

Shrink Rap Radio #179, October 24, 2008, A Psychobiological Approach to
Couples Therapy™

**David Van Nuys, Ph.D., aka "Dr. Dave" interviews Dr. Stan Tatkin,
PsyD**

(Transcribed from www.ShrinkRapRadio.com by Sandra Huang)

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Excerpt: Two people together, really you know, we're talking about two brains, two on and on nervous systems getting together, and trying to get along at close physical distances and that's a tough thing to do. We're generally wired to survive and to keep at a distance, and to be suspicious and to run or fight when we need to, so to get together with somebody romantically and to maintain that contact with them in close physical proximity over time without becoming threatened or threatening is really quite an amazing human capacity.

Introduction: That was the voice of my guest Dr. Stan Tatkin, founder and developer of A Psychobiological Approach to Couple's Therapy™ which integrates neuroscience, infant attachment, arousal regulation and therapeutic enactment applied to adult primary attachment relationships. You can find out more about Dr. Tatkin in our show notes at ShrinkRapRadio.com. Now here's our interview.

Dr. Dave: Dr. Stan Tatkin, welcome to Shrink Rap Radio.

Stan Tatkin: Thank you David.

Dr. Dave: Well let's start off by, first of all, I just want to mention that it was a listener in London who told me about your work and suggested I should interview you, and I thought it was a great suggestion, so let's start off by having you tell us a bit about your background, you know, where you grew up, went to school, all that good stuff.

Tatkin: Going all the way back to elementary school?

Dr. Dave: Maybe not quite that far.

Tatkin: Ah well, I should say that that my first career was as a professional musician, so that was the first half of my life.

Dr. Dave: Oh, what instrument?

Tatkin: Drums.

Dr. Dave: Ah, interesting.

Tatkin: I came from a musical family. It wasn't really until my late 20's that I went into this field and it been a love affair ever since. I originally went to Pepperdine.

Dr. Dave: Oh yes, I know that school.

Tatkin: Yes Pepperdine, out in Malibu. And uh, I lucked into very early on; I had some very good supervisors, my first training, with I think a lot of people like this was in family systems. And then from there, took a stall and then I lucked into a job as an intern with John Bradshaw, who at the time was ascending, was an ascending figure in the media.

Dr. Dave: Yes, I remember the years when he was on T.V. He was kind of the Dr. Phil of that period.

Tatkin: He was uh, he was really something. He was on PBS and at the time when I first saw him, I didn't really understand his appeal. But as I got to know him and certainly as I worked for him, I understood what he had done; he brought people into therapy at that time who never considered it because his was a twelve step model and he uh he really integrated quite a bit of material and uh himself a very good teacher so, he set up an in patient program. And I was one of the group therapists for that program and this was really where I cut my teeth, it was a very difficult (laughs) uh experience in the trenches with this. This was during the days of thirty days, sixty days um, in-patient stays for depression and we would do these intense groups. Two and a half hours, two times a day groups.

Dr. Dave: Oh my goodness.

Tatkin: And a lot of the patient population was very difficult. From there, because I needed more tools to survive in that environment, I met or came across James Masterson, who out of New York ran the and still runs the Masterson Institute and was through...

Dr. Dave: I've heard his name. It's very familiar but I'm not quite sure what to, what the context is or what he's known for.

Tatkin: He's known for American Object Relations. A kind of a model built on Margaret Mahler's early work with separation-individuation and Kernberg's work with....

Dr. Dave: Oh.

Tatkin: And Masterson was making claim at that time that he could successfully work with borderlines and narcissistic disorders to the point where they would become psychoneurotic. So I found that very interesting and I got into psychoanalytic object relations theory, but on the American object relations side.

Dr. Dave: Okay.

Tatkin: And so after immersing myself in that, when I stopped working at Bradshaw, I started to specialize in my practice working with objects too. Personality disorders, which I found to actually like to work with. And from there I was teaching at the time and I started getting more and more interested in development and how people got to this point and in my teaching I started to get involved in the attachment theory. I came across a Frontline Video called "When the Bow Breaks," and this is a program up in Canada, the Heinz Institute and this program worked on prevention, prevention working with mother-infant pairs, caregiver pairs and in just about eight weeks of intervention with a problem having to do with a baby who was not developing because of insecure attachment; would turn around, not so much the mother or the father, but the trajectory of this baby and what looked to be possibly a lifelong problem, relationship problem. Um, if you follow this trajectory, we're back to this problem. With these minor changes, this baby now you could imagine would possibly just be neurotic and I thought "This is where it's at: prevention. Rather than working reconstructively, why not start the beginning and work with mother-infant pairs." And so I retooled my office, started setting up video and that's what I wanted to do. Around this time I was introduced to a man, Allan Schore, and some of your listeners may or may not know who this is. Allan came onto this scene a little more than ten years ago with a groundbreaking book uh "Synthesizing Brain Development with Attachment with Psychoanalytic Theory." And I was fortunate enough to meet him and started studying with him and been with him for about ten or eleven years. Through him I got into brain development and attachment.

Dr. Dave: What's the title of that book in case anyone's interested in following up on that?

Tatkin: Well he's had several; the original book is "Affect Regulation and the Origin of the Self: the Neurobiology of Emotional Development."

Dr. Dave: That's a mouthful.

Tatkin: Yeah, it's a mouthful. I'm not going to say it's an easy read, it's not, but he's since had two other books that are out that are incredible; very nice; "Dysregulation of the Right Brain," or actually it's "Affect Dysregulation Disorders of the Self" and "Affect Regulation and Repair of the Self." But anyways through him, I began to put together the psychobiological model that I'm using now with couples. I fell into couple's work, not exactly sure how but I did. I ended up applying everything I understood and learned about infant attachment and brain development and started applying it to couples and somehow I became a couple's expert.

Dr. Dave: That's fascinating because most of us, when we think about couples we don't think about their brains.

Tatkin: That's right, two people together really we're talking about two brains, two on and on nervous systems getting together and trying to get along at close physical distances and that's a tough thing to do. We're generally wired survive to keep at a distance, to be suspicious and to run or fight when we need to, so to get together with somebody romantically and to maintain that contact with them in close physical proximity over time

without becoming threatened or threatening is quite an amazing human capacity considering what can happen and what does happen.

Dr. Dave: Yes, I was reading some of the papers you sent me and I was struck by a very startling statement in which you said "The human brain and nervous systems is built for war, not love."

Tatkin: Yeah, we're really built much more for war when we look at how the brain that has evolved and the parts of the brain that run the show, basically the parts of the brain that have their ears to the ground, so to speak, for danger and threat. Those parts of the brain are always on and always sweeping the environment and depending on our early experiences what it sweeps for and what it finds and how it determines danger, you know, it varies between people. But basically first and foremost we're built to stay alive. The ability to choose love over war; we could choose ones own moral beliefs over pressure - you know to survive. That really requires high level high cortical brain function and early development to be able to do that.

Dr. Dave: So how does your knowledge of the brain impact the way that you work with couples? And I'm kind of leaping ahead over a lot of theoretical stuff we could be talking about but...

Tatkin: There's a lot. Well, if you understand how the brain works and how it develops from the very beginning and how critical the first eighteen months of life are, and arguably even pre and peri natal life are and how these neuro pathways develop throughout the lifespan. You start to understand that there are certain capacities that we develop: good environment, good nurturing, good genes, where certain parts of the brain that specialize in social emotional acuity, in other words being able to read face, read voices, read intent, to be able to read one's one own body and to be able to bring into awareness and to quickly make use of that. These are all facilities that are developed very very early on. And not that they can't be developed later, but there are critical periods of development where these functions develops better. And so understanding how that works and the parts of the brain that are involved in that, basically we're talking about the right hemisphere which tends to develop prior to the left hemisphere, the brain stem, the visual centers that are online at birth even though the eyes, the pupils aren't fully developed, there's still a visual capacity and reliance. We humans are very visual. The limbic circuit, the limbic areas that are developed and online at birth uh, these areas are very fast acting very quick appraisal systems that are non-verbal, they're implicit systems that we just know how to do it. We know how to read a face; we know how to understand a tone of voice; we know how to understand a movement, a touch and our ability to appraise it very quickly and to respond to it very quickly it really determines how well we get along with people, how we empathize, how quickly we understand other people. Of course those who have better development and more security in childhood where these right hemisphere limbic and frontal cortical areas are developed, even if we don't have great education, we tend to do very well in the world because we can get along with more people. People tend to be drawn to us; again, we have empathy; we're able to manage ourselves and to work with people at close distances. So the parts of the brain,

understanding how development works and how the brain works helps us understand why there are certain people in close attachment or primary attachment relationships. Why they might have a hard time perhaps understanding cues from their partners, understanding what's going on in their body and be able to make use of that, able to make contingent reactions to novel reactions by a partner without going to threat. That's one part of it, the other part of it is something that I became very very interested in as I developed my work. It is the autonomic nervous system piece and just very briefly, the autonomic nervous system - two branches: sympathetic which is the arousing and parasympathetic which is the relaxing calming branch. This plays a huge role, not only in infant attachment but in adult romantic relationships. We're talking about two nervous systems getting together and being able to co-manage each other's arousals in real time at close distances and to be able to do that without frightening each other or when making mistakes being able to error correct and fix those errors quickly so that there isn't a build up of threat and then a consequential pattern of avoidance, moving away. Does that make sense?

Dr. Dave: Yes yes, you say, in what I read, you said that couple relationships are all about mutual regulation of arousal and security...

Tatkin: That's right.

Dr. Dave: And that's what you're talking about now.

Tatkin: The security here, you know, a lot these terms get banded about and have different meanings in different quarters. When I say security, I'm talking about in a couple's system, that there is a basic awareness, a mutual awareness of the need to create, maintain safety from another. That's different than security in infant-mother studies; it's quite possible for people to be insecure and to gain a secure relationship and remain somewhat insecure as individuals. The relationship here I'm talking about is secure in that both partners see themselves as responsible for maintaining the safety and security system at all times so that neither feel basically fundamentally threatened about the other person leaving, hurting, rejecting, whatever. The other part of it though is the nervous system and this is something that is very dicey because these right brain processes that I talked about are very very fast acting, faster than word, faster than cognition, and so we're at close distances. We're appraising and reacting to each other very very quickly, much faster than we are actually aware of consciously; two people who get together and their ability to calm each other down in distress is really key, is very crucial. Some people can't do that very well.

Dr. Dave: Yeah, I'm thinking, what about the opposite of that where I know sometimes in my own marriage relationship, we can just set each other off faster than the speed of thought. You know in terms of getting into an argument; just be very reactive and it's so quick.

Tatkin: It's amazing isn't it?

Dr. Dave: Yes.

Tatkin: It's really a no fault thing. Couple's therapy tends to focus on a conflict model rather than a deficit model. Deficit meaning the people are doing the best they can and that there are certain areas where they're not very good at doing certain things. Certain things they may not be able to control very well, like immediately being able to calm down, or not having the image of fire when there's a look on her face or a sound in your partner's voice that sounds like a threat, so the reason that is happening, what you're describing is that because of some history of mutual dysregulation, some history of mutual dysregulation meaning where two people have been in distress or afraid of getting too intense for too long of a period. That begins to get burned in and it gets rekindled everything time there is a anticipation of the same thing happening, so this is how people pop faster and faster into these high aroused states; high sympathetic states where they're at war and so even many times, while this is happening, say to themselves "how did I get here? How do I get out of here? I didn't really want to go here." On a nervous system level this is what happens. We anticipate, we help co-create through anticipation certain situations that happen very very quickly. Our ability to be able to correct those situations as soon as possible is the way out of that problem.

Dr. Dave: Umhmm.

Tatkin: We can't always deal with the reflexes because they're reflexes. But as soon as we can calm down, as soon as we can error correct, which is what my treatment focuses on, then the closer we can get to that reflex and we start to put that kindling out. So on one level you have this threat response that people can get into very quickly after being with each other and this is due to mutually regulated states that have not been fixed, not repaired, but then you have the opposite too, people who are very low on the energy scale and they can't they don't get each other excited in a bad way, they don't get each other excited in a good way either. They stay in a low arousal rate and these people have a very hard time generating any kind of an excitement or a thrill, or you know, mutual mutually amplified positive experiences, they're lacking in this other situation.

Dr. Dave: Are you able to do anything with those you call low arousal couples?

Tatkin: Yes, yeah, definitely, a therapist who understands psychobiology and is working not on the content level but is working on the body level and working with attachment organization; in other words, how people have to move toward in a way from each other based on an early experience of being able to maintain contact with another person and to want to seek proximity with that person; we're pretty much prisoners in some ways of that template that blueprint. Understanding that and also understanding how the nervous system works, we can craft interventions to help move people up into higher arousal states if that what needs to happen or move them down. In the case of the low arousal couples, they typically have very low contact, physical contact, and they don't seek it, they avoid it and so moving them together in close physical proximity; eye contact is very stimulating, moving them into positions where they have to make physical contact

and then working through the body states and the anxiety and the aversion, feelings that come up, that's the work with these people.

Dr. Dave: Interesting.

Tatkin: However, if a therapist didn't understand this, they'll get caught up in a typically is a litany of housekeeping issues that these couples come in with; highly anxious people that can't seem to get things done. They're like a pair of siblings who don't know how to do things, but they're together, they get along, they just can't seem manage day to day life.

Dr. Dave: Yeah, Yeah, I'm struck by your emphasis on face and eyes you...

Tatkin: Yeah.

Dr. Dave: ...You really say those play an important role in relationships, and I guess the faces and the eyes are sort of the place where the two nervous systems interact quite a bit.

Tatkin: It really is fascinating. I've become fascinated with faces and it's addicting once you start to really look very close up, not only your patients but also people you're talking to. I supervise medical residents, UCLA family medicine program, and we videotape them doing therapy sessions with their patients we do close-ups of their patients face to give the residents an appreciation of the ever changing highly telling face through the fine muscles of the face and even the pupil dilation, constriction of the eyes. So it makes watching 60 minutes of all those close ups on people all that very very exciting because you can see why the brain loves the face up close. The eyes delight in that. When we are looking at a face, when we're looking at the eyes we used to say eyes are the windows of the soul. I heard Allan Schore say the eyes are really the "windows to the nervous system." We're looking at real time at the nervous system reacting and the eye movement pupil dilation, they're also in the skin color, changes in the face, and the zygomatic muscles around the mouth and the orbicular muscles around the eyes, um the face has so many fine muscles and our eyes, really at close distances can scan and see what's going on moment by moment; and we feel that in our bodies. This is partly due to the limbic system and some people attribute this also to the mirror neuron system and though part of that may be true there's much more going on subcortically and within the insula than the mirror neuron system and so when we look into another's eyes and face at close distances, not only by the way is that how we fall in love, but that's how we start to interactively regulate and by that I mean, this is when two brain's go on automatic; two nervous systems go on automatic and there's this very quick dance, this process of the attunement, mis-attunement, re-attunement that goes on non-consciously, implicitly when it goes well, when it goes badly then everyone's aware. And it's through this mechanism that basically we can regulate one another, we can adjust and move and change according to what we're seeing and we do this if we're skilled at it. We do this without talking about it; we just correct it, we just fix it and it's also through this close contact that we amplify positive feelings together. Unfortunately, it's also how we amplify negative feelings too. But we're looking for the positive that we amplify and that's when we fall in

love, that's when we talk about something cool and exciting, sort of a risk, and both are getting excited. We call this a dopaminergic surge because it's presynaptic dopamine dump in the brain which gives us excitement and feelings of wanting to do this more and more and more. So the eyes and the face are really important, especially at close distance, uh, at a further distance away, which is where couples go when they're in trouble. We tend to not see the subtleties on the face. We tend to look at the gross, of the physical picture of that other person and this is where we're more likely to make misappraisals based on probity, you know, just relying on the voice or the body movement so on. We're not really keying in very closely.

Dr. Dave: You know as you talk about the face, I'm thinking of the work of John Gottman at the University of Washington.

Tatkin: Oh yeah, we've got a lot of common stuff.

Dave: Yeah, I've wondered to what extent your work might be influenced by his work?

Tatkin: He's influenced me in a tremendous way, he's not only a really nice man, his work is wonderful and his friendship and work with Paul Ekman has also influenced me. Paul Ekman is the guy who took Darwin's facial coding system and has standardized it. Now it is the facial coding system that used frantically and elsewhere. So, him along with Ekman working on the face, fascinating stuff. It was really John Gottman that started to bring research, real research into what goes on in couple's relationship to light. Showing us who work with patients, work with couples, the truth about what really works and what just doesn't work and us therapists, we tend to have our pet theories, our pet approaches and not being scientists, many of us will continue doing things for which there is no evidence that it helps. Or does anything thing maybe counter to that or actually hurts. And Gottman was one of the first, again, who really brought into the mainstream for mental health professionals this idea of, you know, "let's really be careful about what we're doing here and see what really is happening" and work with researchers to look at the brain to do things that we don't have time or not trained to do and test out some of these hypothesis and theories and see what does work and what really doesn't work. And I think because of Gottman there's been a wave of research now that's being done with video frame analysis which is something I do and bio feedback or neuro feedback equipment that Gottman is now paired up with Stephen Porges to do. Other therapists and other researchers are hooking up with scientists who've been really waiting to do something like this, to do fMRIs on mothers and babies and miscellaneous work like what's happening up in Canada. It's to really take this business of development, child development psychotherapy, couples and pair with the scientists and start to do testing in these other areas and not just empirical testing but to see you know what really is going on and how explanations can take that working with the scientific community to make our work more focused and more effective.

Dr. Dave: That was always the goal, the thought the scientist and the practitioner to come together and inform one another. It sound's like that's really beginning to happen in a way that did not happen very effectively for much of the history of the field.

Tatkin: It really wasn't happening; scientists were not really participating...

Dr. Dave: (laughs)

Tatkin: ...in our **mission** and vice versa. I recently was at a conference and uh, I just can't remember her name right now, but she's done some great work on the insula back East and she does fMRIs and her dance card is filled. She can't do anything more because clinicians and researchers are using her to do some studies and that's exciting stuff, so you got to grab up your scientist now if you want to do some research.

Dr. Dave: Yeah.

Tatkin: But it's exciting stuff to know more and to understand more about ourselves and about the people that we work with, and with this neuroimaging boom there's so much being done right now. Some of it we may look back on in ten years and see that it's been done poorly or on the wrong track, but at the moment, it's the right thing.

Dr. Dave: Well, I'd like to go back to something you'd mention earlier when you were talking about the brain and you said that the right hemisphere develops first which is something that I wasn't aware of, and it makes me wonder about the distinction Freud made between primary process thinking and secondary process thinking. And I've always thought of primary process thinking as baby thinking if you will, and as sort of sort of forming the roots of what we think of psychodynamically as the unconscious, so is it possible that the right hemisphere is in some way close to the seat of the unconscious?

Tatkin: I think that's exactly right I think that the right hemisphere basically is Freud's unconscious, implicit systems, implicit memory systems. Semantic memory systems are all on at your right, the stress regulation, Cortisol production's on the right. The material that is unconscious and moves up into preconscious, we can say preconscious is moving up into the frontal cortical areas notably the orbital frontal or potentially the ventral medial pre-frontal cortex where it becomes pre conscious. This now, we can pretty much say is the Id is in the right, you know, uh the ego here, you know, we're talking about ego in a sense, an executive function ventral medial pre-frontal cortex or frontal cortex, certain aspects of the anterior cingulate, the insula playing the big role and being able to read introspective cues and the last really were analysis and psychotherapy and CBT has been, which has been an emphasis on words and narratives and stringing sentences together that suggests that we understand ourselves and our history and so on. While that's important because the verbal centers, the language centers are mainly on the left and this develops later in childhood than the right. We have a system that is much slower and has to first take this material that's coming from the right. This implicit material, that's much of it is in pieces, procedural and body memory, and first have to be organized, organized in the right and then be able to be brought up into high cortical areas where we can reflect back on it, now we've become aware of our body, aware of what we're feeling at the moment. This is a skill that has structural and functional correlations to it in the brain, and so when we're able to do that, we have to cross it in the

front over to the left where we have to then put it into language and this process is not only very slow, it's problematic because many times we're experiencing things for which we cannot give accurate enough words. So an attuned therapist, rather than being focused on the right interpretation or the good interpretation, it's there moment by moment in an inter-subjective level, a feeling level and able to work with these implicit systems and this goes back also to some family systems ideas when we, uh we saw that systems thinking was split into many different areas: cognitive, behavioral, unconscious, communications and so on, but the unconscious folk systems really argued that you know you don't have to have awareness in order to make changes. If the work was good, the systems that are unconscious in an unconscious way will, through certain kinds of words, behaviors and interventions and it's not necessary that they're able to sit there now and regurgitate to you exactly what they've learned. So this idea, uh of the traditional idea of psychotherapy which is you very focused in the left into thinking into cognition being able to come up with a narrative while that's important it turns out that it seems more and more that is not really where the work is, especially in couples, it has to be in these very fast acting implicit systems that don't always have words or narratives and it may or may not cross over into a narrative.

Dr. Dave: There are a lot of people who are involved in body therapy, somatic therapies, bioenergetics stuff like that who would be rejoicing (laughs) to hear what you're saying now.

Tatkin: And they are, they are and I'm somebody who is not pooh-poohing narratives and being able to do talk therapy, but I think that for a lot of people, the kinds of things that we see that are problematic, that are relationships, a lot of it can't be touched through content.

Dr. Dave: That's really fascinating. Now you've emphasized the importance of the maintenance of security, what about when one of the partner's that has been unfaithful, are you able to help couple's recover from that sort of breach in security system?

Tatkin: Well, for couple's therapist that sometimes is the bread and butter of our practice, it's sexual problems and affairs you know a good part of the population that comes to couple's therapy, this is the story and it's not jut men, women too. Yes, actually thinking in terms of attachment and particular in moving out of personality theory is very very helpful when working with affairs, if you think of attachment as something that, attachment organization that gets set and sort of hardwired in a certain way from early childhood, we can understand the trajectory of that person unless they get therapy or corrective experiences, but what they're going to have to do when they get married or get into a committed relationship, there are certain orientations. It's called avoidant on the attachment spectrum. These are people who are very accustomed to doing things themselves, they take care of themselves, they stimulate themselves, they pursue themselves, they're the go-to people for themselves basically, "no one can do it better than me."

Dr. Dave: (laughs)

Tatkin: They come to the table threatened by commitment or dependency and so they're very good in courtship and they may be very good for a time, but we know that at a certain point and marriage is one of those points, the switch is going to switch on and the person who they adored, and the person they love to make love to is now the person that they feel most aversion towards, and they start to move away, and they start to back away and this moves into every bit of their sense of themselves including their feeling attracted to the other person. Attraction requires a certain amount of distance and a certain amount of oxygen in order for it to be there, there's too much threat and another person feels intrusive. The first thing to go other than one's ability to attend is sexual attraction, libido, so it is not uncommon for people of this history, attachment history, once married or even before, to have affairs and one of the reasons they have affairs is not because they prefer the other person but it's because they have to move away from the orbit of that primary, that person who they are cheating on. This is a not so much an attraction to someone or something, but an aversion and a fear of that primary attachment, the other person who represents mother or father. That's too dangerous and so in order to seek out and the novelty and the thrill that they had before that has been snuffed out, they go and search for excitement elsewhere but this really is a function of neglect. People who do this, when we look at their attachment history and they do this with couples, we go through interviews so we can an idea of who they are on that level. It becomes very clear and this is not all cases of affairs, it's certainly not but with many of them, we find that these people have a background in childhood, with dismissive, neglecting parenting, where they spent too much time alone and had too much experience of intrusiveness, intrusive parenting, insensitive parenting, and so when they do come to depend on another person in adulthood, those fears come up once again and they begin to look elsewhere for stimulation if they can't do it within that relationship. These people have sort of a credo, which is very interesting. "I want you in the house; I need you in the house, just not in my room."

Dr. Dave: (laughs)

Tatkin: So I want you in the house, but not in my room, unless I ask you, if I invite you, it's fine, but if you come in uninvited, that could be a call for a broom, yelling, a knock on the door, could be "honey," then I feel attacked, threatened and I want to be left alone. It's all too intrusive to me.

Dr. Dave: This sounds like what a lot of people describe simply as an inability to handle intimacy, but it sounds like you have a more nuanced understanding of it.

Tatkin: It's not so much intimacy as its in this sense it is a, an experience, a body experience of being used and that the person who is approaching the primary isn't wanting anything that is mutual, they're wanting something that is for them, and so there's an exploitation piece here. I should say that insecure individuals live in a world of non-mutuality. They don't believe in it. So when they get together, they tend to act in ways that are non mutual and they don't expect mutuality. So they are basically operating from a one person psychological system. It's not "it's must be good for me and you," it's

"got to be good for me or it has to be good for you, for one of us, it's not going to be good for." And so for this particular character then I'm talking about they believe it's always for the other person. That's one piece of it, "so whenever you come to me, it's not because I'm afraid of intimacy, I'm being intruded upon by someone who needs something from me and there's nothing in it for me. I know this to be for a fact, based on my experience and because I can't say no otherwise it's a deal break, I have to comply, withdraw, ignore, get angry, whatever." The other piece of this is that people who are oriented this way and spend a lot of time alone are regulating themselves, they have a very hard time shifting their state, so let's say I'm avoidant and I'm accustomed to being alone but I want to be with my partner. I have a tendency to shift very easily into the state I was in when I was very little, where I played by myself, exercised, took care of myself. A very dissociative state; moving into an interactive situation is hard, it's disruptive, I have to turn more of me on and it's uncomfortable and it feels like I have to give up something. Once, I'm interacting and I'm fine, but leave me alone for five minutes and I go right back into that auto regulatory mode, that mode of being alone. And I have a very hard time shifting back into interaction again.

Dr. Dave: Now this is all really fascinating and...

Tatkin: Is it?

Dr. Dave: Yes, yes.

Tatkin: Now the people who are at the opposite end, people who are used to interacting and they have a hard time shifting to being alone so when their interactive partner leaves they go into a dysregulated state because they have hard time shifting and being alone and then they cling, so this idea of being able to shift in and out, not only has a psychological piece to it, but has a psychological, neurological piece to it as well. Because it is felt as pain, to actually have to shift the way your brain is operating, the way your nervous system is operating into a different state, one that is particularly, one that feels threatened, that's difficult.

Dr. Dave: Well, speaking of shifting, it's probably time for us to start winding down here and as we do I noticed that your doctoral degree is PsyD, I have a certain number of students and people who are thinking about going on, who are listeners and who ask about various degrees and usually the PsyD is associated in my mind with people who are not interested in doing research yet it sounds like you're very involved in research.

Tatkin: Research, well you know at the time I got my PsyD, I wasn't, things changed, how I got here is a surprise to me. It's been a journey and so I don't think that having a PsyD... most everything I learned was post-doctoral anyways, but when I got the PsyD, I was afraid basically of doing that kind of research.

Dr. Dave: Yes.

Tatkin: It was a long time ago and I was more clinical oriented and so I ended up doing my dissertation...ended up being on a clinical case on closet narcissism, I'm glad I did it and I don't regret it. I think if I were to, I wouldn't do anything differently at this point. If people are....they know right away they're interested in doing research, then a PsyD, I imagine wouldn't be attractive to them, they'll just go for the PhD. But there are many who either don't know, or think they're going to be more clinically oriented and do private practice, PsyD has been fine I think. Every now and then, people mess up my credentials and put PhD instead of PsyD because it's still even after all these years, PsyD is not as familiar to most people as PhD.

Dr. Dave: Yes and I think it's not totally unusual for people to discover later on maybe they either become passionately engaged with a topic as you did or they encounter some various charismatic researcher and discover that the thing they thought they didn't like they like after all and so student's need to be open to that possibility. Before I let you go, I know you have a new book coming up that you've just co-authored. Do you want to tell us anything about that?

Tatkin: Yes, thank you. The book is "Love and War in Intimate Relationships" the subtitle, I think is, a working subtitle is "How the Brain, Mind and Body Interact" but the title definitely is "Love and War in Intimate Relationships," it's through W.W. Norton Professional Books due out early next year 2009. And my co-author Marion Solomon, who is the Grande Dame of couple's therapy; she's written several books on couples, and couples and narcissism. She is my partner in this book and its going to focus on a psychobiological approach to working with couples using attachment theory on narcissism and regulation and therapeutic enactment and so for the reader who is intimidated by neuroscience, it really breaks it down into very understandable terms in terms of for our purposes how the brain works, how the nervous system works, everything you and I talked about but in ways that are relevant in working with couples. And there's been a lot of really great feedback from people who've read the chapters so...

Dr. Dave: So we'll look forward to that but boy, you're really on a fascinating frontier here and Dr. Stan Tatkin, thanks very much for being my guest on Shrink Rap Radio.

Tatkin: Thank you, Dave it was so much fun.

Dr. Dave: I hope you found Dr. Stan Tatkin as fascinating as I did. If you're married, I suspect you are listening very closely, in fact this might be one of those that might bear some re-listening. I have to tell you I felt so smart when he responded positively to my suggestion that the Freudian unconscious might lie in the right hemisphere. I really continue to be amazed at the specificity with which so many of my guests are now able to talk about the brain in relation to those psychopathology and psychotherapy. The field has progressed leaps beyond where it was when I was in school. I'm getting a great education through these podcast interviews and hopefully so are you, but I almost feel that if I wanted to hang out a shingle, I need to go to graduate school all over again and at this point I'm not up for that. Once was enough