systems to biochemical systems, to neurological systems, organic systems, intrapersonal psychological systems, interpersonal and intra-familial, community, cultural.

In your travels, what have you noticed about the receptiveness to the DMM and your ideas?

It always resonates for family therapists. Basic ideas always resonate. And the basic family-types that various people in family systems identify, these line up very nicely with the ABC structure.

Which particular constructs do you think fit well with attachment? Are you talking about things like engagement, enmeshment or disengagement?

Mutuality of discourse. I think we can bring to narrative work more precision than what is already there. I think attachment has done a really good job, not just my work, because I'm borrowing from other people in my work. I think we have done a good job with development and with operationalising observational techniques.

I recently heard Minuchin say family therapists have lost the skills of observation because we believe we have to be in there and doing things ...

I think he is right.

... rather than observing what's actually going on and just experiencing that.

If you go back to the 60s and early 70s, observation was central to what was happening in family systems work. I think we have moved away from it.

Something seemed to happen in the move to what we call the second-order position, the recognition that we are part of the system. And whilst a lot was also gained by that, I think there was something that was devalued in the observation part. It was seen as taking an expert position.

Yes, what had been going through my mind before you used the word "devalued" was that family therapy lost the ability to evaluate, to make judgements. I think that came from a desire not to devalue people or families, but I think it maybe went too far. We lost the ability to arrive at conclusions by not wanting to arrive at any negative or judgmental conclusions. The family systems people became so politically correct, so unwilling to differentiate between patient and therapist, between adaptive and maladaptive, that it may have lost some of its ability to be helpful.

When I've heard you talk about families and about particular cases, you speak about people in such a sensitive and genuine way, but I think one of the worries about attachment is that it tends to label people, it puts them into a box. I know I've had students say to me, "you mean it's all set by the time we are three?"

OK, before you go on, two points: one is the box and the labelling and the other is the continuity; we need to speak to them separately. The strategies are labelled, the people are not. If we talk about a type C person or a type A person, that's wrong. It's a person using a type A strategy. And tomorrow, not randomly, they may change and use another one. In a low stress situation, most of us can use all of the strategies. It's under stress that we reduce the range of our strategies, but we don't become the strategy. So, yes, I label strategies and I've got a lovely little circular picture and I can tell you what all these strategies are, but a person is not a strategy. And I try not to say type A child, type A mother, I try to say a woman who is using a type A strategy, a child who is using ..., that really is the correct way to do it. There is a short hand, but it doesn't mean that the person is the short hand.

I think that is so important for people to get, to really understand.

Otherwise you've defined them in some very narrow way. As soon as you say 'strategy' and 'self-protective strategy', suddenly you are not talking about the whole person: attachment isn't the whole person. It's the person under stress; it's not their entire personality; it's not everything that they are able to do, but it does tell us what strategy they are most likely to use when they feel threatened. As soon as you say 'self protective strategy', you've limited your frame. They can have all kinds of other attributes that they use on other occasions. I'm interested in what they do when they feel threatened because, if they don't do the right thing and they are really threatened, they don't survive. So, if you take Maslow's hierarchy, you've got to deal with the safety first; until you have done that, nothing else matters.

OK.

Now, your other point was when they are three, it's set and finished. We've got this whole, huge brain that continues to develop and it constantly is moving forward in its development. What we can do cortically, that doesn't come on line fully until the school years, adolescence. Our brain probably doesn't finish maturing until the early 30s.

Yep.

Yes, but all that's wasted? We're finished at 12 months before we even had speech? We finished at three years before we had a

good grammar? It seems incredibly unlikely. My limitation on that is to say, as you move forward, you become more verbal and you become more conscious and it's at the level of intellectual thinking, putting things in words and making them explicit, that we have the possibility to change those old, pre-conscious routines we learned at one, at three, and that takes longer.

I guess what I struggle with is, how you can really engage parents. I really believe that children's best chance is with their family if we can at all manage that: and today we had the Baby P enquiry report. We are frequently faced now with families who are very frightened really and it's about...

Of?

Of intervention, of looking at themselves, of being labelled 'dysfunctional'. Every family out there knows that there is this thing called 'a dysfunctional family', you know. It doesn't matter how often family therapists say 'oh no, we don't use those words', the families out there know about them and they are worried about it.

And they know that, no matter what you say that's 'politically correct', you and they are in the room because there is something that is a problem for **them**. You are not in the room because there is something that's a problem for **you**.

So, having an understanding of attachment, how might that guide us into action?

It began with the parents' *intention*. If you can convey to them, and really believe it, that their intention is to protect that kid, to care for and comfort him or her, even though their efforts are clearly producing discomfort for this child, maybe even dysfunction. I'm thinking of the child we both saw about a month ago on film who couldn't walk and there was nothing physically wrong with her. The parents, at some level, know that they are tied into this. They also don't want it, but they don't know how to get out of it. If you can help them to see that they have the power to improve this without their being blamed for having created it, they would want to improve it. So, there is a place to go to make them feel safe, that you can protect them through this. They're in need of the attachment figure.

Well, that brings us on to thinking about therapy as a secure base and I wonder if you could say something about that?

Well, I don't think therapy is a secure base at all, you know. I don't. I think it's the most dangerous thing anybody would set out to do. So it's more, do you have...

Why do you think it's dangerous? Therapy is dangerous?

Because it will undo the strategy that you have spent all your life putting together, because you thought you needed it and there was no other way.

So, you think that, if the therapy is successful, that's what will happen? That might be even a goal of the therapist, to undo that strategy?

I'd like to take back to the word 'undo' and say 'reveal'.

OK.

It would reveal the strategy. I think it will leave the strategy. If the strategy at the beginning isn't functional, it [therapy] will repair the strategy so that it works again and give you a repertoire of other strategies and help you to pick out when to use which. You know, I don't think any of the strategies are bad. I think they all solve some problem better than anything else. I think of them like tools in a toolbox. They are not bad tools, but



Pat Crittenden and Chip Chimera

tools can be misused. A hammer can really hurt other people. It's not meant to be used on heads. I think of strategies as all serving a purpose given some context.

Can you say a little more about that?

Your mother's very depressed and you're a small child. You need her. This response will do it. It will do it better than anything else and I wouldn't take that strategy away from the kid until it wasn't needed in the relationship. I would never take it away, altogether, because life has all kinds of times when putting on a happy face is the best solution to the problem. The problem with any of the strategies, even B, is using it without regard to its context, using it all the time and for everything. If B is open, clear, transparent, communication, a willingness to negotiate, the ability to listen to the other person's perspective and get it; well then B is a very dangerous strategy in the context of the deceptive frightened person. You don't want to use that strategy with certain people. So, if that's the only one you've got, you're only safe when it is safe. And life isn't always safe. You need some strategies for danger as well.

I like your ideas about context. One of your quotes I use a lot in my teaching is, 'don't change the child, change the context'.

Yes. Change the danger, not the child. Yes. If there is violence in the home, then that has to go before strategies for dealing with violence go. If it's the mother who is frightened because the man that she lives with is dangerous to her, they both need to understand what produces that outcome before they can change strategies. If she doesn't know what she does that leads to winding him up and if he doesn't know what it feels like as he's winding up, and seeing her do that, they are not going to get out of it. They both need to find what they are contributing to this before they can create safety for themselves.

Can we change tack slightly? I know that you knew Mary Ainsworth very well. Can you talk a little bit about her and also John Bowlby?

I knew Mary much better. I knew Bowlby but, see, he was 'Bowlby', he wasn't 'John' to me. Mary was 'Mary'. I worked with her for a little bit more than ten years.

Can you say something about her legacy ... in terms of your work?

She gave us the ABC's but, in my work, what comes to mind right now is that she taught me always to look at the hypothesis that didn't work. OK, do the study. Get your P level, fine. Now you can publish. But you didn't get 100% of whatever it was.

Look at all the cells, the individuals, the whatever that didn't fit your hypothesis, because everything you're going to learn is in those people who you thought would be some way, but they are a different way.

Her comfort with the part of the hypothesis that didn't work and believing all the excitement is there in the discrepancy: that has served me very well. Every study I have done I've known the hypothesis was going to work. I've seen it: I know it's going to work. All the excitement is where it didn't work, because those are the people who have something to teach me.

That, and the incredibly careful observations that she made. We spent hours and hours looking at video-tapes in little dark rooms and she's writing in this miniscule, perfect, perfect handwriting, everything that she sees. My ability to see detail comes in part from all those hours of observing with her and knowing that there are little fragments that you don't see the first time through but, once you have found them, you can find them two times, three times, five times and make meaning out of them.

The details, the functional meaning rather than the behaviour, we never counted behaviours, we never made lists of behaviours, we never checked them off, we were always looking for functional patterns and she taught me to do that.

So, looking for what the function of the behaviour was, what the behaviour was aimed to do, tried to do, was trying to achieve.

And being able to substitute another behaviour. So, the child smiled to engage the mother, but is thinking about offering the toy to engage the mother. You can find a pattern: every time the mother's face falls, the child does something to perk her up, a smile, offering a toy, a touch, and suddenly you see that each of those fulfilled the same function. So, you are not counting smiles, you are counting functions of: mother looks distant, child does something that brings her back. And now you can get a character strategy out of that. You can't get it if you only count the smiles.

OK. One of the criticisms of attachment that one still hears and I know you have a different position on it, is that it doesn't take culture into account. You know, that it's a white, middle class construct.

I think because so much research has been done on the middle class, we have forgotten what attachment is for and we have just white washed all the discomfort out and said all of that's bad. Well, if we were a safe species, if our children grew up in safety and our parents were naturally sensitively responsive, and if that just sort of bloomed of its own accord, we wouldn't need attachment; it wouldn't be there in the genome. It's there because life is dangerous and because parents are not always protective.

I'll get back to culture in a minute, but let me stick with this notion that security is our natural state, and that parents are inherently sensitive ... Parents are very busy. They've got to take care of themselves, they've got to take care of their house, they've got to get the food in, they've got to keep spouse happy and that takes effort, and they may have more than one child. Parents have to regulate this whole set of demands on them, which means that they will not be sensitively available to the child all the time. Children have got to tolerate a certain amount of frustration. Mum simply can't be there all the time.

The question is – and this is a nice little gift from Mary [Ainsworth] – what does the child *need* versus what does he *want*. He wants a whole lot of things and some of them are needs and he screams them all the same way. It's the adult who has to decide, this time you want something and right now your sister needs something, so I'm leaving your wanting and I'm taking care of your sister who needs. And, in a very lucky family, all the needs are met. But in the families you deal with in treatment, not all the needs are met. They aren't there at the right moment, or there are too many needs and they can only deal with some of them.

The culture issue goes back to danger. I would say that, if culture does nothing else, it should pass forward what generations of parents have learned about the dangers here, where we live, the safest way to respond to the danger, and the best way to predict the danger before it comes so that you can get out of its way. If culture is only the dances, the national dress, the food we eat, well that's very nice and lets all have a party and dress up and eat the food. I think culture is about staying safe here, where we live: increasing the probability that our children will survive and, if they have children, that those children will survive. If the dangers were the same everywhere, then we wouldn't need cultural differences. The dangers are different from one place to another and I think our cultures differ in which strategies they use most frequently, because they differ in which dangers they face, and the context in which they face it.

I'm aware also that you recently published your book 'Raising Parents', and I know that you and Rudi Dallos have plans to publish a book together. Can you say more about that?

That really will be an integration of family systems therapy and attachment theory. I spent at least two decades putting the developmental versions of attachment theory together, getting a life-span theory with assessment together, and I would say that's in a workable form now. My goal for the next decade is to begin to get a theory of treatment that is developmentally based around the functions of self-protection. Part of what I see Rudi and I writing together is part of that process of pulling from the developmental pathways to think about how we are going, not to change the pathways, but to influence them.

When people are troubled and on a pathway that isn't satisfying to them or is causing great discomfort to people around them and maybe danger, what are our best techniques for changing it? I don't think we have an adequate theory of treatment. I think we have many theories that have begun as treatment theories without a good developmental base, and the longer I work in a context of different psychotherapists coming from their different theories, the more I see very substantial overlap amongst the major theories of treatment. They would seem to be competing, and we are all looking at the same organism, we are all trying to make the same kind of changes. I think the theories are more overlapping than they are diverging.

What I'm hoping the DMM will bring to that is good, empirically-based knowledge of development. Most of our understanding of 'abnormal' development comes from looking backward from troubled adults. What attachment has done is started with 'normal' babies and worked forward to say how this actually happened.

Thank you. Over the last few years we have been integrating the DMM into the child focused practice course at IFT. Do you have any last words?

That there are no bad guys: parents do things that result in harm to their children, but I don't think they intend it and, as soon as you understand what the parent's experience is and how they entered that moment, then you don't blame them any more. They did it, it had outcomes and you would like them to change what they are doing so they won't get those outcomes again. They'd like not to have those outcomes again. it's not a matter of blame.

Two extracts from this interview can be found on Youtube. com/iasaDMM

References

Crittenden, P.M. & Dallos, R. (2009) All in the family: Integrating attachment and family systems theories. In *Clinical Child Psychology and Psychiatry*. 14: 389-409. London: SAGE Publications.
Crittenden, P.M. (2008) *Raising Parents: Attachment, Parenting and Child Safety*. Devon: Willan Publishing.

Chip Chimera is the director of the Centre for Child Studies at the Institute of Family Therapy. Passionate about the relevance of attachment for family therapists, Chip is continuing to integrate the DMM into the theory and skills base for systemic practitioners at the intermediate level. She can be contacted at: Chipchimera@btinternet.com



Chip Chimera and friend

In Love and Addiction

Have you ever felt yourself unravel – from the inside out?
Watched as wisdom surrenders to the emotion of a human experience?

As truth becomes a victim of good intention
A perspective. A reflection. A journey.

A thousand shades of inescapable grey.

Have you ever loved, unapologetically, beyond intellect?
Not because it's right. Not because you should.
Or even would.

At night I am confronted with my solitude.
I can feel too much of myself.
Feel myself begin to drown amidst these layers

Of want and need. Then and now.
Love and addiction.

Now I no longer have the warmth of her skin to comfort me as I cry.
Though if I lose myself, just enough, I can almost feel her along my limbs.

Amy Rose

