

## Stimulating The Low Arousal Couple

Stan Tatkin Psy.D.

Low arousal, avoidant couples will often present as very friendly to one another. They will sit apart and may make very good eye contact with one another. One thing that will be striking is how little physical contact they make with one another. Some have to cope with the “yuck” factor – aversions involving the near senses such as touch, taste, smell, and near vision. Investigation will find early neglect especially in Margaret Mahler’s infant stages. For some people being within the radius of another’s breath can feel stifling. These folks tend to have a low libido and tend to have low vitality affects in general. Interestingly low arousal, avoidant couples tend to suffer chronic anxiety. They present with a treasure trove of complaints about daily life management. They have difficulty with organization, child rearing, household management, finances, and simple to complex decision-making tasks. Both partners look in search of a leader each seeing the other as

basically incompetent. Stuck in a one-person psychological system neither seems to know how to make use of one another. I sometimes imagine two people stuck in the snow and freezing to death because it did not occur to them to use one another for warmth.

One other striking feature often discovered in the avoidant couple are mounting physical health problems affecting one or more major systems: autoimmune, inflammatory, cardiovascular, and metabolic. This may point to the phenomenon of allostatic load (Bruce S. McEwen, 2003; Bruce S. McEwen & Wingfield, 2003; Tannenbaum, Tannenbaum, Sudom, & Anisman, 2002; Tatkin, 2007). I strongly suspect that the physical ailments are connected to a chronic lack of physical contact. We only have to look to the hypothalamic-pituitary-adrenal axis (HPA) and skin-to-skin contact for part of the answer (Edmund, 2004; Field, 1995, 2000; Jutapakdeegul, Casalotti, Govitrapong, & Kotchabhakdi, 2003; Moskowitz, 2004; Pelaez-Nogueras, Field, Hossain, & Pickens, 1996; Smith, McGreer-Whitworth, & French, 1998; Tatkin, 2007; Weller

& Feldman, 2003; Yehuda, 2002). I have mentioned before that the quickest way to calm or soothe another person is through the proper use of touch. All things being equal, this is the quickest route to calming another person. The use of words and certainly long strings of words may not only be ineffective but may also be more activating. People may appear to be calmed through reasonable dialogue or explanation but the question is does the use of words by themselves shut off the HPA System? I suspect that the avoidant partner, particularly those with a history of physical neglect (caregiver warmth and tenderness), have an HPA system that is “stuck on” like a continually leaking faucet. This ongoing process wears down expensive systems like tires on a car. Corticosteroids are both neurotoxic and cytotoxic affecting the hippocampus and dentate gyrus (atrophy), amygdala (hypertrophy), prefrontal cortex, as well as every organ in the body (Donegan et al., 2003; Driessen et al., 2000; Henry, 1997; B. S. McEwen, 2001; Sala et al., 2004; Schore, 2002, 2005; Teicher et al., 2003). Couples (and individual) therapy can then be seen as both psychological and medical challenge with more at stake than resolution of interpersonal

conflict. A happy and secure marriage can positively affect each partner's physical and emotional health as well as longevity. Sadly the opposite is also true (Gottman & Katz, 1989)

It may feel counterintuitive for the therapist to move these two people into close physical proximity since neither express a driving need or interest in physical comfort. Yet if one thinks about it there really is nothing else to do, at least nothing that is useful. The litany of complaints regarding life management is a red herring and an avoidance tactic. The therapist, through countertransference, can become immersed with the endless stream of problems and try to solve each of them along with the couple. But this is a dead end and a big waste of time. The real problem has to do with the quality of their day-to-day life as reflected by their interactive regulation or rather the lack thereof.

The therapist really must make use of physical movement and posing (a stationary position) in order to help partners work through the intense discomfort experienced in close physical proximity. This work takes a long time because of the strong aversive response each has to the other and the habituated autoregulatory defense mechanisms that remain the default position for both. This means the therapist can expect a little compliance with between session assignments. Therefore the meat and potatoes of this work exist in the extended therapy sessions.

The solution also addresses the question about how to stimulate these folks and increase their vitality. Move these people around and put them close together and you will definitely see a difference in their arousal. This work leaves couples feeling happy and hopeful but be prepared because the ball rolls in the direction of autoregulation for both and they will forget all of this as soon as they leave. Expect more content regarding management issues at the

start of the next session. The therapist then must convince them to table this  
go right back to their avoidance of one another.

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