So You Are Thinking About Private Practice... What Are Some of the Considerations?

Preserving the Confidentiality of Patient Records

HIPAA: Overview of the Security Standards
The following article forms the basis for an event sponsored by Ventura County CAMFT and the Chaplin Department of St. Johns Hospital in Oxnard on Saturday, October 25, 2003, from 9:00am-4:30pm (6 CEUs). A continental breakfast with coffee, tea, and water throughout the day. Please contact Wendy Gregson at (805) 446-6324 or gregson.4@juno.com to register.

"The marriages that work and are doing well ... tend to contain interest in each other with frequent inquiries, turning toward one another regarding each other’s needs, and also frequent expressions of fondness and appreciation...." [italics mine] — Julie Gottman (Goff, 2003)

Statisticians, therapists and students of marital life say such couples have remained engaged in each other—investing a good deal of time and effort—and concentrate on leaning inward in times of stress.” [italics mine] (Goff, 2003)

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hat follows is a brief introductory theoretical exploration into the developmental, psychobiological processes that underly turning toward and turning away in adult primary relationships. In a future paper, I will explore parallels between the successful infant-mother dyad and the successful marital dyad, as well as the intervention side of the developmental, psychobiological paradigm.

Interactive Regulation
Couples contain individuals who rely upon one another for regulation of their autonomic nervous systems and this basic dependency need has its roots in the earliest of relationships, the mother-infant couple (Beebe & Lachmann, 1998; Schore, 1994, 2002a, 2002b; Siegel, 1999). When dyads are viewed with an eye toward early regulation of basic sympathetic and parasympathetic states, one’s understanding of all well-established theoretical models of psychotherapy becomes enhanced. Understanding affect regulation within the couple system means that the therapist appreciates the primacy of the psychobiological substrates that ultimately bring people together and drive them apart.

Problems with interactive regulation are often unapparent in the initial courtship phase of love relationships as people want to put their best foot forward and present an ideal, well-regulated autonomous self that is neither too excited, needful or hopeful, nor too self-sabotaging, negativistic or avoidant. After courtship, however, attunement issues begin to emerge and take center stage; and concerns with self and interactive regulation become more evident, sometimes to a startling degree.

As partners become closer and more familiar, they begin to function as a regulatory team, depending upon another for regulation of each other’s autonomic nervous system. How well they can mutually regulate across their entire, collective bandwidth of ANS states indicates the degree to which they can remain stable as a couple.

Flooding
Marital researcher, John Gottman (1999), describes the physiological state of flooding, or diffused physical arousal (DPA), as a leading cause of marital instability. Flooding (or DPA) commonly refers to hyperactivation of the hypothalamic-pituitary-adrenal axis (HPA) and sympathetic over-arousal. During periods of conflict, one or both partners reach DPA indicated by a heart rate of approximately 15 beats per minute above resting, and this leads to a psychobiological shift in the organization of here-and-now experience; in other words, partners move into fight, flight or freeze. DPA represents a cognitive procedural shift away from the use of higher cortical processes for problem-solving, impulse control, frustration tolerance, empathy and repair to a subcortical (amygdalar) threat response with attendant primitive defensive acting out.

Successful couples are able to limit and regulate dyadic arousal states so that DPA is avoided. They limit the use of destructive defensive coping strategies and maintain a relatively high degree of friendship and goodwill (Gottman, 1994, 1999).

However, when the couple system itself becomes dysregulated, the couple is unable
to down-regulate, repair attempts are not made or simply fail, empathic failures increase in number and intensity, misappraisals of intention increase, and the use of primitive defense such as denial, blame, transference acting-out, splitting, projection, projective identification, avoidance and withdrawal becomes intensified, along with the appearance of core affects such as murderous rage, disgust, helplessness, shame and terror (Ogden & Minton, 2000; Schore, 1994, 1997; Siegel, 1999).

Once both members of a couple move into a sustained dysregulated state of arousal there is an immediate, intersubjectively "felt" panic due to a mutually experienced negative spiraling toward disintegration. The result is a breach in the attachment system that resonates implicitly with early experiences of disruption in the mother-infant system (Ainsworth, 1978; Winnicott, 1960). The dyad becomes unstable, unregulated and uninhabitable thus forcing each individual to turn to their given strategies for re-regulating their internal state. This "turning away" can lead to an escalation of arousal and affect intensity rather than the reverse. Such is the case when one partner turns toward autoregulation for self-organization and down-regulation of arousal while the other requires interactive regulation to achieve the same. For the partner favoring autoregulation, interactive regulation is intolerable. For the partner seeking interactive regulation, autoregulation is intolerable. The result is a couple that cannot calm down and repair injuries.

DPA, or hyperarousal, addresses only one end of the arousal spectrum. In moments of stress, individuals and the dyad itself can move into conservation withdrawal, a massive parasympathetic drop into a deadening state of dissociation, constriction, collapse and hopeless surrender (Ogden & Minton, 2000; Schore, 1994). Heart and respiratory rate decrease and the experience is often reported as feeling devastated, as if dying, as having been cut open or as if bleeding to death. Indeed, feelings of intense shame, annihilation and fragmentation are also found at this low end of the arousal spectrum.

Extreme ends of the arousal spectrum are dissociative by virtue of a loss of contact with
organizing, self-reflective processes at the higher cortical level. The term “flooding” may be adequate to describe each polar extreme in that one feels flooded by unmediated, unmetabolized experience at the subcortical level and one is then compelled to organize via subcortical defensive strategies of fight, flight, freeze or conservatism withdrawal. A more dire condition involves rapid cycling between the two arousal poles—a biphasic response—akin to the disoriented, disorganized attachment strategy of an infant with a frightening, unpredictable mother (Ainsworth, 1978; Bowlby, 1969; Ogden & Minton, 2000).

Because social/emotional cues are processed by the limbic system and right hemisphere (brain areas known for rapid processing of information) partners respond instantly to subtle affective shifts in the other (via the face, voice, and body posture). For instance, partner A is able to read partner B’s immediate emotional reactions faster than partner B can “know” and verbalize them. This is a built-in advantage to couples in the facilitating of real time mutual regulation, attunement, and reflective functioning. However, there is a downside as this rapid processing of cues also increases the complexity of the intersubjective and intrapsychic experience. And, in the presence of sympathetic or parasympathetic flooding, the appraisal system becomes highly distorted and matters can quickly get out of control. This can be problematic for the therapist whose ability to self-regulate within optimal range is challenged, and the likelihood of counter-transference acting out increases. The therapist must be able to function as an external regulator for the dyad and must be able to achieve this in the face of intense affect, dysregulated arousal, and primitive defense.

Couples who are unsuccessful at this will have fewer and shorter periods of enjoyed mutuality and more moments of turning away as a response to conflict.

**Regulation Strategies and Injury/Repair Response Time**

It has been my experience that there exists a critical factor in the response time of couples’ successful attempts at repair. Couples that notice and quickly repair injuries are better able to maintain good interactive regulatory tone and prevent tumbling out of an optimal range of arousal. For couples that employ avoidance strategies or where disassociative processes prevent a partner from being able to track failures in attuned mutual regulation, time becomes a critical factor. The more time that passes between injury and repair, the more the couple experiences dissonance, which in turn affects the arousal system, increases the use of primitive defense for autoregulation of arousal, which in turn affects the attachment system (safety and security) and the love/admiration system (basic friendship). More research needs to be done in this area to determine if a critical time factor does indeed exist and to determine what might be the critical durations on an injury/repair response time continuum.

**Conclusion**

My intention in this paper was to introduce a potentially critical factor in couple dynamics. I suggest that fundamental to the clinician’s understanding of why some couples thrive and others fail are the developmental psychobiological substrates that motivate turning toward and turning away behaviors. This perspective, which includes identifying and tracking a couple’s regulatory strategies, could provide the clinician with a useful therapeutic approach to identify the success of clinical intervention. In a future paper, I will explore how this particular approach might be utilized to form strategies of intervention with distressed couples.

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**References**


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