

Too Far Apart on the Attachment Spectrum

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Some dysregulation couples require longer, more frequent sessions. They cannot be managed by once-a-week, one-hour appointments. The psychologically trained therapist understands that it is essential to have extended sessions for couples who cannot regulate themselves. Dysregulated couples require external regulation by the therapist and that means more frequent sessions and longer lengths. If it's a choice between

the two it's better for the therapist to go for more frequent sessions so that there is more contact with the therapist throughout the week and less chance for the dysregulated couple to re-traumatize themselves.

One of the reasons prognosis is poor for some dysregulated couples is that the partners reside too far apart on the attachment spectrum. They may be equally matched in the sense that they balance each other as do "normal" couples, but because they're so far afield of center, they have too much trouble with acting out, dysregulation, and

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recovery.

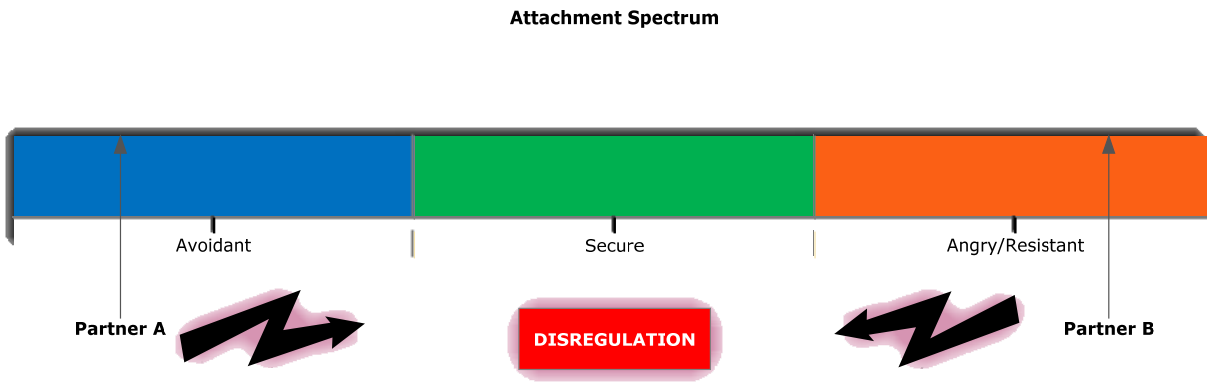


FIGURE 1

The problem exists because attachment organization becomes more rigid the further away from secure/autonomous. We might say that these people who are so polar opposite on the attachment spectrum start to look more like personality

disorders. In fact when couples therapists question me about working with personality disorders they are likely referring to partners who are situated as in figure 1. These are the more difficult couples because their attachment organization is a constant stimulation of the threat system which is triggered almost continually. Therapists need to help their couples understand that it is not their fault; that this is a psychobiological reality that must be dealt with in the therapy. Both partners are reacting to subtle threat cues originating from early relational trauma. Most often the therapist will find that these partners come from a history of either severe

abuse and/or neglect. In addition to severe forms of anxious attachment (distancing or clinging) partners may unresolved trauma and/or loss and present with disorganized/dissociated features.

There is no better way of treating couples like this except through lengthy and frequent sessions. Because we're working with psychobiological systems and not merely with psychological issues, we must look to the therapeutic frame as a precondition to therapy itself. The frame here refers to time and attendance. Time with the therapist in this case is the medicine. The therapist has to become the external regulator

for the couple and because he or she cannot go home with them, partners must come to the therapist on a daily basis (5-6 days/week) until he or she can help the couple co-regulate safely on their own (approximately one to two weeks). The highly dysregulated couple cannot do this on their own (otherwise they would have done it by now). The therapist will have to adjust his or her fees to accommodate the couple's economic realities.

Aside from prescribing frequency sessions the therapist may decide to recommend psychotropic medications especially for those partners who have a difficult time controlling extreme

hyper or hypo aroused states and have difficulty recovering within a 30 to 35 minute period. Even with the help of medications, daily sessions will be the most effective intervention for controlling retraumatization between partners.