Wired for Love: A Psychobiological Approach to Couple Therapy®

Stan Tatkin, Psy.D.
Assistant Clinical Professor
Department of Family Medicine
University of California at Los Angeles
David Geffen School of Medicine

Imagine if everyone put their relationships first. What would the world look like?
Together, we can make the world a better place. Join me and be one more person putting their relationships first.

Join me and Tracey:
Harville Hendrix
John Gottman
Sue Johnson
Dan Siegel
Marion Solomon
Ellyn Bader
Peter Pearson
Jeff Zeig
Alanis Morissette

©2003-2013 Stan Tatkin, PsyD – all rights reserved
PACT MAXIMS

There's nothing more difficult than another person.

PACT MAXIMS

All people are annoying.

PACT MAXIMS

All people are high-maintenance up close.
No such thing as a low-maintenance person.
PACT MAXIMS
People act according to experience, not knowledge, especially under stress.

PACT MAXIMS
There's a big difference between annoying and threatening

PACT MAXIMS
People mostly don't know what they are doing or why
PACT MAXIMS
Under stress, what people don’t know they make up

PACT MAXIMS
Therefore, narratives and self-reports are highly unreliable

PACT MAXIMS
Narratives change, physical reflexes repeat
PACT MAXIMS
All couples come in with their own theories which are usually wrong.

PACT MAXIMS
Implicit, social-emotional systems are fast -- faster than “thought” but dumb

MacLean’s Triune Brain
- neomammalian brain
- paleomammalian brain
- limbic system
- reptilian brain

FAST
SLOW
Partners Tend to Choose Correctly

- Mate selection process is rigorous
  - Most of the work has already been done
- Partners are more alike than not
- Partners are not that far away from a secure relationship
- All couples are unique, intersubjective pairs, reacting on a nervous system level
- Relationship failures are generally no-fault
- People are doing the best they can

PACT MAXIMS

Things are rarely (if ever) what they seem

PACT Skill Sets

- 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; going in and getting out; disjointed interview process focused on regulation.
- We stage events instead of interpreting them; getting states online and working with them in real time.
- We expanding the psychological field by making bold statements, “aiming low,” being the clown at the bullfight, and making immediate use of projective identification (couple can absorb it).
The PACT therapist often uses surprise statements, cross-questioning, movements, and other bottom-up interventions to create a splash, like dropping a pebble into water. The PACT therapist must be prepared to pay close attention to both partners prior to, during, and especially just following the pebble drop! There’s the SPLASH and then there are the WAVES that follow. The waves usually contain more information than the splash.

OVERVIEW OF PACT
Overview of the three domains (attachment theory, arousal regulation, and developmental neuroscience)
THE THREE DOMAINS

- Neurobiological Deficits
- Attachment Theory
- Arousal Regulation

SECURE FUNCTIONING RELATIONSHIP

- Secure functioning
  - Safer threats to relationship
  - Know self and other
  - Apply strategies
- Secure functioning
  - Discover deficits
  - Normalize deficits
  - Avoid dysregulation

THERAPEUTIC STANCE

Distinction between higher and lower brain.
Primitives and Ambassadors

- Primitives
  - Subcortical structures (limbic circuit)
  - Dorsal motor vagal complex
- Ambassadors
  - Ventromedial prefrontal cortex
  - Ventral vagal social engagement system

What Is Bottom-Up?

SMART
SLOW
STUPID
FAST
Overview of nervous system.

The Main Players

- Amygdala
- Hippocampus
- Hypothalamus
- Anterior Cingulate
- Insula
- High Left & Right Hemispheres
- Frontal Cortices
- Vagus Nerve
### Subparts of the Nervous System

- ANS
- HPA
- Vagus Nerve

#### Hypothalamus
- Corticotropin Releasing Factor/Hormone (CRF/ORH)

#### Pituitary
- Adrenocorticotropic Hormone (ACTH)

#### Adrenal Cortex
- Corticosterone/Cortisol (CORT)

#### Allostatic Load

- Cardiovascular
- Metabolic
- Autoimmune
- Inflammatory
DISEASES

- Cushing’s Syndrome
- Abdominal Obesity
- Type 2 Diabetes
- Atherosclerosis
- Cognitive Impairment
- Autoimmune and Inflammatory Disorders
- Chronic Pain
- Chronic Fatigue

Q & A

DEFICIT ASSESSMENT

WHAT DOES NOT WORK IN THE BRAIN, MIND, AND BODY?
Possible Deficits

- Theory of mind
- Memory problems
- Affect blindness
- Alexithymia
- Thin/thick boundaries
- Prosody
- Visual detail

Interventions for Deficits

- PRINCIPLES for intervention with deficits
  - Must make differentiate between a deficit and a personality feature/defense
  - Get history of deficit
  - Make appropriate referrals if necessary
  - Must educate both partners about the deficit and normalize
- SKILL set (interventions for deficits)
  - Define the problem and discuss how deficit has been misappraised and how and where it has disrupted the safety/security system
Goals of Treatment – Neurobiological Development

- Detect possible deficits
- Normalize deficits (acceptance)
- Work with couple to improve and/or work around deficits

ATTACHMENT
If it's not one thing, it's your mother

Avoidant
Distancing
Auto Regulation

Secure
Clinging
External Regulation

Angry Resistant
Regulation of Caregivers
Aggrandized Abilities
Anticipation (allergies and addictions)
Expressiveness
Thought Process
Speech Pattern
State Shifting
Openness
Movements
Meta Complaint
### Attachment Types

**Secure (Anchor)**
- Collaborative
- Caregivers do not require regulation
- Realistic sense of autonomy and relationship
- Not fearful of engulfment or abandonment
- Normal expressiveness
- Capable of cross-modal processing of information
- High verbal regarding self
- No difficulty shifting in either direction (solitude-interaction-solitude)
- Open, insightful, fresh narratives
- High facial, vocal, and gestural cueing
- Uses verbal and nonverbal social skills effectively
- May be guilt based
- Believes in true mutuality

**Avoidant (Island)**
- Regulation of caregivers’ self-esteem
- Aggrandized sense of autonomy
- Addicted to alone time
- Low expressiveness
- Deductive
- Low verbal regarding self
- Difficulty shifting from solitude to interaction
- Filtered, guarded, secretive
- Low facial, vocal, and gestural cueing
- Passive-aggressive
- Shame based
- “My only complaint is that my partner complains.”

©2003-2013 Stan Tatkin, PsyD – all rights reserved
ATTACHMENT

ANGRY RESPONDER (Wave)

- Regulation of caregivers’ emotional well-being
- Aggrandized sense of relationship
- Allergic to hope
- High expressiveness
- Inductive
- High verbal regarding self
- Difficulty shifting from interaction to solitude
- Unfiltered, tangential, too much information
- High facial, vocal, and gestural cueing
- Relationship threatening
- Negativistic, punishing
- “My complaint is that I’m overwhelmed.”

ATTACHMENT and the Signal Response System

Signal → Response → Consequence

Organized Attachment

Insecure
- Unfair
- Unjust
- Insensitive

Secure
- Fair
- Mutual
- Sensitive

Two-Person System

One-Person System
What Is Secure Functioning?

- Safety-Secure System
- The Air We Breathe
- Us-Against-The-World
- I Am Responsible For Your Pain
- Where You Go, I Go
- Generals Don't Die
- King And Queen Of The Land

Nervous System to Nervous System

PACT Model of Change

- Pain
- Focused, coherent therapeutic stance
- Repetition
- Pressure
ASSESSMENT IN THE FIRST SESSION

GET the information
Be a physician
Be a lawyer
Be an investigator
Don't believe anything
Suspect everyone
Be friendly
Be curious

Secure-Function versus Insecure

- Insecure couples operate as a one-person psychological system that is fundamentally unfair, unjust, and insensitive...too much of the time.
  - Use fear, threat, and/or guilt rather than attraction to hold couple in relational orbit.
  - Mismanage thirds (sideline each other too much).
- Secure-functioning couples do not threaten the relationship itself.
  - Protect each other in public and private.
  - Mutually amplify positives throughout a day and on most days.
  - Mutually attenuate and foreshorten negatives.
  - Except each other as a pain-in-the-ass (all people are annoying and high maintenance up close).
PRINCIPLES For Secure-functioning Attachment

- Couple bubble
- Relationship based on attraction, not fear or threat
- True Mutuality
- Go-to people
- First to know
- Couple as true home
- Partners are in each others care
- Have each other’s owners manual – experts on each other
- Reassurances of safety and security
Aim for Relief

Q & A
Presentation and Demonstration of Ventral/Dorsal Visual Streams

- Demo of visual streams
- How the brain reacts to movement—threat versus safety.
- How courtship is different from love (visual streams).

Demo of visual streams
How the brain reacts to movement—threat versus safety.

How courtship is different from love (visual streams).
Demo or Practice Of ‘Walking Toward And Away’ Exercise.

Treatment Goals – Attachment
- Threat to the relationship’s existence is taken off the table.
- Partners know who they are and from where they came
- Partners take responsibility for their own attachment reflexes
- Partners must become “experts” on each other
  - Shift states rapidly
- Must operate as a two-person psychological system
  - Fidelity to principles of secure-functioning
- Partners learn how to maneuver each other without fear or threat

Q & A
READING FACES AND DECEPTION

Paul Ekman

Reading Faces

Happiness
Sadness
Anger
Fear
Surprise
Disgust
and
Contempt

Glad To See You

Illustration by Lynda Kliban, copyright © 2004 Lynda Kliban.
AROUSAL REGULATION
Preparatory/Anticipatory Systems

PREPARATORY-
ANTICIPATORY
SYSTEMS

Procedural Memory
ANS
Vagus

The Sympathetic Nervous System: The Accelerator

- Readies muscles for action
- Increases heart rate and blood pressure
- Constricts peripheral blood circulation, making skin pale or cold
- Shifts blood from digestive system to muscles
- Dilates pupils

The Parasympathetic Nervous System: The Brakes

- Reduces muscle tension, aids relaxation
- Lowers heart rate and blood pressure
- Returns blood to peripheral vessels, thus making skin warm and flushed
- Assists digestion
- Slows and deepens breathing
- Allows immune system to function
- Secretes bodily fluids
Introduction of skill set—visual and auditory recognition of arousal.

- Skin/muscle tone color cues
- Breathing cues
- Eye cues
- Posture cues
- Gesture cues
- Vocal cues

Skin and Muscle Cues of Arousal Level Change

Arousal Going Up
- Tight facial expression
- Tensed muscles
- Clenched jaw
- Clenched fists
- Flushed skin

Arousal Going Down
- Droopy facial expression
- Hunched over
- Listlessness
- Pale skin
Breathing Cues of Arousal Level Change

Arousal Going Up
- Rapid breath rate
- Breathing from the chest

Arousal Going Down
- Slow breath rate
- Breathing from the diaphragm

Posture Cues of Arousal Level Change

Arousal Going Up
- Straightening of posture
- Lengthening of the neck
- Raising of the chin
- Increased movement in the limbs
- Curling of the toes
- Hands going into fists

Arousal Going Down
- Slumping of posture
- Head down
- Elbows resting on knees
- Body tilting to the left or right

Gestural Cues of Arousal Level Change

Arousal Going Up
- Increased gestures
- Sharp movements
- Bird-like jerkiness
- Fists

Arousal Going Down
- Fewer gestures
- Holding stomach (dyspepsia)
- Holding head (headache; ringing ears)
### Vocal Cues of Arousal Level Change

<table>
<thead>
<tr>
<th>Arousal Going Up</th>
<th>Arousal Going Down</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Loud</td>
<td>• Monotone</td>
</tr>
<tr>
<td>• Shrii, booming</td>
<td>• Muffled</td>
</tr>
<tr>
<td>• Fast</td>
<td>• Inaudible</td>
</tr>
<tr>
<td>• Staccato</td>
<td>• Slow</td>
</tr>
<tr>
<td>• High pitch</td>
<td>• Low pitch</td>
</tr>
<tr>
<td>• Pleading sound</td>
<td>• Resignation sound</td>
</tr>
</tbody>
</table>

### AROUSAL STRATEGIES

- Arousal Regulation
  - Autoregulation
  - External Regulation
  - Self-Regulation
  - Interactive Regulation

### Autoregulation

- Primitive form of self-stimulation and self-soothing
- No other person necessary
- Others can be used as self-objects, thus making autoregulation appear interactive
- Interpersonal stress is reduced or eliminated
- Can be dissociative
- Avoidant individuals overuse
External Regulation

Early caregivers are external regulators of the infant’s brain and body. Therapists often function as external agents who soothe and stimulate patients. Partners may function this way, too. Process is one-way only. Angry resistant individuals oversoar.

Self-regulation

Requires functioning ventromedial prefrontal cortex. Frontal lobes exert feedback influence on subcortical structures (e.g., amygdala). Pro-social and pro-self (e.g., impulse control, frustration tolerance, emotion regulation, communication). Assumes good functioning of ventral vagal system and orbitofrontal cortex. Adults are expected to self-regulate, except those with significant Axis I or II disorders.

Interactive Regulation

Requires self-regulation under stress conditions to maintain social engagement. Often exists in a primitive form in infancy (e.g., infant-caregiver face-to-face, eye-to-eye, skin-to-skin play). In adulthood, process is highly nonverbal, intersubjective, and mutually managed. Under mutual stress, sustained eye contact and use of prosody are usually required.
Principles for arousal regulation.

- The therapist is the master regulator (external)
- Know the window of tolerance for limits in arousal activation

INTEGRATION: AROUSAL & ATTACHMENT TYPES
How arousal bias influences interventions with the four attachment types

Q & A
**TYPICAL**

Secure or Insecure

**BI-PHASIC**

Secure or Insecure
Treatment Goals – Arousal Regulation

- Facilitate move toward interactive regulation
- Ensure that couple can get into and out of conflict without fear of mutual dysregulation
- Reduce threatening behaviors
- Quick repair!

Practice Assessment of Arousal Shift followed by discussion

- Practice assessment of arousal levels/shift
  - Break groups into pairs
  - Eye contact
  - Actors move through various states with observer tapping “changes”
  - Repeat switching observer and actor roles

Q & A
DAY ONE AFTERNOON

- Therapeutic Interventions
  - When is intervention needed?
  - Bottom-up interventions.
- Demonstration of Therapeutic Intervention
  - Introduction of skill sets—interventions.
  - Live demo.
- Q & A

PACT THERAPIST MAXIMS

If the therapist isn’t self-regulated, everyone’s in trouble
Move on inspiration not pressure
Don’t let yourself get bored
Sit back, eat your popcorn, and watch the movie
Be a true audience to your couple
Watch, wait, and wonder what they will do next
When in doubt, do nothing

The Interview

- Demo of Basic PACT Interviewing Process
  - Cross-questioning
    - Asking other partner’s response to something said (“have you heard that before?”)
    - Asking other partner’s about an idea the therapist wants to float (“did you know he was shy?”)
    - Cross-checking information by asking the other partner (“is that true”)
    - Asking about patterns (“is this how he generally communicates?”)
    - Asking partners about cues (“did you see that?”)
    - Asking partners about each other (“what makes him angry?”)
  - Cross-commenting
    - Getting partners to engage each other rather than just talk to therapist (“tell her that”)
    - Valuing a partner or the couple (“you guys are so cute”)
The Interview

• Demo of Basic PACT Interviewing Process
  • Eyes go to person not talking first, then back and forth
  • Fragmented interview – moving things in and out
    • Rotating ‘hot’ topics

Get the Information

• Cross-question
• Cross-comment
• Use spacers
• The Investigation
• Tense and relax
• Change topics
• Switch back and forth between partners

• Pose eye-to-eye
  – No talking! Check contact maintenance
  – Check facial reading
  – Check mind reading
  – Check projections
  – Use whatever comes up
In Each Other's Care

Cross-Tracking

"Here's what's going on..."

"I disagree, that's not at all what's going on..."

Cross-Questioning

"What going on with her right now?"
Cross-Commenting

“He’s doing that because…”

Introduction of skill sets—interventions.

Lovers Pose
SKILL set (interventions for shifting arousal level in sessions)

- How to lower arousal level (shifting)
  - Closed-ended questions (spacers)
  - Switch topics
  - Distraction

SKILL set (interventions for shifting arousal level in sessions)

- How to raise arousal level (surprising)
  - Surprise movements
  - Surprise comments
  - Surprise questions (guerilla)

Q & A
Q & A

Conclusion

- PACT focuses on bottom-up interventions that bypass higher cortical areas
- PACT is the “show me” psychotherapy
  - we look for proof
- The PACT therapist takes a stand for secure functioning relationship
- PACT theory is nonlinear and reductionistic however the actual therapy is phenomenological and improvisational
- At the center of PACT is the matter of arousal regulation in both the couple and the therapist
- The PACT therapeutic frame takes advantage of time to stage interventions, trigger problematic threat states, work with those problematic threat states, and help the couple to interactively regulate those states

WRAP-UP AND Q&A

GOODBYE
Training Groups
www.stantatkin.com

WIRED for LOVE
How Understanding Your Partners' Brain and Attachment Style Can Help You Build Connection

LOVE and WAR in Intimate Relationships

Thank you!