

Moving Toward and Away

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In these exercises where we move people around we're working psychobiologically to see moment-by-moment shifts and



changes in the body in the face, in the eyes, breathing pattern, and movement as well. Some of these exercises are purposely provocative in order for us to see these fast acting, right hemisphere processes that pop up unexpectedly and yet reveals so much about attachment organization and early hardwiring of approach and avoidance behaviors. This exercise is called Turning Toward/Turning Away. I set it up in the office. I have partners stand on opposite sides of the room. I will designate one person to be the approachee and the other one to be the approacher. My eyes are on the one who is being approached upon. I will instruct both partners to stand relaxed with their arms and hands at their side. I want their hands and arms to be free to move around. This is similar to what Pat Ogden (Ogden & Minton, 2000) does in her work with trauma victims. She has them stand and not on the couch where it's harder to see these subtle shifts and changes; these micro-movements. This is very important because having hands in pockets or hands clasped behind restricts my ability to be able to see what's happening in the body. I also instruct them to maintain eye contact with one another at all times and I have to keep reminding them of this because there is a tendency when the therapist talks for one or both partners to direct their gaze away from each other. So, I want them to maintain eye contact with each other even when I'm talking.

The instruction is for the other partner who is approaching to walk very, very slowly toward their partner who remains still. I will model this for them in order to get the right speed. I want them to maintain eye contact, and I want the approaching partner to stop when he or she feels it is right for them to do so. Now that instruction is purposefully vague. I want see where that person stops and while I am watching the face of the partner who is being approached upon. I like to get an idea of where that partner stops or doesn't stop according to what I'm seeing on the face of the partner that's being approached upon.

When the approaching partner stops I can ask him or her why they chose that particular spot. That is a place for conversation. He or she may say this is what felt right to them or he or she may say this is where it seemed right for the partner. "I was noticing her or his face and that seemed to be the right place." I will then ask the partner who's been approached upon if that's accurate, and if not, should their partner move closer or further away. I will then ask the approaching partner to move closer just to see if there's any difference. I will then ask that same partner to take a step backwards, and I will start asking the partner that I'm observing, "Is this better, worse, or the same?" These questions are much like going to the optometrist where you are asked to decide which lens is better, one or two? I do the same with this

so it's better, worse, or the same? Most people understand this instruction. I will then have the partner step back again and I'll ask the question, "better, worse, or the same? I will then have the partner continue to step back and if I'm getting the same information I'll have that partner turn his or her back away from the observed partner and once again ask if this is better, worse, or the same? I may even have the partner go outside of the room and asked the same question. I may or may not play around with this a little bit more.

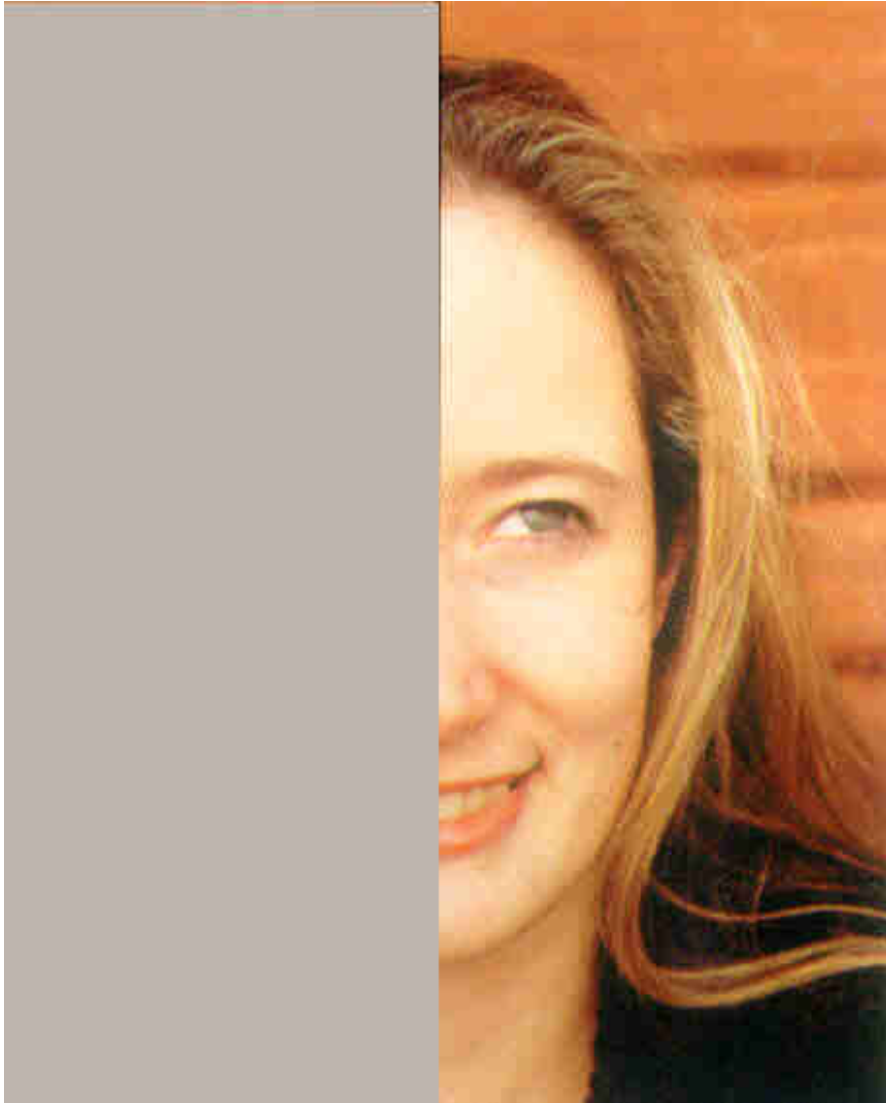
I'll reverse the roles and have the other partner now be the approaching one and the other one I will be observing as someone who is being approached upon.

Now this is very interesting and you may find it so as well. Most couples seem to stop at a particular point, roughly around 2 to 3 feet from each other. Why is this so? The brain seems to change at around this distance when we are using far



vision as opposed to near vision; when we're looking at somebody from afar. We cannot see the fine musculature of the face. We're not looking at the eyes so much because they're too far away. We're looking at the gross anatomy, the gross picture of the

body and making assessments such as safe, not safe, attractive, and not attractive. This leads into another topic that I've written about and that will talk about later - - the difference between love and lust. Lust is a faraway proposition, love is a close-up proposition. We can feel lust when we're able to see something at a distance, and we get the gross anatomy, that big picture of somebody or something but we don't really get the detail, the face. When we get up into attachment distance the story becomes different. Now the brain is able to pick up the subtle social emotional cues in the face, in the eyes, in the pupils, in the gaze shifts, and in breathing frequency and depth. The brain seems to delight in this highly sensitive, highly motile area where we can read the other person's nervous system and they can read ours. Of course this is a highly vulnerable position, because we're now in focus range of the other person as well as they are in our range and that can be very intimidating.



When gazing at another person's face the upper part, in particular, the right hemisphere is dominant (Schore, 2002a, 2002b). The upper portion of the face (the orbicular muscles around the eyes) contains smooth muscles and is largely activated by the autonomic nervous system. If we only gaze at the lower part of the face which many people do, that's more of a left hemisphere process. These muscles including zygomatic

muscles and smile tend to be striated muscles like in the arms and legs and fall under the domain of the central nervous system. So we could say that the right hemisphere loves the eyes and the upper part of face (and in particular the left eye because of the contralateral specialization of the right hemisphere) can predominate for social emotional cues and the left side of the face would be more expressive than the right.

One of the reasons I think that people stop at this point is because there is a radical change in the brain when the details of the other person comes into focus. We are seeing and being seen at this distance. Many couples will try to resolve the interpersonal stress that exists in this field, this two or three foot field, by coming together in an embrace. The embrace resolves the problem of eye contact and goes right to the tactile, and for many people, that is calming and soothing and nonthreatening. Still I've noticed other people will move up and go head-to-head with their foreheads, which also eliminates the problem of the visual field, because now they're looking at four eyes instead of two which is funny and playful. That seems to be less threatening as well. There's skin-to-skin contact and it is also kind of goofy. This, by the way, is a useful intervention to give people. Kids and parents will sometimes do this. Kids do it naturally (Mahler, 1979). Parents may do this with their kids, to go forehead-to-forehead because it's fun and goofy, but it doesn't occur to us as partners when dealing with another

partner who is lost in autoregulation, meaning they are somewhat dissociated and focused on something else. By filling the other's visual field with our face and maintaining skin-to-skin contact can really focus another person, especially if given a few moments especially for the other partner to focus or for his or her eyes to soften. This is also a useful partner intervention for a partner who is down-regulated. It is harder for people who are down regulated to recover upward than it is for someone who is hyper-aroused to recover downward. However this forehead-to-forehead, filling the visual field with the other's face, has such a stimulating effect that it can pop a person out of a low arousal state. And so it can be very useful and again it's playful and sweet.

In summary, this exercise moving people together slowly and since the therapist can only track one person at a time, because we're looking for very rapid shifts and micro-changes in the body, micro-changes in the face, and then were also inquiring into the partner's own interoceptive experience, all of this becomes very diagnostic and eye-opening.

The discovery of intensely phobic psychological reactions to close physical proximity and eye contact can be especially eye-opening to the couple who has been together 20 years and has had sexual problems. With this insight, is it any wonder that there would be problems in the bedroom? Hope you

enjoyed this brief tutorial and will go on to another exercise in the next video.

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