

## Narrative Slowdowns

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The therapist should pay special attention when a partner's speech begins to slow. Slowdowns are more common during narratives involving attachment figures, both past and present (George, Kaplan, & Main, 1996; Hesse, 1999; M. Main, 2000). During these slowdowns, one can picture the Microsoft Windows™ icon (the hourglass) spinning. AAI respondents may pause at unusual lengths when seeking autobiographical memories or when experiencing intrusions emanating from implicit memory systems in the right hemisphere (Cohen & Shaver, 2004; Daselaar et al., 2007; Driessen et al., 2004; Knoblich & Flach; Allan N. Schore, 1997; A. N. Schore, 2001). Lengthy pauses in narrative (>30 seconds) often point to disorganization in the right hemisphere. The disorganization is believed to be a result of unresolved trauma and/or loss (Diamond, 2004; Hughes & McGauley, 1997; Lyons-Ruth, Yellin, Melnick, & Atwood, 2005; Mary Main & Hesse, 1990).

Partners in a committed relationship are, by definition, in a primary attachment relationship. The therapist may therefore view slowdowns as relevant to here-and-now attachment complications arising from the current attachment relationship. Slowdowns signal a resource conflict involving both explicit and implicit systems in the left and right hemispheres, respectively. The slowed partner is likely unaware of an internal conflict but the listening/observing partner's arousal system will register a response similar to threat. With minor intervention, the therapist can help the slowed partner become aware of slowdown and may even be able to articulate their reasons. Nevertheless, the therapist can assume the slowdown signals a threat response within the partner (perhaps a fear of consequences from the other partner).

Speech patterning is important to track especially if the therapist is dealing with someone who ordinarily speaks at a normal pace and then begins to slow at key times. The therapist might want to point this out and say, "Do you notice that you're talking slower at this point?" A mystified patient may need a follow-up such as, "I wonder if you're slowing down has anything to do

with what you were just talking about?" Or, "Are you afraid of saying something right now?"

This may help the patient appreciate the significance of slowing down while speaking in the presence of their partner. The slowdown may be conscious, pre-conscious, or dissociative, signaling disorganized thinking in the right hemisphere.

### **Intermittent Speech Oscillation**

If a partner's speech consistently oscillates in speed, I will say, "What I'd like you to do is I'd like you pick it up. I want you to start talking fast. Continue with what you are saying but faster." This is a psychobiological intervention intended to interfere with the self-editing of the left hemisphere. I will add, "I want you to know I'm not saying this because I'm impatient. I'm saying this because there's something happening where you are getting tied up and slowing down and one way to counter that right now is to start talking without editing. It's better to talk and say something that you don't want to say and correct it later than to do what you're doing." I am pushing the slowed partner

and he or she is focused on that and this tends to free up mental resources again.

### Stylistic Slowed Speech

Some partners *stylistically* speak very slowly. This can present as a problem when the couple is in distress and the other partner speaks quickly. Disparities of this kind become exaggerated when partners feel threatened.

Example: When Partner A is distressed she will talk very quickly and with intensity. Partner B responds by talking very slowly and with low intensity. This is an example of an over-responder and under-responder whereby one partner moves into hyperarousal and the other into hypoarousal. In this instance, Partner B is walking to a fire. While he's taking his time she is falling apart and becoming dysregulated. He can talk at this pace if they're feeling fine and not distressed but if either is in distress these disparities will quickly lead to mutual deregulation and trauma. One possible explanation for these disparities in couples is that both partners operate as a one-person psychological system. Co-regulation fails because neither realizes their role as co-regulators.

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