

## Chapter 11

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### Conditions That Reflect the Disruption of Interpersonal Self-Protective Strategies

#### *Unresolved Trauma (Utr) or Loss (Ul)*

THIS CHAPTER IS ABOUT SOME CONDITIONS THAT INTERFERE WITH THE successful functioning of a self-protective strategy. These conditions are related to specific dangerous events in the history of an individual and can, on occasion, temporarily interrupt the ability of the individual to protect the self, promote safe reproduction, or protect one's progeny.

These conditions reflect *traumatic* psychological responses to specific past dangerous events (loss of attachment figures and other threats to the self or to attachment figures). These responses involve maladaptive processing of information. Either too much irrelevant information is retained (and used to organize behavior), or too much relevant information is discarded, or other errors of thought are made regarding the dangerous event. Events treated in one (or more) of these ways are considered *unresolved*. These errors can interfere with the general strategic functioning. By analogy, the effect is similar to that of a land mine. One walks safely, strategically, over the ground most of the time until something triggers preconscious recall. Information in procedural or imaged memory is usually the underground, preconscious trigger. When evoked preconsciously, recall of unresolved events changes the individual's dispositional representation (DR), causing behavior to be-

come maladaptive under a narrow set of conditions. The impact of these instances on the self-protective strategy used by the individual can vary in extent. Some traumatic responses have very circumscribed and limited effects on strategic functioning. Others, especially if due to the interaction of multiple transformations of information regarding several dangerous events, have more widespread effects.

Lack of resolution of exposure to danger and loss is often an indicator of increased risk for psychopathology (i.e., thought and behavior that is not well adapted to the current situation). That is, each of the strategic patterns and combinations of patterns is adaptive in some context and, therefore, not inherently indicative of psychopathology. Lack of resolution, however, specifically implies that the self-threatening event has not been integrated with respect to current functioning. The lack of integration has implications for current and future functioning that create risk.

## OVERVIEW

### RESOLUTION

To understand lack of resolution one must first define resolution of loss or exposure to danger. The function of mental processing of information is to glean useful information about dangerous events while discarding irrelevant information. Because surviving danger is crucial to life, psychological adaptation is first and foremost about using the past to prepare for future danger.

Humans have only two sources of information about danger and how to stay safe: that which is genetically transmitted and, therefore, innate to our central nervous systems and that which is learned, from our own experiences or vicariously from others' experiences. This discussion of trauma and loss focuses on the interaction of innate potentials with unique experiences to generate information about how to stay safe and how to protect people who are attached to oneself (e.g., children, spouses, parents).

Danger focuses perception and attention on the threatening situation; this increases the probability that we will identify the signals that will predict future danger and the self-protective responses that can be taken. Such a preoccupying focus is adaptive for as long as both (a) the signals and protective responses are unknown and also (b) there remains a possibility of similar danger in the future.

Danger is also psychologically disruptive, such that one wants to forget about it and move on to happier, more productive topics. This dismissing process is adaptive when the danger is unlikely to recur and when the signals of impending danger are easily recognized and lead to protective responses.

Psychological resolution of threatening or dangerous experiences is defined as either identification of the signals of danger and learning of self-protective responses or determination that there is very little probability of a recurrence of the event, together with the integration of this information into current functioning. Resolution involves retaining predictive information and setting in the past nonpredictive information. It permits the transfer of attention and mental processes away from the threat and onto other aspects of life while maintaining the advantage of what was learned from the endangering experience. Individuals can be considered resolved if they

- Have extracted predictive and protective information from past dangerous experiences;
- Can apply this information to future experience to differentiate probable dangerous situations from probable safe ones with reasonable accuracy;
- Have developed preventive strategies for use in the event of signals of possible danger;
- Associate information about the past danger that is *not* relevant to future safety only with the past (i.e., they dismiss it from future self-protective functioning);
- Have developed strategies for protecting the self in the event of unpreventable danger;
- Have accepted and accommodated to changes in the self and others that occurred because of the past danger;
- Have transformed the intense negative feelings associated with the experience to more complex and variegated emotional states, specifically states that include cognitive information, such as sadness, regret, acceptance, and increased contentment with what remains;
- Have accepted the ambiguity and uncertainty inherent in life and, nevertheless, found ways to attend to other aspects of life in addition to preparing for danger; and
- Find some redeeming or satisfying outcomes that have resulted from the event.

## LACK OF RESOLUTION

Having reliable information about very dangerous situations is crucial to mental functioning and physical safety. Until one understands past threats sufficiently to be able to protect oneself in the future, there is a strong tendency to maintain self-protective responses to the event. In the best of circumstances, the threatening information causes mental alertness, which results in integrative mental activity and the construction of new and more sophisticated mental and behavioral responses and, when necessary, revision of DRs of self and others. In this case, the threatening information tends to be available for conscious recall.

In less satisfactory situations, threatening information pervades mental processes but without eliciting the integrative mental activity that would enable construction of more effective strategies for protecting the self in the future. Instead, information is split, distorted, or manipulated to keep some truth, which is deemed even more dangerous, out of awareness. Specifically, unresolved speakers using a dismissing psychological process (with regard specifically to the past danger) refuse to acknowledge the ongoing risk of life; their lack of resolution involves a continuing effort to exclude this information from awareness and from strategic behavior. In contrast, unresolved speakers who are preoccupied with a past trauma or loss refuse to acknowledge the irreversibility of the event and the possibility, in the future, of safety and comfort; their lack of resolution involves a continuing effort to exclude that information from awareness and from strategic behavior. It should be noted that, for a speaker who had dismissed a self-endangering event, "not remembering" is an active process that is present and pervasive in mental functioning, even though it is not accessible to conscious review, to integration, or, therefore, to resolution. In other words, *unresolved-dismissed* [U(ds)] and *unresolved-preoccupied* [U(p)] are actually two hierarchically and functionally parallel constructs that function in opposite ways, that is, the process is different, but the outcome of lack of resolution is the same.

The central question regarding lack of resolution is *does the danger (or dangerous loss) affect mental functioning in general, either through what is omitted from psychological processing that is needed or what is retained that is not needed for identification, prevention, or protection from future danger?* Put another way: The function of "resolution" is to (a) take forward into the future information that can help to predict, prevent, or protect

from danger (including danger of death) and (b) leave in the past that which is related only to the past and not relevant to the future. If too much is taken forward, it is preoccupying lack of resolution; if too much is left in the past, it is dismissed lack of resolution. Resolution is the right differentiation of this information.

Lack of resolution has a number of important implications for daily functioning. Lack of integrative activity precludes being able to connect the various aspects of others' personality into a single whole or, more important, the various aspects of self across relationships, time, and contexts into a whole. Without such integrations, relatively inaccurate predictions of self and others, particularly in interaction with external conditions, will be made. Under conditions of safety, this will adversely affect comfort and, thus, the ability to maintain intimate attachment and reproductive relationships. In extreme cases, where threat is greatly overpredicted, the individual's self-protective activity may even create or elicit danger. Under conditions of threat, lack of resolution may affect safety either by generating too much anxiety for effective thought and action or by failing to direct sufficient attention and arousal to the threat.

The George et al. AAI (1985, 1996) is more effective at identifying evidence of preoccupying lack of resolution than evidence of resolution or dismissed lack of resolution. For this and other reasons, a modification of the George et al. interview is recommended for use with the DMM method (Crittenden, 2007). Whichever form of the interview is used, the coder must decide whether the speaker is resolved. There are several forms of lack of resolution, all of which imply an inability to differentiate unique aspects of the past danger from aspects that are relevant to the future. In order from the most dismissing to the most preoccupying, these forms of lack of resolution are:

*Dismissed forms*

- a. dismissed trauma or loss, Utr/l(ds);
- b. displaced trauma or loss, Utr/l(dpl);
- c. blocked trauma, Utr(b);
- d. denied trauma or loss, Utr/l (dn);

*Preoccupying forms*

- d. preoccupying trauma or loss, Utr/l (p);
- e. vicarious trauma or loss, Utr/l(v);
- f. imagined trauma or loss, Utr/l(i);
- g. suggested trauma, Utr(s);

- h. hinted trauma or loss, Utr/l(h);
  - i. anticipated trauma or loss, Utr/l(a);
- Other forms*
- j. delusional repair, Utr/l(dlr)
  - k. delusional revenge, Utr/l (dlv)
  - l. disorganized trauma or loss, Utr/l(dx);
  - m. depressed trauma or loss, Utr/l(dp).

*Dismissed* trauma or loss is most common among speakers with a basic Type A strategy. In this case, the speaker dismisses the importance of the event to the self both in terms of preparing for future danger and in terms of feelings. As a consequence, feelings such as sadness or even pleasure and satisfaction become impossible. Such speakers appear dry and unresponsive.

*Displaced* trauma or loss is a form of dismissing in which information about the actual eliciting event is both omitted from processing and also transferred to some other, presumably less threatening, event or person. Thus, one's own abuse by a parent may be dismissed whereas one's sibling's sufferings may occupy an inordinate amount of attention. The strategy, in other words, involves both dismissing and preoccupying components, but these are split with regard to referent.

*Blocked* trauma or loss refers to the presentation by the speaker of otherwise inexplicable details that, taken together, strongly suggest a traumatic experience that the speaker does not acknowledge. That is, no trauma or loss is claimed by the speaker (and none is hinted), but the observer both finds evidence for such an event in the speaker's style of discourse and the facts of history, and also finds that, by including this hypothesized event, the speaker's history and pattern of discourse become psychologically sound. Previously, other theories have assumed that memories of such events were repressed (i.e., present in the mind, but not recalled). Current understandings from the cognitive neurosciences suggest that lack of elaborative recall may result in the absence of facilitated neurological pathways. That is, some possible memories may never have been consolidated through elaborative processes and, in that case, would be neurologically absent (Schacter, 1996).

Four conditions are necessary to code blocked trauma in an AAI:

1. There must be opportunity in the events related by the speaker for the potentially blocked event to have occurred.

2. The event must seem probable, given both what the speaker has said and how (in the discourse) it was stated.
3. There must be several "oblique" markers that, linked across disparate parts of the transcript, point to the potentially blocked event. These markers are often images or evocative language. When a sexual act is the potentially blocked event, double entendres may convey the meaning but such terms are not by themselves sufficient to code blocked child sexual abuse.
4. The event must be necessary to make the speaker's story and self-protective strategy psychologically coherent.

*Denied* trauma or loss occurs when very serious and inescapable threats to the speaker's physical or psychological integrity appear to overwhelm the speaker (e.g., being frequently and inappropriately included in discussion of other topics, arousing the speaker intensely, even in [ina] or [ess] forms; see Appendix and Chapter 12). Nevertheless, when queried directly, the speaker denies either the event or its ongoing negative effects. This complex form of response involves errors of association. Implicitly, there is an overassociative process, with procedures and images reflecting a functional preoccupation with the threat. Explicitly, however, the threat is disassociated from the self, being verbally described as irrelevant to the self. Utr/I (dn) is differentiated from the simpler dismissed form because the denial is only semantic, with an abundance of information about the threat being processed implicitly; both DRs hold the potential to affect the speaker's behavior, but in incompatible and often maladaptive ways. Utr/I(ds), on the other hand, involves a consistent functional dismissal, with the dangerous event being rarely discussed at all; its omission from the DRs that regulate behavior is the basis for risk. The discrepancy between activated and inactivated processes in Utr/I(dn) is sometimes "resolved" with a delusion.

*Preoccupying* trauma or loss involves the taking over of mental processing by the self-threatening event. This can be limited to the event itself or the event can be associated with such a wide range of stimuli that it pervades all functioning.

*Vicarious* trauma or loss is a form of response in which the speaker neither experienced nor witnessed the endangering event. Instead, this event occurred to an attachment figure and directly affects their behavior and mental construction of reality. When describing this event, the vicariously unresolved speaker uses dysfluencies typical of lack of res-

olution without being able to associate these explicitly with the attachment figure's experience and, often, without essential information about the event.

*Imagined* trauma or loss occurs when the speaker provides credible evidence that the event occurred but makes an attribution of psychological trauma that is unwarranted (i.e., the speaker makes an erroneous causal attribution).

*Suggested* trauma is coded when the interviewer imagines a trauma and inadvertently feeds the speaker ideas and words that the speaker accepts as real. This is particularly problematic in that "false memory syndrome" must be differentiated from active deception in which the speaker knows the truth but, for a variety of reasons, feels the need to make false assertions of past victimization. This distortion reflects "borrowed" information that the speaker attributes to the self when the source is actually the therapist (or another authority figure).

*Hinted* trauma or loss is assigned when the speaker's cunning placement of details, usually accompanied by submissive ingenuousness, leads the observer to conclude that others have greatly harmed the speaker (or the speaker's attachment figures). Put another way, the speaker plants the idea in the interviewer's mind while implicitly denying that it happened. In all cases, the speakers themselves display deception (false cognition) within the interview and with regard to other topics. Moreover, the presumed perpetrator is always someone who harmed the speaker and who is still, at the time of the interview, feared. The function of this form of lack of resolution is to engage the observer in the process of accusation of the presumed perpetrator.

*Anticipated* loss or trauma reflects fear that is exaggerated in an irrationally preoccupying manner, for example, fearing that one will lose one's child because of the loss of one's mother during childhood. The basis for the fear of death may be displaced (for example, from a fear of one's own death to a fear of one's child's death) or transformed (for example, from a desire to kill to a fear of the death, i.e., reaction formation).<sup>1</sup>

*Delusional* forms of unresolved trauma or loss occur when the speaker imagines, from a semantic or affective base, episodes that appear to have occurred but in fact cannot have occurred as reported. Frequently, the speaker marks this by saying "as if" or "like" but then

1. Fearfully anticipated death of a child that is cut off from the source of fear is treated by Main and Goldwyn as a pattern within dismissing (Ds4); here, it is treated as one form of lack of resolution of danger [UI(a)<sub>child</sub>].



goes on to quote "actual" dialogue, and so forth. The error is that the speaker fails to recognize that his or her own mind is the source of information.

*Delusionally repaired* trauma or loss involves speakers' delusionally constructing an explanation for endangering events that otherwise would seem to the speaker to be unforgivable, inexplicable, and unrelenting, even into the present. The delusional frame placed around the events makes them seem meaningful, or even inevitable, in a just and rational world, thus, reversing unrelenting distress resulting from gratuitous trauma and loss. The false resolution can involve expected future happiness beyond this life or, in a more self-aggrandizing form, can transform the victimized self into a sacrificed savior or powerful figure in control of chaos.

As with all forms of lack of resolution, danger and protection are central to delusions. With regard to cognition and affect, the delusion functions to add cognitive, rational meaning where there was no contingency or justification for what occurred and, because what occurred could only elicit intense and irresolvable negative affect, the delusion helps to lower arousal that cannot motivate useful action. Such delusions, based as they are on distortions of cognitive temporal reasoning, often include the speaker's feeling that he or she can foretell the future.

*Delusional revenge or attacks* involve similar transformations as delusional repair, but instead of focusing on future reward for the self, they emphasize punishment of perpetrators. Consequently, they pose greater danger to others.

*Depressed* is assigned when the dangerous events (or losses) are perceived by the speaker to be (a) beyond his or her control, both in the event itself and in the process of recovery and reorganization around them and (b) essential to his or her welfare, physically or psychologically.

*Disorganized* trauma is assigned under two conditions: (1) when the person displays multiple psychological responses to a single traumatic event that is, at various points in the transcript, dismissed, preoccupied upon, displaced, etc. (a minimum of three different responses is needed) and (2) when there are multiple events or deaths that (a) have markers of lack of resolution, (b) do not fully qualify as traumatic events (usually because some are quite minor), and (c) are confused in ways that are irrational (as opposed to connected in meaningful, albeit excessive

ways). The point is that no particular trauma accounts for the psychological effects on the individual, but rather an array of real and imagined attributes of the experiences are connected to almost any other experience that, even tangentially, shares that characteristic. The effect is to make a very wide range of events a potential trigger for intense emotional response.

#### WHO OR WHAT CAN BE RESOLVED OR UNRESOLVED?

"U-loss" (Ul) is reserved for attachment figures, attached persons (i.e., the speaker's children), and substitutes for the self (e.g., siblings). Only these figures can receive Ul(p), Ul(ds), and Ul(v) (preoccupied, dismissing, and vicarious, respectively). A judgment must be made as to whether nonparental relatives (e.g., stepparents, grandparents, or aunts and uncles) functioned as attachment figures; this is done on a person-by-person basis and not for the class of such figures. In addition, siblings (who bear the same relation as one's self to one's attachment figures) may also be attachment figures or attached persons to oneself. There are also cases in which a pet is an attachment figure or even a self-substitute, but this should not be probed unless the speaker introduces it. An event can be a loss without there being a death, for example, divorce or placement in foster care. It should be noted, however, that such events involve separation from actual attachment figures and from the state of having an attachment figure.

Both attachment figures and other, more inconsequential persons can receive classifications of Ul(dpl), Ul(a), and Ul(i) (displaced, anticipated, and imaged, respectively).

With dangerous experiences, only threats to the self or threats to others that the speaker observed directly can receive Utr(p) and Utr(ds). Utr(v) is reserved for threats to attachment figures or attached persons when the speaker was not present at the event. Utr(dpl), Utr(a), Utr(i), and Utr(h) can be applied to any person or event. When there is evidence of lack of resolution regarding a person whose life was relatively unimportant to the speaker, both Ul(dpl) and Utr should be considered as possibilities. Ul(dpl) is used when the loss is the critical factor, but is displaced away from a more important loss. Utr is used when the death seems to threaten the speaker's confidence regarding his or her own personal safety. Particularly violent deaths (e.g., suicide or murder) may be given both Ul and Utr.

### MATCHING AND MESHING LACK OF RESOLUTION AND BASIC STRATEGY

In concluding this discussion of lack of resolution, it should be noted that there is an interaction of an individual's primary strategy with the strategy for dealing with the self-threatening event. When these are the same (i.e., when they match), assigning the speaker to a "U" category seems redundant. Nevertheless, if the speaker is not resolved, lack of resolution is noted. The advantage of this is that the clinician has a note that it is there, waiting like a little land mine to explode at some future time.

More interesting are cases of reversal or differences in degree of dismissal or preoccupation. Examples of the meshing of opposite strategies include Type A speakers with a preoccupying trauma/loss or, conversely, Type C speakers with a dismissed trauma/loss. Patterns that involve reversal of strategy are most likely to occur when minor threats have been of one sort (cognitively or affectively), but a major danger occurs that calls for the opposite predictors and self-protective strategy, for example,  $UI(ds)_F C3$ , for an aggressively Type C speaker (C3) who dismisses the import of the death of his father, or  $Utr(p)_{fall}A1$ , for an idealizing Type A speaker (A1) who is traumatized by a childhood accident. The latter organization is one of two organizations often associated with panic attack symptoms (Heller & Pollet, 2010). Reversals are clinically significant and worthy of note.

On the other hand, there may be a difference in the extreme use of the strategy, such as when a mild Type C speaker (C1-2) displays obsessive or false cognitive qualities with regard to a dangerous event or loss. An example is  $Utr(v)_M C2$ , for a disarming Type C speaker (C2) who was vicariously traumatized by her mother's unexplained amputated legs,  $Utr(v)_M$ . Exaggeration of a Type C pattern around a traumatic event is often associated with another form of panic disorder (Crittenden, 1997a).

Finally, while lack of resolution of trauma or loss indicates a lack of integration of information and functioning around the trauma or loss, it does not imply that other aspects of the individual's functioning are unintegrated. Consequently, one can have Utr and UI states associated with a predominant Type B pattern. Indeed, it is normal and expected that following many self-related deaths or traumas there will be a period of reorganization. During this period, the Type B individual is unresolved.

Consequently, in the DMM method, all nonresolved traumas and losses are listed, without regard to the dominant pattern.

#### CONTAINED VERSUS UNCONTAINED LACK OF RESOLUTION

The breadth of effects of lack of resolution on an individual's functioning is important. The opening questions of the AAI contain no threat or challenge. If there is evidence of psychological trauma in them, it can be expected to be quite pervasive in the speaker's functioning. Following that, questions about relationships with attachment figures may elicit evidence of childhood threat that is tied to a specific parent. Because this section is under the speaker's control, that is, the speaker chooses the words and episodes, intrusion of the trauma or loss is relevant. The section about normal dangers in childhood is even more likely to identify threat and, therefore, trauma. The issue becomes how well the psychological response is limited to the eliciting event (e.g., is it dismissed, displaced, confused with other events?). The section on traumatic danger and loss is most likely to uncover lack of resolution. However, this is less critical to adaptive functioning if distortions of thought are limited to this section instead of being in less directly related parts of the interview. Finally, the integrative questions suggest the extent to which the endangering experience colors the speakers' interpretations of their life experiences. Of particular concern in very disturbed speakers is confusion among traumatic events (i.e., disorganized lack of resolution). Trauma responses that appear only when the topic is probed are considered "contained" whereas those that appear spontaneously are "uncontained."

#### *Discourse Markers and Their Psychological Function*

There are a number of indicators of *preoccupation* with loss or traumatic events and, as would be expected, these are identified by involving discourse markers. Images are particularly important. Lack of resolution is indicated by images of agents of danger that are not connected to the dangerous person or experience, that preoccupy attention, and that, especially, are spoken of as though they were occurring in the present.

The indicators of *preoccupying* lack of resolution of trauma or loss involve intense affective arousal and cognitive confusion or uncertainty. All bring the threatening event closer in time and space (i.e., they

distort *when* and *where* there might be danger). These indicators have been described in detail by Main and Goldwyn (1984, 1994) with regard to the M&G unresolved/disorganized category and are repeated here:

- An erroneous belief, in at least portions of the interview, that the past is not immutable, that is, that the danger may still be prevented or that the deceased person is not really or entirely dead (usually in procedural or episodic memory).
- Temporal confusion such as confusion regarding the time of death or a dangerous event or placing the dangerous event or death, in at least portions of the interview, in the present (procedural or episodic memory).
- Confusion of person, for example, reversing the pronouns for the self and the perpetrator of harm or for the self and the deceased (procedural memory).
- Erroneous placement of the self at the dangerous event or death when one was, in fact, absent (imaged or episodic memory).
- Psychological confusion regarding the causes or implications of the death (procedural or integrative memory).
- Overly simplified emotional responses, including intense and uncontrollable affective arousal around the topic of the danger or death (procedural or imaged memory).
- Overly simplified reasoning about responsibility for the causes of the danger, particularly one's own complicity in the array of causes, that is, reductionist blaming thought and magical thinking (semantic or integrative memory).
- An irrational belief in the high probability of repetition of the event, for example, anniversary effects (procedural and semantic memory).
- Hypervigilance regarding contextual indicators of the danger, for example, intense imaged recall (imaged memory).

The function of *preoccupying* lack of resolution is to (a) reduce the distance between the self and the event (thus, keeping the event in the present with the apparent potential of being available for resolution), (b) maintain vigilant awareness of all details so as to increase the probability of recognizing a recurrence of the event soon enough to mount a defense, and (c) avoid awareness of the causes of the danger, particu-

larly causes that the self could influence. The benefit of the preoccupied response is that it increases the probability of predicting and preventing similar events in the future; when the causal conditions are unclear (or more threatening than the endangering event), it retains as much "raw" sensory information (both contextual and somatic) as possible, permitting later reconstructions of the event. Further, by keeping the affect associated with the event aroused and by refusing to change behavior patterns (i.e., by refusing to change), it falsely creates the appearance that the event has not actually occurred.

The costs of the preoccupying response are *overprediction of danger and underattribution of responsibility*, leading, therefore, to an inability to take responsible and self-protective action. In addition, there is an inability to move forward in life and an inability to release oneself from the pain associated with the event.

The indicators of *dismissed* lack of resolution include all the usual dismissing markers, but, in addition, include the following:

- Omission of the dangerous event or of the deceased person from early parts of the transcript and from all but the most direct probes of the event (procedural and episodic memory).
- Extreme brevity (more than elsewhere in the interview) regarding the danger or death (procedural memory).
- A noticeable absence of affect about the danger or death when affect would normally be expected (procedural memory).
- Overt claims that the event had no importance to the self (semantic and integrative memory).
- An erroneous belief that the self caused the danger or death, or is guilty for some aspect of it (semantic or integrative memory).
- Placing the self distant from an event for which one was actually present and endangered (episodic memory), including displacing the event onto some other person.

*Dismissing* forms of lack of resolution function to keep danger away from the self by placing it in the past, at geographic distance, or in other people (Pynoos & Nader, 1989). The benefit of the dismissing response is protection of the self from feeling pain that cannot easily be assuaged. In addition, when display of affect has, in the past, been strongly castigated and led to rejection, dismissing trauma or loss may protect the speaker from further (imagined or real) threat.

The cost of this strategy includes the failure to attend to important predictors or protective responses and, thus, *underidentification of threat* of danger. (This is demonstrated in those individuals who "never saw it coming" when everyone else did.) This can leave the self vulnerable in the future, particularly to events over which the self could have some influence. *Overattribution of responsibility* functions to enable the self to feel in control of events and, thus, leads to a false belief that one can protect the self in the future.

The other forms of preoccupied and dismissed lack of resolution share the respective markers. The disorganized forms mix these markers. The depressed forms are characterized by the same discourse markers as the depressed modifier (see below).

### *Experience/History*

The speaker's history can include any form of perceived self-endangering event. Because children are vulnerable to a greater range of dangers and are less able to understand them than adults, they are more vulnerable to psychological trauma and are at greater risk in the event of the death of an attachment figure. Moreover, because they are less able to store, retrieve, and integrate information, they are more vulnerable to unresolved trauma or loss. Thus, danger that occurs early in life is more likely to produce trauma than later occurring danger. A particularly important aspect of the history is whether or not an attachment figure was able to protect and comfort the child.

Two forms of trauma are especially threatening. One is early danger that is repeated at later ages. Loss of an attachment figure in childhood that was followed by loss of other attachment figures would be an example of an extremely and repeatedly traumatizing set of dangers that would require extensive effort to resolve, that is, to enable the individual to feel safe. The effect might be to exaggerate use of the individual's existing strategy by making it more rigidly self-protective. The second form of trauma may be found in those who had experienced little threat of danger and for whom attachment figures had always been protective and comforting. These individuals might find it difficult to resolve the experience of deceptive danger. That is, individuals using a Type B strategy could be at greater risk of trauma under extreme and dangerous conditions than individuals using the Type A or C strategies, especially the high-numbered patterns.

### ADVANTAGES OF DMM CONCEPTUALIZATION OF LACK OF RESOLUTION

The treatment of lack of resolution in the DMM method is complex, far more complex than the single preoccupying unresolved/disorganized category of Main, Hesse, and Goldwyn (2008). Nevertheless, articulating these ideas permits clinicians to specify critical features of distressed individuals' responses to dangerous events.

In the DMM method, danger is the central issue around which all strategies are constructed, with loss of an attachment figure (or attached person) being considered one sort of danger. Therefore, theory about response to danger, particularly traumatizing danger (Crittenden, 1997d), forms the basis for the conceptualization of lack of resolution of both trauma and loss. Of these, loss is the universal and ultimate danger. Loss of an attachment figure during childhood threatens personal survival whereas loss of an attached child threatens genetic survival. Thus, these two events are particularly dangerous. However, because loss is an inevitable and universal event, humans must find ways to accommodate the unpleasant and sometimes dangerous reality of losing an attachment figure. When this occurs while one is still dependent or when one is unable to protect an attached child, resolution can be especially difficult to achieve. Nevertheless, everyone must find a way to adapt to loss, whereas other dangers, although common, are not universal.

In the DMM method, resolution is treated explicitly. This leads to specification of the function and process of achieving resolution, which, in turn, permits evaluation of exactly which aspects of resolution have not been accomplished by the speaker. *The function of resolution is to enable the individual to take forward into the future information that is relevant to future protection and comfort and to keep in the past that which was unique to the specific event.* Unresolved individuals are unable to differentiate these two classes of information, particularly in the context of a changing self that faces changing challenges.

The central effect of the DMM approach is that lack of resolution is no longer considered a categorical state but rather is seen as a *process* that is observed both as a gradient and also as affecting a narrower or broader range of functioning. Thus, although a resolved/unresolved distinction is maintained at this point in the development of the DMM



method, this distinction may become dimensional with further development of the thinking used here. Even now, however, clinicians will find it useful to record not simply whether dangers have been "resolved" but specifically which aspects of resolution need further integration and which portions of the interview are affected (i.e., how general or specific the lack of resolution is).<sup>2</sup>

As conceptualized here, lack of resolution is a psychological reaction to a *perceived self-endangering circumstance* (see Crittenden, 1997d). This reaction occurs both mentally and behaviorally and also is displayed in discourse in the AAI. Framed in this way, *the psychological response to the event is the critical feature rather than the event itself*. Indeed, the event may only have been observed, may be expected in the future (anticipatory trauma), may be wrongly attributed to another event or person (displaced trauma), may not actually have occurred (suggested trauma), may have occurred to an attachment figure and not to the self (vicarious trauma) or, in some cases, may have occurred without the individual being consciously aware of it (blocked trauma). Thus, self-threatening events like divorce, foster placement, injury to a parent, or "forgotten" child sexual abuse can be considered in terms of resolution or lack of resolution.

Lack of resolution of trauma in the DMM method is not inherently an extension of the Type C strategy. Instead, dismissing, preoccupying, and combined dismissing/preoccupying forms of response to threatening events all indicate a lack of resolution. Specifically, 14 forms of lack of resolution were proposed here (but others may be identified in the future): dismissed, displaced, blocked, denied, anticipated, preoccupying, vicarious, imagined, suggested, hinted, delusional repair, delusional revenge, depressed, and disorganized.

The DMM strategies and types of lack of resolution are particularly attuned to the danger implicit in deception. When parents deceive their children about their dangerousness, the children suffer far more debilitating psychological consequences than when parents' threats are open

2. There are both similarities and differences between this and a "stage" model of recovery from loss, with the primary difference being that an order of accomplishing aspects of resolution is not implied here. Indeed, resolution of a particular aspect at one point in time may be changed by some other issue later. This dynamic and systemic perspective on the process of resolution could account for the "reversals" seen in recovering individuals. Possibly some reversals are actually concatenations of old information with newly generated understandings. In addition, the perspective taken here permits the possibility that Type A and Type C individuals might differ in the aspects of resolution that were attempted first or achieved most successfully.

and fulfilled. Similarly, when reproductive partners deceive about sexual activity, it endangers progeny both physically and psychologically.

These features of DMM lack of resolution represent an advantage over simpler conceptualizations. Although empirical studies have only scratched the surface, evidence is accumulating that simple preoccupation with loss or trauma is not strongly associated with psychological disorder whereas dismissed loss and trauma are, as are particular distortions (e.g., imagined trauma with eating and personality disorders, suggested trauma with anxiety disorders, hinted trauma with paranoia) and combinations of responses (dismissed-and-preoccupied trauma with PTSD, disorganized trauma with borderline personality disorder). The studies reporting these findings are summarized in Chapter 15.