

## The Importance of Therapeutic Coherency

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Clinical professionals and students alike are attracted to interventions. They will ask me, "What do I say or how do I say it?" Or, "Give me some interventions that I can use that could stop that behavior or could change that behavior." What I like to tell people is this: there are two fundamental knowledge tracts to any treatment approach. The first is to know, "What is it?" The second is to know, "What do I do about it?" The second part cannot stand on its own. Knowing what to do must spring creatively from understanding the first part. In other words, if one understands what is going on one can come up with lots of terrific interventions. Performed any other way, interventions will fail or yield unintended results.

Unlike individual therapy, the psychobiologically attuned couples' therapist must hold in mind a coherent notion as to what is going on and be able to convey that notion with clarity and confidence. As soon as possible the

couples' therapist has to say "this is what's happening" prepared to build a compelling case for the couple that suspends their own (and usually incorrect) theories. The therapist must convince the couple that he or she knows something that they don't. Why? The following two rules illustrate the purpose of clarity:

Rule #1

People, especially in distress, do not know why or how they become distressed.

Rule #2

In the absence of knowing how or why they are distressed, people will make up reasons.

Explanation: Rule #1

Most problems facing couples involve non-conscious, rapid-firing subcortical reflexes that monitor and respond to implicit threat (Beneli, 1997; Porges, 2001; Schore, 2005). These "reflexes" are somatosensory-based and follow a neuropathway involving the ANS and CNS, respectively. This ongoing

self-protection process is mostly implicit (meaning, it has no narrative) as it remains a “silent running” process that assesses threat based on rapid social-emotional cues through the face, body, gestures, prosody, movements, etc. In mutually-attuned partners, this process needn't be conscious as two people who are interactively regulating automatically can adjust and error-correct most disruptions in the intersubjective field. However, when this error-correcting function of co-regulation fails, distress rises and partners become aware of a breach in the attachment system (safety/security). How partners co-regulate the state change from safety to threat is key to the couple's overall safety and security system and relational stability (Tatkin, 2004, 2005).

The threat alert and response system is super fast and indiscriminate. Somatosensory cues are processed in tandem with lower limbic areas such as the amygdala which sweeps for dangerous faces, sounds, movements, body postures, as well as dangerous words and phrases (Adolphs, Damasio, Tranel, Cooper, & Damasio, 2000; Aggleton, 2000; Bechara, Damasio, & Damasio, 2000; Corrigan, Davidson, & Heard, 2000). Implicit memory systems in the right hemisphere interact with body sensations, perceptual data from other sense

gates (vision, sound, smell, touch, taste) in a feedback loop involving the amygdala, hippocampus, insula, anterior cingulate gyrus, and medial prefrontal cortex (Schoore, 2002, 2005). As threat rises, oxygen-dependent (and much slower) higher cortical areas become less available to error correct lower, less discriminating subcortical appraisals and so with rising ANS arousal comes the potential for dysregulation among and between partners (Tatkin, 2003, 2006).

In summary, the human threat system relies upon fast subcortical processes that involve somatosensory perceptions and other implicit systems that effect social-emotional behavior prior to cognitive awareness and verbal interpretation. When not in distress, partners remain largely unaware of minor misattunements and will remain unaware if minor misattunements or quickly corrected or repaired within the intersubjective field. However, when in distress, minor misattunements may lead to hyper arousal in the autonomic nervous system which leads to a change in mental, emotional, and arousal states that can throw individuals and the system itself into dysregulation. Partner's ability to understand how and/or why the deregulation occurred is disabled by the psychobiological and neurobiological changes that occur during

a threat response. Because of the vast state changes in both individuals will likely misappraise sequence, content, and most importantly, intent both during and following the dysregulating event. Mutual dysregulation without repair will lead to an accumulating psychobiological threat response and an attack/avoidance strategy.

Explanation: Rule #2

The human mind hates a vacuum. When in distress what we do not understand on an implicit level we try to make up for on an explicit level. Because mutual dysregulation occurs so quickly and with such pain, partners become hard pressed to come up with good explanations that can satisfy both themselves and each other and that would give each other a guarantee not to return to such a terrible place. Our need as humans to come up with these explanations, especially when under interpersonal stress, can lead us to false theories about ourselves and others. Our culture is rife with messages in our books and media with possible explanations for our “unconscious” misdeeds and bad behaviors. If pressed, most of us can come up with plenty of theories that can explain the probable causes of our pain and misery. In my many years

as a couples' therapist I've yet to come across a partnership in distress wherein partners did not have at his or her fingertips theories and explanations of "the problem."

If the reader is to accept the notion that psychobiological processes always trump cognitive awareness than it should follow that most couples in distress neither understand the reason for their distress nor the way out of their distress.

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