

# Using Theory & Clinical Observation to Generate Testable Hypotheses



A New Perspective on Personality Disorders

Patricia M. Crittenden, Ph.D.

# I. THEORY



Dynamic-Maturational Model  
of Attachment & Adaptation

# Central unique feature of the DMM

The organizing function of exposure to danger to:

- Regulate attention
- Organize the mind
- Organize behaviour

# The DMM as a comprehensive theory of development & adaptation

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## From Bowlby

- ❑ Psychoanalytic
- ❑ General systems theory
- ❑ Evolutionary biology
- ❑ Cognitive information processing
- ❑ Cognitive neurosciences
- ❑ On-going integration of theories

## From Ainsworth

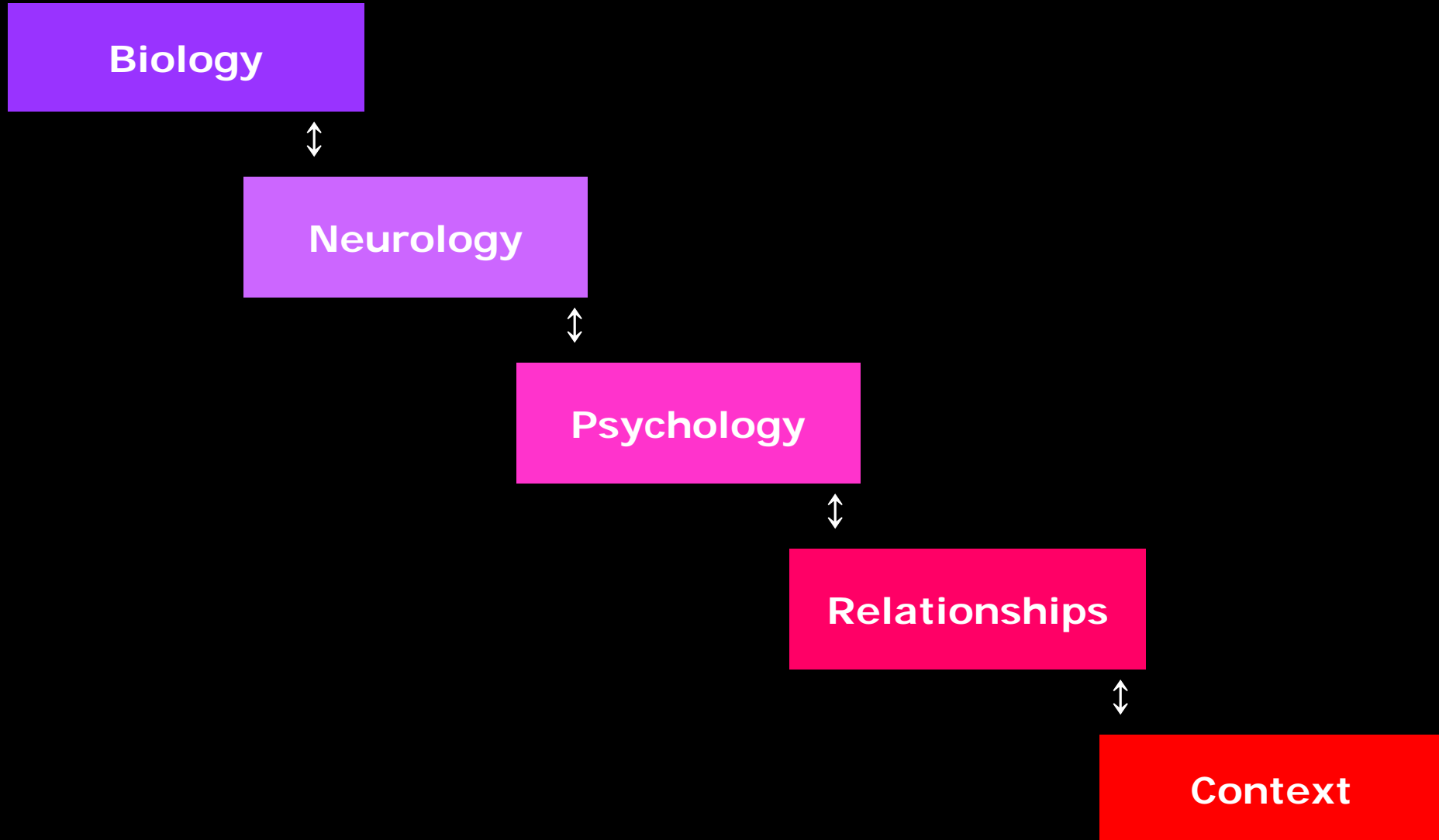
- ❑ Naturalistic observation
- ❑ The Strange Situation as a standardized assessment
- ❑ The ABC patterns of attachment
- ❑ Empirical grounding of attachment theory
- ❑ On-going expansion of the model

## DMM additions

- ❑ Epigenetics
- ❑ Neurobiology
- ❑ Temperament
- ❑ Sociobiology
- ❑ Developmental psychology
- ❑ Behavioral learning theory
- ❑ Piaget cognitive development
- ❑ Eriksonian development
- ❑ Social learning theory
- ❑ Theory of mind
- ❑ Cognitive psychology (Behavioral, Constructivist)
- ❑ Vygotsky - ZPD
- ❑ Transactional theory
- ❑ Family systems theory
- ❑ Vygotsky/Bronfenbrenner: Social ecology

# DMM understanding of behavior as a complex interactive process

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# Two sources of information<sup>1</sup>

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## □ COGNITION

- Temporal order → causal attributions
- Learning theory & contingencies

## □ AFFECT

- Intensity → arousal
- Anger, fear, desire for comfort
- Fight, flight, or freeze

<sup>1</sup> Genetic & epigenetic information constitute internal sources of information.

# Cognitive information

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- ❑ Inhibit that which leads predictably to punitive consequences (danger)
  - Doing what you want
  - Showing negative affect (anger, fear, desire for comfort)
- ❑ Exhibit that which leads predictably to desirable consequences (safety)
  - Doing what adults want
  - Showing positive affect

# Affect

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- Arousal, i.e., changed body state (feelings), motivates action
  - Comfort → continuing activity
  - Anger → approach with aggression
  - Fear → escape
  - Desire for comfort → affectionate approach
  - Tiredness → no action
  - Sadness → no action



# Intensity, Arousal, & Affect

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- Death
- Mania & Pain
- Fear
- Anger
- Desire for comfort
- Alert & comfortable
- Bored
- Tired
- Sleep
- Depressed
- Unconscious
- Death

# Intensity, Arousal, & Affect: Normative

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- Anger
- Desire for comfort
- Alert & comfortable
- Bored
- Tired

# Intensity, Arousal, & Affect: Severe Pathology

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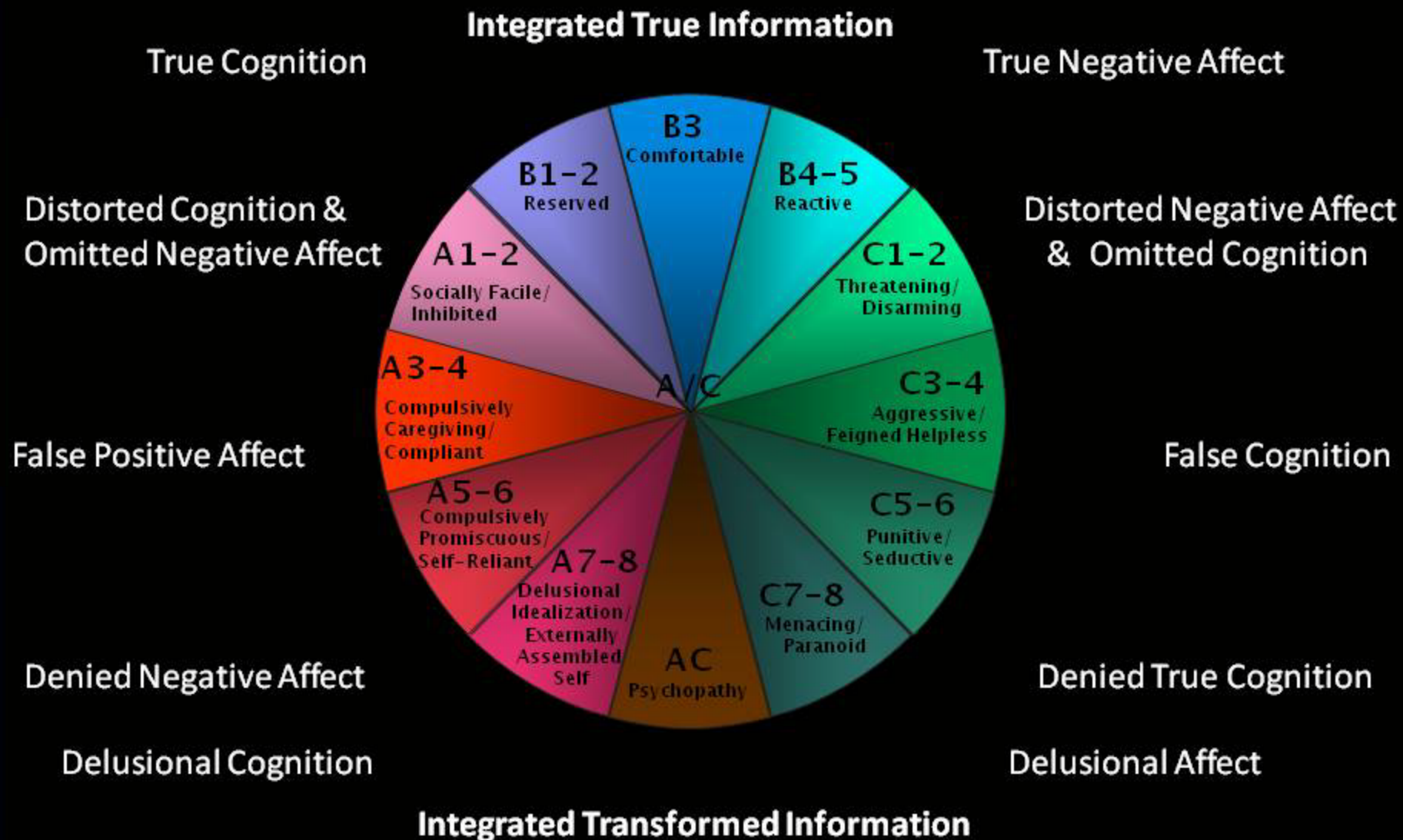
- Mania & Pain
- Fear
- 
- 
- 
- 
- Sleep
- Depressed
- Unconscious

# Two Basic DMM Self-protective Strategies

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- **Type A**: Very **COGNITIVE**; little affect
- **Type C**: Little cognition; intense **AFFECT**

# DMM Strategies in Adulthood



# Types A & C are psychological opposites

- Type A: Reduce limbic arousal, increase repetition of sensorimotor sequences
- Type C: Increase limbic arousal, create unpredicted consequences

# Strathearn, et al.

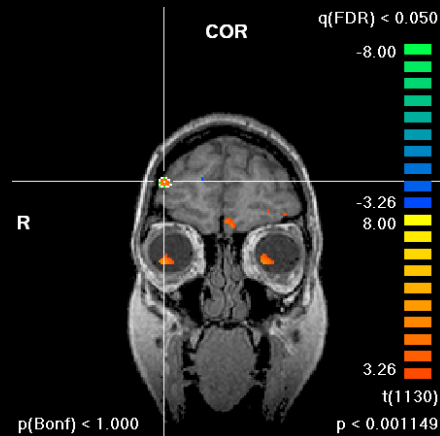
## DMM-AAI & fMRI data

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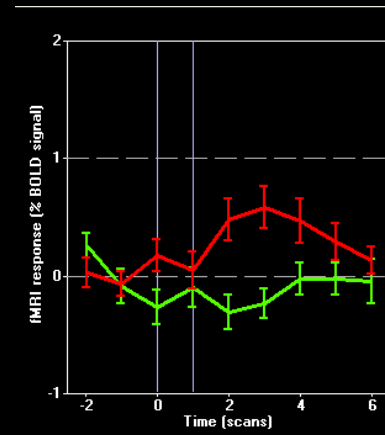
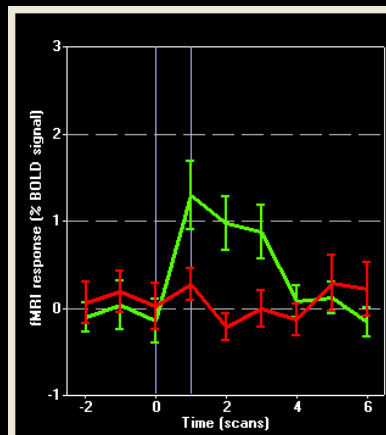
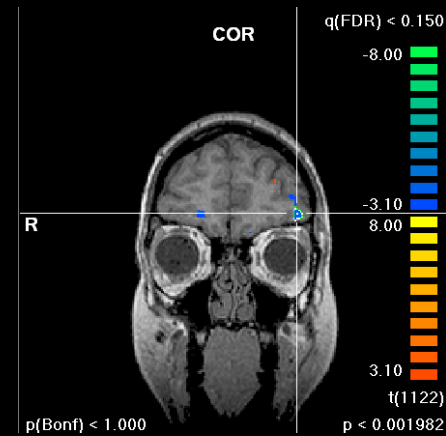
- ▣ Strathearn, L., Fonagy, P., Amico, J.A., & Montague, P.R. (2009). Adult attachment predicts mother's brain and peripheral oxytocin response to infant cues. *Neuropsychopharmacology*, 34, 2655-66.
- ▣ Shah, P. E., Fonagy, P. & Strathearn, L. (2010). Exploring the mechanism of intergenerational transmission of attachment: The plot thickens. *Clinical Child Psychology and Psychiatry*, 15, 329-346.

# Mothers' brain responses to **own** vs. **unknown** baby: Prefrontal cortex

*Type B*

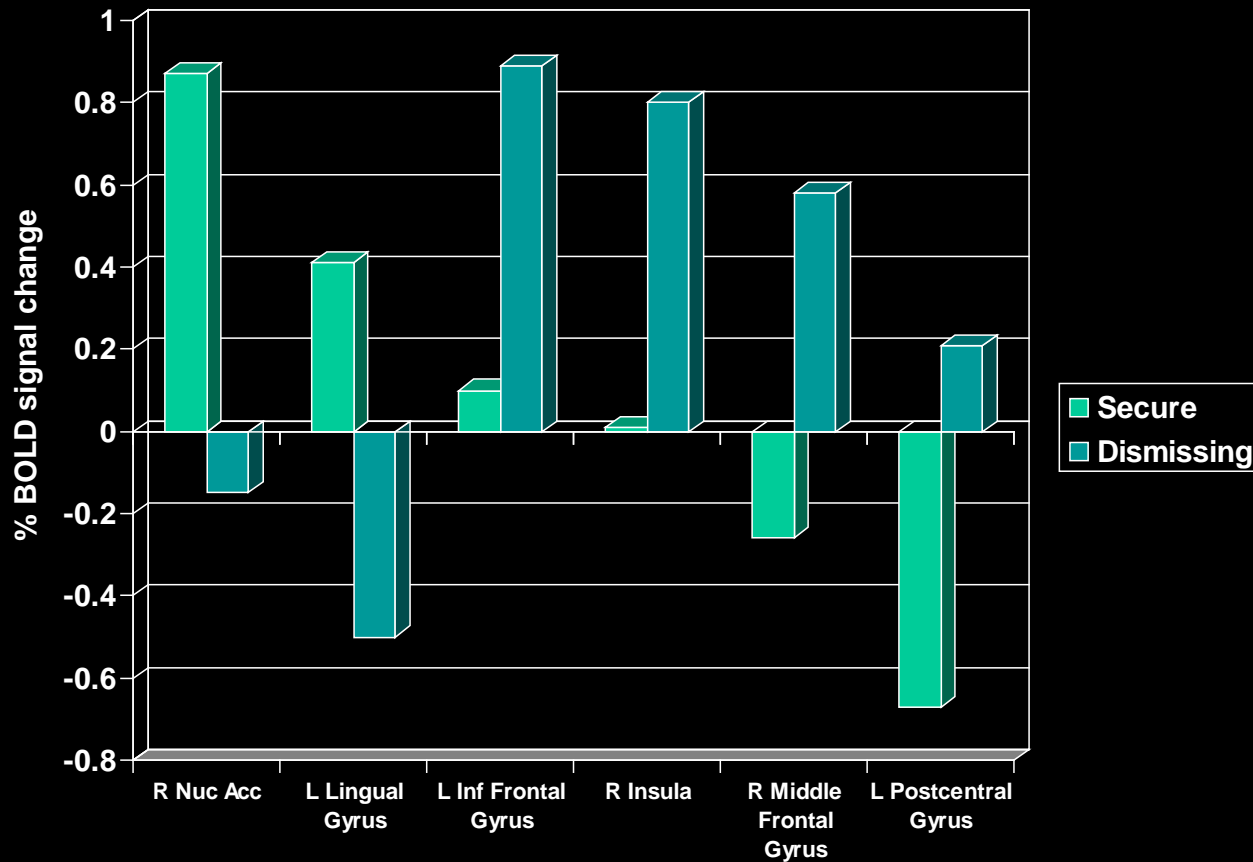


*Type A*





# Maternal Brain Response to Own Baby's Crying Face



# Types A & C behave differently when faced with danger

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## □ Type A:

- Inhibits feelings
- Does what others want
- Blames self
- Feels shame
- Sometimes explodes with anger or fear
- Has no explanation for explosive behaviour

## □ Type C:

- Exaggerates anger and fear
- Behaves vengefully and deceptively
- Blames others
- Considers the self innocent
- Offers elaborate false reasoning

# II. Clinical Observation



From uncertainty to irrationality

# Type C<sup>1</sup>

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- Eliciting conditions: Unpredictable, intermittent positive reinforcement of negative affect
- Cognition: Inability to predict effects
- Affect: High, alarming arousal
- Strategy: Intensify affective display to:
  - Attract attention
  - Elicit a response that can be shaped behaviourally

<sup>1</sup> The Type C strategy is too complex & variable to be fully articulated here.

# C1-2: Threatening/Disarming

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- Condition:
  - Little or no danger,
  - Lack of comfort,
  - Unpredictable attention.
- Strategic behaviour: Heightened signals of feelings to elicit response.
- Unresolved problem: set aside and go on, with repetition.
- Outcome: Problem is not put in words and resolved.

## C3-4: Aggressive/Helpless

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- Condition:
  - Over-solicitous parent who fails to perceive child's need for limits and protection.
  - Under-responsive parent who struggles over who will be the object of attention, i.e., the 'child.'
  
- Strategic behaviour:
  - Provocative behaviour & risk-taking
  - Pseudo-resolution through deception of the child.
  
- Irresolvable problem that defines the relationship.
  
- Outcome: child uses extreme behaviour to bring parent toward the norm.

# C5-6: Punitive/Seductive

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- Condition:
  - Feeling of being misunderstood;
  - Lack of predictive generalizations.
  
- Strategic behaviour:
  - Dangerous behaviour
  - Intense battle for recognition.
  - Dismissal of others' perspectives/feelings.
  
- Problem-solving:
  - Self-deception
  - Deception of others
  - Avoidance of talk; non-verbal communication
  - Rationalizing use of language.

# Depression in Type A (depressed)

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- ❑ Affect: Low arousal, non-motivating affect
- ❑ Cognition: Low expectation that one's behavior will have any effect( i.e., non-contingency between self & outcomes)
- ❑ Absence of strategic behavior of either an inhibitory or arousing sort.



# Depression in Type C (agitated)

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- Affect: Chronic high negative arousal, not tied to changes in circumstances
- Cognition: Low expectation that one's behavior will have a predictable and desired effect( i.e., lack of predictability).
- Active withdrawal or aggressive behaviour in anticipation of frustration.

# Unresolved trauma

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- ❑ Commonly acknowledged to 'cause' an array of disorders.
- ❑ Evidence of trauma is sought by both patients and professionals to explain the symptomatic behaviour.
- ❑ Such evidence is generally lacking in the personality disorders (excluding borderline and anti-social personality disorder)

# Three sets of AAI data

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- Eating disorders (N=66)
- Avoidant personality disorder (N=18)
- Borderline personality disorder (N=15)

# Adult Attachment Interview (AAI)

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- 1 hour, semi-structured, about childhood relationships, particularly threat
- Discourse analysis (not content)
- Yield:
  - Strategy
  - Current psychological trauma
  - Overall states of mind like depression

# DMM & Eating Disorders

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1. Very short AAIs
2. Wordless, silent, lack of recall, 'sorry', very awkward for interviewer
3. No evidence of psychological trauma
4. Inexplicable behaviour/strategy
5. Mother's AAI clarified the nature of the unspeakable problem.

# DMM & Eating Disorders

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1. Utr(i) C3-4(5-6)  $\Delta$
2. Utr(i) C5-6 & [A]/C5-6  $\Delta$  (most)
3. Utr(i) A3-4  $\Delta$  (fewest)
4. Wordless triangulation around family secrets

Ringer, F. & Crittenden, P. (2006). Eating disorders & attachment: Effects of hidden processes on eating disorders. *European Eating Disorders Review*. 14, 1-12.

# Family secrets

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- Secrets
  - Parental discord (triangulation)
  - Parents' psychological trauma
  - Parental sexual behaviour (adultery, paternity)
- Parent intention to protect child
- Effects in childhood
  - Unpredictable parent behaviour
  - Breaches in interaction.

# Effect on adolescent/adult behaviour (EDs)

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- ❑ Individuals had mixed feelings
  - Angry with parent
  - Desired attention/comfort from parent
- ❑ Could not express their feelings because the parent so needed silence and approval
- ❑ Felt guilty for feelings
- ❑ Sought both a reason (trauma) and predictability



# DMM & Personality Disorders

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Avoidant Personality Disorder:

[A] C5-6 Δ

Crittenden, P & Kulbotten, G. (under review). Avoidant personality disorder and attachment.

Crittenden, P. M., & Kulbotton, G. R. (2007). Familial contributions to ADHD: An attachment perspective. *Tidsskrift for Norsk Psykologforening*, 10, 1220-1229.

# Mothers with BPD

## M&G

Ut Ds1

Ut Ds1

Ut Ds1

Ut Ds1

Ut Ds1

Ut Ds3

Ut D2

Ut D2

Ut E1

Ut E3

Ut & I E3

Ut E3

Ut E3

Ut E3

Ut E3

## DMM

Dp Ul(dx) Utr(b)pa Ut(p)sibling abuse A7-8/C6 [ina-anger]

Dp Ut(ds)aban (ds)PA A6/C5-6

dp Ut(ds,p)F's vio, DV (ds)N (l)F vio A7M C6F

Dp Ut(dp)<sub>PA, CSA</sub> A4-(+) C+ [ina]

Dp Ut(b)CSA (ds)PA A4-, (7?)8 C5-6 [ina]h

Dp Ut(p+ds) PA, (b) SA, Ul(p) son, A+ (7GF) C5 [ina pain X2]

dp Ut(p&i)CSA A7C6

dp Ut(p,ds) broken arm A/C5

Dp Ut(p&ds) EN A4-C5-6 [ina]h

Dp Ut(p,ds)PN (p,ds)aban (dx)PA,PN, l(p)B A8C5 [ina]?

Dp Ut(dx)SA, aban tr(dpl)SA l(dx)M A+/C5 ) [ina]

dp Ut(p&ds)DV,CSA A4 C5-6Δ [ina]?

Dp Ul(dx)F+many (p)bullied A7C5(7?) [ina]?

dp Ut(p&ds)PA, aban, families l(p & ds) many A3-4,5(8)/C5-6 Δ [ina]h

dp Ul(p)F, GF,teach, t(p & dpl)F sui A+(4)7 C5 [ina]

# DMM & Borderline Personality Disorder

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BPD: Dp Utr A+ C5-6Δ [ina]

# DMM & Borderline Personality Disorder

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## Component patterns:

Psychoses: Dp Utr(ds) A+ [ina]

ED & PD: Utr(i) [A] C5-6 Δ

BPD: Dp Utr A+ C5-6Δ [ina]

BPD reflects the intersection of 'psychoses' and 'personality disorder' patterns.

Crittenden, P. M. & Newman, L. (2010). Comparing models of borderline personality disorder: Mothers' experience, self-protective strategies, and dispositional representations. *Clinical Child Psychology and Psychiatry*, 15, 433-452.

# III. Developing an Hypothesis



Integrating information from  
several sources

# Eating disorders & avoidant personality disorders (not BPD or APD)

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## Symptoms

- ❑ Resentfulness
- ❑ Poor intimate relationships
- ❑ Expanding problems: work, social relationships
- ❑ Poor response to standard treatments

# Eating disorders & avoidant personality disorder

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## AAI data

- ❑ Absence of traumatic events
- ❑ Confusion regarding why other people act as they do
- ❑ Obsessive strategy that is expected to fail
- ❑ Feeling that one has tried everything (pseudo-Type A)
- ❑ Intense effort to find causal relations tied to oneself
- ❑ Focus 'speakable' problems
- ❑ Inability to find invisible/unspeakable problems
- ❑ Dp Utr(i) C5-6

# A Functional Formulation of PD

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- ❑ Chronic inability to understand interpersonal processes leading to:
  - Mixed negative feelings
  - Unmet expectations
  - Feelings of being insignificant to others
  - Negative expectations



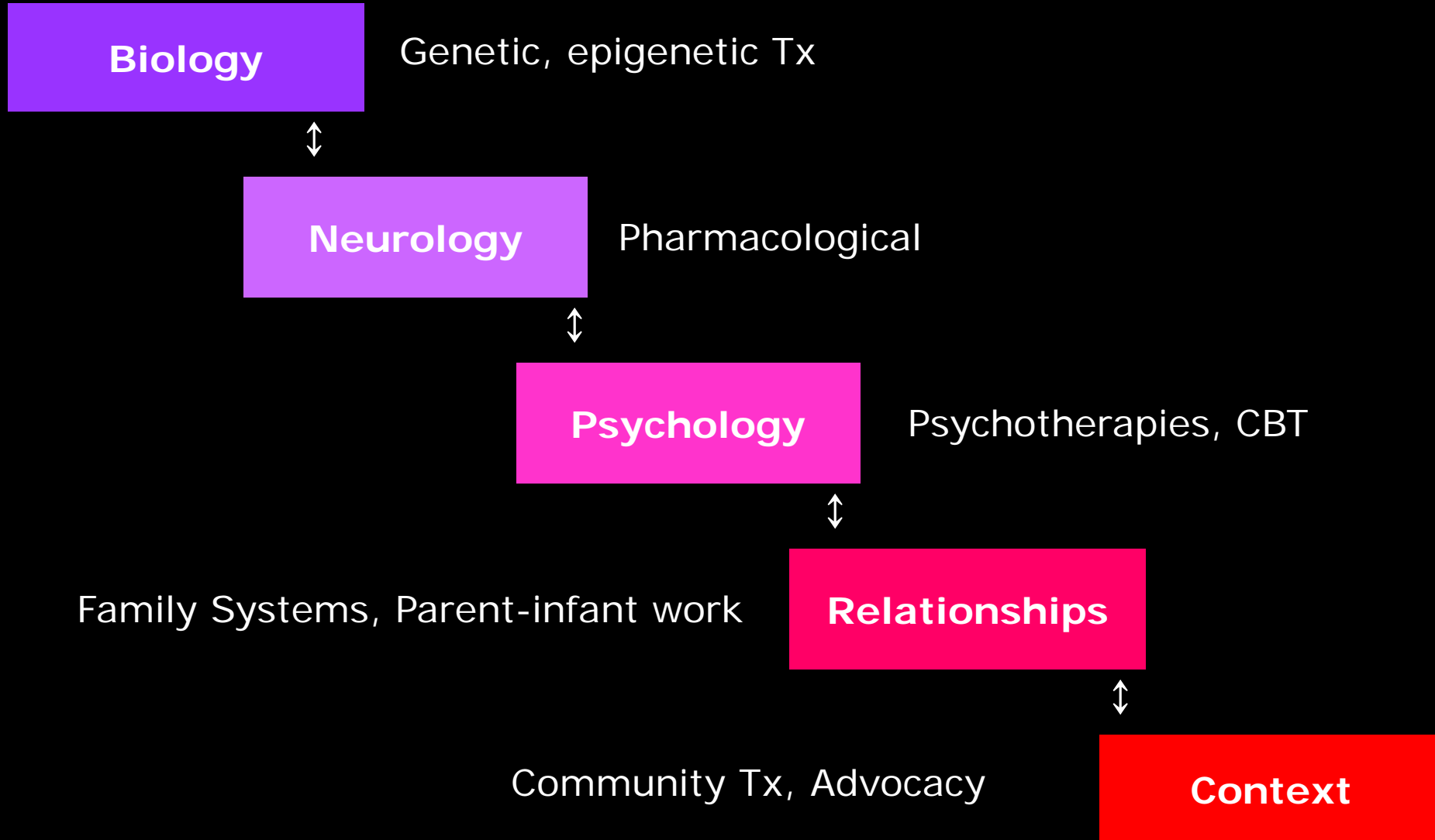
# A Functional Formulation of PD

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- Resolution requires
  - Current social skills
  - Attention to feelings as information (affect)
  - Understanding of why things happened as they did (cognition) to yield:
    - The opportunity to feel valued by parents
    - The opportunity to find rational explanations to events
    - Confidence in one's own perceptions
    - Predictable sequences of interaction
    - Perspective-taking
    - Reflective functioning
    - Forgiveness

# Integrating Theories of Change

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# Treatment of PD's

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- ❑ Medication
- ❑ Long-term psychotherapy
- ❑ Day treatment in skill groups (5day/18mo)
- ❑ Short-course day treatment (4day/6wk, Dal)
  - ❑ Self-report data
  - ❑ Short-term data
  - ❑ Not psychological processes or strategies

# Hypothesis

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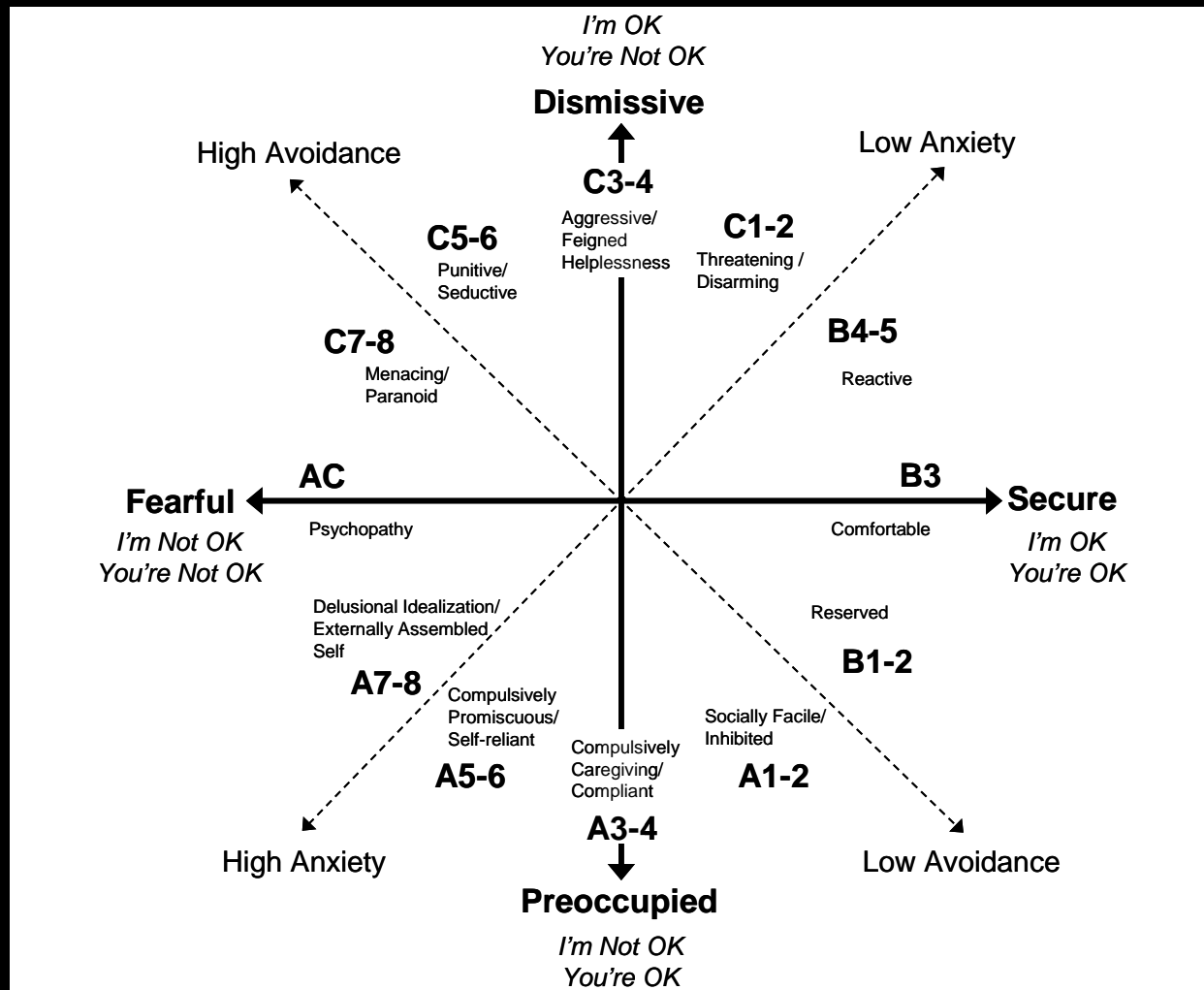
- ❑ Most cases of PD will be associated with a failing C5-6 attachment strategy, with Utr(i)
- ❑ Cases of BPD will use an A/C strategy, with serious Utr (Dp Utr A+ C5-6Δ [ina])
- ❑ Effective treatment will address:
  - Social skills
  - Interpersonal processes (affect & cognition)
  - Unspeakable information
- ❑ Treatment will address
  - Current relationships
  - Past family processes

# IV. Testing the Hypothesis



Multi-group, multi-method  
design

# Comparing the DMM & Bartholomew's 4-factor model



# Design

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- 2 group comparisons (Tx and not)
- Pre-post treatment assessment
- Multi-method, multi-informant
  - Bartholomew self-report
  - Symptom self-report
  - AAI: blind coding & greater differentiation
  - Blind professional symptom report.

# For further reading on the DMM:

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- ❑ Crittenden, P. & Landini, A. (2011). *The Adult Attachment Interview: Assessing psychological and interpersonal strategies*. New York: Norton.
- ❑ Crittenden, P. M. (2008). *Raising parents: Attachment, parenting, and child safety*. Collumpton, UK: Routledge/Willan Publishing.
- ❑ Special DMM issue of *Clinical Child Psychology and Psychiatry (CCPP)*, 15, 2010.
- ❑ Crittenden, P. M. (2006). A dynamic-maturational model of attachment. *Australian and New Zealand Journal of Family Therapy*, 27, 105-115.
- ❑ Crittenden, P.M., & Dallos, R. (2009). All in the family. *CCPP*, 14, 387-407.



For other downloads, see

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[www.patcrittenden.com](http://www.patcrittenden.com)