WIRED FOR DATING:
HOW UNDERSTANDING NEUROBIOLOGY AND ATTACHMENT STYLE CAN HELP YOU FIND YOUR IDEAL MATE

Handbook for Therapists

By Stan Tatkin, PsyD, MFT
Hello!

I’m Dr. Stan Tatkin, author of *Wired for Love* and *Wired for Dating*, and developer of a Psychobiological Approach to Couple Therapy®, or PACT for short. In these two books, I describe how partners can apply PACT to help them form and/or maintain a long-lasting, successful relationship. I speak to readers directly, and provide examples and exercises they can use in a current or future relationship to improve their chances of success.

As a therapist, when you read *Wired for Dating*, or when you work with clients who are dating, you may wonder how you can most readily apply the principles of PACT. Of course, training as a PACT therapist occurs over time. However, I want to give you some basic concepts and techniques you can incorporate into your work without a lot of preparation. For this reason, I put together this therapist’s handbook.

This handbook begins with a brief overview of PACT. I’d like you to get an idea of how this approach came to be, and how it fits within the broader field of psychology. Then I have selected one set of skills, related to arousal regulation assessment (referred to as “sherlocking” in *Wired for Dating*), that are especially relevant to clients who are or wish to be dating. My intention is to give you some skills that you can use with clients and can teach clients to use in their own lives.

The second part of the handbook features the detailed analysis of a case of a dating couple who seek therapy. While most couples who read *Wired for Dating* would not be expected to require therapy, I think this case helps to highlight how PACT can be applied. It also gives you insight into how PACT might be valuable in your work with clients. I invite you to visit ThePACTInstitute.com for more information.

Warmly,

Stan Tatkin, PsyD, MFT
PART 1. OVERVIEW OF PACT

A Psychobiological Approach to Couple Therapy arose out of my career working with groups and individuals dealing with issues caused by personality disorders, addictions, and trauma. Later, after my first marriage went into crisis, the work turned toward early prevention with mother-infant dyads. Following my divorce, questions about the failure of my first marriage plagued me. I began to transfer my thinking about infant attachment, arousal regulation, and developmental neuroscience to adult couples in an attempt to understand my own loss. This led to a creative surge from 2003 to the present day that has gradually developed into the PACT methodology. Together with my wife, Tracey Boldemann-Tatkin, I founded the PACT Institute in order to train therapists around the world to use PACT in their practices.

**PACT therapists do the following:**

- We pay close attention to micro-movements and micro-expressions.
- We pay special attention to all shifts and changes in arousal and affect.
- We work by using tensing and relaxing within a disjointed interview process focused on regulation.
- We prefer to stage or create experiences before making interpretations.
• We evoke problematic mental and emotional states in session and work with them in real time.
• We make bold statements to get partners to adjust and correct information according to their reality.
• We speak in plain language in a fearless and open manner to model safety and confidence in the therapeutic relationship.

The three primary domains of PACT are:

• Developmental neuroscience
• Arousal regulation
• Attachment theory

**Developmental neuroscience.** For the purposes of PACT, we’re most keenly interested in the development and functioning of those parts of the brain and neuroendocrine system that specialize in social-emotional functioning. PACT argues that it is really the primitive, implicit, and nonverbal parts of the brain—and not the more formal, cognitive, speaking parts—that run the show in adult primary attachment relationships.

**Arousal regulation.** The PACT therapist can be said to focus not simply on two persons with two psychologies, but rather on two nervous systems interacting with one another at the speed of light. These nervous systems operate at a sub-psychological level where matters of survival and demise rule the roost. Arousal can be conceived of as energy and vitality, and also as rest and rejuvenation. PACT’s focus on arousal regulation sets it apart from all other approaches. Currently, no undergraduate or graduate programs prepare therapists for this aspect of psychotherapy.

**Attachment theory.** Most therapists today have been exposed to attachment theory in one form or another. PACT uses infant attachment models, including Mary Ainsworth’s Strange Situation, as a means for discovering attachment organization and style, as revealed in the body and the face. We also use adult attachment models as a means for focusing the therapeutic narrative and directing couples toward secure-functioning relationships as well as for an intervention that obtains buy-in from the most avoidant partner.

**PART 2. BECOMING A GOOD SHERLOCK**

In *Wired for Dating*, I repeatedly stress the importance of becoming a good sherlock; that is, of having excellent, well-honed observation skills. This is crucial in the dating context for the following reasons:

• A person who is dating needs to detect and process internal somatoaffective experience.
• A person who is dating needs to detect and process external behavioral cues coming from a potential partner.
In addition, a PACT therapist needs these skills in the clinical setting to be able to quickly and accurately:

- Detect and process internal somatoaffective experience
- Detect and process external behavioral cues coming from the couple
- Compare and contrast his or her somatoaffective experience with that of the couple

To a certain extent, therapists come to the job with a natural capacity to pick up macro and micro bits of data from another person’s moment-by-moment behavior. In addition, PACT therapists require specialized training in recognizing implicit expressions of the autonomic nervous system via the face, voice, eyes, and body. We refer to this as arousal regulation assessment. The PACT therapist pays attention to the primary mode of arousal regulation that each partner relies on during the session. Secure-functioning partners tend to rely on mutual or interactive regulatory strategies during periods of positive interaction, problem-solving, and conflict management. In contrast, insecure-functioning partners rely on either autoregulatory (self-stimulation/self-soothing) or external regulatory strategies for maintaining personal equilibrium on an arousal level. The employment of arousal strategies becomes behaviorally evident during interactions between partners and the therapist.

In addition to observing the cues of both partners, the PACT therapist uses general self-awareness and awareness of his or her body to pick up shifts of arousal in others. The ability to detect, differentiate, and interpret the experience of one’s own somatoaffective shifts in reference to another’s implicit bodily cues falls under the general rubric of the skillful detection and therapeutic use of countertransference.

**Sherlocking Skills**

How a person who is dating and how you as a therapist go about using sherlocking skills may be different, but the essence of the observational skills you use will be the same. In both instances, sherlocking entails observation of cues related to the following:

- Skin/muscle tone and color
- Face
- Eyes
- Breathing
- Posture
- Gestures
- Vocal tone

**Observe skin/muscle tone and color.** If a partner’s arousal level is going up, he or she will show some tightening in the striated muscles, which are found in the limbs and also in the face (see the following skill: Observe face). Look for muscle rigidity. Increased color tone, particularly red, will be evident in the face, and for many people also in the neck and chest. You may notice pulsing in some areas of the neck and face from a rapid heartbeat.
If a partner’s arousal level is going down, perhaps due to a feeling change (e.g., shame, depression) or a state change (e.g., hopelessness, helplessness), look for hypotonation of the striated muscles. The body may become less toned and hunched over, with less movement in the limbs. A partner’s skin tone may blanch, signaling a parasympathetic drop in arousal.

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<thead>
<tr>
<th>Skin and Muscle Cues of Arousal Level Change</th>
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<tbody>
<tr>
<td>Arousal Going Up</td>
<td>Arousal Going Down</td>
</tr>
<tr>
<td>Tensed muscles</td>
<td>Hunched over</td>
</tr>
<tr>
<td>Clenched fists</td>
<td>Listlessness</td>
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<tr>
<td>Flushed skin</td>
<td>Pale skin</td>
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**Observe face.** Anatomically, the face is made up of striated muscle groups that fire in accordance to facial cranial nerves, which in turn are influenced by limbic structures. The face, like the eyes, is a good reflection of the moment-by-moment operation of the ANS. For the PACT therapist, the face provides constant visual cues of arousal shifts and changes. For instance, increased arousal shows more muscle movement and muscle contraction in and around the lips, the eyes, the chin, the cheeks, the forehead, and even the neck (considered part of the face). Possible tightening occurs around the mouth and cheek pads, creating a stillness in these areas, while other areas of the face remain expressive. In contrast, when arousal is lowering, the opposite occurs: less movement and less muscle contraction.

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<thead>
<tr>
<th>Facial Cues of Arousal Level Change</th>
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<tbody>
<tr>
<td>Arousal Going Up</td>
<td>Arousal Going Down</td>
</tr>
<tr>
<td>Increased muscle movement and contraction</td>
<td>Droopy expression</td>
</tr>
<tr>
<td>Tightening around mouth, cheeks</td>
<td>Decreased muscle movement and tone</td>
</tr>
<tr>
<td>Jutting out jaw</td>
<td>Mouth and cheek pads remain still</td>
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<tr>
<td>Clenched jaw</td>
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**Observe eyes.** The pupils of the eyes provide cues about arousal level and shifts in arousal. Dilated pupils are often a sign of sympathetic arousal, such as excitement or attraction. In contrast, when the pupils are constricted, the partner may be in more of a parasympathetic state. If you pay close attention to people with highly constricted pupils, you may find your body naturally moving away. When the pupils are dilated, the opposite tends to occur: we tend to move closer to that person and feel more attracted to him or her.

Spend a moment looking at each of these photos, which are alike except for pupil dilation. Notice if you register a different reaction.
Keep in mind that people with fair skin and blue eyes may experience chronically constricted pupils due to light sensitivity. Individuals with brown eyes have irises that are so dark it is difficult to detect their pupils’ state of dilation unless you are very close. Other factors that influence pupil size include light in the room, medications, and drugs and alcohol.

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<tr>
<th>Eye Cues of Arousal Level Change</th>
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<tbody>
<tr>
<td>Arousal Going Up</td>
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<tr>
<td>Arousal Going Down</td>
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<tr>
<td>Dilated pupils</td>
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<tr>
<td>Glaring of the eyes</td>
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<tr>
<td>Constricted pupils</td>
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<tr>
<td>Dimming of the eyes</td>
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**Observe breathing.** In hyperaroused states, the rate of a partner’s breathing increases and his or her breathing may become shallower. You may see more chest movement, rising and falling. If you video record your patients and play back the videotape at twice normal speed, any change in breathing rate will become more apparent. As a partner tenses, you may notice stillness in the chest area as if he or she is holding the breath.

A partner whose arousal is shifting downward parasympathetically will have a decreased breathing rate, along with decreased heart rate. The breath will appear more shallow and weak. Some people learn to breathe diaphragmatically when they are relaxed; in this case, the chest will appear more still. Look further or inquire if your patient breathes from the belly.

The attentive PACT therapist may notice his or her own breathing change in accordance with the observed partner’s body. One way to monitor breathing is by visual observation; another is self-
observation. If you stop breathing, chances are that the observed partner has stopped breathing, too.

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<tr>
<th>Breathing Cues of Arousal Level Change</th>
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<tbody>
<tr>
<td><strong>Arousal Going Up</strong></td>
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<tr>
<td>Rapid breath rate</td>
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<tr>
<td>Breathing from the chest</td>
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**Observe posture.** A partner who becomes hyperaroused may sit up more straight and appear more rigid in the striated muscle areas. These areas are receiving an increased blood supply and energy in preparation for action, such as fighting or fleeing. You may see a lengthening in the neck and back area and sometimes a raising of the chin.

The opposite is observed when a partner becomes hypoaroused. Muscle tone appears more flaccid and posture is more hunched. The partner may look collapsed or on the verge of collapse. He or she may be slouching in the chair or couch. The hypoaroused partner may appear relaxed, but check that he or she isn’t cowering in response to threat or stress. This slouched position may look familiar on a man, but that doesn’t mean it isn’t state dependent. A down-regulated partner may be more than simply relaxed despite his or her appearance.

<table>
<thead>
<tr>
<th>Posture Cues of Arousal Level Change</th>
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<tbody>
<tr>
<td><strong>Arousal Going Up</strong></td>
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<tr>
<td>Straightening of posture</td>
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<tr>
<td>Lengthening of the neck</td>
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<tr>
<td>Raising of the chin</td>
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<tr>
<td>Increased movement in the limbs</td>
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<tr>
<td>Curling of the toes</td>
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<tr>
<td>Hands going into fists</td>
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**Observe gestures.** When a partner becomes hyperaroused, he or she may gesticulate more fervently. Movements become sharper and faster. In some cases, people who are trying to control their arousal level will demonstrate jerky or birdlike movements. Toes may curl and fingers may roll into fists.

Hypoaroused partners tend to move less or move more slowly and with less distinction. Look in particular for hand gestures suggesting a headache, either in the sinus area, temples, or back of the head and neck. During anxious dorsal motor vagal states, you may see that one partner is holding his or her stomach, or may hear gastric sounds coming from one or both partners, or may become aware of flatulence in a partner during a stressful session. A partner may report verbally by describing stomach pain or nausea during the session or gastrointestinal problems experienced outside of the session, and may bring this up within the context of acute or chronic interpersonal stress.
### Gestural Cues of Arousal Level Change

<table>
<thead>
<tr>
<th>Arousal Going Up</th>
<th>Arousal Going Down</th>
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<tbody>
<tr>
<td>Increased gestures</td>
<td>Fewer gestures</td>
</tr>
<tr>
<td>Faster movements</td>
<td>Slower movements</td>
</tr>
<tr>
<td>Sharp movements</td>
<td>Holding stomach (nausea)</td>
</tr>
<tr>
<td>Bird-like jerky head movements</td>
<td>Holding head (headache; ringing ears)</td>
</tr>
<tr>
<td>Holding stomach (dyspepsia)</td>
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### Observe vocal tone

Increasing arousal often is evidenced in a partner’s voice, both in volume and tone. A hyperaroused partner may increase his or her vocal volume and pitch. He or she may be come louder and more shrill (common in women) or more booming (common in men). Speech patterns can change, too; an excited or upset partner will speak faster and in a more staccato fashion.

In contrast, a hypoaroused partner may begin to speak more slowly, in more of a monotone, and with a lower pitch. He or she may begin to sound muffled or inaudible. Pitch may lower and tonal variations may decrease or disappear. Pauses may increase and the general flow of speech may decrease and slow.

### Vocal Cues of Arousal Level Change

<table>
<thead>
<tr>
<th>Arousal Going Up</th>
<th>Arousal Going Down</th>
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<tbody>
<tr>
<td>Loud</td>
<td>Monotone</td>
</tr>
<tr>
<td>Shrill, booming</td>
<td>Muffled</td>
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<tr>
<td>Fast</td>
<td>Inaudible</td>
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<tr>
<td>Staccato</td>
<td>Slow</td>
</tr>
<tr>
<td>High pitch</td>
<td>Low pitch</td>
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<tr>
<td>Pleading sound</td>
<td>Resignation sound</td>
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### PART 3. USING PACT WITH A DATING COUPLE

Working psychobiologically, the PACT therapist can be active on multiple levels—to assess a dating couple and also to provide them guidance as they launch their relationship. The PACT therapist commonly sees a new couple (dating, married, or otherwise) for one or two sessions that last anywhere from 2 to 3 hours each. This gives the PACT therapist the opportunity—much like a physician—to put the couple on the examination table and view how they operate in terms of attachment, arousal regulation, and neurobiological capacities in the social-emotional arena. Having gathered this kind of baseline information, it is possible to know with reasonable certainty what a couple are likely to be fighting about for the next 20 to 30 years. It is also possible to start from the beginning and guide them to build a couple system that can work for
them over the long run. That system would be secure functioning: a two-person psychological system built on principles of mutuality, fairness, justice, and sensitivity. Partners come away from therapy with information that is less about compatibility and more about who they are; what they really want; and how to work as a collaborative, co-regulatory team.

The following example shows how I, as a PACT therapist, began work with a newly paired romantic couple.

Sean and Molly, both twenty-five, come into treatment only eight months into their relationship. Although they were attending the same college, they met online. Each recently completed a master’s degree. Sean received an immediate placement at a firm in Los Angeles. Molly was hopeful she, too, would find employment there, but so far has not been able to. She thinks her anxiety about getting a job might be causing conflict between her and Sean. They want to better understand and put a stop to this dynamic before it’s too late. Sean and Molly immediately strike me as bright, attractive, energetic, and proactive about life and their budding relationship.

The PACT therapist uses three standard office chairs on wheels. This allows the therapist to roll around easily enough to see shifts and changes in the couple’s subtlest body movements, and allows the partners also to move and reposition throughout the session. My rolling chairs are fully adjustable upward and downward. I start each session with the couple’s chairs in the same position and at the same height. I allow partners to adjust the chairs to their own comfort level at the beginning of each session. Because all our sessions are videotaped—with their permission, of course—this initial setting gives me a baseline from which to see how the couple proceed during the session.

Sean and Molly cheerfully and energetically sit side by side, facing me. After getting permission to videotape, I begin the PACT interviewing process. This process is free flowing and nonlinear. This is so the PACT therapist can get a sketch of the couple in the shortest amount of time, rather than focusing on a single topic. By moving quickly back and forth between each partner as I ask questions that would fill out a basic genogram, I regulate the two partners by keeping them in motion and engaged with me and each other. This allows me to watch their body language and get baselines for their face and voice cues, at the same time that I rapidly shift subjects—even to the silliest of things, such as the perfume one is wearing or a notable tattoo.

This initial part of the session is marked by a mix of playfulness and information gathering so I can view the couple in various states, both relaxed and stressed. As a PACT therapist, I pay attention to the way they answer each question: the tone and volume of their voice; movement of their head, hands, and feet; and shifts and changes in gaze. I also pay attention to what they are wearing, how their hair is done, how they sit in the chair, and how often they look at their partner. Sean and Molly are holding hands, and checking back and forth between each other and me. As they speak about their parents and siblings, I notice distinct shifts and changes in vocal tone, body posture, and facial expression. The PACT therapist is always picking up on nonverbal cues while tracking narrative coherency.
Molly, the youngest of four children, came from a working class family in Detroit’s east side. Sean, the oldest of two children, grew up in the wealthy suburb of Grosse Pointe Park. Both his parents were professionals. His father frequently traveled for business.

Molly was abandoned by her father at age five and again by her older brother at sixteen. As of this writing, she has not heard of either’s whereabouts. Her mother, an on-again, off-again alcoholic, was depressed, though able to raise Molly with the help of her sisters. Molly often had to care for her mother after her sisters left home. Molly was an A student and earned a full scholarship to the University of Michigan. She dated many guys throughout high school and college, and lived with one for a year. She stopped seeing anyone else when she started dating Sean.

Sean was also tasked with caretaking a family member; in his case, he had to care for his younger sister because his parents were too busy with their careers to be around much. Sean describes his mother as cold, detached, harsh, and distant. His father was often out of town for weeks at a time. Like Molly, Sean couldn’t wait to get away from home. He only had one serious girlfriend before Molly, but that relationship ended two years ago.

After the initial gathering of information, which I collect by going back and forth between the partners, I begin the second part of the interview. Here, I collect more in-depth information by using cross-questioning, cross-tracking, and cross-interpreting as I study somatic shifts and changes. Switching topics every now and then keeps the interview fresh and allows me to draw a sketch of the couple that includes as many parts of their universe possible.

ME: [to Sean] So what made you go for this girl?

SEAN: Well, she’s clearly beautiful. [both giggle] She’s smarter than I am. [she looks at him as if to suggest “and don’t you forget it”] She’s the most amazing person I’ve ever known.

ME: What exactly makes her so amazing?

SEAN: Good question. [he stalls] I think it’s the way she looks at the world. She has a beautiful heart and soul, and always looks for the good in people, even though people have done some horrible things to her. [Molly drops her head and becomes tearful] And that’s the other thing I love about her. She’s able to really feel feelings. I myself, not so good. [giggles as he squeezes his hands between his knees]

ME: [cross-questioning] Do you think she likes what you just said?

SEAN: I think so.

ME: You think so? How come you don’t know?

MOLLY: I liked it.
SEAN: I don’t know. She seems sad now.

ME: What you think made her sad?

SEAN: Probably what I said about people hurting her.

ME: [cross-question to Molly] Is he right?

MOLLY: [gently nods] He’s right.

[Silence is used here to see what they will do next]

SEAN: [turns his chair to face Molly and turns her around to face him; I would have done this with them very soon, but he beat me to the punch] And I’m here now to make sure nobody hurts you again like that. [Molly lifts her head and kisses Sean on the lips; both smile]

ME: Now, both of you stay in this position. Molly, why this guy? Why did you pick him?

MOLLY: Because he is a beautiful, kind, wonderful man. He’s handsome and sexy and trustworthy and solid—the one I’ve been waiting for all my life.

ME: Continue to stay in this position and just remain in each other’s eyes. [long pause] Do you guys have sex? [I study both for somatic reactions, including symmetry in response and affect]

SEAN AND MOLLY: [both nod emphatically] Oh yes!

ME: So, I take it you both approve of each other sexually? [both nod and smile]

MOLLY: We’ve had a strong physical bond from the start. I love even just cuddling with Sean.

ME: [cross-question to Sean] What bugs you about her?


ME: Do you think if I ask her the same question, she’ll give me the same answer?

SEAN: No. No way.

ME: [cross-question to Molly] Is he right?

MOLLY: I don’t believe he’s telling the truth about how he feels.

ME: Does he have a hard time saying negative things to you?
MOLLY: Yeah.

ME: Why do you think he has such a hard time with that?

MOLLY: [thinks for a minute] I’d say it’s two things. I think he doesn’t want to hurt my feelings. And I think he doesn’t want to be like his mother and father. They were very negative, at least to him.

ME: [cross-question to Sean] Is she right about that?

SEAN: Sadly, yes.

ME: [to Molly] Sean said something interesting. He said he’d protect you from anyone ever hurting you again. Does Sean have a strong wish to rescue you in some way?

MOLLY: I believe he does. Yes.

ME: Do you believe he’s telling the truth when he says that?

MOLLY: [pause] Yes, I do.

ME: [cross-question to Sean] Why does she seem a bit hesitant or unsure?

SEAN: I may be wrong, but my guess is she thinks I have a rescue fantasy about her. [pause] Like I’m attracted to the role of rescuing her. [Molly drops her head] She’s hinted at that before, like “Me Tarzan,” or some such thing.

ME: Do you think she needs rescuing? Do you think she’s a weak person?

SEAN: [something clicks] Oh God no! She’s incredibly strong. In fact, I’d say she’s stronger than I am. I don’t know. Maybe it’s me who needs rescuing? [laughs a bit, but she doesn’t]

I continue this kind of questioning between the two of them as they remain in close proximity and eye to eye. After traversing various topics, I have them remain in each other’s eyes for an extended period of silence. I check to see how they respond to close contact without speech. This exercise is intended to stress them in the area of contact maintenance.

They giggle, as is natural in this position. They are, however, able to refrain from speaking or averting their gaze, which shows not only their comfort but also self-control. Typically couples in this position become antsy after a few moments. As I take Sean and Molly through several steps of this exercise, I see that they move quite easily into a parasympathetic state that I like to think of as quiet love. I am able to ask more difficult questions about their childhoods, such as Molly’s abandonment by her father and brother, and Sean’s dealings with his absent parents. I can do this without raising too much distress because they are holding each other in an interactive regulatory bubble.
While they remain in this state, I also move into the Partner Attachment Inventory (PAI). This process puts both partners under stress to recall early childhood memories not only in a declarative manner, but also in an autobiographical manner that places them emotionally into the memory itself. In this way, I suss out their attachment histories.

I start my questions with Sean. Although he is not resistant to participating, he is unable to remember much detail about his early childhood experiences. His answers range from “I don’t know” to declarative answers he cannot support with autobiographical memories. This is an important revelation because Sean previously believed his early family life was “perfect,” even though the initial part of our interview appeared to contradict this. Now, Sean’s narrative becomes especially poignant, underscored by his tears and occasional sobbing, especially while talking about his absent father. During the PAI, partners become one another’s confessors and witnesses in a way that rarely if ever occurs in real life. Molly had understood some things about Sean’s early childhood, and this exercise seems to deepen her understanding. It also allows Sean to have someone as close to him as Molly is be an empathic witness to his early torment.

When it is Molly’s turn, Sean gets a glimpse of her profound abandonment and feelings of betrayal by both parents. During her tearful narrative, he sweetly holds her hands. She discloses being molested by an uncle when she was twelve years old. Sean did not know this. It is easy to bridge these two young partners together during the PAI. I am able to interpret Sean to Molly and Molly to Sean. This process of cross-interpretation reinforces the notion of the two of them being in each other’s care, which is a fundamental tenet of secure functioning. I am able to install some basic but important secure-functioning principles: They must protect one another now that they know what they know about each other’s trauma history. They must become each other’s hero and healer. They must also jealously guard their safety and security system, which I refer to as their couple bubble.

In the remainder of our initial session, I gather more information from Sean and Molly, focusing especially on how they approach each other and what they do to distance themselves. Molly expresses surprise at the end of the session that we didn’t even discuss her job situation, nor did she feel the need to do so. It is clear that we have begun to get to the root of her anxiety, rather than merely deal with a set of symptoms. When I see them again, Sean and Molly are quick to point out that they have already noticed a reduction in their conflicts. They explain that Molly did not get a job she applied for, but instead of going into an emotional tailspin that put her at odds with Sean, she was able to turn to their new couple bubble for security and support. “It was bad news for me,” she says, “but something good came out of it.”

As I continue to work with Sean and Molly, I have every reason to feel highly optimistic about the success of their new relationship. And so do Sean and Molly. They came to therapy at a point when everything in their relationship is new and they are paying close attention to one another. If I were to first see them later in their relationship, they might already be involved in the negative projection process that tends to befall couples when they automate. Couple therapists are often hampered in treating couples who come in late to therapy and have already accrued years of runaway threat and dysregulation. By contrast, I was able to catch Sean and Molly before this runaway process could take place.
Even though we will work together for only a short time at this stage of their relationship, I expect to remain their couple therapist going forward, on an ongoing basis. PACT does not have a general termination policy. Much like a doctor on call, the PACT therapist typically works with a couple for short-term, intensive counseling or consultation, and then remains available to support the relationship.
REFERENCES


