

Debating truth, error and distortion in systemic psychotherapy: *A contribution from the DMM*

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Straight after what was no doubt an excellent lunch at a mental health conference in Hawaii in 1969, Bateson set out to recapture the attention of his audience:

First, I would like you to join me in a little experiment. Let me ask you for a show of hands. How many agree that you see me? I see a number of hands – so I guess insanity loves company (Bateson, 1972, p. 478).

A good joke for an audience mostly made up of psychiatrists. He continued:

*Of course you don't **really** see me. What you "see" is a bunch of pieces of information about me which you synthesise into a picture image of me. You make that image. It's that simple (p. 478).*

This, in its nutshell version, is Bateson's constructivism – what you see (perception, truth) is what you make. He goes on in his delivery to develop his ideas on information as difference, homeostasis, the myth of power, and a strong plea to end the dangerous error of considering humankind as separate from ecological system.

These [catastrophic dangers] range from insecticides to pollution, to atomic fallout, to the possibility of melting the Antarctic ice cap. ... I believe that this massive aggregation of threats to man and his ecological systems arises out of our habits of thought at deep and partly unconscious levels (p. 487).

It is a remarkable paper by a thinker at the height of his powers.

Near the end of his life, Bateson pointed our field in the direction of Maturana and we have long since become accustomed to other constructivisms and their cousins (Pocock, 1999), social constructionisms and narrative, together with all the accompanying postmodern caution about splitting the observer from the observed in pursuit of an expert objective

position. However, as Carmel Flaskas (1997) indicates in an excellent but rather neglected paper, what this epistemological journey seems to have left in the place of truth (and error) is 'meaning'; a concept, she argues, which is insufficiently attached, either to an external reality – e.g. "*it is true that eating nothing at all leads to death*" – or to subjective experience – e.g. "*I am truly sorry*".

Reading Bateson's paper again, I am struck by something that is a long way from this anodyne notion of meaning that Flaskas summarises. Bateson is completely passionate that the lineal objective context-chopping viewpoint is in error and that the systemic/ecological view is correct. He doesn't just say this once – it is no slip of the tongue – he hammers away at it. Those poor hand-raisers, who claimed to see him, represent positions on knowledge and the nature of the universe that are, at various points in the essay, 'pathologies of epistemology', part of a 'world of epistemological fantasy', and – repeating his original point several times – simply 'insane'. I imagine that at the next conference they kept their hands in their pockets.

This alternative reading of his paper reveals Bateson as a passionate realist; he claims to describe the world, both as it is, and predicts how it will become. Forty years on, with the ice caps melting, we can see he called it pretty well.

A dual reading of Bateson – as constructionist *and* realist does seem strange but this only arises because, in systemic psychotherapy discourse, we have become used to splitting these positions apart: modernism vs. postmodernism, first vs. second order etc. But surely in every aspect of our lives there would be little point in saying or writing anything if we

could not provide an account of what we believe to be true about ourselves and the world around us. Even the most committed poststructuralist must entertain some hope that the account of how language makes up our world is an accurate enough description of how language functions – otherwise, why bother? As Collier (1999) suggests, we are in practice all realists, it only remains to decide what kind of realists we will be. This is a too well trodden path for me to go further, so suffice to say here that I think the currently most helpful unity of constructionism and realism is to be found in that group of ideas known as critical realism (see Collier, 1994; López & Potter 2001; or Pocock, 2008 for long, medium or short introductions, respectively).

We have learned to embrace an even-handed multiverse of constructions, stories and prejudices; to be neutral or multi-partial in our gathering up of the meanings held by system members; to be reflexive about our knowing. And yet, even though truth can be a dangerous and slippery concept, I would hazard that it is *true* that we frequently do quite *accurately* recognise *errors* and *distortions* of perception when we see them, despite the fact that we have learned culturally not to tell each other this:

- a solicitor in postgraduate training tells me that she is convinced that she has a limited intellectual capacity and quotes an imagined IQ just above a level used to define learning disability,
- a 14 year old boy is certain that if he does not arrange all the items in his room in a specific manner someone close to him will die,
- a woman committed to a lifetime of concealing herself in drab, loose clothing just knows that the reason that her father sexually abused her is that she was "*too sexy*",

- and a 16-year-old girl, although knowing she risks death, cannot bear to eat more than slimming soups since the dangerously thin body that everyone else observes is grossly fat in her eyes.

How are we to understand these experiences? Those systemic psychotherapists who have allowed psychoanalytic thinking to enter their personal and professional lives, have available to them theoretical ideas on transference and projective identification to give some account of distortion. Although discussions of transference phenomena tend to be restricted in psychoanalytic discourse to the specific recreation of aspects of early care-giving relationships in the therapeutic relationship, there is no need for this limitation. Transference could just as well be more broadly defined as the use of any prior relational-cultural experience as a lens for interpreting the present. I didn't think the trainee solicitor was intellectually limited. The fact that she thought I did see her this way became understandable in the light of prior experiences with parents and teachers and her subordinate position in the complex hierarchies of her culture of origin. This assumption of intellectual incapacity became part of her relationship with herself ("*I am stupid*") and then part of her relationship with me until we could begin to untangle it.

Patricia Crittenden's 'dynamic maturational model' of attachment (DMM) also has important things to say on truth, error and distortion but I need to first break from my main flow to give a brief general introduction.

The DMM

I'm sorry that it isn't possible to do much justice to the DMM in this article and I would recommend that anyone new to the model begin with *Raising Parents* (Crittenden, 2008), which weaves a clinically rich and compassionate narrative around the theoretical framework. (The alternative is to begin with the myriad of papers and book chapters available, but I do know of family therapists who have been left somewhat cold by the necessary operational definitions and research style in this kind of publication.) In a recent paper (Pocock, in press), I summarised the reasons that the DMM has brought me close to ignoring Cecchin's (1987) sensible advice not to fall in love with theoretical ideas.

- Attachment is seen in the DMM, not as a stable property of the individual (as in 'attachment disorder'), but a strategy – or range of strategies – used, mostly non-consciously, to attempt to keep safe within relationships and to produce the next generation. While genetic factors are recognised, the individual can only adequately be understood within his or her relational-cultural contexts: a central systemic concept.
- There has been a tendency to assume that early categories of attachment may be valid through the life-span but, as Crittenden (2008) points out, when children mature, they are capable of a much more elaborate range of emotional expression and operate within a wider relational-cultural field of siblings and peers. In older children, affect can be consciously or unconsciously denied, exaggerated or falsified in order to elicit certain responses from caregivers. Both maturity and these wider relational contexts make attachment strategies more diverse and more changeable with age. Crittenden elaborates the basic Ainsworth, ABC model, where A is the avoidant pattern, B the secure and C the ambivalent (Ainsworth *et al.*, 1978), incorporating new adaptive strategies within these three broad categories. For example, she identifies nine sub-categories at pre-school age and thirteen by adulthood. The outlining of subcategories (e.g. A3 – compulsive caregiving, C5 – punitive, etc.) is a major strength of the model, greatly increasing its clinical usefulness, but an elaboration of which is beyond the scope of this article.
- The model meshes with the idea of co-evolutionary processes (Maturana & Varela, 1987) in which individuals attempt to find the best fit with each other. Although mutual adaptation is at work, systems theory and the DMM would anticipate this mutuality being frequently asymmetric, with children who have not had consistent and attuned responses usually adapting more to their caregivers than the other way round (Steirlin, 1959) given the greater danger arising from childhood vulnerability.
- Maladaptation is viewed in the DMM as the continuing use of a once adaptive strategy that has, other than in extreme situations, outgrown its usefulness. This is a good fit with the Mental Research

Institute (Watzlawick *et al.*, 1974) notion of most problems being maintained by the misapplication of a solution or class of solutions often applied with even greater intensity as they fail – a state of affairs described in both the higher numbered C (ambivalent) and A (avoidant) strategies.

- Splitting is theorised – for example the cutting off of fear in favour of omnipotence and controlling aggression in the C3 (aggressive coercive) strategy. It is only a short theoretical stretch to projective identification in which, for example, the fear that would otherwise be experienced by an adolescent boy using a C5 (punitive) strategy is experienced instead by his victim.
- The model's theorising of memory systems encompasses both the need to act quickly, without reflection, to avoid danger and the possibilities for reorganising strategies through processes of reflection and higher order integration. This is in line with contemporary views on the role for mentalised affectivity in psychoanalysis and reflective processes in systemic psychotherapy (Donovan, 2009).
- The DMM supports the collaborative reformulation and re-narration of relational-cultural experience, which is central to both relational psychoanalysis and forms of narrative family therapy (e.g. White & Epston, 1989, and Dallos & Vetere, 2009, for an integrative model).

In these evidence-based and cash-strapped times, where every idea has to be seen to earn its keep, it is probably worth adding that the DMM, as well as having considerable clinical scope, is built upon propositions that are clear and simple enough to be tested through research. Although the DMM seems relatively new, it has been developed through 25 years of research and clinical application and has been the subject of over 200 publications from 18 countries (Crittenden, in press).

Memory, information, and perception

Since her husband left eighteen months ago, Mrs Smith had been the sole provider for her and her three sons, aged 15, 12 and 8. Mr Smith had, for many years, carried the main authority in this white British, working class household and the children seemed to have become used to the sense of foreboding at how their father would behave when their mother listed their

various misdemeanours after he came home from work. Sometimes, she would hold back on telling him, for fear he would get too angry. This power to tell or not to tell her husband seemed to constitute her main authority in that period. His affair, subsequent departure from the family, and his apparent failure to support the children financially or maintain regular contact with them, seemed to have devastated them all and created a crisis in the parenting.

At our first meeting, the children were demanding and non-compliant with their mother and aggressive to each other. I usually offer to meet with a parent or parents early on without children present and, at our second meeting, Mrs Smith talked openly about her despair at being the sole parent. This was especially stressful around issues of parental authority now that her husband was no longer able to carry that role. Her understanding of the extent of their non-compliance towards her was that the children didn't like her or care about her and she was quite convinced that, if she walked out (which she often fantasised about doing and sometimes threatened to do), the children would not miss her at all.

Is it reasonable to conclude that Mrs Smith's perception of how the children would feel about her walking out was incorrect? I believe it is – indeed, we all know this. [Short pause, while ducking to avoid an admonishing thunderbolt from the systemic gods.] Loss of their mother, following the loss of their father would utterly compound the children's devastation. In exploring Mrs Smith's perception, it became apparent that her sense of not having value to the children, although felt more strongly since the separation, had been present throughout her parenting. It seemed to be a factor in her wish not to carry parental authority during the marriage, which, in turn, appeared to complement her ex-partner's readiness to be the controlling parent. She told me that, even when the children were little, she could never bear them to be angry with her if she had to be 'hard' on them by saying 'no'. She had no idea why this was other than the idea that *"all mothers feel that way"*.

The evidence for Mrs Smith's perception that the children cared nothing for her were the 'facts' that the children would do nothing for her and swore at her if she now tried to insist. Her perception led to her

protecting herself from further assumed rejection by distancing herself from them and this emotional withdrawal seemed to be a further factor in the escalation of arguments between her and the children which at least offered them some intensity of connection.

How are we to understand this mother's perception? Crittenden writes that, for all persons:

The only information we have is information about the past, whereas the only information we need is information about the future. ... Without understanding how each individual transforms information and derives self-relevant meanings we cannot understand why parents do what they do (Crittenden 2008, p. 90).

The DMM is built upon the idea of there being two basic transformations of sensory stimulation – 'cognition' and 'affect'.

'Cognition' is defined in the DMM as information arising from consistency of outcome. An event followed by desirable outcome is repeated; an event followed by an undesirable outcome is not repeated. (This is straightforward learning theory.) Cognition is, therefore, information transformed on the basis of temporal order. An infant who discovers that caregivers consistently reject when she cries or is angry soon feels safer when she inhibits this affect. This is the A (avoidant) strategy. An older child faced with a more extreme predictable rejection of negative affect may feel safer still when she is able to falsify her feelings, smile when upset, and present herself at all times as a good girl (compulsive compliant strategy). This, as we will see, appears to have been Mrs Smith's strategy as a child.

'Affect' is information based on emotional arousal, especially anxiety in the face of perceived danger. If an infant experiencing danger is reliably and predictably attended to (as above) and that attention is emotionally attuned such that the infant feels comforted and safe, then this combination of temporal reliability and affective attunement will favour a continued use of the B (secure) strategy which uses a balance of both cognitive and affective information.

When parenting is unpredictable, cognitive information is no longer reliable and affective information may come to dominate. Here the infant comes to rely on intensity of affect to activate parenting responses. For example, the child may

respond to each minor separation with a high level of distress, as if it was a catastrophic abandonment. This is the C (ambivalent) strategy. Older children may split off anxiety from aggression, alternating displays of coy helpless behaviour (C4) and aggressive coercive behaviour (C3). From this perspective, the Smith children, for example, used hypothesised C3/4 strategies to create a sense of control and safety.

These experiences are represented in different memory systems (the DMM theorises six of these) depending on whether such experiences are cognitive or affective, pre-verbal or verbal, and the age of the individual. There is, again, too much to expand on here and the interested reader is referred to chapter 5 of *Raising Parents*. For our purposes, I will concentrate on just two memory systems – semantic memory and episodic memory.

Semantic memory is a language form of cognitive information: this takes the form of verbal statements about how things are assumed to be. A parent asked to describe himself as a child may say, for example, *"I was always a naughty kid"*. Semantic statements like this, retained from childhood, are often borrowed from the perspectives of parents, although older children will increasingly draw their own semantic conclusions (Crittenden 1997). Episodic memory is what we more commonly refer to simply as 'memories'. The information required to mentally construct an episode is stored in several parts of the brain, requiring integration at the cortex of affective and cognitive information sources. Because of the level of maturation required, few memory episodes are recalled before the third or fourth year of life.

According to the DMM, since the response of the parent to any given situation depends on the availability of information, the transformation of memory into information to guide this response can be prone to error, omission, distortion and falsification. Semantic and episodic memory are vulnerable to different types of error and the Adult Attachment Interview (George, Kaplan & Main, 1986) makes use of discrepancies between these two memory systems to assess adult attachment styles (The DMM has a different method of discourse analysis and classificatory system to the Main and Goldwyn system but that difference need not concern us greatly here).

Early in the 'adult attachment interview' (AAI) protocol, interviewees are asked to provide five adjectives that describe the relationship with their principal caregivers from childhood. This explores the semantic memory. Immediately afterwards, interviewees are asked for specific (episodic) memories from as early in childhood as possible that illustrate why particular adjectives were chosen. In the formal discourse-analysis of answers to twenty questions over the full interview, adult attachment style is assessed on the extent to which answers are collaborative and coherent (see Steele & Steele, 2008 for a full description). Formal analysis is a time consuming – and therefore expensive – exercise with highly trained coders working from transcribed interviews. It is, however, quite easy to integrate those questions exploring possible discrepancy between semantic and episodic memories (described above) into an ordinary therapy session.

For example, when I asked Mrs Smith to describe her relationship with her parents, she seemed surprised and initially chose normalising but vague semantic descriptions: *"just normal"*, *"nothing unusual"*. These seemed to be defensive descriptions to support her more general schema that 'everyone feels the same as I do'. When I asked her for specific memories in support of her 'normal' relationship with her mother, she was unable to do this immediately but, in thinking about this, gave a new description of her mother as *"distant"*. This was immediately followed by worry at sounding so critical – *"it makes me sound horrible"*. She was not able to follow this up with an episodic memory and seemed uncomfortable when I gently encouraged her to do so. On asking about memories of her father, which would support her semantic description of *"just normal"*, she was again unable to supply an episode but gave a further semantic account: *"I didn't bother much with my father"*.

The value of this simple approach, if used with compassion and an absence of blame, is that it highlights discrepancy between memory systems creating the opportunity for discussion, reflection and integration. This allows the beginning of a more coherent representation of childhood and other life experiences to be narrated which, crucially for parents, may give a more accurate perception of their children's needs in the present.

As the work developed, it became apparent that for Mrs Smith, 'distance' from her parents had been normalised and, therefore, first her needs and then the needs of her own children were misperceived. She said she had never really played with them – she didn't seem to have the knack or the patience – and, after a while, they didn't seem to want to. However, the emotional pain at her own neglectful experiences – while not integrated into a coherent self-narrative and therefore something she could correct with her own children – had not been forgotten. It was, according to the model, held in a separate memory system. The pain was reactivated intensely by the breakdown of her marriage and then by the children not listening to her, resulting in the misperception that *they* did not care about her. Her solution of withdrawing further increased the children's anxiety, which they managed by an escalation of their ambivalent attachment (hypothesised C3/4) strategies, which demanded her involvement.

It is worth considering why for Mrs Smith, normalising neglectful experiences had been adaptive as a child (although not as a parent). Even as an adult, she was at pains not to feel critical of her parents despite her experience that they showed little interest in her and her children. Even the neutral sounding term 'distant' in describing her mother (whom she experienced as very preoccupied with her difficult older brother) left Mrs Smith feeling that she was horrible for daring to think this. The distance from her father was framed as entirely her choice – she *"didn't bother"* much with him rather than the other way round. As we discussed this in a subsequent session, a specific episode spontaneously cropped up. She had been chosen for a small role in the school play and her father had promised to come (she knew her mother wouldn't attend). She vividly recalled looking around for him among all the other parents and her upset at her realisation that he had not come. She later found that he had stayed down the pub drinking as he did most evenings. *"It's silly really to feel upset about that after all these years"*, she said, trying to shake off the memory of the painful feelings. I reassured her that her feelings were not silly but understandable and important.

I think Mrs Smith's anxiety in the relationship with her parents was reduced through the use of an avoidant

attachment strategy. Being a good, uncomplaining and undemanding girl (hypothesised 'compulsive compliant' – A4) may have brought her some credit for not being aggressive like her older brother. She had also seen him sent away to boarding school for behaviourally challenging children, which would, presumably, have engendered further anxiety and additionally fuelled her perceived need to be good. Anything bad in the relationship with her parents was split off and became her fault, hence her self-definition as 'horrible' at daring to describe the relationship with her mother as *"distant"*. For the children to be angry with her, before her husband left, was therefore entirely contrary to her attachment strategy and threatened deep discomfort. Hence, her partly conscious agreement for her husband to take the authority role when he lived with the family and the crisis at having to assume this role alone when he left.

As I re-read the previous five paragraphs, I am uneasy that the tone sounds 'knowing' and the process sounds uncomplicated and therapist-driven. But this is solely an artefact of retrospectively summarising one aspect of a complex, unfolding and uncertain therapeutic journey. What I think this stage of the work achieved was, first, recognition by Mrs Smith of her painful feelings of neglect as activated in relation to her children and, second, a re-contextualising of those feelings as primarily a hitherto avoided aspect of her childhood experiences. The metaphor that seemed acceptable to Mrs Smith – as it seems to be to many people with unintegrated relational trauma – is that of an old bruise on the shin, which no longer hurts day-to-day but is intensely painful if anyone even gently knocks against it. If the original bruising has been forgotten, then causality and all the associated feelings are experienced solely in the present. As Mrs Smith became more entitled to experience and integrate her historical neglect, her shift in perception meant that she became more able to contain the aggression and non-compliance of her children and to recognise their need for her as a strong engaged parent. As the normalising of her childhood neglect dissipated, she began to articulate a wish for both her and her children to feel cherished.

A return to first order thinking?

What am I saying – that we should rehabilitate the expert therapist who knows *the* truth while poor deluded clients have only access to perceptions? Not at all. This kind of expert was, in any event, mostly a myth. All splitting creates distortion and the 1990s split into modern and postmodern family therapy made straw men of both halves; a family therapy world divided weirdly (and falsely) into bogeyman peddlers of certainty, or not-knowing therapists working only with relativist meanings. It is the case, I believe, that while we can only see from a perspective (or perspectives) and our knowledge must always remain fallible and partial, there are nevertheless some situations where errors and distortions in perception leap up so strongly that if they were dogs they would bite us. We all know this (don't we?) and, if we want to help, we should begin to talk about it and theorise it. The DMM is a good place to start.

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