

# Redirecting Patient Gaze

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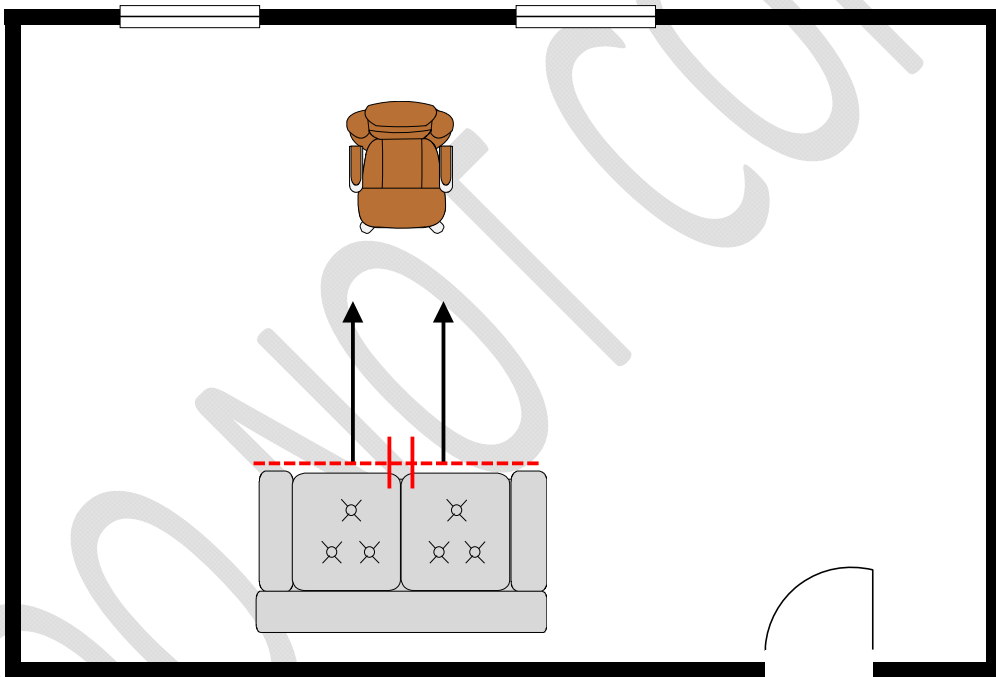


FIGURE 1

Couples will often rely on the therapeutic dyad (patient-therapist) and avoid prolonged inter-partner contact. This is

especially the case with dysregulated couples (highly reactive).

Although the therapist should view this avoidance as a reasonable plea for external regulation, the practice of avoidance should eventually be discouraged. The therapeutic dyad (patient-therapist) creates a breach in the primary attachment dyad (partner-partner) which perpetuates mutual dysregulation and is thus counter-therapeutic (see figure 1).

Getting partners to talk to each other may require a shift in their positions. Sofas and loveseats can present a problem for partners with back or neck problems. Chairs are easier especially on wheels and on low resistance flooring the

therapist can easily track fluid non-conscious, reflexive movement (see figure 2).

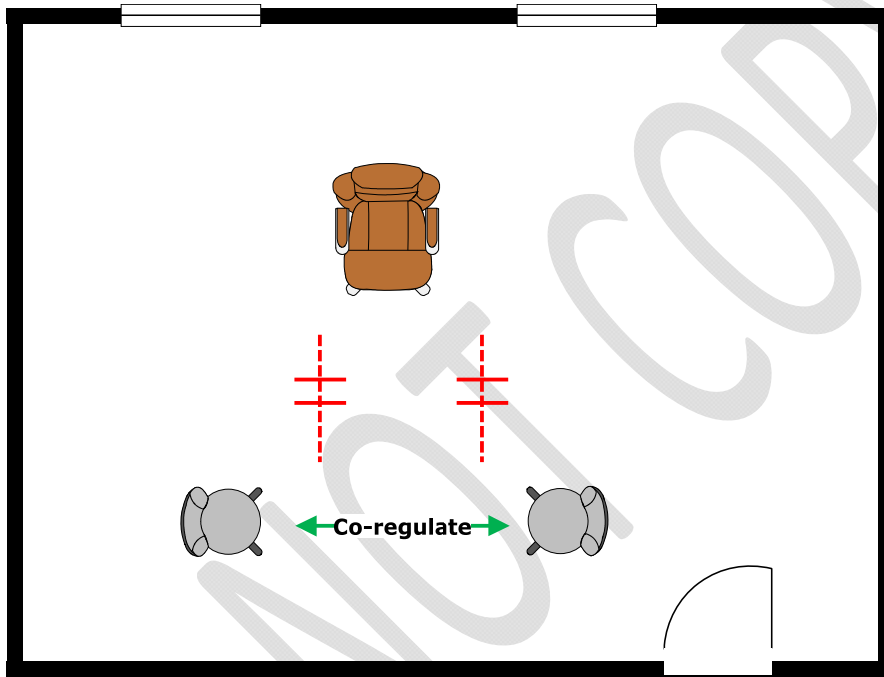


FIGURE 2

Persistent avoidance of the primary attachment relationship may require more dramatic measures. The therapist should physically remove him or herself from line-of-sight with an

explanation such as, "I'm turning my back not because I'm rejecting you but because I do not want to pull your eyes away from each other. I don't want anything to compete with the two of you interacting but I will be listening and monitoring you and giving you feedback when necessary."

The therapist can do a lot with prosody (see figure 3). He or she can listen for dangerous sounds, voices, and dangerous words and phrases. When couples are well on their way in therapy the therapist can coach from this position (back turned) very easily with minimal intrusiveness. Statements such as, "that was a threatening phrase," or "that was a threatening sound," can be extremely effective. Or, "you can get there quicker by just

saying, 'I'm sorry'." Partners undistracted by the therapist's eyes will take the feedback and incorporate it much better.

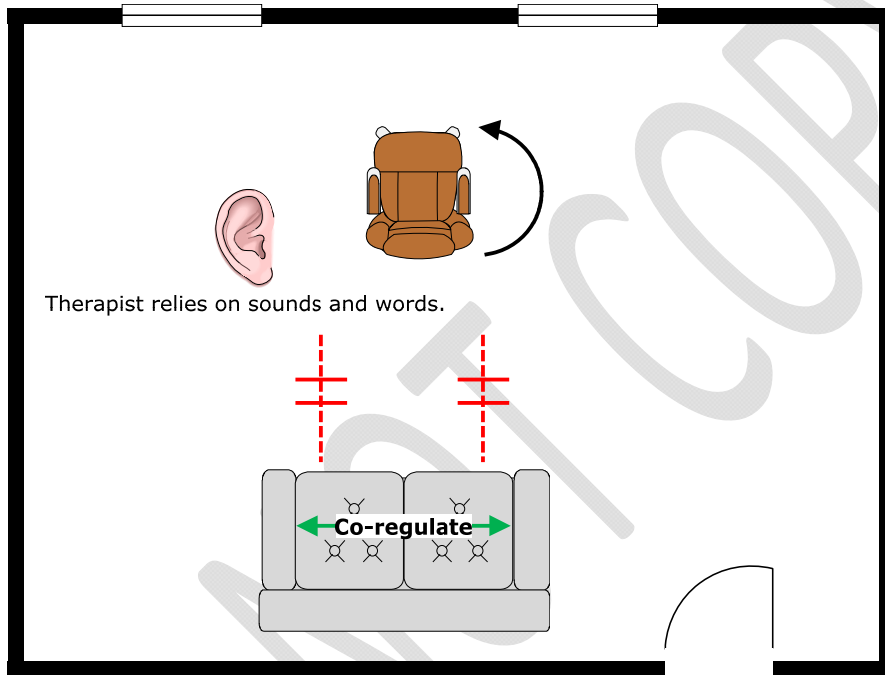


FIGURE 3

Without vision, the therapist focuses on cadence, breaks in speech, and stress in the voice. If equipped with a video camera the therapist can turn the monitor or viewer around so that he

or she can watch them as well. The therapist explains this procedure by stating, "I want the two of you to deal with each other and it seems that when my eyes are present it's hard because it seems to compel you (either or both) to look so I'm going to help you out here."