

16

Terry Real

Dismantling Dominance,
One Couple at a Time

22

Shadeen Francis

“Would You Swipe
on Me?”

38

Alicia Muñoz

Yung Pueblo Changes
Our Minds

56

**Diana Fosha &
Claudia Black**

Special Case Study

\$6.00 US/\$6.00 CANADA

Psychotherapy

N E W W O R K E R

JANUARY
FEBRUARY
2026



Exclusive Interview

ORNA GURALNIK

Consulting Producer & Star of
Showtime's *Couples Therapy*

Dating Apps & the Intimacy Crisis

Unexpected Approaches to Our Newest Relational Challenges



Editor's Note

Over the years, I've heard lots of people liken intimacy to a soft place to land, usually in a relationship. This way of thinking about it feels true, but also makes intimacy seem optional. So instead, I've started thinking of it more like vitamin D—although our skin makes it naturally when exposed to UVB rays (just 10 to 20 minutes in the mid-day sun will do it), many of us are lacking this essential nutrient. Without vitamin D, our muscles weaken, we get sick more often, our mood plummets, and we have trouble sleeping and concentrating. Interestingly, when you're intimacy deficient, similar things tend to happen.

If only a simple blood test could measure not only the vitamins and minerals in our bodies, but whether we're experiencing enough intimacy in our lives. Medical professionals might start paying attention to the quality of our close relationships. And we might all start asking some important questions. Are we doing enough to help clients identify and experience actual intimacy, the kind that involves a frightening amount of risk but has the potential to pay us back in spades? Are we overlooking the value of platonic love by centering so much of our clinical work on exploring romantic love? And speaking of romantic love, how can therapists help clients navigate dating-app culture in a way that's genuine, realistic, and sane?

No one knows better than therapists that intimacy is a fundamental human need—Maslow's hierarchy was amended long ago to put love and belonging on the same level as physical safety. And there's no need to prove that increasing numbers of people are struggling to get that need met—that seems obvious given the booming coaching industry that's cropped up to help people get more swipes and our collective flocking to AI chatbots for warm, comfortable conversation even when we're in a steady partnership. The point of exploring the age-old topic of intimacy—or “into-me-see,” as Esther Perel famously “quipped”—is to help us think about it a little differently given our current cultural milieu. After all, here we are, in 2026, wrestling with what Justin Garcia, executive director of the Kinsey Institute and scientific advisor to Match, describes as a full-blown “intimacy crisis.”

In this issue, we showcase Garcia's advice, excerpted from his new book *The Intimate Animal*, on the importance of physical chemistry and how to account for that in the world of dating apps. It makes you wonder: Are we prepared to help clients move from online connections to in-person relationships? Can we help them stay afloat in a culture in which billions of daily swipes yield an average match rate of less than 2 percent? Are we willing to look at the dating profiles they've painstakingly created and ask the right questions, even when they look at us earnestly and implore, “Would *you* swipe on me?” A standout story from sex and couples therapist Shadeen Francis offers a fresh perspective on these and other questions, and I promise it will shift the way you work with the next client who walks into your office struggling with online dating.

Other standout pieces include a fiery new article from Relational Life Therapy developer Terry Real, in which he makes the compelling argument that the intimacy we foster in therapy is the antidote to the autocracy we're fighting in the world. We also feature a decidedly intimate interview with Orna Guralnik, clinical producer and star of Showtime's *Couples Therapy*. And we profile another interesting figure making waves among clinicians: Yung Pueblo, whose bestselling books have earned him the moniker of the poet laureate of relationships.

Given that this is the first issue of 2026, we've done our best to set the tone for the new year by balancing the latest bold ideas and cultural trends with articles focused on the nitty-gritty details of clinical work. In this vein, five well-known therapists offer advice about what to do when you find yourself attracted to your client. (I know—yikes!—but it's a far more common issue than you think!). AEDP developer Diana Fosha and addiction specialist Claudia Black walk you through the case of a client with a history of parental neglect. (This is like supervision on steroids!). Couples therapist Jayne Gumpel invites you to consider turning your session notes into poems—not with the goal of creating a literary jewel for public viewing (please don't do that), but to use as a clinical tool that deepens your relationship with your clients, and your clients' relationship with therapy.

And while we're sticking a toe outside the traditional clinical box, consider the meaningful impact you could make by expanding your individual psychotherapy practice to treat friends: close friends struggling to stay connected or heal after an argument or betrayal. Given our skillset, why wouldn't we work with them just as deeply as we would with a couple, or even an entire family? After reading Barbie Atkinson's story about pivoting her practice to friendship therapy, you might suddenly find the doors of your clinical imagination blown wide open.

That's a lot for the start of a new year, when we're all just trying to get our ducks in a row, or at least in some kind of loose formation. If you're like me and tend to eschew January goal-setting rituals, I hope you'll still aim to make reading (or listening) to *Psychotherapy Networker* stories a regular practice in 2026. In highlighting practical yet soul-filled stories that feel like intimate conversations with trusted colleagues, we want the experience to feel as natural as stepping out into the sunlight for a bit of vitamin D.

Livia Kent
EDITOR IN CHIEF



Psychotherapy

NETWORKER

JANUARY/FEBRUARY
2026
Vol. 50 ■ No. 1

Dating Apps & the Intimacy Crisis – Unexpected Approaches to Our Newest Relational Challenges

16

Dismantling Dominance, One Couple at a Time BY TERRY REAL

As a field, in our efforts to be neutral and nurturing, have we been unwittingly recreating the culture's individualistic bias?

22

“Would You Swipe on Me?” BY SHADEEN FRANCIS

If therapists can become culturally competent in the world of dating apps, exploring our clients' profiles is an opportunity to deepen therapy.

28

The Orna Guralnik Effect BY CHRIS LYFORD

The reason people find Orna Guralnik so compelling isn't the stylish clothes she wears, her trendy office décor, or fancy camera work. It's something else entirely.

34

Friendship Therapy BY BARBIE ATKINSON

Embracing friendship therapy as fully as we do couples or family therapy might help us shift friendship to its rightful place of clinical importance.

38

Yung Pueblo Changes Our Minds BY ALICIA MUÑOZ

Sometimes it takes a voice from outside the field to help us inspire relational change in our clients and ourselves.

40

Dating in the Age of Algorithms BY JUSTIN GARCIA

Billions of daily swipes on dating apps yield an average match rate of less than 2 percent. What does this say about the role of physical chemistry in love?

44

Facing the Challenges of Platonic Love BY JORDANA JACOBS

The conventional friendship script needs a dramatic rewrite.

48

Turning Your Session Notes into Meaningful Art BY JAYNE GUMPEL

Because poetry expresses the ineffable, it has the power to move both clients and therapists from cognition to resonance—and support rapid transformation.

Extra Feature

52

Baseline Suicidality in Neurodivergent Kids BY SHYANNE ANTHONY

In misdiagnosed neurodivergent teens, suicidality may not be an indicator of a desire to die, but of misunderstood sensory and emotional chaos.

Departments

7 The Therapy Beat BY CHRIS LYFORD

Here are six hot takes on what's in store for clinicians in 2026, from Matthias Barker, Linda Thai, Chinwé Williams, and more.

11 In Consultation BY SARA NASSERZADEH, JULIE MENANNO, WAYNE SCOTT, ALLISON BRIGGS & WENDY BEHARY

It can be embarrassing and a little scary when we find ourselves attracted to a client. What's the best way to handle this surprisingly common clinical challenge?

56 Case Study BY DIANA FOSHA & CLAUDIA BLACK

AEDP developer Diana Fosha and addictions specialist Claudia Black reveal how they'd work with a client with a trauma history struggling in a new relationship.

61 Point of View BY RYAN HOWES & ISABELLE MORELY

Many clients doling out armchair diagnoses misuse clinical terms to win arguments and avoid blame. How do we support them without invalidating them?

63 Open Book

Wendy Lobel's new documentary, "The Anxiety Club," is billed as a heartfelt and humorous exploration of anxiety through the lives of several anxious stand-up comedians. What can it teach us?

65 Popular Reads BY DAFNA LENDER

How can we leverage the power of prosody, facial expressions, and eye contact to enhance therapy?

6 CE Quiz ONLINE

JOIN US IN MARCH!

14 2026 Networker Symposium

Psychotherapy NETWORKER

FOUNDING EDITOR
RICHARD SIMON (1949 - 2020)

EDITOR IN CHIEF
LIVIA KENT

SENIOR EDITOR
CHRIS LYFORD

SENIOR WRITER
ALICIA MUÑOZ

DIRECTOR OF CLINICAL CONTENT
ANNA LOCK

CONTRIBUTING EDITOR
RYAN HOWES

SYMPOSIUM DIRECTOR
HOLLY BEADLE

EVENTS MANAGER
MONICA LENIUS

ART DIRECTOR
MICKEY GILL

Psychotherapy Networker (ISSN 1535-573X) Copyright © 2025 is published January, March, May, July, September, and November by Psychotherapy Networker, Inc. 3839 White Avenue, Eau Claire, WI 54703-0542.

Advertising deadline for display advertising is approximately 8 weeks before the month of publication. Please call for exact deadline dates. All advertising must be prepaid.

For our advertising information, contact Bethany Hopper at bhopper@pesi.com.

For our editorial offices, email info@psychnetworker.org.

Subscriptions: (888) 851-9498; email: <https://www.psychotherapynetworker.org/customer-care/>
COPYRIGHT © 2026 BY THE PSYCHOTHERAPY NETWORKER, INC. ALL RIGHTS RESERVED.

Photos & illustrations © Adobe Stock



[psychotherapynetworker.org](https://www.psychotherapynetworker.org)

ONLINE COURSE

Dr. Sara Nasserzadeh's

Sex Therapy Informed Certification Training

*A Comprehensive,
Interculturally Informed
Approach to Working
with Sexual Issues*

REGISTER HERE



**Sign up today to save 76%
off the value price of your registration
and get access to 2 LIVE consultation calls
where you can get answers
to your specific questions!**

Earn 2 **CE** credits just for reading this issue!

Take the **CE Quiz Online**

and access your CE Certificate immediately at
psychnet.co/PN-Quiz



You can also
view, print, and mail
in your quiz for an
additional fee at
[psychnet.co/
PN-Quiz](http://psychnet.co/PN-Quiz)



Have questions?
Call (888) 851-9498
or email
[magquiz@psych-
networker.org](mailto:magquiz@psych-networker.org)

Psychotherapy Networker
has been approved to provide
CE hours to social workers, MFTs,
psychologists, and counselors by
many major national and state
organizations.

For more information on approvals
and disclosures, see our website.



6 Therapy Trends to Watch in 2026

Taking on the Burnout Epidemic, the Sex Recession, AI as a “Co-Therapist,” and More



For therapists, being attuned to the present moment isn't just a powerful technique we teach clients, it's how we listen, respond, and support change.

But being present doesn't mean we ignore the future. In fact, keeping a finger on the pulse of what's happening now helps us anticipate the future, particularly when it comes to the forces shaping our clients' lives. None of us has a crystal ball, but looking ahead isn't about prediction, it's about preparation and care.

What might 2026 hold? To find out, we sat down with some of the field's wisest leaders who are closely engaged with the changing landscape of psychotherapy—**Linda Thai, Justin Garcia, Sahaj Kaur Kohli, Matthias Barker, Julie Menanno, and Chinwé Williams.** We hope their thoughts will serve as gentle guideposts to help you stay informed, reflective, and inspired over the coming year.

LINDA THAI on the Return to Community Healing

We often think of personal transformation as a solitary venture. But an untapped wellspring of healing, says clinician Linda Thai, actually comes from surrounding ourselves with other people. As a storyteller, educator, trauma specialist, and yoga practitioner, the relational aspect of therapy is a cornerstone of Thai's approach, something she's brought to her work with the Trauma Research Foundation and the Asian Mental Health Collective, and highlighted in keynotes for the U.K.'s Royal Society of Medicine, the National Education Association, and many others. Over the coming year, she believes more clients—and therapists, too—will be seeking out community, trading conventional therapy in traditional office settings for something more

interpersonal, spiritual, and elemental.

“Something I've really been pondering and feeling into is how more people are looking for groups, experiential workshops, and retreats,” she says. “I think a lot of people have outgrown traditional therapy. They've seen the limitations of it and want more. They want something deeper.”

Why? Thai believes clients have an innate desire to be seen, heard, and known—“and this is a function of communities,” she says. “When your first experience of a group, which is family of origin, has been suboptimal, then you're always living at the edge of the group, or leaving the group—and that's something that can only be repaired by a group.” A group can take many forms, Thai says, whether it's a drumming group, a walking group, or a tai chi group that meets at a park on the weekends.

Thai says she's seeing more therapists offer these kinds of experiences—and is facilitating them herself. What began as a deep appreciation for other people's groups ("I learn from role-modeling and being on the receiving end of an experience," she says) inspired her to begin hosting meditation and yoga groups, and eventually, multiday residential workshops, like meetups where participants camp, or simply mingle at a bed and breakfast.

"These people aren't just coming for me," she says. "What they want is to connect with like-minded people. My clients tell me they want to meet more people. They want to find *their* people."

But these groups are more than just a chance to socialize, Thai says. They're "a larger container to hold the stuff that's too much for one person to carry." They're not only healing on a deep bodily level, she adds, but joining together is a spiritual act that helps participants reconnect with their most authentic selves and better understand their place in the world.

"We're rehabilitating our social engagement systems to be something that's a bigger part of ourselves," she says, "There's a communal heartbeat that emerges in groups, a settling of the body armoring." Then, she says, play emerges. "A byproduct of doing the work together is that we'll laugh and be ridiculously absurd with each other. We actually experience *pleasure*."

It's not just therapy clients who attend these workshops, Thai says. Therapists are seeking them out too. "As therapists, we tend to become so absorbed in our work that we overlook other aspects of what it means to be a human mammal," Thai says. "Now, more of us are realizing how important this is, for ourselves and for the world."

Thai hopes more therapists will give group work a try. Chances are there are some in your own backyard, she says, "where people get together to bake cakes, or to learn how to do things together." And if you'd like to

create a group of your own, start there too. After all, the best teacher, she says, is experience.

Will 2026 be the year of community healing? Thai thinks so. "There's a deep rumbling I can feel amongst people," she says. "They're done with polarization and want to be with others. They want to rehabilitate the innate desire to be part of something bigger than themselves."

JUSTIN GARCIA on Demystifying the "Sex Recession"

Think you didn't have enough sex in 2025? Want to have more sex in 2026? You're not alone, says Justin Garcia, the executive director of the Kinsey Institute and an award-winning sex researcher, educator, and author of the newly released book *The Intimate Animal: The Science of Sex, Fidelity, and Why We Live and Die for Love*. Across America and overseas, Garcia says people from nearly every demographic are talking about the so-called "sex recession"—and as the myths surrounding it continue to grow in 2026, therapists will have a critical role to play.

"It's easy to get lost in the noise of what we mean by a 'sex recession'," Garcia says. "The data show patterns of reduced sexual frequency again and again. So what's going on? Is it actually a problem?" Not necessarily, he argues. Just because people are having sex less often doesn't mean that sexual satisfaction and quality are dropping too.

"So many people are concerned about or worried about not having 'enough' sex," he explains. "They'll ask questions like, 'Does this mean my marriage is falling apart?' As therapists, we need to help them understand that sex isn't always a gauge for a relationship's quality." Yes, sex is important for relationships—in fact, Garcia says sexual problems are one of the strongest predictors of divorce in almost every meta-analysis on marriage that's ever been done—but it's not simply a matter of how often.

"Therapists need to help people

understand the *meaning* they attribute to sexual activity in their relationships," Garcia explains. "The question we should be asking isn't whether someone's having more or less sex, it's whether they're having *the kind of sex they want*. Are they having sex that's meaningful for them in some way? Is it about their relationship? Or pleasure? Maybe it's just casual sex. Whatever it is, we need to help people understand their goals behind sex before focusing too much on frequency."

Garcia adds that all therapists, not just sex therapists, should be thinking about the role of sex in their clients' lives and the myths and worries they're attaching to it. Some of these worries are based on legitimate fears about sexual health. After all, Garcia says, "We're seeing the rise of antibiotic-resistant STIs. And because of federal cuts to USAID, all indications suggest we're going to start seeing spikes of HIV and AIDS. Then, there's the impact of overturning *Roe v. Wade*. We have some of the only data that show how this is impacting willingness to have sex with a new partner. It's taking longer, and people—especially young women—are becoming more cautious." But herein lies an opportunity, Garcia says.

"Therapists can help people unpack and weather these challenges," he explains. "My old friend Ruth Westheimer—Dr. Ruth—used to talk about sexual literacy. We shouldn't be treating sex as salacious. At the Kinsey Institute, we honor sex as a component of people's lives—as a critical feature of relationships, a behavior that leads to reproduction, and something that drives relationship maintenance. So my hope in 2026 is that we can take sex out of the salacious and honor it instead."

SAHAJ KAUR KOHLI on AI in Our Consulting Rooms

Artificial intelligence is many things to many people: it's benign, disastrous, or the best thing since sliced bread. But however you feel about AI, therapist Sahaj Kaur Kohli says it's time to face the facts: there's a good chance

your clients are using it to supplement their treatment. Kaur Kohli, the award-winning founder of Brown Girl Therapy, *Washington Post* advice columnist, and creator of the upcoming online therapist community hub The Bicultural Brief, predicts that not only will more therapists be hearing about how their clients are using AI in the coming year—“Hey ChatGPT, here are my symptoms, do I have OCD?”—but that this trend could change the way you operate from the very first session.

“I think therapists will be grappling with what it means to provide care in a world where AI is part of the client’s emotional and relational ecosystem,” Kaur Kohli explains. “I’m already seeing clients who are using AI to process their feelings and get immediate validation and solutions to their struggles.” She predicts that over the coming decades, AI will increasingly become a part of care systems and how clients communicate.

And the therapist’s task? “We’re going to have to rethink clinical literacy,” she says, “whether it’s digital coregulation or attachment behaviors. I wonder if we’ll get to a point where we ask about AI from the get-go, the same way I tell clients now that they might find me on social media, and what my boundaries are there. Maybe in the future I’ll say to them, ‘Hey, bring your AI chat to our next session,’ the same way I have them bring their journal entries to therapy.”

Of course, Kaur Kohli says, there will probably be bumps along the way. “There’s a lot we still don’t know about AI,” she says. “It’s still growing, so therapists will need to stay on top of how it’s changing and how clients are using it. We’ve all heard stories about how AI has harmed people. And since I work with clients from diverse backgrounds, I can see how it might not be culturally competent.” Regardless, Kaur Kohli suggests therapists approach AI with an open mind, that they don’t necessarily discourage clients from using it to get help, but that they set the record straight when it gets things wrong.

“I know many therapists are against AI, so there might be some countertransference we have to think about,” she says. “But I’d never want to shame someone looking for answers, because that need is coming from somewhere. What I will do is educate them, and maybe correct the information they’re getting so they’re better equipped to understand what they’re actually going through.”

The truth, Kaur Kohli says, is that many clients are treating AI as a sort of co-therapist, which means therapists must ask themselves some hard questions, namely how this might affect their work, and how willing they are to get on board.

“I’ll admit, resisted to AI for a long time,” Kaur Kohli says. “But now I use it myself. As a field, we have to educate ourselves. We have to think about ethics, and not shaming people, and realize that these tools play a role in our clients’ lives.”

MATTHIAS BARKER on a Growing Ecosystem of Care

In 2025, as more and more clients got their psychoeducation from the likes of TikTok and Instagram, bringing “therapy speak”—and a whole lot of self-diagnosis—into our offices, things got a little complicated. And therapist Matthias Barker believes that in 2026, we’ll be entering a new phase of this trend, one with huge implications for the landscape of mental health care and how clients choose to heal.

With over four million followers across Instagram, TikTok, and Facebook, and a rising star in the field of trauma, romantic relationships, and family estrangement, Barker has kept his finger on the pulse of how the public consumes psychotherapy content.

“When TikTok burst onto the scene, you had a surge of short-form content,” he says, “and for the first time, the public had access to a wealth of psychological ideas and knowledge.” Concepts like trauma, narcissism, people-pleasing, and even obscure terms like *the inner child* became part of everyday vocabulary. Notably, consumers began to gravitate toward

online communities of like-minded individuals that gave them validation and a sense of belonging when it came to their mental health struggles.

But now, Barker says, the public’s appetite for this short-form online content is beginning to wane. “People are experiencing a kind of ‘brain rot,’” he explains. “They’re deleting their apps, putting limits on their phones, and looking for ways to take their understanding of therapy concepts and go deeper.” How?

“I’m seeing a huge resurgence of communities, memberships, and support groups,” Barker says. “Today’s consumers aren’t asking how to get access to information like they were in 2019. They’re asking how to *integrate* this information, how to work it into their life. They’ve moved from this surfacy, spread-out, scattered psychoeducation to a more relational way of consuming the content, sometimes literally around a table.”

Therapists, Barker says, are starting to take notice. The same clients who used to show their therapists mental health posts on Instagram are now sharing stories from their weekly support group. And while it may be tempting to view these meet-ups as some sort of competition or interference, Barker recommends therapists think of them as an asset, and that they ask clients what these meet-ups entail so they can use them to reinforce therapy.

“Even the best community groups can’t walk someone through a process-oriented intervention,” he explains, “where someone tracks your nervous system, makes sure you’re grounding, resourcing, pausing, slowing down, and regulating. That takes focused one-on-one attention.”

Still, Barker says warming up to the idea of your client getting help elsewhere may require a degree of letting go. “Therapists used to be the all-encompassing source of psychotherapeutic progress,” he says. “They were the mentor, the educator, the companion, and they did the intervention. But today’s client is more informed than they’ve ever been, and this means there’s going to be an eco-

system of mental health care workers—the therapist, the coach, the support group, the friends, and the book club—instead of a single therapist who holds the weight of the entire mechanism of change. Could these groups be echo chambers that reinforce the idea that your mom is a narcissist? Sure. But overall, they're a thoughtful space for conversations about mental health. And frankly, that's a refreshing correction to the chaos we've been seeing over the last five years."

JULIE MENANNO on Leaning into Avoidant Attachment

The wealth of psychoeducation available nowadays isn't just impacting our clients' sense of self, says couples therapist Julie Menanno. It's shaking up their romantic relationships.

"I'm seeing lots of cases where one partner finds a new identity for themselves based on diagnostic labels they discovered online," Menanno explains, "and it sets them on a growth path that seems to leave the other behind. A lot of this is due to social media therapy and the surge in people seeking self-understanding and self-improvement."

Author of the bestselling book *Secure Love*, host of *The Secure Love Podcast*, and with over 1.3 million followers on Instagram, Menanno works from an attachment perspective, which informs her view of couple dynamics. "The anxious partner is far more likely to seek growth because they're more in touch with their pain," she explains, "while the avoidant partner is less likely to seek growth because they're trying to avoid their pain." This lack of synchronicity frequently breeds resentment, she adds. "Partners might start weaponizing their growth, saying things like, 'I'm doing all the work and you're not doing any!'" But this accusing, blaming, and attacking only makes the avoidant partner even less open to change.

So how do you work with this dynamic? Especially when there *is* some truth to what the anxious partner is saying? The first thing Menanno does is try to get the avoidant partner's buy-in. "I make it clear that this isn't going to be

therapy where they're pathologized," she says.

Once the avoidant partner feels safe, she moves into the next step: highlighting how the conversation—whether it's about where to get dinner or political ideologies—isn't going well on *both* ends. "Then, I lean into the resistance," she explains. "I say to the avoidant partner, 'Help me try to understand what it is that's so scary or doesn't feel right for you about relationship help? What doesn't feel good about being here right now?'" Menanno says she often finds that people have good reasons for not wanting help: maybe they associate therapy with divorce, or think they'll be villainized, or don't trust that someone who's not in their relationship can actually be of help. "I might not agree with them," Menanno says, "but telling people they shouldn't see it that way is the best way to get them to double down."

This doesn't mean that the avoidant partner is off the hook, Menanno clarifies, but it lays the groundwork for delivering tough messages with emotional safety. "As a field and a society, I really want us to start leaning into creating emotional safety," she says. "It's so easy to say, 'This person is just a narcissist, or this person's political views are wrong.' But I believe that when we lean into curiosity and say, 'Let's meet on a human level to talk about our fears and pain,' that's the starting point for fixing just about anything."

CHINWÉ WILLIAMS on the Rise of Parental Burnout

Looking for a good New Year's Resolution? Start by showing the parents in your life a little more compassion. Parenting stress and burnout, says therapist Chinwé Williams, will be among the most pernicious issues facing therapists in 2026. In fact, she believes it's already reached epidemic proportions.


As the author of the bestselling book *Calm, Courageous, and Connected: A Parent's Guide to Raising Emotionally Resilient Kids*, Dr. Chinwé, as she's become known, is well acquainted with the unique struggles facing

today's families. "Parents are navigating a collective trauma due to world events, societal division, and political polarization," she explains. "Many find their daily stress overwhelming, blaming financial instability, childcare costs, technology and social media, and growing isolation."

But Dr. Chinwé says parents aren't the only ones affected by these stressors: their kids are too. "A parent's mental health is directly linked to their child's long-term well-being," she says. "It impacts their emotional and developmental outcomes." And these kids are perceptive. "For years, the children in my office have been recognizing that mom and dad are stressed."

So what's the solution? As a trauma specialist and somatic therapist, Dr. Chinwé begins by helping parents learn to regulate their bodies and then provide coregulation to their children. It's something she had to teach herself to do as a parent for times when her resilience seemed to hit a wall.

In writing her book, she "wanted to give parents permission to look at their own internal world and take care of themselves," she says. Yes, the typical parenting tools and strategies matter—"but they sit on top of physiology," she says. "When a parent's body is stuck in fight or flight, there's no substitute for teaching them the importance of nervous system regulation and how it affects their kids' well-being. I expect that in 2026, there will be a shift from teaching parents strategies that put a Band-Aid on the problem, because they're asking for more."

Even if you're not a parent, you can still play a part. After all, extended family members and mentors also have children in their lives. "When I do talks on parenting, nonparents in the audience will come up to me afterward," Dr. Chinwé says. "They'll say things like, 'I have a nephew I'm over the moon about, and I want to support him.' This is intergenerational work," she explains. "It's leaving the legacy of wellness." 

Chris Lyford is the senior editor at Psychotherapy Networker.

You're Attracted to Your Client?!

5 CLINICIANS OFFER GUIDANCE ON A DREADED ETHICAL DILEMMA

Q: I'm embarrassed to admit it, but I find my client Max extremely attractive and charming. I'd never act on these feelings, but I worry about how it might affect our work. More than I would with any other client, I've found myself thinking about how I look and speak around him, and when we chat at the beginning of sessions, I feel like the conversation sometimes borders on flirtatious. I could refer him out but feel bad because this isn't his fault. Even if I did, how would I explain it? What should I do?

A Nervous System Enactment

BY SARA NASSERZADEH

First, thank you for your honesty. It takes courage to bring such a dilemma forward, and that courage is the very foundation of any therapeutic work. The fact that you're reflecting on your feelings and seeking a consultation, rather than acting on them, already shows integrity and self-awareness.

Attraction within the therapeutic relationship is more common than many clinicians acknowledge. The formal literature is limited, although seasoned supervisors often encounter it in consultation. Most therapists don't act on these feelings; they bring them to supervision or personal therapy to explore what they illuminate about the client, the therapist, and the space between them. This can surface more often in therapies that engage sensitive or taboo material, including psychosexual therapy, where vulnerability and disclosure are central. We need large-scale studies to inform stronger training, clearer guidance, and better supports for colleagues in this area.

When you find yourself drawn to a client in ways that are uncomfortable, ask not only "Why am I attracted?" but also "What's being activated in me?" Attraction, in its broadest sense, is the felt pull toward who and what we want to be around. Who we are attracted to is shaped by culture, upbringing, and lived experience; it's largely socially constructed. Bodily activation, on the other hand, is visceral, an enactment of our nervous sys-

tem responding to resonance, safety, or novelty. As Stephen Porges reminds us, the body often speaks before the mind can name what it feels.

You mentioned feeling self-conscious about your appearance and noticing a subtle flirtatious tone. This may not be sexual attraction but arousal of the nervous system, a physiological response to connection and vulnerability. When Max sits across from you and reveals his inner world with openness, your mirror neurons and attachment systems naturally engage. If he's emotionally expressive, attentive, or appreciative (perhaps the qualities that may be scarce in your personal life or current phase), it can feel both enlivening and disarming. What you're sensing may be less desire than your system's recognition of safety and intimacy.

We also know from research that the therapeutic setting itself contains nearly every pillar of interpersonal attraction. *Proximity and familiarity*—we meet clients regularly, in close physical and psychological space, which builds comfort. And clients often share some of our values, emotional language, or worldview, which is why they may have come to us in the first place as opposed to somebody else. *Reciprocity of liking*—clients express trust and appreciation, which invites warmth in return. *Perceived responsiveness*—we're trained to listen deeply and respond empathically, an inherently attractive quality. *Opportunity and exposure*—the therapy hour is a concentrated relational field with few external distractions.

Given these conditions, the setting is fertile soil for attraction to emerge. In most cases, except for overt physical attraction, these dynamics are present with nearly every client. The difference lies in which ones awaken something personal and deeper in us.

It helps to remember that many of us therapists have limited guards around our own nervous systems. We spend hours coregulating with others' pain and yearning. Without deliberate self-care, our boundaries become porous. The body starts to confuse therapeutic resonance with irresistible chemistry.

Ask yourself gently: What chords in you resonate with Max? Does he remind you of someone whose approval you once sought? Does he embody qualities you long to experience more of, like confidence, tenderness, or curiosity? Sometimes attraction signals that a part of us is asking to be seen and integrated. The goal is not to suppress the feeling but to understand its message and use it to grow.

From here, review the frame: keep sessions structured so that small talk doesn't drift toward flirtation; hold time and boundaries with clarity; bring this material to supervision so it doesn't live in secrecy. I often think referral is a good option if the feelings intrude on clinical judgment or the client's progress. Otherwise, exploring the countertransference can enrich the work.

Be gentle with yourself. You're not failing as a therapist. Ultimately, the therapy room isn't only a site for a client's transformation but for ours as well.

Transforming Countertransference

BY JULIE MENANNO

Your feelings are completely normal and nothing to be ashamed of. Every therapist encounters countertransference in one form or another. It's part of the work, and sometimes it can blindside us in ways we never expected. What matters most is not whether these feelings arise, but how we engage with them. The fact that you've noticed the shift in yourself and are reaching out for guidance says a lot about your openness and emotional maturity. Awareness is the first and most important step in transforming countertransference into useful clinical information.

You implied sexual attraction, but it's worth slowing down to look underneath that to the emotional layer of what's happening. What does being "charmed" mean for you? Does it make you feel special, wanted, or seen? If so, what happens inside you when those feelings come online? Sometimes the emotional undercurrent of attraction has less to do with desire and more to do with the profound relief of being seen, wanted, or validated. These feelings can be intoxicating, and when that feeling comes from someone we find physically appealing, the pull can become even more intense.

You might explore whether those needs for validation are being met in other parts of your life. But even when they are, it's still easy to get caught up in the chemistry of feeling special. Therapists are human, and we're just as susceptible to the physiological cascade of dopamine, oxytocin, and adrenaline that come with emotional connection. Naming that honestly, without judgment, can help take away some of its power, and help you explore healthier options to manage those feelings, so they don't get acted out in flirting.

Once you have more clarity, try turning the question around. What is it like to not feel special or wanted? Has there been a time when those needs went unmet long before this client ever arrived? Our nervous systems carry emotional memory, and the pain of

earlier unmet needs can lie dormant for years until something—or someone—reactivates it. When that happens, the present moment can feel larger than life, as if it's offering the very thing we've always longed for. If this is the case, some gentle grief work might be helpful. Grieving the unmet need allows you to integrate it, so you no longer need to soothe the pain of it through the therapeutic relationship itself. That's where your real power lies—in the ability to feel deeply and still choose consciously how to respond.

And of course, it's equally important to consider what might be happening for the client. Charm is rarely random; it's often a relational strategy developed to stay emotionally safe. What feelings might he be avoiding when he leads with charm? Vulnerability? Shame? Fear of rejection? Once you have a sense of that, you can begin to engage the pattern therapeutically. You might acknowledge the strengths in his warmth and relational skill while inviting curiosity about what the charm is doing for him—and what it might cost him. He'll need to learn to sit with his pain and do his own grief work so he can feel emotionally safe from within, instead of depending on the temporary gratification of making others feel charmed. By gently exploring this, you're shifting the focus back to his emotional world, where it belongs.

In doing so, you take the energy that's been circulating between you and ground it in the therapeutic process itself. The work becomes less about managing attraction and more about deepening understanding—of both your client's defenses and your own internal landscape. These moments are not detours from therapy; they are the therapy. When handled with care, countertransference offers a direct window into the very dynamics that most need healing, both in our clients and in ourselves.

Navigating Interpersonal Closeness

BY WAYNE SCOTT

This is a common dilemma and inter-

esting to navigate therapeutically. No embarrassment necessary!

Depending on their familiarity with how therapy works, clients may draw on other social templates to navigate interactions with their therapist. Part of our role in building a therapeutic alliance is educating our clients about how to use this distinctive—and frankly odd—type of healing relationship. It's distinctive in that it's purposeful and goal-focused, tailored to the client's clinical needs and change process. While we as therapists may use some self-disclosure as a strategy to increase the client's sense of safety and trust, conversation in sessions is mostly unidirectional, focused on the client's narrative about their life. It's not about the professional's experiences or needs.

If I was working with you as a clinical consultant, I'd ask for specific statements you make that would qualify as "flirtatious." It's a universally acknowledged truth that all therapists make chit-chat in the beginning of a session. It's the foyer for the therapeutic conversation, the place where we assess each other's nonverbals and implicit interactional cues, before easing into deeper stuff: *Is it going to be safe to open up today?* But if we make statements the client could interpret as flirtatious, that defeats the purpose. We're in risky territory and outside of our role. Especially for clients who are sexual-abuse survivors (often an invisible identity but shockingly ubiquitous among therapy-seeking people), flirty banter could make the exchange feel very un-therapy-like and unsafe.

Now, alternatively, if the client is making statements that come across as flirtatious, it would be interesting to parse what's the underlying attachment need. How is the client tolerating and managing the experience of interpersonal closeness with the therapist? Is there a vulnerability being masked and could it be communicated more directly? If the client is attracted to the therapist, that can be acknowledged and normalized. Our bodies respond to the feeling of emotional closeness

with another caring person. But feelings don't equal actions.

I have two examples from my own clinical practice.

Once I had a client who presented in a sexualized way: tight-fitting clothes with a fair amount of exposed skin, eye-catching tattoos, a steady gaze that I found disconcertingly direct. Early on, the client told me stories about their intimate relationships with a fair amount of explicit sexual detail. On the one hand, the client was being fearlessly honest; on the other, there was a rapid and sometimes uncomfortable escalation of verbal intimacy between us that had a sexual charge to it. I found the client's physical presence distracting, and it was uncomfortable to maintain eye contact.

For a couple months, I held on to the discomfort while I tried to figure out my reaction. I talked to the therapist upstairs with whom I frequently consult on cases. As the client and I gently explored family history and their early experience of sexual abuse by an older teenager, it became apparent that the client's sexualized way of moving in the world was a legacy of that traumatic experience, a survival strategy, an ingrained way of getting ahead of authority figures who made them uncomfortable. The sexualized way they presented in therapy was part of the story they needed to tell and that they needed me to see. By connecting to their earlier experiences of sexual abuse, they were able to liberate themselves from this style of interaction. And we explored what they needed from me in sessions to feel safe and in control.

In another instance, after working together for about a year, one of my clients communicated they had a crush on me. On the one hand, I was terrified to be in the realm of boundary violations; on the other, I found it a little bit flattering. After some consultation with the therapist upstairs, I circled back and made sure the client knew that feelings of love and attraction are normal ways our bodies make sense of the intimacy of the thera-

peutic relationship, but that to serve my professional role, the therapeutic nature of our relationship would be protected. There were guardrails that would not permit any action to be taken on the feelings, and I was trained to keep them strongly in place. It was a turning point in our work, a deepening of both safety and closeness.

Exploring Conditional Connection

BY ALLISON BRIGGS

Feeling drawn to a client doesn't make a therapist unethical; letting that attraction quietly steer the work does. The fact that you can name it—to yourself, to a supervisor, or even to colleagues—is already a marker of integrity. Awareness is what keeps the work safe.

Attraction in therapy rarely arrives out of nowhere. It often echoes something old—an ache for someone who once felt just out of reach. Many of us learned early to earn closeness through desirability: by being pleasant, likable, or a little dazzling. That's especially true if we grew up feeling unwanted, too much, or like a burden to a distracted parent. Sometimes it came from the opposite dynamic—a parent who idealized us, mistaking admiration for real attunement. In both stories, connection was conditional. Being desired felt safer than being real.

So when a client brings that same energy—charming, attentive, full of praise—it can light up the body in a very familiar way. Without meaning to, we start leaning forward, matching the warmth, wanting to be liked back. What's happening isn't unprofessional, it's human. The work in that moment is to stay awake to it. Notice what's happening without judgment. Track your breath, your tone, your impulse to please. Ground yourself: feel your feet, lengthen your exhale, come home to your own body. Our task isn't to leave ourselves to stay wanted; it's to remain centered in ourselves so we can hold the client's experience rather than merge with it.

Over time, those reflexes can soften—especially with our own trauma work. I've encountered this dynamic a couple of times in eight years of private practice. Earlier in my career, I remember feeling that pull toward the captivating, emotionally wounded client, wanting their validation. Now I understand that pull for what it is: the nervous system recognizing a survival strategy.

Many clients who lead with charm learned to use it to secure love; their sense of self became wrapped around being wanted. The healing work is to show them they never had to earn their place. And if we, as therapists, start trying to earn ours—by proving we can handle it or keep them—we've shifted the frame away from their healing and onto our need for validation.

Sometimes the most direct way to preserve the work is to name what's happening. When said calmly, from regulation, it can open insight rather than shame: "I notice you're saying a lot of complimentary things and smiling as you talk. What's that about for you? Who else have you had to do that with?"

When curiosity—not relief—is guiding you, naming what's in the room becomes therapy, not confession. But timing matters. If naming it brings you ease or subtly hands emotional labor to the client, it's too soon. Pause. Bring it to consultation. And if you're not already in trauma therapy yourself, that's where to begin. These moments aren't failures. They're invitations to understand what part of you is being asked to re-enact an old story.

Reconnecting with Your Mission

BY WENDY BEHARY

It's natural to feel attracted to a client. And of course, we need to recognize that this attraction can be problematic if we're unable to manage it and it moves into the realm of flirtation, where it can interfere with working toward an effective therapy outcome. If there are limits that need to be set,

CONTINUED ON PAGE 64

You're invited to the

World's Premier Psychotherapy Conference!

Live in Washington, DC & online



THERAPY AT THE
CROSSROADS
Creating New Paradigms for Healing

Join fellow
attendees at:

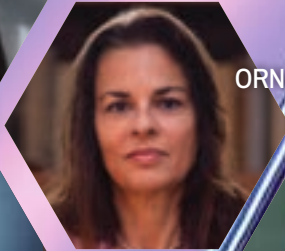
- ◆ *Morning yoga & movement sessions*
- ◆ *An evening of entertainment and storytelling*
- ◆ *Psychotherapy's largest dance party!*
- ◆ *Book signings with your favorite authors*



2026 Psychotherapy Networker Symposium March 19-22



NADINE BURKE HARRIS



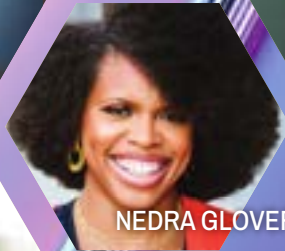
ORNA GURALNIK



BRUCE D. PERRY



TERRY REAL



NEDRA GLOVER TAWWAB



YUNG PUEBLO

Join the most sought-after clinical teachers, including:

Ramani Durvasula, Janina Fisher, Frank Anderson, Deb Dana, David Kessler, Lisa Ferentz, Tammy Nelson, Ellyn Bader, and many more!

Symposium is your unique opportunity to:

- ◆ **Improve your outcomes** treating trauma, grief, anxiety, narcissism, and other clinical problems
- ◆ **Enhance your skills** using IFS, DBT, EMDR, CBT, EFT, Polyvagal Theory, and more
- ◆ Get **on-demand replays** for 14 days after the conference and access to every workshop's training handouts
- ◆ Choose from over **75 all-new**, practical clinical workshops
- ◆ Earn up to a **year's worth of CE credits**, including ethics
- ◆ Browse psychotherapy's largest **exhibit hall and bookstore**

**Click here
to register
TODAY!**

REGISTER TODAY & SAVE UP TO 30%!

Limited-time offer ends March 12

FOR MORE
DETAILS VISIT

psychnetworker.org/mag

BY TERRY REAL

Dismantling Dominance, One Couple at a Time

*Intimacy as the Antidote
to Autocracy*





“You cannot love from the one-up, superior; you cannot love from the one-down, inferior. Love demands democracy.” —Carol Gilligan

“So, this is it,” Maria muses, crossing her legs and taking in my office—the books, the art—I can’t tell if she’s unimpressed by my décor or if she means I’m the last stop before divorce. Probably both.

Maria is a sharp, self-made Latina who fought her way up from, as she puts it, “a shit-kicker town halfway between San Antonio and Corpus Christi” to the C-suite of a Dallas oil company. She’s smart, successful—and done with her husband.

“I fell for Lloyd right off ’cause I knew he was even more of a hellraiser than me,” Maria says, not looking at the tall, pale “drink of water” beside her—boots, jeans, cowboy hat perched on his bobbing knee. “What I didn’t get then is he’s also industrial-strength meaner than I’ll *ever* be.” She leans back, arms folded: “And *that* is why we’re here.”

“Lloyd,” I begin, “I’d like to check in...”

“Thing is,” Lloyd brushes me off, eyes fixed on the floor, “we’ve been to several ... uh, *counselors*,” he says like it’s a foreign word. “Can’t say much changed.”

“What would you like to see changed?”

“Me? I’m fine. I just want Maria to be happy.”

“How’s that goin’?” I ask.

He half-smiles. “Guess we’re here, ain’t we?”

Lloyd’s no fool. From rural Louisiana, he built and sold three companies, hoping to take a fourth public. Warm at work, he’s a tyrant at home—yelling, sometimes throwing things. “Just meanness,” Maria says.

In Relational Life Therapy (RLT), we say, *Generic weak, specific strong*. So when a partner calls someone “mean,” I go after specifics. They’re the arrows I’ll need in my quiver for later confrontation. “Give me an example,” I ask.

“Sure,” she says. “Last week, our son Bobby stayed at the lake house with friends. At breakfast, Lloyd tells them, ‘Step forward, all those lookin’ to get laid tonight—not you, Bobby, you’re a loser.’”

“You said this?” I ask.

Lloyd shrugs. “Kidding around.” Even he doesn’t sound convinced. And now, instead of arguing about meanness, we’re dealing with a fact—much harder to dismiss.

“How do you respond, Maria?”

Maria sighs. “I used to scurry around. Get the food on the table, keep the kids well-behaved. Don’t set Dad off.”

“You’ve been to three therapists before me,” I say. “So, if this doesn’t work?”

She shakes her head. Silence.

“But you’d rather this did work,” I offer. “You’d rather keep the family intact if you can.”

Maria nods, cautiously. “If I can.”

I look at Lloyd, who appears dejected, but he doesn’t argue. “I lose my shit,” he allows, “when I see her kids disrespecting their mother.”

“Her kids?” I interrupt.

He corrects himself: “Our kids.”

“And if I were to ask them, my friend,” I say, “I wonder where they’d say they learned that?”

Lloyd starts to speak, then closes

his mouth. Silence again. His jaw tightens.

Good catch, Lloyd, I think. I might actually be able to help you.

Becoming “The Turnaround Guy”

Let me tell you how I arrived here, sitting with the Marias and Lloyds of this world, couples on the brink of divorce that no one else had been able to help.

Back in the mid-’90s, I published *I Don’t Want to Talk About It*—the first book ever written about male depression, a disorder then seen as primarily affecting women. I’m proud of my role in bringing men’s depression—different from women’s in both the way it manifests and in its etiology—into public awareness.

There are millions of depressed men in the U.S., so as one can imagine, the book was popular. And I began getting calls from all over the country—some from men, more from their partners—asking if there was someone nearby who did the kind of work I described. For some, the depression itself was the problem. For most, its manifestation—the drinking, affairs, rage, or withdrawal—had pushed the marriage into crisis.

At first, I referred them out. Then one day, I thought, *Why not invite them to Boston?* So couples began flying in for what became my two-day relational interventions. And at the end of those two days, we’d decide if they were back on track or getting a divorce. This was the end of the line.

I noticed two things off the back of these interventions. First, they were remarkably effective. Couples weren’t “fixed” (they all went home with treatment plans), but roughly 19 out of 20 came back from the ledge. Something was working—and dramatically so.

Second, I broke nearly every rule I’d learned in school about couples therapy. I took sides. I judiciously self-disclosed. I told my clients the difficult truths about their behavior right out the gate—just as I did with

Lloyd.

Like Maria and Lloyd, most couples who wind up in my office have seen multiple other therapists (the record so far is eight), and none has been able to help them. Because when you’re sitting across from someone like Lloyd—resistant, entitled, defensive—the traditional approach of neutrality and nurture just doesn’t cut through. In cases like this, we need to focus less on nurture and more on truth.

I began articulating what was working so effectively in these interventions, and what emerged was the foundation of RLT, which uniquely combines three phases of treatment—loving confrontation, deep trauma work, and skill-building—to produce profound, rapid, permanent change in the relationship and in the characters of the people within it.

Phase One: Loving Confrontation

I was taught, especially when dealing with grandiose clients, that you first form an alliance—and then maybe, sometimes years later, you dare to confront them. In RLT, we form the alliance *by* confronting them up front. But it takes skill. Anyone can clobber someone with the truth. We do it in a way that’s so accurate and loving that clients feel *closer* to us, rather than recoiling.

I call this *joining through the truth*. It’s healthy self-esteem in therapeutic action: the ability to feel proportionately bad about bad behavior while still holding yourself in warm regard as a flawed human being. You’re a good person who’s behaved badly, not a bad person who needs fixing.

When I confronted Lloyd about his words—“Her kids?”—I wasn’t shaming him; I was inviting him back into integrity. I’m not saying, “You’re cruel.” I’m saying, “You can do better. Will you let me rescue the real you from this mess?” Who says no to that?

Daring to Take Sides. I learned very early on that not all couples

are 50/50. For every couple that is, there are five or six that are 70/30 or 80/20—one partner holds the power; the other walks on eggshells.

Yet traditional family therapy treats all problems as equal. Is it fair to ask an abused spouse what their “contribution” to the dynamic is? No, it’s grotesque. That’s why in RLT, we take sides. We confront the offensive partner as many times as it takes to get through. And when we do, the other partner almost always cries with relief. They’ve dragged their impossible mate to several therapists, and no one’s taken them on. We do—and in doing so, we’ve saved thousands of relationships.

Treating the “Untreatable.” We don’t shy away from working with the “narcissistic” partners that popular opinion writes off as hopeless. The current advice seems to be: *if your spouse is narcissistic, get out*. I disagree—as a couples therapist, one of the banes of my existence is individual therapists empowering clients out of potentially workable relationships.

What most call narcissism, RLT calls grandiose and selfish. Narcissistic personality disorder is like us handing them a mental-health death sentence. Saying they’re grandiose and selfish gives us leverage for change.

I do agree that highly grandiose people rarely change in individual therapy. But that’s not a reason to deem them untreatable, rather to rethink *how* we’re treating them. RLT treats “the untreatable”—but *not* in individual therapy.

Why? Because, as I came to understand after *I Don’t Want to Talk About It*, the wound in many men is *disconnection*, and the healing move is *reconnection*. I began doing couples therapy to treat these men because where better to restore connection than in the crucible of their own relationship?

Yet traditional psychotherapy closes the door and tries to heal people through their relationship with the therapist. I’m less interested in clients

having a corrective emotional experience with me than in them having ongoing corrective experiences multiple times a day with their own families.

To understand how we help them do that, let’s consider the different characteristics of shame and grandiosity.

Shame vs. Grandiosity. Shame feels bad; you’re motivated to get out of it. The problem with grandiosity is that it feels good. Yelling at your boss, having that third martini, losing restraint—it all feels good in the moment but makes a mess of your life. The psychiatrist George Vaillant said there are two kinds of people: the one who gets in an elevator and turns green from claustrophobia, and the one who lights up a cigar and makes everyone else turn green. Implosion and explosion—shame and grandiosity. Grandiose people aren’t in pain; they’re in *trouble*. The people *around* them are in pain.

If you were to ask the person smoking the cigar if they realize everyone else is coughing and spluttering, odds are they’ll say, “Well, they’re wimps. Not my problem.” Because the more grandiose someone is, the more their judgment and empathy are impaired. Grandiosity specifically impairs a correct assessment of negative consequences and sense of what they’re doing to those around them.

So how do we motivate someone who doesn’t think they have a problem?

We bring in the other people in the elevator.

Bringing in the System: Data and Leverage. Working with grandiose clients means focusing on truth—and you don’t get to that truth in one-to-one therapy. Bringing in partners (and sometimes children) provides the *data* and *leverage* you need. Because if you’re going to join through the truth, you need an accurate truth to join through.

Think back to Lloyd. All he would give me was “I’m alright,” but with

Maria there, we got the data I needed—specific examples of his behavior toward her and the kids.

And once we have the data, we find leverage—the motivation the grandiose partner needs to change. We do that by empowering the non-grandiose (“one-down”) partner to stand up to the grandiose (“one-up”). One-down partners often deliver their one-up partners to us to fix. We will—but *with* them, not *for* them. I will go out on a limb with you. I’ll affirm what you’re saying. But if I do it alone, your partner will saw off that limb.

Here’s the ten-thousand-dollar question for the one-down partner: “What’s going to happen if this therapy doesn’t work?” Their answer is your leverage.

We use both negative and positive leverage. *Negative leverage* is what I can help prevent—divorce, estrangement from your kids. *Positive leverage* is what I can help you gain—a happier partner, a longer life, that you won’t damage your children the way you were damaged. That last one is often the most powerful.

Deconstructing Patriarchy, One Couple at a Time. In RLT, we want the weak to stand up and the mighty to melt. We do this by empowering the one-down partner to speak up and inviting the one-up partner to connect and come down. And, when that happens, we’re deconstructing patriarchy.

What do I mean by that? Traditional psychotherapy doesn’t take on one-up offenders because, under patriarchy, they’re protected. You don’t tell truth to power. And our field reflects the individualistic, anti-relational bias of the culture at large and replicates the mores of patriarchy.

Under the rubric of winning trust, we therapists replicate the disempowered partner role—cajoling, reasoning, nurturing, everything but putting our foot down. Just like a traditional partner does. And we get about as far as they did, too.

Why do we do that? Because we're afraid three things will happen if we confront them: that they will retaliate, leave, or fall apart and it will be our fault. These are the same fears the disempowered partner has under patriarchy.

If you confront a grandiose person without knowing what you're doing, those things may happen. But there are more sophisticated ways of getting through. In RLT, we're not so intimidated by the force of grandiosity because we have leverage. We can move in and connect with them. It's one of the great contributions of our model.

Phase Two: Deep Trauma Work

Once we have the truth on the table—the grandiose partner's difficult behavior and the other's reaction to it (think Maria's long over-accommodation that eventually swung into under-accommodation), we move to trauma work. To do that, we ask three questions: Who did you see do this? Who did this to you? Who did you do it to, and no one stopped you?

Most trauma work in our field is done behind closed doors—another example of psychotherapy's saturation with individualism. In RLT, we do trauma work with your partner sitting next to you. It opens their heart. They live with the trauma reaction. Now they get to see where it comes from and, often for the first time, have compassion for it.

There are some contraindications—active acting-out, addictions, or if we believe your partner will use your vulnerability against you—but 99 percent of the time, we do it in the couples context.

The Three Parts of the Psyche. My colleague Gabor Maté says, “In relationships, you seldom see the wound; you see the scar.” As couples therapists, our focus is primarily on the Adaptive Child—the scarred, reactive part. The part that learned to adapt, that you brought into your relationship, thinking it's an adult,

but it's not. It's subcortical, automatic: fight, flight, or fawn (fix).

The Wise Adult is your prefrontal cortex—the part able to stop, think, and choose.

The problem is that when the heat is on, you're in your Adaptive Child, so if we just teach you skills, that part will throw them out the window. I like to say other therapies teach you skills; in RLT, we deal with the part of you who won't use them.

Relational Mindfulness. *Relational Mindfulness* is the first skill: moving from your Adaptive Child to your Wise Adult.

The spiritual teacher, Thomas Hübl, says, “To observe is to have choice.” The same part of the brain that can observe is the one that can choose. The hallmark of the Adaptive Child is that it's automatic and compulsive: If you're a fighter, “I've got to stand up for myself.” If you're a flier, “I've got to shut this down.” If you're a fixer, “I've got to make this better.”

We always respect the intelligence of the Adaptive Child. It kept you safe—you did what you needed to survive. But what was adaptive then is *maladaptive* now. Through trauma work, we help clients re-parent their inner child parts over and over. This is relational work rather than release work: it's an ongoing practice of moving from automatic reactivity to centered, thoughtful choice. The part of you who can say, “I don't need to fight, flee, or fix. Let me just be here.” And the beauty is, this skill can be cultivated and strengthened.

The Road to Recovery. A man once came to me on the brink of divorce—a chronic liar. The kind of guy who, if I said, “The sky is blue,” would answer, “Well, it's aquamarine.” I quickly saw that his Adaptive Child had a black belt in evasion. Show me the thumbprint and I'll tell you about the thumb: if you have a black belt in evasion, who were you evading?

I asked, “Who tried to control you growing up?”

“My father,” he said. A military

man—how he sat, ate, drank, everything.

“How did you deal with this controlling father?”

He smiled—the smile of resistance—and said, “I lied.” Brilliant little boy. You did exactly what you needed to do to preserve your integrity. But adaptive then, maladaptive now. You're not that four-year-old boy, and your wife is not your father.

Two weeks later, they returned, holding hands. “We're cured!” they declared. She'd sent him to the grocery store for 12 things. True to form, he came back with 11. “Where's the pumpernickel?” she asked.

He told me, “Every muscle and nerve in my body was screaming to say they were out of it. In that moment, I thought of you, Terry. I took a breath, looked at my wife, and said, ‘I forgot.’”

His wife burst into tears and said, “I've been waiting for this moment for 25 years.”

In that moment—when he borrowed my prefrontal cortex, my Wise Adult, and said, “I forgot”—that's recovery.

Phase Three: Skill-Building

Once your Adaptive Child is calm enough that you don't get overwhelmed every time you're triggered, we arm your Wise Adult with skills.

It's almost downright abusive to tell someone what they're doing wrong and then ask, “What do you think you should do about it?” If they knew, they wouldn't be coming to you!

So, we teach fundamental relationship skills. How to speak up with love, not harshness. How to lean into your inner critic and say, “Please don't speak to me like that.” How to make a genuine apology, how to repair. The essential—but rarely taught—skills for sustaining intimacy.

We don't assume you know these things—or that once we heal the trauma wounds, people instinctively know how to be intimate. You have to learn. As I tell my clients: intimacy isn't something you *have*; it's something you *do*. And you can learn to do it better.

I'm thrilled to say Maria and Lloyd learned. In a later session, they resolved a fight they'd been having for a decade: her anxiety about his driving. "You're reckless," she'd say. "You're overly nervous," he'd shoot back. Ten years of that loop. Here's how they sounded by the end:

Maria: "Honey, I know you love me. Maybe I am overly nervous, but when you drive 10 miles above the speed limit and weave through traffic, I get scared. You don't want me petrified every time we drive together. When you're by yourself, drive how you like. But when I'm in the car, as a favor to me, could you please slow down and drive more conservatively?"

Lloyd: "Well, of course I can."

What Maria demonstrated is a skill we call loving power—speaking up for yourself in a way that cherishes your partner and the relationship. Her opening—"Honey, I know you love me"—instantly changed the energy. Instead of his usual defensiveness, Lloyd could hear her.

She stayed in her own experience ("I'm nervous,") rather than blaming him, and made an explicit request: "As a favor to me?" She took away the guesswork and showed him what right looks like.

Learning To Live Relationally.

We've never wanted more from our relationships. Gone are the companionship marriages of our grandparents' generation. Now we want to be lifelong lovers. But the deeper I've gone with this work, the clearer it's become that traditional psychotherapy replicates the very systems that prevent us realizing that ambition—patriarchy and individualism.

Regardless of your gender, patriarchy is the water we're all swimming in. Political patriarchy is the oppression of women by men. I'm talking about psychological patriarchy: the dynamic of patriarchy that can take place between two women, two men, a mother and a child, two races. Trauma treatment expert Pia Mellody called it "The Great Lie"

that someone could be superior or inferior to anyone else.

Under patriarchy, the essence of traditional masculinity is invulnerability, but you can't be intimate and invulnerable at the same time. The tradition for women has been resentful accommodation. And for some, feminism brought a swing to the masculine side of the binary—into individual empowerment, which is strong, but again blocks intimacy. It's: *I was weak, now I'm strong, go screw yourself.*

Loving power breaks patriarchy. It's: *I was weak, now I'm strong, let's work together. I love you. This is what I need. What do you need from me to deliver?* This is a new language and a new energy—one that goes beyond our culture and beyond the field of psychotherapy itself.

Just as we must help clients move beyond patriarchy to achieve intimacy, we as a field must move beyond colluding with individualism and take an explicit stand for relationality.

Our Relationships Are Our Biospheres. RLT teaches people to live relational lives. That means correcting what the father of family therapy, Gregory Bateson, called "human-kind's epistemological error"—the belief that we stand apart from nature and above it.

Whether the "nature" we're trying to control is our partner, kids, bodies, or minds, RLT replaces that illusion with ecological wisdom. You're not above the system, below it, or outside it. My friend, you're in it.

Our relationships are our biospheres. It's in our enlightened self-interest to do what our biosphere needs. If you're one-up, your biosphere needs you to come down and connect. If you're one-down, it needs you to stand up and speak up.


When you start thinking ecologically—relationally—new possibilities open up. "Who's right and who's wrong?" becomes "Who cares? Instead, let's work as a team to build something that works for both of us."

My wish for anyone reading this

is to empower you. This is not a time for therapists to be faint-hearted or passive. We are relationship experts—intimacy merchants. The antidote to dominance and autocracy is interdependence, relationality, and cooperation. The political is very personal, and the personal is political.

Every good therapist, no matter what denomination, is a social activist. Intimacy is the antidote to autocracy. Every time we lead a couple, family, or work team out of conflict and into the functional closeness we all deserve we are, intrinsically, offering nothing less than a reconfiguration of traditional gender roles and a movement beyond the mores of individualism and patriarchy. I'd like to see us own that as a field.

Neurobiology teaches us that a neural pathway can miraculously open if two factors present themselves, the implicit must be made explicit and there must be a collision—some sort of disconfirming evidence, or experience. I would like our profession to transform. I'd like us to make our invitation to move beyond patriarchy explicit and stand in the simple but profound truth that intimacy and dominance don't mix.

If we're agents of intimacy, then we're agents of change. Rather than quietly, and perhaps a bit timidly, working this magic as individual practitioners behind our closed doors, let's support each other as a living community. Let's stand together in whatever wisdom our training, our experience, and our own hard-won journeys have afforded us. Our superpower is one another. 

Terry Real, LICSW, is an internationally recognized couples therapist, speaker, author, and founder of the Relational Life Institute. His latest bestseller is Us: How to Get Past You and Me to Build a More Loving Relationship. He's also the author of I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression, How Can I Get Through to You? Reconnecting Men and Women, and The New Rules of Marriage: What You Need to Make Love Work.



BY SHADEEN FRANCIS

“Would You Swipe On Me?”

Dating Apps & Therapy in the Age of Digital Intimacy

I spend about as much time talking about dating as someone would expect a therapist to spend talking about depression.

A few years ago, I was struck by my client Michael’s description of his dating life, which for him meant experience after experience of forcing painful small talk with near-strangers over expensive beverages. Just as he was opening up about why this felt so harrowing and what he wished for instead—to be pursued, to feel special, to have connections stick, to make it all feel *easier*—he got a notification on his phone. And then a few minutes later, another one. And another one. He continued sharing his thoughts, but his eyes shifted back and forth between mine and the device vibrating on the table. “Do you need to answer that?” I asked, noticing his (our) distraction.

They weren’t texts—they were matches. Blushing, he went on to explain that although he’d decided to pause his dating profile a few weeks ago, he’d turned it back on while sitting in my waiting room. “I guess I’m more popular over here!” he chuckled, referring to my suburban pocket of the city.

Michael was tall, athletic, charismatic, and moved through the world as though he was accustomed to positive attention. I had a hard time imagining anyone he’d approach would say no to a date—and they generally didn’t—but that wasn’t the issue. His confident exterior was a carefully maintained shield for the significant anxiety, self-doubt, and loneliness he held inside. It had taken the better part of a year for him to reveal these tender emotions in session.

“You know I hate the apps,” he lamented, “but what am I supposed to do, go up to someone and just be like, ‘Hi, I think you’re hot. Can I have your Instagram?’ I don’t want to look like a creep!”

I didn’t tell him that this was essentially how I remember the process of dating starting (with maybe the addition of some getting-to-know-each-other preamble and an exchange of phone numbers instead of social handles). As a middle-millennial raised on dial-up internet and AOL chatrooms, I’m not anti-tech. Growing up, technology unlocked seemingly infinite possibilities for my peers and me, including friendship and love. But

somewhere between Myspace and Match, it seems that our cultural expectations of connectedness shifted. We text before calling. Or really, we don't call—we FaceTime, or better yet, we send four strategically sequenced emojis to convey the emotional tone of our asynchronous responses.

“Let me turn that off. I don't know what's going on. I barely changed anything,” Michael said. But as he reached for his phone, he couldn't help but pause to look at his screen. “Actually, can I show you my profile?” he asked hesitantly. “Is that something that's allowed?”

I'd had clients read me a text argument with a partner or send me the meme our session reminded them of. But as much as there is to learn or understand about clients based on how they share themselves outside the room, my ethos had always been to stay out of clients' digital lives. I don't look my clients up online or follow their social media pages. So when Michael tipped his phone in my direction, I hesitated. Was this invitation a breach of my code of conduct?

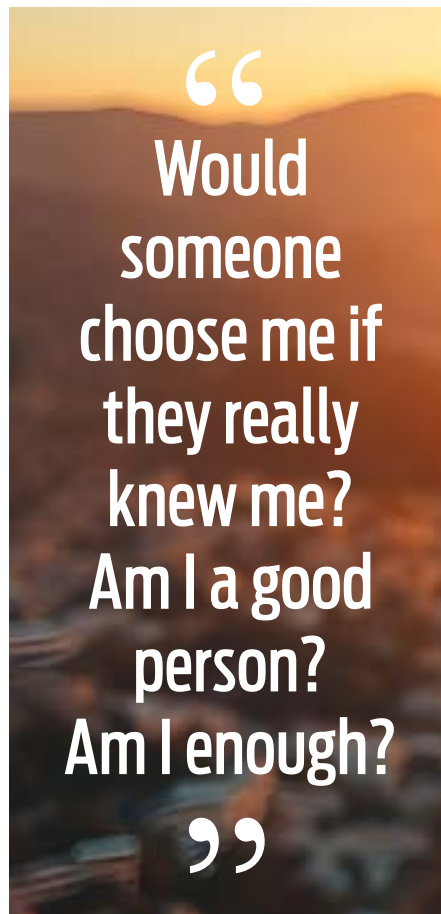
“Tell me some more about what you'd like me to see. If we looked at your profile together, what would you want me to be watching for?” I asked.

I believe that anything, including a dating profile, can be art. And being married to an artist, I've learned how deeply vulnerable it can be to offer what you've made up for critique. So before saying yes to Michael's request, I needed to know what kind of feedback he was open to. This is how I hold the responsibility of compassionate confrontations in the room. We receive with intention, critique with care, and witness with reverence. Our clients' lives are galleries filled with their most expositional art. Unless invited, I don't touch.

He thought for a moment. “Would you swipe on me? Obviously not *you* you, but...” He put on his professional persona, the confident one he

used to close deals at his corporate job. “Let's say you're someone who was dating to meet someone you could settle down with. Would you think I was someone worth getting to know? Am I overselling myself?”

I could feel the self-conscious vulnerability driving his pivot from soft conversation to business exchange. He wasn't just asking me to help him understand why real connection felt impossible, he was asking me to validate that he was *worthy of real connection*. Rather than a distract-



tion, it felt like a perfect opportunity to deepen the work we were already doing in therapy. After all, the issue is often not the presented problem—the breakup, the anxiety, the career transition—but the questions underneath: *Would someone choose me if they really knew me? Am I a good person? Do I matter?* A dating profile makes this devastatingly literal: “Am I enough? Swipe left or right.”

I've come to understand that when clients show me their dating profiles, workshop their openers, or screenshot their matches, I'm not just seeing photos and bios—I'm seeing their self-concepts in digital form. What they choose to show, what they carefully omit, how they describe themselves when they appeal to what others want: it's revealing. Systems theory reminds us to consider all angles of social interactions, not just what our clients can see and share. A dating profile offers another lens—a way to see and know our clients, and to understand how others might see them as well. It's where self-perception, desired perception, and actual presentation collide.

Michael and I talked a little more about what he wanted to convey in his profile and what he wanted support with. Once we were both clear, I returned to his invitation. “Okay, I'm in character. Yes, let me see it.”

The Marketing Trap

Michael handed me his phone with some forced nonchalance. His profile photo was a close-up of him on a hillside at the golden hour, smiling at something off-camera. There was a photo of him rock climbing. Him snorkeling. Him with his arms around some friends and his older brother at a rooftop bar. A medium shot that looked like it was from a fashion editorial shoot. His bio was short, mentioning his love of spontaneous road trips, crosswords, and good coffee. He was looking for someone with a penchant for adventure who could beat him to the answer to 12 across. Brief, easy-going, funny.

I asked him more about the photos, remembering a few weeks prior when he'd mentioned how much anxiety he'd had around choosing the right ones. They'd been a big barrier to him creating a new profile in the first place. Now, he scrolled through them in his mind. “One is from a wedding last year. And there's one from a climbing trip I did a few years ago. The modeling

one my friend took for his photography portfolio. It's cringe, but The Team said it was the closer." The Team was a group of his friends that he ran all his ideas by, like a personal board of directors. All their meetings were held via group chat, of course.

"I can understand that. And it sounds like they were right, you've been getting messages all session! I didn't know you rock climbed."

"I mean, not really. I tried it, though. I got too busy to really pursue it, but that's the kind of person I want to be. And that's what people want to see, right? I want to make the most of my profile." He looked at me expectantly as I passed him back his phone.

I could feel us creeping into tender territory. He'd created a profile of his aspirational self, the version he imagined would be wanted. Nothing was technically untrue, but the emphasis on adventure and spontaneity didn't align with the person I knew: someone drowning in work stress who craved quiet nights at home. He'd get a lot of attention for this profile, but he'd remain locked in his current pattern: every date he went on would feel like a disappointment waiting to happen because people were swiping on someone who didn't exist yet.

I imagine we'd have gotten to this place in our work without this exchange, but in holding his dating life in my hands, literally, a new level of vulnerability emerged between us. It struck me that traditional therapeutic boundaries were designed for a pre-digital world. If I could help him practice more authenticity in his relationships, why not on dating apps?

"Tell me more about this person in the profile," I said. "What do you want me to see in him if I'm looking at it and I'm interested? Who is this guy? What's his life like?"

Michael told me about someone balanced. Cool, but not arrogant. Successful, but not too serious about things. Hard-working, but fun-loving. "We could go to shows on the weekend or go for drinks somewhere with good music after work."

"But Michael," I said gently. "You

don't do those things. You don't even really *want* to do those things."

He nodded quickly and answered in his business voice, "Right. I feel like I'm living in that guy's shadow, which is messed up, because it's me." We sat with that for a moment. When he continued his voice was softer, almost too quiet to hear. "But if I don't show that stuff, they'll think there's nothing special about me. Maybe there's nothing worth choosing."

There, in the midst of this door-knob moment, was the wound. Not that he couldn't get matches—his phone hadn't stopped buzzing all session. The actual pain was the belief that if someone met the real him—exhausted, anxious, needing structure to feel safe—they'd discover he was ordinary, and struggling. And he'd decided, somewhere along the way, that this kind of ordinary was unlovable.

As is common in therapy work, this breakthrough came as it was time for our session to end. When we picked up again in the next session, we focused on what he wanted to experience in love, exploring his beliefs around worthiness, who "deserves" meaningful relationship, and why someone would have to "earn" love by being special. After a few weeks, Michael paused his profile again, but this time for different reasons. Previously he'd stepped away from online dating because he felt frustrated and overwhelmed from too many private messages, too few dates, and a few too many disappointments. This time, he paused it because he'd realized that in trying to have a wide appeal, he was losing himself. And as we explored his profile "strategies," he realized he felt confused about who he was hoping to actually meet.

Our work became less about who would swipe right and more about who he was when no one was watching. The Team was a great support in this, each friendship acting as a platonic model for the kind of romantic care he wished for himself. Slowly, dating inspired less anxiety and more adventure.

Michael's struggle illuminated something I'd been seeing increasingly in my practice: dating has transformed from an organic social process into a marketing problem. My clients weren't just looking for connection; they were developing brand strategies. They A/B tested photos with group chats, workshopped bios with AI, analyzed their metrics: swipes, matches, response rates. In this marketplace, they were simultaneously the brand manager, the product, and the salesperson. How can you be authentic when you're also trying to be marketable? This might be the most painful consequence of digitizing dating: taking the universal human fear—*Am I enough?*—and turning it into a marketing challenge with real-time feedback.

For therapists, the line between helping someone present themselves authentically and helping them market themselves more effectively is uncomfortably thin. With Michael, I didn't help him "improve" his profile. Instead, we confronted loneliness, the gap between the relationships we want and the ones we have.

Since intimacy requires us to be seen, when his profile went live again, we swapped in some more "cringe" shots: one that showed him in his thick-lensed glasses, a picture of him unfussed with his dogs in the park. He, of course, made other changes too. He was a funny, cool, regular guy, and now he presented that way online just as in real life. In other words, we shifted from profile optimization to emotional exploration. This shift is perhaps the most important clinical move we can make with dating app struggles. We're not helping clients beat the dating game. We're helping them see what game they're playing and whether it's one they actually want to win.

Parasocial Activity

Profiles reveal relational patterns with startling clarity. The client who uses only group photos is often the same one who struggles with being seen as an individual. The one with

no photos showing their face clearly? Often wrestling with shame or fear of judgment. The client whose bio is a defensive joke about how “weird” online dating is? Usually keeping vulnerability at arm’s length by mocking the process itself. I don’t follow my clients on their dates (although honestly, it could probably save us all a lot of time!), but working this way often feels like one step short of pulling up a stool next to them at the bar.

On the one hand, dating apps have allowed even my most shy or socially isolated clients to feel like they have more access to romantic community. My Black, Brown, queer, elder, and kinky clients—because they can choose dating apps that cater to their distinct or intersecting identities—can date without being persecuted or fetishized. These are concrete social benefits. At the same time, we’re living in an era of parasocial relationships, where folks have tons of superficial connections that feel like meaningful relationships. Whether it’s with people we’ve matched with but never met or influencers whose lives we follow like a reality show, it means we’re often in relationships that lack reciprocity.

Jasmine came to session in despair after a first date that felt “so off.” For three weeks, she and her match had exchanged nonstop messages. Long, thoughtful texts about their childhoods, their fears, their dreams. They sent each other songs. They had inside jokes. “I felt like I really knew her,” she told me. “Like we’d already skipped past all the small talk and gotten to the real stuff.”

When they finally met for a walk in the park, something was fundamentally wrong. Her date looked exactly like she did in photos. She was kind and thoughtful like she was in their conversations. But the intimacy Jasmine had experienced with her through text simply wasn’t there in person, and the ease they’d felt in their on-screen interactions didn’t translate to physical space. Jasmine

found herself struggling to make eye contact, suddenly self-conscious in a way she hadn’t felt before. “Why did it feel like we were just meeting?” she sobbed.

In many ways, they *were* just meeting. Digital intimacy had created the feeling of connection without the actual work of being in someone’s presence—navigating the silences, reading each other’s body language, adjusting to each other’s energy in real time. They were strangers, polite strangers who happened to know a lot of facts about each other, but strangers nevertheless.

When her date quietly unmatched her a few days later, she wasn’t surprised. They still interacted with each other’s social media posts from time to time, but when that happened Jasmine would edit, unsend, and occasionally have AI ghostwrite her “casual” replies. It took up too much of her time, and even more of her mental energy. When I asked about these fraught points of contact when they weren’t really in each other’s lives, especially considering she was still grieving the relationship she’d hoped to build, Jasmine shrugged. “We’re still friends, I guess.”

Developing Our Digital Language

Sometimes our clinical work is helping clients explore their personal relationships to digital intimacy, parsing out the difference between emotional closeness and embodied presence, feeling and physicality. In some ways, this isn’t new territory—anyone who’s supported clients in long-distance relationships knows the challenges of building intimacy when most of your connection happens through screens. But with the rise of digital-first connections, it’s now increasingly likely that folks will build relationships with people they’ve never *met*, which is a cultural first. We’ve normalized these patterns, but I wonder what developmental psychologists like Mary Ainsworth would make

of all the new ways we’ve found to create emotional crises and attachment wounds—ghosting, catfishing, breadcrumbing, orbiting—and the fact that so many folks would prefer to ask their intimate questions to anthropomorphic chatbots than to their closest friends.

I’m writing this from my fully virtual practice, having now moved all my clinical work online. The irony of musing about technology and intimacy while conducting therapy through screens isn’t lost on me. But if we live in a technocracy where our clients’ social environments are downloaded apps rather than community spaces, how do we respond? This is territory we’re all learning together, and our traditional frameworks weren’t built for a world where intimacy is mediated by algorithms and relationships begin with swipes.

When clients ask to show you their profiles, I encourage you to pay attention to what they’re actually asking for. The question I ask myself before looking at any profile is: Am I being invited to improve and optimize or to witness and explore? The former keeps clients stuck in the performance. The latter opens space for us to dive a little deeper.

When clients show signs that apps aren’t serving them well—such as with compulsive checking, self-esteem tied entirely to match rates, avoidance and shame—fight the urge to prescribe a break as the first course of action. Especially for younger daters, the internet is their social world. More often than not, the tool itself isn’t the problem, but their relationship to the tool is worth exploring as a way of understanding their deeper needs.

I’ve begun to think of online dating as its own culture, where we perform approvable versions of ourselves, receive measurable social feedback, and filter through the mess of actually being known. Online dating can break through the separation that’s become endemic in modern

life, but it can also become another barrier to the authentic connections we need to feel truly alive. Therapists not only need to stay literate, but to develop a certain kind of cultural competence in order to walk alongside clients as they build relationships that can survive being translated from digital spaces into physical form. What becomes available when we help them notice the gap between who they're presenting and who they are? What honesty can still exist in the space between their public and private selves? The experience of intimacy happens in the context of relationships, and an organic relationship has reciprocal stakes. We get to know others and are known by others. We hurt and are hurt. We pursue and retreat. We fail, reflect, and retry. We feel things together.

Dating apps aren't inherently good or bad; they're tools that reflect and amplify existing social patterns. The question isn't whether clients should use them, but how to help clients use them in ways that serve their actual desires for connection. When we introduce inorganic intermediaries into the dance of human connection, what happens to our ability to exchange feelings? What parts of us expand and develop—or shrink and atrophy—when our social world becomes social media? I don't have the answers, but I do know therapists are well suited to the challenge of remaining curious in territory where none of us has a map. And perhaps that's exactly what our clients need from us. 🍷

Shadeen Francis, LMFT, is a psychotherapist and cultural strategist whose work focuses on the intersection between emotional intelligence, relational wellbeing, and social justice. She works with industry-leading brands, non-profits and entertainment companies, and is a guest expert for various media outlets, including CBC, NBC, and Fox.

Let us know what you think at letters@psychnetworker.org.

“
What becomes available
when we help them notice
the gap between who they're
presenting and who they
are? What honesty can still
exist in the space between
their public and private
selves?
”

BY CHRIS LYFORD

The Orna Guralnik Effect

Uncovering the Mystery of a Reluctant Star

I have to confess something: I *detest* reality television. Whenever an ad for *The Bachelor* or any show of its ilk crosses my smart TV screen, I get a little dopamine hit when I click the thumbs-down button underneath it. *Love Is Blind?* Thumbs-down. *Real Housewives?* Thumbs-down. *The Kardashians?* Thumbs-down a thousand times. Meanwhile, my wife is the complete opposite. “Don’t be such a hater,” she says. “These shows are just harmless fun. Who knows, you might even like them.”

Then, six years ago, something changed after I saw the trailer for a new show called *Couples Therapy*. At first, my heart caught in my throat. Here, supposedly, was a show about psychotherapy—a subject I care deeply about—featuring scenes from actual therapy with real partners. I had my doubts, convinced that this was simply another excuse to broadcast people’s most intimate secrets, longings, hurts, and traumas for clicks and views. *And in the name of therapy!* I tsk-tsked. *Is nothing sacred?!*

A few days later, when my wife picked a comfy spot on the couch, uncorked a bottle of wine, and started watching the first episode, some combination of curiosity and self-flagellation compelled me to join her. And what I saw completely blew me away.

Yes, there was conflict—as you might expect from a show about couples therapy—along with sharp words and shed tears, but there was also something else: a quiet intelligence.



A regulating force. A gentle guide. There was *Couples Therapy*'s reluctant star, Orna Guralnik.

Over the course of nine episodes—which, I'll admit, we binge-watched—Guralnik skillfully navigates therapy with four couples. Often, she'll lean forward in her chair and rest her chin on a fist. "Talk to me," she beckons with genuine curiosity. Her memory is razor-sharp: "we left on an interesting note last week," she starts one session. She's not afraid to challenge: "that's not what she said," she tells a partner flatly. Other times, she's brutally honest: "to put it bluntly, your history of trauma is pouring color all over a neutral event," she tells another.

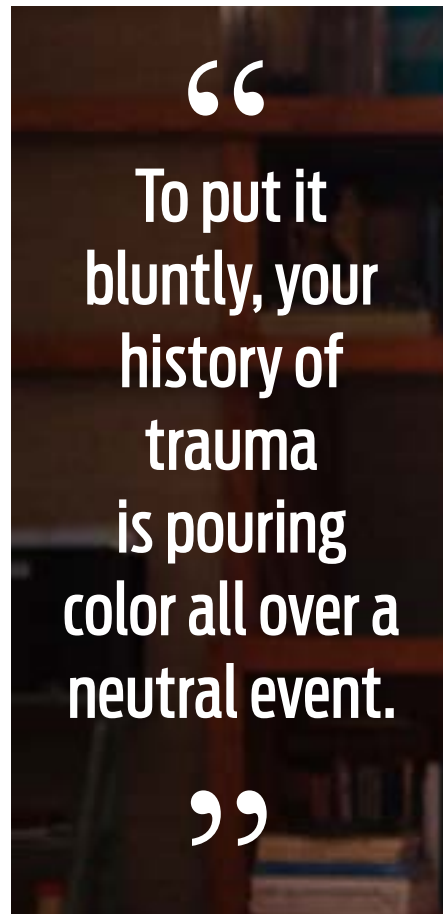
Again and again, she dispenses nuggets of sage wisdom that render her clients speechless. Beautiful ones too, like something plucked from a Yeats poem. "It takes a lot of *love* and *want* to change," she tells a couple wondering whether they've reached an impasse. "You have to want it enough that you'd be willing to change something in yourself, something fundamental. You have to really want the relationship and love your partner in a way that moves you to transcend yourself."

I'm not the only one who sees something special in Guralnik. When *Couples Therapy* was in the planning stages, the show's creators interviewed hundreds of therapists across New York (where the series takes place) before making a final decision. "When we met Orna, the air crackled," executive producer Josh Kriegman later remarked. "We knew this was our person. We knew we'd found our star."

Kriegman, the son of two therapists, first approached the series as an experiment: could therapy be captured authentically onscreen? To maintain a sense of normalcy, all cameras were hidden behind one-way mirrors, the crew was kept out of sight, and the set was modeled after Guralnik's own office, down to the smallest details, like the

books on the shelves and the precise distance between her chair and the therapy couch.

But arguably the most compelling testament to the show's authenticity is Guralnik herself, who was originally intended to be the lead therapist's *supervisor*, and only agreed to accept the starring role on the condition that the series wouldn't be "selling drama," but rather capturing the real work of therapy. For many viewers, Guralnik knew, this would be their first introduction to



the world of mental health.

"I was very ambivalent," she told the Israeli daily newspaper *Haaretz*. "I wondered whether it was even possible to do therapy in front of cameras that would feel like therapy and not something else." Guralnik had another stipulation: that the show steer clear of her personal life, so as not to "misrepresent the work" and "contaminate the

honest representation of the process of what therapy is really like."

For Kriegman, Guralnik's strong convictions were another sign that they could create something genuine. "In addition to Orna's brilliance, her expertise, her charisma, and her insight—all the things that make her a really remarkable therapist," he added, "she also isn't that interested in being on TV."

Of course, this reticence hasn't stopped viewers from fixating on what little they can see of Guralnik's personal life, which has turned her into something of a fashion icon. Fans across TikTok and Instagram share screenshots of her braids, visible tattoos, leather bracelets, and chunky tops. "We All Want to Dress Like Orna," reads the title of a recent *New York Magazine* article. There are Pinterest boards dedicated to "Orna Guralnik Style." And there's an entire subreddit where viewers gush over their favorite Orna outfits.

"The asymmetrical/one-sleeve sweater tank is a SLAY," writes one commenter.

"I have two because of her," another replies. "So chic."

"Love her style," writes a third. "Very bohemian yet put together."

It's worth noting that the show's production value only reinforces this therapy-as-fashion—and the mystique surrounding Guralnik. Her office is the quintessential safe container, with its book-lined shelves, warm lighting, and earthy green and tan accents—sharply contrasting with the concrete and chaos of New York life depicted outside. The cinematography is crisp and modern, with intimate over-the-shoulder shots, close-ups, and background fading that focuses the viewer's attention. Toward the end of the first episode, we follow Guralnik as she leaves work and boards the subway. The camera sways as she stares ahead silently—pondering, metabolizing, or maybe just catching her breath. It's this masterful use of silence in and out-

side of Guralnik's office—what's felt but never spoken—that makes for some of the show's most powerful moments.

Between her therapeutic skill, professional integrity, and keen fashion sense, Guralnik seems to have won everyone's heart—and somehow while remaining a mystery. Who is Orna Guralnik? Where did she come from? And what does she do when she's not saving partners from themselves? These were the questions running through my head as my wife and I eagerly pressed play on another episode. Years later, with the series now four seasons deep and with a fifth on the way, I still didn't have the answers. So when I recently got the chance to sit down with Guralnik and—maybe, hopefully—learn the truth, I rummaged through my closet, picked out my chunkiest, most fashionable sweater, and prepared to uncover a mystery six years in the making.

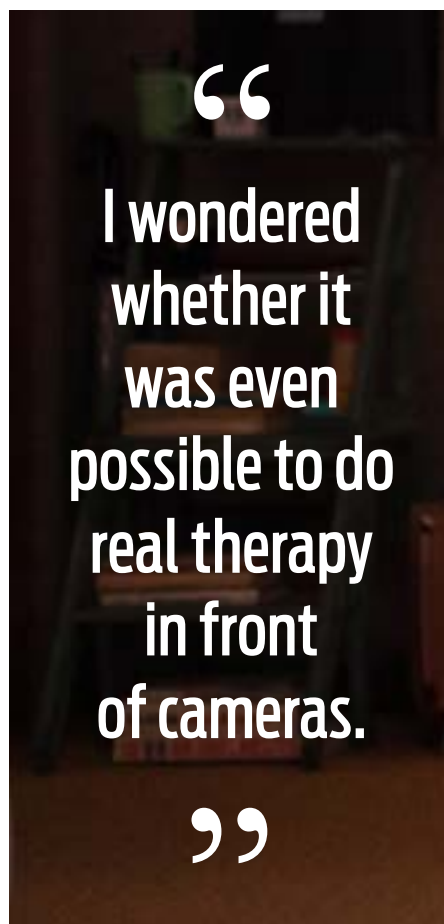
Always Meet Your Heroes

On a Wednesday afternoon in September, sitting behind a computer screen in my living room, I finally come face to face with Guralnik herself—and admittedly, I'm a little nervous. How do you begin hellos with someone you've watched from afar for years—someone who's not only held your attention, but made you smile, laugh, and think deeper about your own romantic relationship—yet this someone knows virtually *nothing* about you?

I decide to start with a smile and a tentative wave. A bespectacled Guralnik, standing in a black hoodie in front of a messy stack of books, file folders, and black-and-white photos, smiles back. Gone is the soft lighting, the modern art, and the big, decorative rock that sits in her waiting room on the show. Somehow, their absence puts me at ease.

What I know about Guralnik amounts to what I've seen on *Couples Therapy*: she's a psychoan-

alyst, a New Yorker, and she takes the subway home. Otherwise, I'm in the dark—which isn't necessarily a bad thing. There's nothing worse than seeing the look of shock and fear on a stranger's face when you excitedly mention the name of their childhood best friend or how much you loved their rendition of "Luck be a Lady" in their middle school production of *Guys and Dolls*. So instead, I begin with a simple question: what inspired her to become a therapist?



Guralnik tells me it all started in her late teens, when she was living in Israel and seeing “an incredible woman” for therapy. The experience inspired her to begin reading R.D. Laing, Freud, and Whitaker, who she says “introduced me to a new language.” It felt “like a door had opened,” she continues, “like I could now understand the world better. What had once seemed cha-

otic and inexplicable suddenly fell into place.” But the path to a therapy career was hardly a straight line.

“I danced, painted, and studied film,” she explains. But unsatisfied after getting her film degree, she moved to the U.S. and instead began studying to become a therapist. Having a foot in two worlds, she says, was well-suited to the complex dynamics of couples therapy.

“Having switched languages, identification, cultures, climates, and histories has made me pretty tuned in to the way these dimensions play out in people's lives,” she says. “It happens to be very helpful with couples, because to some degree they're negotiating a different culture between them.”

But Guralnik didn't choose to study the latest modality. She chose to study the *oldest* one: psychoanalysis. Guralnik calls herself a systemically oriented couples therapist, meaning she doesn't view partners as individuals, but as a system. Admittedly, just hearing the word *psychoanalysis* brings to my mind a certain bearded, cigar-smoking Austrian neurologist and his quirky ideas about mothers, sons, and the alleged sexual tension between them. And as Guralnik begins to talk about the brilliance of psychoanalysis, a part of me wonders: *Isn't this a little antiquated? A little detached from today's realities?* But I'm not too proud to be wrong. So I ask her: is psychoanalysis really a good fit for today's clients and problems?

Guralnik lights up. “Oh, in *profound* ways,” she replies. “First, in the ways it's always been important, which is paying attention to the huge part of our mind that's unconscious. That's the key tenet of psychoanalysis, and with that comes emphasizing the importance of what happens early in life as something that shapes you later in life and how you approach the world. Those truths are a major contribution of psychoanalysis—the atten-

tion to what is not yet made explicit by linear, organized thinking.”

Watching Guralnik onscreen, you see how this perspective is woven throughout virtually every aspect of her work. I think back to a scene from season three of *Couples Therapy*, where she’s sitting down with partners India and Dale. India tells Guralnik about the struggle of juggling a full-time job with caring for their infant daughter, and says it’s beginning to breed resentment at home.

“I prepare her breakfast, lunch, and dinner,” India says sharply. “I have fed her from my body *for months*.”

“I’m not debating whether or not you do a good job,” Dale says plainly.

“Yes, you *are* saying that,” India retorts.

Guralnik interjects. “So you’re saying in the way Dale narrates things, he doesn’t acknowledge you. Let’s say Dale wants to congratulate you. How would it sound?”

“Wow, we really survived this pandemic together,” India narrates. “I can’t believe it, but we did, and I’m so grateful.”

Dale turns to India, and you can hear the pain in his voice. “But I say these things to you, babe.”

“Maybe not enough?” Guralnik offers.

“Okay, maybe not enough,” Dale admits.

India turns to Guralnik. “Every time I hear him say, ‘You’re gone six days a week,’ it just grinds and grinds and grinds,” she says, twisting a fist in her palm. “It puts this unnecessary pressure on me to make a decision: you gonna work, or you gonna stay home?”

Guralnik lowers her gaze and zeroes in on both partners, as she often does right before dropping a truth bomb.

“I do think in this case what’s happening is that what you’re hearing in Dale’s voice is really your own inner conflict,” she says. “I don’t really hear it coming from

Dale.”

It’s a revelation. India nods. She begins to speak, but catches herself and pauses. “I’m very hard on myself,” she finally says.

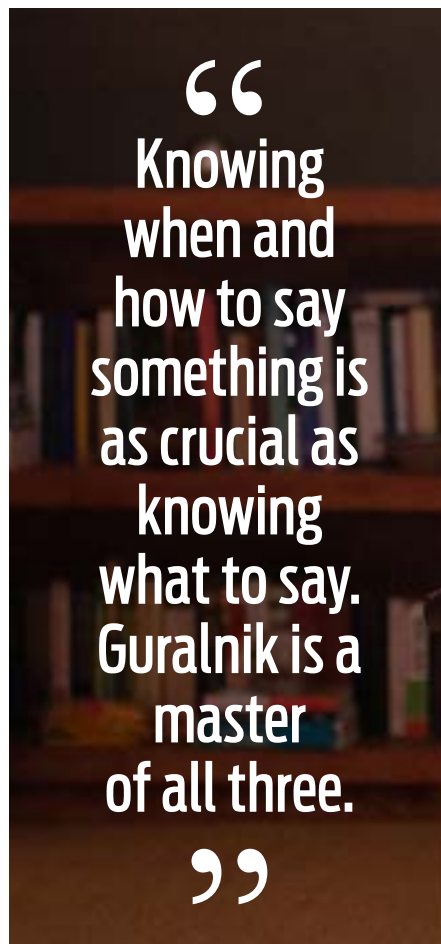
“You are,” Guralnik replies.

“I’m *very* hard on myself.”

Nobody says anything. Dale reaches out and gently touches the back of India’s neck.

The Art of Being Orna

Any clinician will tell you that therapy is as much an art as a science.



Knowing when and how to say something is as crucial as knowing what to say. Guralnik is a master of all three. But what’s her secret? Is there something she looks for before deciding to wade in? Particular words? Tone? Body language?

“It’s all of that—and the relationship in-between,” she tells me. “I’m tuned into facial expressions, tone,

body language, and music. When a couple is sitting together, there are all sorts of nonverbal elements happening in the room. What’s particularly interesting,” she continues, “is the relationship between those. It’s the old psychoanalytic concept of *mystification*—when the words and behavior don’t match. One of my goals with couples is for there to be harmony between what they’re saying, doing, and feeling. That’s when people function at their best.”

So does this come naturally to her, or does it take conscious effort?

“It does become second nature,” she says. “But I think compared to other therapists, psychoanalysts are a little weird in the way we listen. Sometimes when people are talking to me, I’m not always hearing exactly what they’re saying. I’m somehow tuned into another register. It’s hard to describe, but I think a lot of analysts listen this way. Certain things will go over my head, and I won’t even clock it because something else feels more pressing. Psychoanalyst Theodor Reik had a term for this: *the third ear*.”

But what about when the volume gets cranked up? After all, this is *couples* therapy, where clients’ patience is often short, emotions often run high, and therapists must balance compassion with accountability for both partners. I think back to a particular scene from season one of *Couples Therapy*, where Guralnik is sitting down with Annie and Mau—the latter of whom the online masses have overwhelmingly decided is the villain here.

“I think there’s a much more emotional underlying structure to this,” Guralnik tells them.

“Okay,” Mau says dismissively. “How can we *quickly* determine whether that’s true or not?”

Guralnik stands firm. “You can ask yourself whether you want to take some of what I’m saying to see if it’s useful, or if you want to spar with me,” she replies. “If you don’t want to spar with me, we don’t have

to discuss the accuracy, we just have to see if it's useful."

"I don't know how to do that," Mau replies sheepishly.

It's a standout moment from the series, an incredible display of therapeutic judo and self-control on Guralnik's part. I ask her: how do you approach confrontation, not only when it's directed at partners, but at you?

"First of all, I'm half Israeli," she replies. "Not an easy thing to acknowledge at this moment in time. But for good and for bad, it means that compared to other cultures, I have a pretty high tolerance for conflict. I don't get terribly rattled by it, and at this point I can tell when it's productive and when it's destructive. Conflict is productive when partners are saying hard things to each other and can have a real exchange—and I'm fine with people addressing me that way too. But dishing out abuse? I have zero tolerance for that. I'm not interested in sitting in a room with people who are just dumping bad feelings on each other. So there's conflict, and then there's *conflict*."

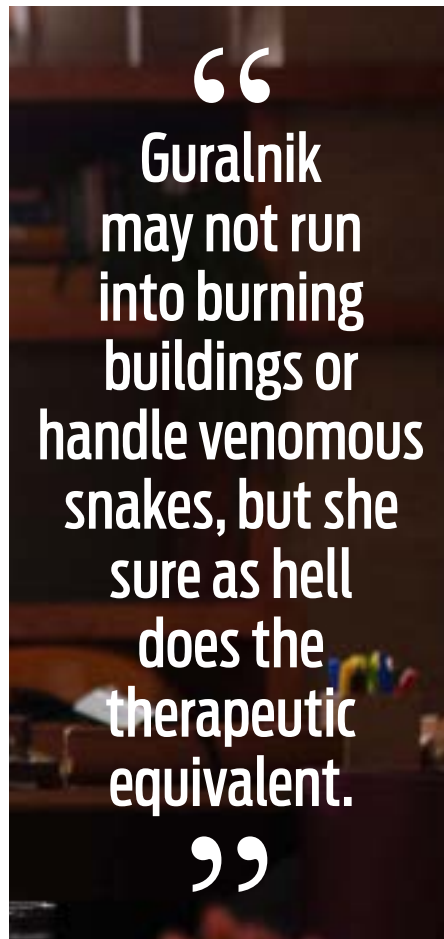
Guralnik and I proceed to discuss some equally delicate aspects of clinical practice: leaning into uncomfortable conversations with clients about race, gender, and sexuality ("Don't be afraid of putting your foot in it. Offend, make a mistake, say something wrong. It's fine. It's part of the process"), whether therapists should feel free to talk politics with their clients when relevant ("Absolutely. We're living in a really difficult, destructive time in history, and we all have responsibilities as citizens"), and all things self-disclosure ("If your office is all-beige and there's no sign of life in it, that's incredibly self-disclosing! In my office there's art, some of it quite provocative. That reveals a lot too").

As far as I can tell, Guralnik is fearless. She may not run into burning buildings or handle venomous snakes, but she sure as hell does the

therapeutic equivalent.

Subtle Magic

Midway through my conversation with Guralnik, something dawns on me: I'm not feeling nearly as anxious as I was when we began. Quite the opposite, in fact. My shoulders are relaxed, my heartbeat has slowed down, and my breathing is more measured. Maybe it's because Guralnik and I have been using a similar vocabulary that attunes us—words like *resistance* and *safe contain-*




er—or maybe it's because we discover we have a mutual friend in couples therapist Bill Doherty.

But I know the likelier reason is Guralnik herself, that it's the steady cadence of her voice, the way she holds eye contact and nods to communicate interest, and her willingness to share conversational space that brings my guard down. I don't feel pressured to speak quickly, or

for my questions to be perfectly polished, as I've felt in other interviews. I don't feel like I'm being regarded as an outsider because I'm a journalist, not a therapist. I feel *invited* to speak. I imagine the couples in Guralnik's office probably felt the same thing: permission to feel vulnerable, without the fear of judgment.

As the interview winds down, I do uncover more of the mystery I initially set out to explore. I do learn details about Guralnik's personal life that she's previously kept private. I learn that she does Vinyasa yoga, that she loves going to art exhibits with friends and writing poetry. But frankly, these are details I don't really need. I've learned—experienced, rather—that the reason people find Guralnik so magnetic isn't because of the stylish clothes she wears, or her trendy office décor, or some fancy camera work. It's because of the way she makes you feel. That's the Orna Effect.

As Guralnik and I say our good-byes, I remember a quote from Maya Angelou: *Eventually, people will forget what you said. They'll forget what you did. But they'll never forget how you made them feel.*

It's usually an exaggeration to say a single conversation has changed you. But I have changed a little. Thanks to *Couples Therapy*, my view of reality TV has shifted: I don't hate it nearly as much as I used to. I no longer smash the thumbs down button vindictively whenever an ad for *The Bachelor* crosses my screen. Instead, I pause. I scoot a little closer to my wife on the couch and pull up a blanket. I decide to give it a chance. Does this mean I'm becoming a more flexible, open-minded partner too? Maybe. If so, I have Orna Guralnik to thank for that. 

Chris Lyford is the senior editor at Psychotherapy Networker.

Let us know what you think at letters@psychnetworker.org. Want to earn CE hours for reading it? Visit our website and take the Networker CE Quiz.



Friendship Therapy

BY BARBIE ATKINSON

*Your New
Clinical Specialty?*

My phone rings. There's a pause when I answer, and a nervous cough crackles through the line. Hesitantly, a female voice says, "Hello, is this Catalyst Counseling? My name is Sarah, and I hope this isn't a ridiculous question, but like, can I come in to see you with someone else? We're not a couple. I'm not looking for couples therapy. We're friends but our relationship needs help. I guess I'm looking for friendship therapy. Can you do that?"

"Absolutely," I say.

She lets out a relieved sigh, which was quickly followed by more uncertainty. "Because I've called like four other therapists. And they all sound somewhat confused when I asked about it. Or they say, 'Oh, we can certainly address relationship dynamics in individual therapy.' But this is not about my marriage ... or my parents. This is about my *best* friend, my most important friendship. And it feels like it's dying. And I feel lost. And frankly, I'm a little ashamed that I'm even calling a therapist about a *friendship*. Is that even a thing? Friendship therapy?"

"Sarah," I say, "let me be very clear. You shouldn't feel an ounce of shame for calling me. You've identified a pain point that makes perfect sense. Friendships are critical in our lives, and friendship therapy is a completely legitimate thing to ask for."

What's a "Significant" Relationship?

After I listed friendship therapy as one of my specialties, I began getting a trickle of requests like Sarah's, though always with the same sense of hesitancy. Over time, that trickle has grown to a steady stream. How did I start down this rather unusual path of friendship therapy?

A long time ago, when I was a school-based therapist at a high school, a student came into my office and told me how angry she was at her best friend and how confused she was by her behavior. I said, "Would you like to invite her here to chat with you? We can create a space for the two of you to communicate, if you and she would like that."

Even though opening up our therapy space to friends felt a bit odd—looking back, I realize I thought I wasn't "allowed" to—the conversation went well. The tension between them was palpable when they walked into the room, but their shoulders relaxed, and their faces softened when they realized this was a safe space. Instead of the usual defensive postures they assumed with one another out in the world, or the abrupt conversations that happened over text, they could sit facing each other. They could take turns speaking without the fear of being overheard or judged, and they could receive gentle guidance to help them hear what the other was trying to say beneath the hurt and confusion.

Unfortunately, as a therapeutic community, most of us have tacitly agreed to a narrow definition of what constitutes a "significant relationship" worthy of dedicated intervention. We've built entire empires around romantic partnerships, elaborate models for family systems, and profound avenues for individual exploration. Yet, when it comes to the intricate, often messy, deeply formative bonds of friendship, we've largely offered a therapeutic shrug.

We might say things like, “Oh, of course friendships are important, and we can explore the *impact* of those relationships in individual sessions.” But how many of us have truly created a dedicated space specifically designed to navigate the complexities of a faltering friendship, the pain of a betrayal between friends, the silent erosion of intimacy that turns a ride-or-die into a casual acquaintance?

It’s time we acknowledge that friendship is not merely a social convenience or a pastime; it’s a foundational element of life as deserving of care as our romantic relationships. And it’s time more therapists, meticulously trained in the art of rupture and repair, use their skills to help more friendships thrive.

After all, there are no rules, societal expectations, or legal frameworks for friendships, like there are for marriages. Friends can drift apart with an unsettling ease, leaving a gaping wound that not many people know how to suture.

When a long-term friendship crumbles, you’re often dealing not just with the loss of a special person, but the loss of a shared past and a witness to your evolution. This kind of rupture can be as devastating as a romantic breakup, sometimes even more so, because it lacks the readily available language of grief and recovery. No one sends casseroles for a friendship breakup. There are no support groups specifically for the pain of losing your best friend over a disagreement or even over the course of a subtle drifting. (I run a therapy group for this, but I digress.)

What if our therapeutic reluctance to embrace friendship therapy stems from our own biases about love and attachment? We prioritize romantic love as the ultimate fulfillment, the pinnacle of human connection. Anything less is often viewed as secondary, a nice-to-have, but not a *need-to-have*. This hierarchy, subtle yet pervasive, bleeds into our therapeutic frameworks. But true intimacy isn’t solely defined by sexual expression or cohabitation. It’s defined by vulnerability, shared meaning, witnessing and being witnessed, the courage to show up imperfectly and be loved anyway. And in this definition, friend-

ships often stand shoulder to shoulder, and sometimes even surpass, romantic relationships in their depth and resilience.

The Uniqueness of Platonic Bonds

So how does one *do* friendship therapy? It requires a therapist to step outside the familiar narratives of romance and family, and instead, cultivate a deep curiosity about the unique dynamics of platonic bonds.

Unlike romantic relationships, friendships rarely begin with a clear discussion of expectations, boundaries, or even the dreaded “where is this going?” conversation. Friendship therapy often starts by unearthing these implicit contracts, bringing to light the unspoken rules, the assumed roles, the subtle shifts in power dynamics that have gone unaddressed. What does “best friend” actually mean to each person? What are the boundaries around money, time, and other relationships?

Friendships thrive on reciprocity, a delicate balance of giving and receiving. When this balance shifts, resentment brews. Is one friend consistently the listener, the problem-solver, the emotional anchor, while the other is perpetually taking? Friendship therapy creates a brave space to confront these imbalances, articulate needs that have been swallowed, and renegotiate the terms of engagement.

When shifting life circumstances—like marriage or divorce, children, career changes, geographical relocation, illness, and unexpected pivots in belief systems or political views—place strain on a bond, friendship therapy can help people understand how these external shifts impact the internal world of the friendship, allowing for proactive adaptation rather than reactive rupture. When envy, competition, and passive aggression occur, instead of cutting off the friendship or letting resentment brew, therapy can provide a space for these difficult emotions to be aired, understood, and ultimately transcended.

And when a betrayal happens between friends, therapy can be a place

to work on the F word—forgiveness—because friendship repair requires a deep, intentional commitment to emotional labor. It’s about rebuilding trust, acknowledging hurt, and cultivating a willingness to rewrite the narrative of shared history, without the benefit of sexual passion to paper over the cracks.

Of course, not all friendships are meant to last forever. And sometimes, the most loving act is to acknowledge that a friendship has run its course. But therapy can facilitate a conscious uncoupling between friends, allowing individuals to honor the past, grieve the loss, and release each other with compassion, rather than allowing the friendship to simply wither, leaving a lingering sense of bitterness or unresolved hurt.

Ghosts and Different Planets

When Sarah and Meg came to see me for our first session, I invited them into my office and gestured toward a small couch and two chairs. “Welcome, Sarah, Meg. Thank you both for being here today.” Sarah, I noticed, sat on one end of the couch, leaving room for Meghan to sit beside her. But Meg took a chair opposite my chair. “I know these conversations can be challenging,” I began. “But they’re also incredibly brave. So, let’s start broadly. What brought you both to friendship therapy? Who wants to begin?”

“I guess I can,” Sarah says, jumping in first. Meg stiffens. I wonder if she can sense, as I do, that Sarah has been rehearsing this moment for weeks. “For me, I just feel like we’re on different planets now, Meg. We used to be so in sync, and now it feels like I’m constantly chasing a ghost of what we had.”

The metaphors people choose always tell me so much about their internal landscape. I’ve heard variations of this “ghost” metaphor used to describe the experience of a flagging friendship countless times. There’s something so haunting about mourning a relationship with someone who’s still sitting right in front of you. “Different planets” suggests not just distance, but entirely different atmospheres, different gravitational pulls.

“I know what you mean, Sarah,”

Meg says. Her response is tentative. “It’s hard. I feel the distance, too. But for me, I feel like I’m constantly letting you down. Like whatever I do is never quite enough.”

“Are you aware of what that feels like?” I ask gently.

Here’s the other side of the coin, the crushing weight of not being able to show up the way you used to, even when your heart is still invested.

“I feel guilty and inadequate.” Meg’s shoulders curve inward as she speaks, like she’s trying to make herself smaller. I lean forward, genuinely curious.

“Before, we’d talk every day,” Sarah’s words tumble out in a rush. “We’d go out, have spontaneous adventures. Now, I’ll text about a new opportunity at work, something I’m really excited about, and I get a one-word reply, or nothing for hours.” I can practically see Sarah’s inner child throwing a tantrum. *What about me? What about my exciting news?* It’s not pretty, but it’s so deeply human. She’s grieving the loss of being someone’s priority. “And when we do talk,” Sarah says, “it’s always about motherhood and Leo. I love Leo, don’t get me wrong! But it feels like my career, my struggles, my joy is secondary to you.”

Meg’s eyes, I notice, are already glossing over.

“How do you hear that, and what’s your perspective on Sarah’s experience?” I ask Meg, hoping to keep her engaged. “I know this must be hard to hear.”

Meg shrugs, which I see not as evidence of her indifference but as a defense against the pain of hearing the way she’s hurting Sarah.

“I get it. I really do,” Meg says. “You know how much I love you, Sarah. You’ve been my rock for years. But when Leo came along, my life just completely inverted.” Meg exhales. “There’s no spontaneous anything. My brain is mush from lack of sleep, and when I do have a spare second, it’s spent trying to catch up on laundry, or staring blankly at a wall, not crafting a thoughtful response to your exciting career news. I want to be there for you, but physically and mentally, I can’t be. When you

say it feels like you’re chasing a ghost, it makes me feel like I’m failing you as a friend.”

Here it is, I think. The breakdown. This is the moment when someone finally names the impossible situation they’ve been trying to navigate. It’s a critical first step to either rebuilding the friendship on new terms or acknowledging that it might not survive this season of their lives. The truth is, Meg isn’t choosing to neglect Sarah—she’s drowning in the relentless demands of new motherhood, and Sarah’s texts feel like additional weights tied to her ankles. And what makes their situation even more complex is the fact that Sarah’s needs are legitimate, too.

Her longing to be celebrated for a career milestone, her desire for connection, her need for clarity about where she stands in Meg’s world—what she craves is valid and reasonable. Two people can both be right at the same time while their different needs can make them incompatible. Sarah and Meg’s friendship isn’t failing because someone is doing something wrong; it’s growing strained because life has fundamentally altered the conditions under which it was built.

“Meg, becoming a new mother fundamentally alters your entire existence.” I’m walking a bit of a tightrope here. I need to validate Sarah’s pain without villainizing Meg’s experience or her needs. “Sarah, do you recognize the impact of that on Meg, and how it might manifest in your friendship?”

“Intellectually, yes,” Sarah responds, picking at one of her cuticles. It can’t be easy to expose her needs like this, and I sense it’s making her anxious. “Of course, I know Meg’s busy, and tired,” she continues. “I try to be understanding. But emotionally it still feels like I’ve been demoted. Like our friendship isn’t a priority anymore.”

“How does that resonate with you?” I ask Meg, though I know the answer even before she opens her mouth. The guilt is written all over her face.

“You’re right, Sarah. What you’re saying is true. And it makes me feel terrible. I’m just trying to survive some days. I want to be the friend who’s always there,


who has great advice, who can meet for drinks at a moment’s notice. But that’s not me right now. And I guess I’ve just been hoping you’d understand.”

We’d made tremendous progress in this single session. I’d helped Meg and Sarah explicitly communicate their limitations and needs, recognize assumptions about what it means to be a “good” friend, and engage in real conversations that connected the dots between their feelings, wants, and diverging realities (rather than stewing in resentment, guilt and inadequacy).

We’d made room for the grief that festers underneath so many of the friendship challenges I see—about time passing, responsibilities accruing, new relationships encroaching on limited emotional resources, and missing the special shorthand of jokes, words, and interactions that give friends that precious sense of “getting” each other. I was also able to address a key misconception both Sarah and Meg held: that they needed to “get back to the way things were,” rather than negotiate a new relationship that honored who and where they are now.



My hope is that more therapists will be willing to think outside the well-worn boxes of our field, challenge their assumptions about what constitutes a “primary relationship,” and get curious about what friendship therapy can offer.

This isn’t about replacing what we already do with something completely different and new; it’s about expanding our compassion, broadening our scope, and ultimately, reflecting the true complexity of human connection. It’s about recognizing that friendship isn’t just a pleasant diversion; it’s a foundational pillar of humanness. 

Barbie Atkinson, LPC-S, is a licensed psychotherapist and founder of Catalyst Counseling specializing in helping high-achieving individuals and navigating friendship dynamics through her one-size-can't-possibly-fit-all approach, which honors client autonomy and taps into inherent motivation. With over 25 years of experience, she's a motivational interviewing trainer and a certified consultant-in-training in Brainspotting. Contact: barbie@catalyst-counseling.com.

BY ALICIA MUÑOZ

Yung Pueblo Changes Our Minds



The Millennial Poet Laureate of Relationships

The idea that self-reflection enhances relationships is as old as the hills. It's been explored by writers, poets, and philosophers like Sappho, Plato, Rumi, Jane Austen, Kierkegaard, and Erich Fromm. And these days, it has a new advocate: Diego Perez, a.k.a. Yung Pueblo.

Pueblo's bona fides didn't come from doing marriage and family therapy or couples counseling. He's not a psychiatrist or a clinical researcher, though on his months-long silent meditation retreats, he's spent more time studying the inner workings of the human mind than your average neuroscientist ("I've probably meditated around 13,000 hours now," he says in one interview). Basically, he's a regular guy, a millennial Ecuadorian American who, as a young adult, struggled with addiction, fought with his then-girlfriend (now wife), and one day, went on a Vipassana meditation retreat that—quite literally—changed his mind. Now, as an influencer, author, and meditation teacher, he's breathing new life into age-old insights, reacquainting therapists and non-therapists alike with the centuries-old notion that working on the self makes us better partners.

It's not always clear why certain influencers are popular, but Pueblo's backstory as an immigrant who grew up poor before turning to meditation is a kind of modern rags-to-spiritual-riches tale with broad appeal. I'm pretty sure there's a

Hollywood biopic based on his life's story somewhere in our future. He's written four bestselling books—*Inward*, *Clarity and Connection*, *Lighter*, and *How to Love Better* (the kinds of titles you'd expect to find in the Psychology section of bookstores)—and was recently named a top creator in *Time Magazine's* Time100 creators list.

Though Pueblo himself doesn't necessarily chase the limelight, the limelight is most definitely chasing him. He's been the featured guest on popular television interviews, summits, and wellness podcasts like *The Mel Robbins Podcast*. And in the mental health world, he's rapidly achieving David Whyte status as the poet laureate of relationships. Psychologist Rick Hanson, who met him through his son Forrest, says, "Diego is appealing due to his great sincerity, his abilities as a talented poet to speak eloquently about his own journey in therapy and mindfulness, and his capacities to cross divisions of age, ethnicity, and other 'fences.'"

Pueblo's creativity isn't limited to books and Instagram content. Along with entrepreneur and former Google employ-

ee Ruchika Sikri, he's cofounded a dating app called Ready that distinguishes itself from other dating apps by claiming to be "a practice in presence, a space to grow, a mirror for who we're becoming," reflecting Pueblo's stance on romantic love's deeper purpose as a crucible for consciousness. No superficial, mindless swiping for Ready's users, who are referred to as "members," a tasteful nod to the theme of connection and belonging that runs through Pueblo's entire oeuvre. The app also offers self-reflection prompts and suggests emotionally compatible matches. Even if the Buddha himself were able to time travel into the 21st century and create a dating app or build a social media platform, he'd be hard-pressed to outdo Ready or Pueblo's over 3.1 million followers, which include meditation gurus like Sharon Salzberg.

But perhaps most importantly, especially for therapists, Pueblo crystallizes the kinds of relational concepts we're always striving to help our clients embody. Even his pseudonym—which means "people" or "community"—has relational undertones. His insights about self-awareness and growth, however familiar, are communicated in ways that are earnest and penetrating. If you were to take a scroll through his Instagram feed, you'd quickly notice that whichever quote your eyes alighted on seemed to have been created just for you.

May you attract someone who thinks you are the best thing that has ever happened on Earth, one post reads. *Everything I lose creates space for everything I need*, another comforts. *The moment your gut says no, it's a no. You can unpack the details later*, a third encourages. *Three things will always come out*, another wisely warns. *The sun, the truth, and karma*. Pueblo's style—sans serif fonts in lower-case letters on plain backgrounds—is simple, unpretentious, and piercingly poignant.

In a recent interview with couples therapist Alexandra Solomon on her podcast *Reimagining Love*, Pueblo says he's been tracking trends in relationships and healing through his millions of Instagram followers. "In 2016," he reports, "everyone was talking about self-love and trying to figure out *Is it valuable? How can I use it?*" Then the conversation changed. From 2017 to 2019, everyone started talking about letting go, wondering, *How do you actually enact this letting go in your life so you don't have to feel so much tension in your mind?* And then from 2019 to 2021, everyone started talking about boundaries. *Where do I put them up? How do I hold them?* Lately, the focus has been on how the work we've done impacts our relationships."

When it comes to a new movement toward collective healing he senses in our culture, he says, "I think we're all just tired of being miserable. And I think it's beautiful that so many people are seeking different kinds of therapy and asking, *How can I deal with the heavy emotions that have been imprinted on my mind?*" Solomon—who's keynoting a Psychotherapy Networker Symposium event this March entitled "The Future of Forever: Marriage in an Age of Individualism" alongside Pueblo and therapist-influencer Nedra Glover Tawwab—says his Instagram account was one of the first she followed in 2016 when inspirational content on social media was still in its infancy.


"He's deeply humble despite being wildly successful,"

Solomon says of Pueblo. "And there's lots of overlap in our work. He understands the link between self-awareness and connecting well with others. I think therapists in particular, who are trained in holding complexity, can appreciate how his concise phrases capture facets of the human experience like puzzle pieces fitting into place." Tawwab describes Pueblo as having a calming energy, both in person and online. "Not only does he make room for our imperfections, but he also guides us toward becoming mentally equipped humans."

In his interview with Solomon, Pueblo shares openly about his own romantic relationship, and how it's transformed over time. "My most important relationship is with my wife, Sara. Love has so many ups and downs, and lately we're finding that even in the down moments, when we know there's tension between us, we're still held together by a layer of peace and not seeing each other as an enemy." When he and his wife argue, he says, he reminds himself, *Okay, I'm talking to my favorite person here. Even though we may disagree, I'm still in a relatively safe environment*. "When I was writing my first book and my wife was working as a scientist," he says, "we sometimes spent days apart. I started learning that even if I'd had a challenging day, I needed to own that fact *and* still treat her with gentleness because I didn't really know how her day had gone."

Over time, meditation showed Pueblo that the whole universe is one of motion and change, and that he was part of that change. "As Sara and I have gotten older," Pueblo says, "embracing growth has brought us the most harmony in our relationship. It means we see where we struggle and then put energy into that area. For instance, I've recognized that I'm not a naturally good listener and that I needed to work on that. Through repetition and intentionally re-pointing my attention back to Sara's words when she talks, I've learned to be a better listener."

"They truly walk the talk," Solomon says of Pueblo and his wife. "Their love story bridges very different backgrounds and experiences." In a culture where tradwife proponents and misogynistic media personalities accrue sizable followings, Pueblo embodies a vital counternarrative to the myth that we've got two options in romantic relationships: dominate or submit. He highlights a third option: growing together in a mutually supportive relationship.

Sometimes it takes a voice from outside the field to help us inspire relational change in our clients and ourselves. In an age when so much of what goes viral is brain rot and rage bait—low-quality or incendiary social media content—Pueblo's vision of conscious love seems to reflect a broader collective hunger, one that offers hope for a more relational world beyond the confines of self-help books, monasteries and therapy rooms. 

Alicia Muñoz, LPC, is a certified couples therapist, and author of several books, including Stop Overthinking Your Relationship and A Year of Us. Over the past 18 years, she's provided individual, group, and couples therapy in clinical settings, including Bellevue Hospital in New York, NY. Alicia currently works as a senior writer at Psychotherapy Networker. Her latest book is Happy Family.



BY JUSTIN GARCIA

Dating in the Age of Algorithms

How Does Physical Chemistry Factor into Digital Dating?

As the executive director of the Kinsey Institute and scientific advisor to Match—known for the popular online dating site/app Match.com—I find myself at the heart of sex research during a pivotal moment in our sexual evolution.

We're at the dawn of an age in which technology is fundamentally changing the way people meet and connect. We live in a time of totally redefined gender roles and relationship norms, filled with clicks and swipes, and courtship not bound by geography or tradition. We have seemingly infinite access to potential mates, seemingly infinite potential for being swept off our feet, seemingly infinite technological capacity for chatting, flirting, and loving globally.

But the research shows that we find ourselves stuck. Rates of depression and lone-

liness are on the rise, even among people in relationships. People of all ages, but especially young adults, are reporting burnout with today's dating norms. There are proportionally more single adults than ever before, and our mating patterns are in flux around the globe. In the United States alone, close to 40 percent of the adult population is single. That's well over 120 million adults, moving in and out of romantic and sexual relationships across the course of a life. There's almost no other society we know of in the cross-cultural literature where so many adults have been single at a given time. In contemporary Japan and some other industrialized nations, however, there's evidence that something like this is also happening, suggesting we may be on the shoreline of a global singlehood wave.

Billions of daily swipes yield an average match rate of less than 2 percent. Beneath the possibility dating apps provide to people of all ages is the reality that whether we are 25 or 65, we're losing something when we shift courtship practices to internet platforms. I've heard hundreds of stories about potential matches that fall apart once the senses of smell, taste, feel, and so on are invoked.

People react strongly to an affront to their senses. Two friends of mine, for example, seemed beautifully matched in terms of intelligence, empathy, attractiveness, interests, and goals. After flirting for months, they finally had their first kiss. It did not spark fireworks. In fact, one of them shared with me that the taste of cigarettes on the other was such a turnoff that the drop in his interest, both sexual and romantic, was so precipitous he could practically hear it hit the ground.

This isn't uncommon. A 2007 study showed that roughly half of college students said they have kissed someone and known immediately that there was no chemistry. Many researchers have speculat-

ed that this is because we transmit chemical information in our saliva when kissing, but there's very little evidence for this argument—in fact, for this to hold true, it would require hormone receptors in our mouth and tongue, which we do not have. “What kissing can tell us is whether a new partner is compatible—if they pick up on our comfort, tempo, and interest and know how to adjust accordingly.

In addition to engaging our senses when assessing potential part-

A blue rectangular graphic with white text and quotation marks. The text reads: "Billions of daily swipes yield an average match rate of less than 2 percent." The background of the graphic is a blue sky with white clouds.

ners, we also cannot discount the fact that over the course of human history we have always had at least some indicator of the community they might belong to, which is an equally important signifier. In the past, we dated within our communities, and although proximity might have limited our options, it also provided us with knowledge and shared networks. If you lived in a small town, chances are you knew the person you were dating—or you

knew people who knew them. You had a shared understanding of the cultural context.

Online, our community is not defined by proximity—or if it is, that community is too wide-ranging to provide the knowledge we might once have gleaned from mutual acquaintances and family history. Online, we usually date outside of our networks; meeting people we would not otherwise encounter is, in many cases, the whole point.

And the geographic range of dating apps further decreases the likelihood of shared community. Even if you limit your search to people within 20 miles, there's no guarantee that a potential match is even in the same town as you, and if they are, there's no guarantee that they even live there or that they have lived there long.

A colleague of mine confronted this very issue when a potential date he'd met on an app suggested they meet at a local bar in a small town about 30 miles from where we live in Bloomington. Although he was interested, as an African American man, he'd encountered racism in rural areas in the past and was wary of finding himself in a similar situation. He decided against meeting at the bar because it wasn't a community he felt confident he could navigate safely. Evolutionarily, having no knowledge of the person we're about to encounter increases the risk of danger, just as it did for my friend in the current political climate.

The most common story I hear about the search for love in the digital age is that people who meet on apps before meeting in person find their dates to be visually different: taller, shorter, fatter, thinner, lighter, hairier. There are two biological reasons that people tend to misrepresent themselves. First, the data show it's not that people generally lie about their looks; it's simply that we try to put our best foot forward. Contrary to what you might think, dating app users don't tend to lie about easily measurable things like their height;

it's too easy to be caught. Instead, they tend to accentuate the positive: people on the digital mating market are loading photos that present them in the most attractive way, where the lighting is soft and the angle is flattering.

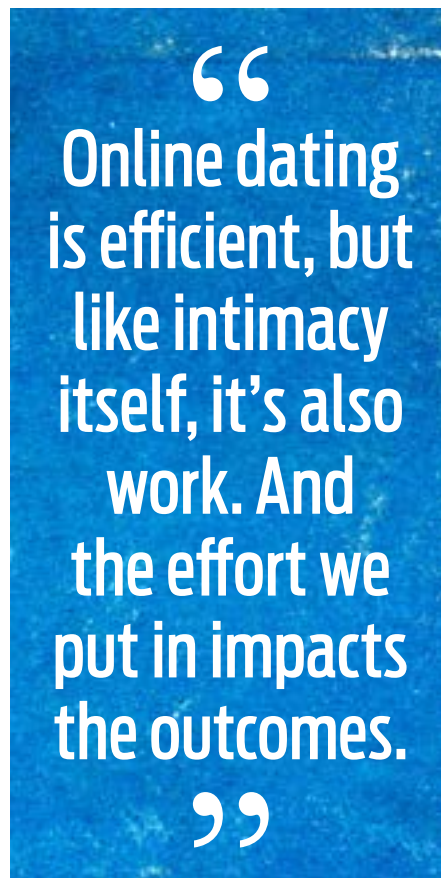
This is understandable, given that the visual region of the brain is closely tied to our mating system. We make a lot of instantaneous decisions about the things we see, and attraction is very much tied to the visual cortex. Dating apps have capitalized on this—it's why we swipe on the person's picture, not their list of interests. It's also why many dating apps are actively developing broader technologies to help users present themselves in the most favorable light.

A person's looks are usually what pique our initial interest. But successful daters don't swipe based on looks alone. Even more helpful than photo filters to make you look younger or thinner, I would argue, has been the rise of the virtual dating coach: services that (for a fee) can help a user "optimize" their profile to include more relevant and enticing data for potential partners. Some apps have also experimented with allowing friends to weigh in on your choices, or limiting how many connections you can make per day in order to force users to slow down, focus, and prioritize thoughtful partner choice.

That said, the reason that, despite their sophisticated algorithms, dating apps don't always deliver what people initially hope for is that they're simply an insufficient platform for the human nervous system. In the last few years, we've seen more dating apps try to incorporate more sensory information for our brains to process by including short clips and recordings of a potential partner's voice, and even encouraging video dates on the platform. Even so, given that it's physically impossible to smell or touch another person virtually, even the most sophisticated data apps can only offer a few of the senses for us to evaluate, meaning they

provide less "data" than we'd take in from real-world interactions.

Really, these matching technologies are in competition with the incredible human brain, which is the best possible computer for processing attraction and connection; it evolved over millions of years to synthesize endless stimuli and let us know what we want, whether we comprehend it intellectually or not. But we can still learn to use the promise of dating technologies more efficiently and effectively.



“
Online dating
is efficient, but
like intimacy
itself, it's also
work. And
the effort we
put in impacts
the outcomes.
”

One paradox of dating apps is that despite their limitations, research suggests that over the long term they still yield desired results. Though it may take time for users to find desirable matches, studies have shown that those couples who met on dating websites and decide to keep dating enjoy similar stability in their relationships to those who met in person. And a more recent study found that those who met their partners through a dating app, com-

pared to in-person methods, were just as strong in terms of reported relationship quality.

Perhaps the single most powerful thing we can do to manage our own experience and the amount of data we receive when we first meet someone on a dating app is to slow down. Allow your brain to process the information it's been provided—read the profile carefully, look at the pictures critically, take the time to evaluate the glimpses of personality the person on the other side of the screen has included (wittingly or not). Are they funny? Shy? Do they look like they're having a good time in their photographs? Do they seem to have interests similar to yours? So much of the online dating experience is oriented toward efficiency. But that means that we often don't spend enough time interacting with a potential match's profile, allowing our highly efficient brains to actually process the massive amounts of data available to us.

Online dating is efficient, but like intimacy itself, it's also work. And the effort we put in impacts the outcomes. Even in a decidedly modern dating world mediated by technology, it is the old-fashioned, analog dedication to building our relationships that actually dictates whether or not they succeed. When we understand that there's no magic wand to wave to be connected to our "perfect match," no secret love potion for endless satisfaction, we can allow ourselves to enjoy the uncertainty and the journey of unpacking and fulfilling our desire.



Adapted from The Intimate Animal by Justin Garcia, PhD. Copyright © 2026 by Justin R. Garcia. Used with permission of Little, Brown Spark, an imprint of Little, Brown and Company. New York, NY. All rights reserved.

Let us know what you think at letters@psychnetworker.org. Want to earn CE hours for reading it? Visit our website and take the Networker CE Quiz.

BY JORDANA JACOBS

What Therapists Should **Stop Ignoring** about Friendship

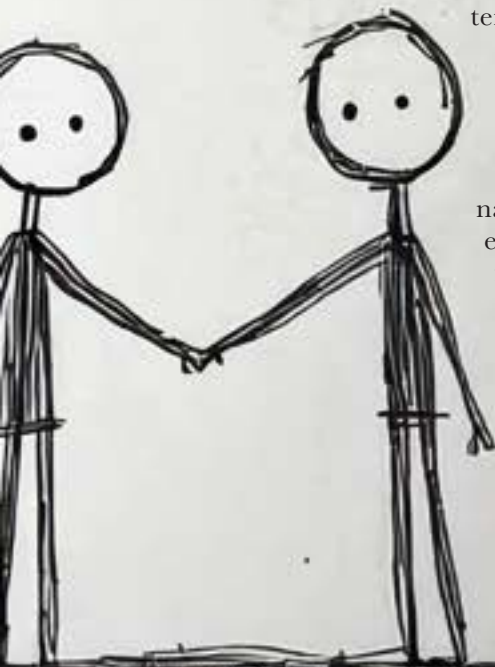
Embracing the Challenges of Platonic Love



Perhaps no breakup has hurt more than the one I had with my closest friend from college. Almost two decades later, I still feel a dull ache when she comes to mind, like a bone that fractured and never properly re-set.

When my patients ruminate on similar stories—from lifelong friends who slowly backed away from connection to acute, sudden moments of betrayal that leave a friendship shattered—I'm not surprised when their wounds, like mine, fester. The majority of the time, no conversation was had, boundaries were left undefined, and the breakup was not formalized, all of which leaves the bereaved drowning in a sea of ambiguous loss and complicated grief.

It's at this point that I find myself reminding my patients that friendships are indeed relationships too. Just like romantic ones, they require maintenance, have conflict, and much to our chagrin, are not always meant to last forever. I also remind them that a good friendship, like a good marriage, is profoundly intimate. Close friends have the capacity to be our mirrors, reflecting truth seen more clearly through their eyes than our own. We can share our full selves with them, and in turn, we feel existentially less alone in this sometimes-brutal world. They are our *anam cara*, our "soul friends," a Celtic term popularized by Irish poet John O'Donohue to describe the rare connections in our life characterized by trust, authenticity, and spiritual depth. An *anam cara* can even feel transcendent. In teaching us about surrender, love,



and the full acceptance of another, soul friends are considered a path to the divine.

Writer and civil rights activist James Baldwin says, “The role of the artist is exactly the same as the role of the lover. If I love you, I have to make you conscious of the things you don’t see.” While I’m certainly not in the habit of editing Baldwin, I think he could replace lover with soul friend. In my own case, it’s been a soul friend of 25 years—not a lover—who has pointed out more blind spots to me than I can count. It’s hard to imagine the trajectory of my emotional and spiritual growth without her.

That said, as in romance, with this depth and intensity of connection inevitably comes shadow. If a relationship can bring tremendous light, there’s also the potential that it will bring an equal and opposite degree of darkness. The soul is whole, encompassing all. Thus, the soul friendship encompasses all, too. This is the unavoidable other side of the soul-friend coin. There will be times of closeness and times of distance. There will be conflict, even if it is pushed underground. There will be transference, projection, anger, compromise, sacrifice, and times needs are not met.

No one is surprised when this happens with a lover. We know that challenges in romantic relationships are inevitable and that it’s best not to avoid conflict but rather learn to engage in it well. We’ve seen the popularization and destigmatization of couples therapy in the last decade. However, in both my experience and that of many of my colleagues, the stigma around discord in friendship as well as friendship therapy remain alive and well.

This is partly because we’ve whitewashed friendships, expecting volatility to exist solely in the romantic arena, relegating friends to the far narrower role of support and unconditional love. Then, when issues arise, we’re left unpre-

pared and defenseless. Here we see a dangerous, false and faulty division. Romantic love is allowed to hold conflict, platonic love is expected to maintain an unrealistic neutrality that may threaten the very friendship itself.

Bumping Up Friendship in the Relationship Hierarchy

We need strong friendships now more than ever. Though modern society has typically emphasized the importance of romantic love over friendship, fewer people are getting married these days and are often relying on friends as their primary attachments. Unconventional living arrangements are more typical with people hungry to exist in larger community as opposed to within traditional, familial households.

These seismic shifts were already underway, then came a global pandemic, a loneliness epidemic, our isolating addiction to smart phones, the advent of AI companions, and frightening geo-political turmoil. With existential fears at an all-time high, we long for the safety inherent in a network of strong attachments. We long for our tribe. As such, friendship needs to be reprioritized, to be bumped up in the hierarchy of relationships, not as second to romantic love, but as equally important, an integral element of a balanced and meaningful life. Where we’ve been conditioned in today’s culture to believe one person is enough, we’re now waking up and remembering that we have and always will need many.

To shift friendship to its rightful place of importance in our lives, the conventional friendship script needs a dramatic rewrite.

First, when we hit a challenge with a friend, instead of coping with avoidance, we must courageously but gently move toward them, remembering that we can learn just as much from the hard times as we can from the good.



“
Friendship needs to be reprioritized, to be bumped up in the hierarchy of relationships, not as second to romantic love, but as equally important.
”

We need to begin to utilize simple phrases common among couples yet somehow still so taboo in friendship, like “That really hurt,” or “I’m angry.” We need to reflect on our pain, take responsibility for what is ours, and remember that transference—feeling as if someone is abandoning you like your mother or being critical of you like your father, for example—is not solely active with our spouse or therapist.

The past needs to be sussed apart from the present in friendship too. At the very least in platonic relationships, we must normalize the natural rupture and repair cycle—the process of well-handled disconnection giving way to deeper connection and safety. If we don’t, painful unexpressed feelings are apt to bleed elsewhere, becoming toxic gossip or emotional cut-off.

Letting Go


We’d also do well to normalize friendship breakups. It’s shocking that with 50 percent of marriages ending in divorce, requiring an unknotting of the infrastructure of people’s entire lives, divorce still feels more commonplace and palatable than a friend breakup. Patients often report to me that they feel stuck in friendships “forever,” not knowing how to get out. They tell me that a friendship feels stale, that it’s become “one-sided,” that they’ve grown in a different direction, that tension has been high for years because so much has been left unsaid, swept under a now lumpy rug.

We must accept that like most of our romantic partners, some friends may have been right in particular chapters but are not meant to be in the whole story. Can we give ourselves permission to redefine friendships, to take space when needed, and if the situation calls for it, to let go? Can we tolerate and accept—as hard as it may be—when a friend feels it’s time to let go of us?

With the friends who are indeed

for life, who you fight with and thus fight for, can we begin to show them more appreciation? Instead of unconsciously believing our friends will and should just always be there for us, can we nourish our friendships, like we do our romantic partnerships? Let’s take more trips with friends, not just with spouses. Let’s buy them gifts when we see something that would brighten their day. Let’s say “I’m grateful for you,” and “You look beautiful” and “You were right, I’m sorry.” This is always important, but perhaps even more so for our friends who are single, and who may not consistently get this type of intimacy and connection elsewhere.

Last, we have to let our friendships evolve. Great friendships are vibrant and dynamic, which is why we cherish them, but that means they also exist in a state of flux. They’re always moving and always changing. We can’t freeze them in some preferred state—a fool’s errand that robs them of their humanity—just because it makes us feel more secure. We must let them dance.

It’s often said by couples therapists that we have three marriages, if we’re lucky they are to the same person. This concept can be applied to our closest friendships too—that is, if we’re brave enough to let it. 

Jordana Jacobs, PhD, is a New York City-based clinical psychologist in private practice, a speaker, and a meditation guide. Her work at Memorial Sloan Kettering, as well as her Vipassana meditation practice and studies in Northern India, inspired her research on the relationship between death awareness and love. You can learn more about her at: drjordanajacobs.com.

Let us know what you think at letters@psychnetworker.org. Want to earn CE hours for reading it? Visit our website and take the Networker CE Quiz.



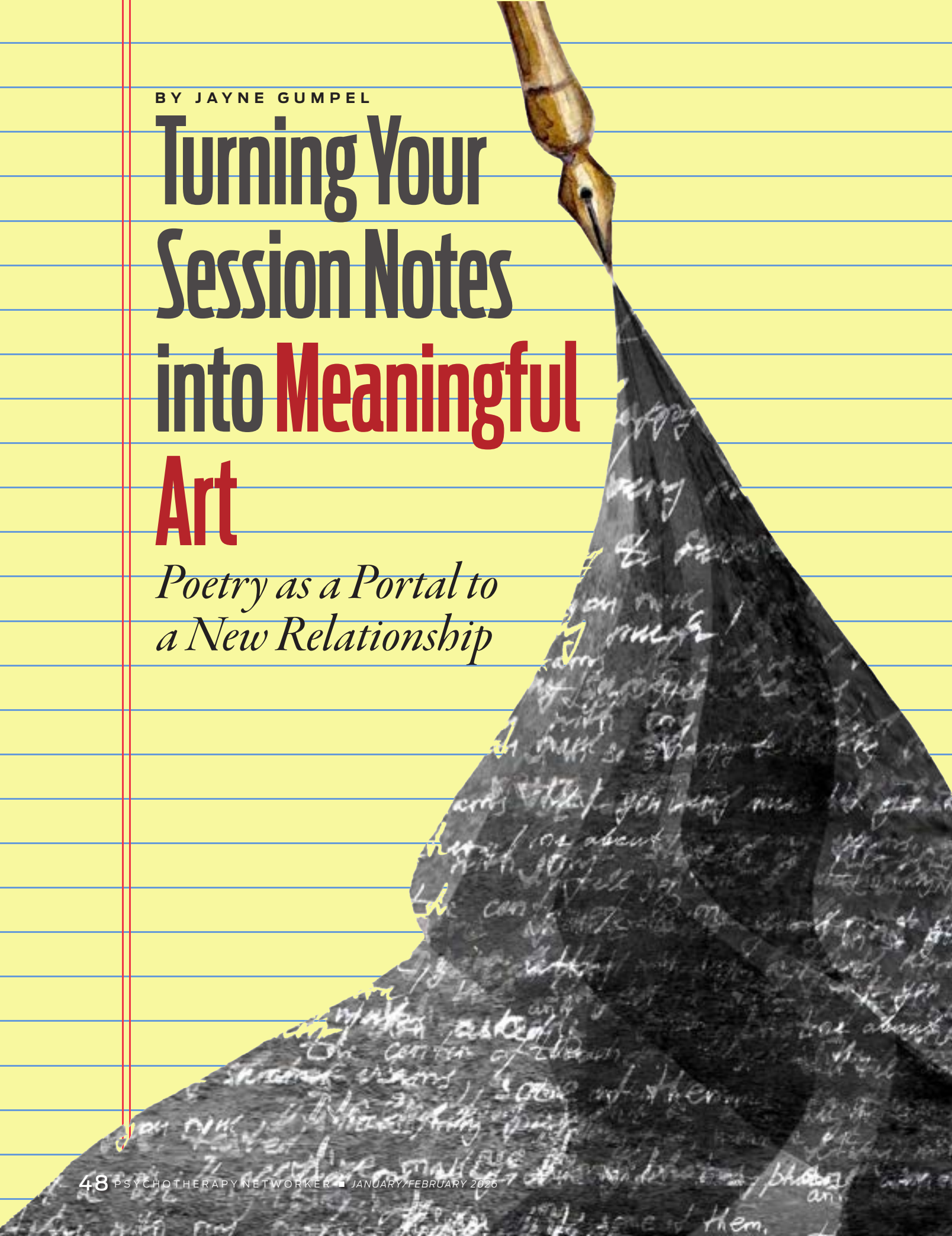
“Where we’ve been conditioned in today’s culture to believe one person is enough, we’re now waking up and remembering that we have and always will need many.”

”

BY JAYNE GUMPEL

Turning Your Session Notes into **Meaningful** **Art**

*Poetry as a Portal to
a New Relationship*



On the wood shelf beneath the bathroom medicine cabinet, a half-squeezed tube of toothpaste, cap off, waits like a silent witness: the unassuming protagonist in a story of love, frustration, and the small, ordinary things that can unravel us.

Every couple has their toothpaste tube. Sometimes it's the shoes discarded in the hallway, the lights left on, the sigh at the wrong time. What seems trivial becomes charged with meaning. Beneath the surface of irritation lives a deeper story about fairness, respect, belonging, and the old wounds each partner has carried since childhood.

The toothpaste tube is never just a tube. It's a portal into the ache of being unseen.

As therapists, we can miss these portals and see the toothpaste tube as just another object in a power struggle, or as a clear-cut problem to solve. In my 30 years of working as a couples therapist, trainer, Mindfulness-Based Stress Reduction teacher, and retreat-facilitator, there have been plenty of times when I've missed these portals myself. Earlier in my career, during a stressful period in my life, I found myself regularly growing impatient with clients' problems, thinking things like, *Why can't he simply put the dishes in the sink properly?* or *Why can't she be less critical of his driving?* I knew my impatience was a signal that I needed to find a way back to a space of awe toward my clients and curiosity about their challenges. But how?

Then, one afternoon, bristling a little at the idea of writing session notes, I sat down and did something different. I wrote a poem. And I kept writing poems about client sessions in the days, weeks, and months that followed. Not only did poetry reconnect me to the mysterious, paradoxical nature of our work, it ended up transforming it. Over time, with clients' permission, I began reading some of these poems aloud in session. A few people seemed surprised or laughed nervously when I first introduced the idea; reading poetry isn't what therapists typically do. But when I used it as an intervention, something softened. The energy in the room shifted. Breathing slowed. Tears came in the pauses between words. I realized that poetry, unlike interpretation or insight, doesn't explain, it *embodies*. Its rhythm and imagery speak directly to the nervous system, bypassing defenses. The client doesn't have to think about what I mean; they *feel* it. In this way, poetry is like a mirror held up to the soul. It delivers recognition, not advice. It's the difference between saying "I understand you" and transmitting the *experience* of being understood.

Irresolvable Conflicts

Jack and Sheila sit across from one another in my office, exhausted. I've been seeing them for two years and today they look sheepish and sad. Their marriage has spanned decades, but lately it feels as though they're living side by side instead of together. Arguments arise over the smallest of things—the toothpaste tube, the list of tasks that remain incomplete,

the dishes piled up in the sink—and then spiral into silence or withdrawal.

"You don't ever listen to me!" Sheila laments. "What about me?" Jack retorts. "I asked you to introduce me to people at your work event. You ignored me." Each feels abandoned by the very person whose support and care they long for most. Today, I wonder aloud whether the small ruptures Jack and Sheila experience with one another may be invitations rather than failures.

"They feel like failures," Sheila says with a sigh.

"I feel like I'm failing *you*," Jack, hunched in his chair, gestures in Sheila's direction.

"I know that's how they feel," I murmur. "But what if they're more like paper cuts? Even paper cuts, if you leave them untended, can get infected. In my experience, if you can notice the paper cuts, name them, and tend to them, they can open a path to deeper truth."

Here, I turn to Imago relationship therapy, mindfulness and intentional dialogue. In the intentional dialogue, there are two roles: sender and receiver. The sender shares and the receiver engages in active listening, validates what they've heard, and empathizes. Not only does intentional dialogue slow the conversation, but it also provides the scaffolding that empathy needs to grow. In the silence of deep listening, irritation lessens as meaning emerges. What once seemed like nagging or withdrawal becomes a glimpse into childhood ache. Mindfulness, the practice of being present with what's arising in the moment, gives Sheila, Jack, and I the courage to linger at the edge of what's seemed like an irresolvable conflict.

Today, Sheila begins as the sender, and shares that the shelf in the bathroom was the last thing she made with her father, before he died. Jack leans forward, the expression on his face growing less defensive. Every time Jack leaves the toothpaste tube uncapped, she says in a trembling voice, it hurts her heart. Walking into the bathroom every morning and seeing the toothpaste leaking out onto the wood makes her angry. It's not just that she's asked Jack a hundred times to cap the tube—though that's part of it. It evokes sadness about her father.

Poem as Witness

Ever since I started incorporating poetry into my note-taking—and eventually, into my work with clients—my notes have transformed into much more than just records of goals, interventions, observations, or treatment information. They include fragments of things clients have said, words that stood out, unexpected turns of phrase, evocative images, and sometimes, my own descriptions of pauses and silences that left me with unanswered questions or struck me as powerful. Poetry is the bridge between the sayable and the unsayable.

After one tense session with Sheila and Jack, I sit down at my desk and write:

*He squeezes the toothpaste tube
from the middle ... and leaves it there.
Every time.
No matter what I say.*

I let myself experience Sheila's frustration, and the deep paths it carried. It isn't just leaky toothpaste that upsets her. It's the weight of her unspoken plea. *See me. Hear me. Care enough to notice my requests and respond to them.*

At our next session, I ask permission to share what I've written, and Sheila and Jack express openness to listening. When I read the lines, Sheila weeps. She says I've given her irritation a shape and a voice that affirms its validity. But by capturing it in poetry, I've also highlighted beauty in a space where no one has seen beauty before, not even her. Seeing her response, Jack's facial expression softens. What he's dismissed as nagging and absorbed as criticism becomes a window into Sheila's longing.

Why does this move them so deeply? It's not because what I've written is somehow flawless, or worthy of a poetry award. The poetry that heals isn't found in perfect lines or clever turns of phrase. It lives in the therapist's capacity to be moved—to find meaning in what might otherwise be missed, and to offer that back with tenderness. This is poetry! Its power lies in how it shifts the register of communication, and all therapists can access this, regardless of their skills as a poet. What matters is the spark of genius that lives in *your own way* of seeing, listening, and daring to name what's real.

Poetry doesn't argue or persuade, it illuminates. When I share a poem, I'm not telling clients what to think; I'm *showing* them what love, grief, or misunderstanding feels like. The couple senses I've metabolized their experience, not just analyzed it. They feel witnessed, not studied. Poetry touches the ineffable. It gives language to what otherwise trembles just beyond words. That difference—the movement from cognition to resonance—can support rapid transformation.

As we continue our work and linger more often in the vast, rich space beneath their arguments, more layers emerge. What seemed petty isn't petty at all. It's sacred. Once we learn that the half-squeezed, capless toothpaste tube is resting on the last project Sheila and her father, with whom she had a complicated relationship, completed as a team, it

takes on new meaning. It becomes clear that the tube is a visual reminder of her father's absence. And the shelf isn't just a shelf. It's a fragile remnant of their connection. A careless smear of toothpaste feels like an act of desecration.

*That shelf
the one beneath the cabinet,
now stained with minty smears
was the last thing my father gave me
before he died.*

Jack, in turn, begins recalling and sharing more about his childhood. He tells Sheila about how it had felt to be the only boy—the youngest of five children—in a family of women. In their small New York City apartment, there wasn't enough space for him to have his own room, so the living room couch doubled as his bed. His mother took her frustrations out on him, calling him thoughtless and inconsiderate when he took too much time in the bathroom with a line of girls waiting to get in. The tube, we learn, has become a battleground where grief meets shame—where two childhoods collide in the morning light. And it leads to more poetry later, as I'm recalling what touched or moved me about our latest session.

*His mother yelled at him
to hurry up,
to get out of the bathroom.
Four sisters.
Nowhere to go.
No mirror that belonged to him.*

When I share these lines with Jack, his face lights up with the rare joy of being seen and understood. His posture changes. It becomes less guarded, more open. For a moment, he's not defending himself but receiving himself through another's eyes. Sheila reaches toward him, takes his hand, and slides close on the couch.

"It's the first time I've really heard your story," she whispers. "I always thought you were just careless. I never knew what it cost you to grow up that way."

Jack nods. "I didn't realize how much of that I was carrying into us."

In that moment irritation softens into

empathy. The toothpaste is no longer just a tube, or the focus of a fight—it becomes a window. Through it, each partner glimpses the child in the other, and something new and tender begins to grow.

Poetry carries my work with Jack and Sheila forward long after the 50 minutes of our session. They begin to read the lines together at home, and report back to me that sometimes, it helps them laugh at the absurdity of their fights. At other times, it becomes a catalyst for tears as they uncover tenderness they hadn't known was there. They even begin to make edits, rewrite my lines, and add their own lines. They transform the poem into a crowdsourced creation, something that's not mine, but ours. Here are some lines Sheila and Jack wrote together:

*We both carried old stories
into the quiet war
of the morning routine.
But here.....
in the sacred space
of intentional listening,
where no one interrupts,
where empathy is the only rule:
we saw the child in each other.*

When Sheila reads this, I feel wonder and joy expanding my chest, as if the room itself has widened. I sense a quiet recognition moving between them, an invisible thread tying past to present, wound to wound, heart to heart. Jack smiles. Toothpaste has become memory. Irritation has transformed into longing. And love—real love—emerges for all of us to appreciate. It exists not in the fixing, but in the seeing.

A Gift We Give Ourselves

Poetry hasn't just helped my clients. It's saved me. When I wrote that first poetry fragment long ago, I was weary and stretched thin, trying to hold the weight of others' sorrows while carrying my own.

Burnout is rampant in our field. Therapists are asked to sit in silence when we'd rather flee, to hold pain when our own hearts are tired. Clients can feel when the light has dimmed inside us. For me, poetry has been a lifeline. Writing

poems like *The Toothpaste Tube* prevents numbness. It transforms repetition into discovery. It invites humor, play, and beauty back into the consulting room. It nourishes me as much as my clients.

Self-care, I've learned, isn't just yoga or rest. It's creativity. It's giving ourselves permission to make art from what we witness—even sorrow, frustration, and pain. It's finding metaphors and images and paradoxes that help us laugh amidst grief, when we can. It's finding creative methods that help us see the ordinary as luminous.

A lot of things can get in the way of therapists accessing our poetic sensibility, particularly as it relates to working with clients. We may compartmentalize work and art as separate activities. We may believe that all poetry has to be “good,” or that we have no right to create poetry out of the things our clients bring to sessions, because it's a breach of privacy. Or we may simply be too tired, too hurried, or too overwhelmed to pause and relish beauty amid pain.

But you don't have to channel Rumi or Mary Oliver to write poetry. A few raw, imperfect lines can capture the emotional essence of a session. The power isn't in polish, but in presence. When you share poetry with your clients with their consent, it becomes a collaborative tool. But even when you don't, it can serve as a private reflection that keeps therapists connected to the humanity in their work. It's never about exposing clients—it's about honoring their stories.

In fact, our work is already a form of art, as well as science. We can remember that every dialogue, every silence, every gesture between therapist and client, is inherently creative. Poetry isn't something we “add on.” It's already present in pauses, metaphors, and fragments of story that shimmer in the room. The invitation is to notice, honor, and—if we choose—shape what we witness into language that nourishes both our clients and ourselves.

Here are some steps you can take as a therapist to access poetry in your work—whether or not you choose to use it as an intervention with your clients.

Shift your lens by noticing what's

beautiful, charged, alive. Listen with a poet's ear. Pay attention to the “little” things: phrases, gestures, images that shimmer with energy.

Circle what stands out. Make note of the words, actions, or moments that felt most alive in your session. Was there a particularly loaded pause? A silence that spoke volumes? A tremor or shiver that passed through a client at a particularly meaningful moment?

Use a prompt to give yourself permission. Ask yourself, “If this session were a poem, what would its first line be?” or “What truth is hiding beneath the words?”

Write a fragment. Follow the emotional thread, not the storyline. Let it be short, messy, unfinished.

Shape with care. Refine the lines you write so they reflect the essence of what you experienced. Don't get hung up on facts or try to explain everything. Leave room for mystery.

Share a few lines with your clients (optional). If it feels appropriate, and always with your clients' consent, bring the poem into a session in a way that keeps the focus on the work. Invite your clients to add, edit, or simply sit with it. They'll often feel touched that you think of them when you're not together, and honored to see their truth reflected in art.

Let the poetry you create nourish you. Even if you never share the post-session poetry, this practice transforms notetaking from a chore into an act of devotion. It keeps you connected to the work in a way that's creative and vibrant, which impacts how your clients experience you in session.

Making Room

Jack and Sheila haven't resolved every fight. They still squeeze the toothpaste tube differently. Sometimes Jack forgets to put the cap on. But they no longer treat the tube as the enemy. Now, it's a reminder of what they're both car-

rying into the relationship, and of how they've learned to see each other more clearly. After many rewrites, collaborative edits, spontaneous readings, and inspired lines, Jack and Sheila presented me with this new ending to their poem.

*We still squeeze the tube differently.
But now, when I see it lying there,
I think of his boyhood ache.
He thinks of my father's hands.
And sometimes
we laugh.
Because love, eventually,
makes room for everything.*


Life is poetry. In its ordinariness—shoes in the hallway, toothpaste tubes, clothes on the floor, eye rolls, sighs—we find the raw material for healing. When we dare to slow down, notice, write, and share, we allow beauty into the dynamic. This is why poetry matters in therapy. It oxygenates the connective tissue of relationships. It allows couples to approach each other not only in conflict, but in creativity. And it reminds us that the ordinary is never just ordinary. It speaks to the ineffable.

Poetry isn't a gimmick. It's a mirror, a bridge, a sacred offering.

Creativity isn't an accessory to therapy. It's one of its secret engines. For me, writing poems and essays is as much an offering to my clients as it is a way for me to stay alive and connected in my work. It invites humor and play into a space where rigidity could take over. It brings beauty into rooms that sometimes feel emptied by loss. It lets me remember that what we're doing together isn't mechanical but relational, human, and full of mystery.

For couples, it can turn frustration into tenderness.

For therapists, it can transform burnout into renewal.


For all of us, it's a reminder that love, eventually, makes room for everything. 

Jayne Gumpel, LCSW, is a psychotherapist, trainer, and teacher with 30 years of experience working with couples, individuals, and groups in New York City and Woodstock, NY.

BY SHYANNE ANTHONY

Baseline Suicidality in Neurodivergent Kids

*Misunderstanding Sensory and
Emotional Chaos*



The first time I met Carson, he was buried in a gray hoodie, eyes half-shut from the heavy hand of his medication cocktail. A support staff member leaned in to whisper, “He might not say much. He’s usually either sleeping or checked out.”

I sat beside him on the floor—close, but not too close—and said something simple like, “You don’t have to talk. I’m just here.”

He looked at me, expression vacant, and mumbled, “It doesn’t matter, go away.” It was barely audible. But it mattered.

That moment was the beginning of a journey that would forever change the way I understand suicidality—not as a crisis, but as a chronic condition. Not as something to eliminate, but something to understand. Carson wasn’t a crisis waiting to happen. He was a child living in a constant state of emotional threat, misunderstood by systems and buried beneath the wrong labels and meds.

And our job wasn’t to save him. It was to see him.

The Misdiagnosis of a Life

When Carson arrived in his last residential facility, he came with a file thick enough to flatten a small tree. The diagnosis section looked odd but had followed him for years. Each entry came with its own medication. Antipsychotics. Mood stabilizers. PRNs, to be used when needed for agitation and insomnia. Some were redundant. Some contradicted each other. All of them dulled him into a trance. I took Carson’s case on after he had been in the facility for several months, because his previous therapist was leaving the organization, and they wanted someone with expertise in his symptomology to help.

The first few weeks of therapy were... quiet. Carson didn’t speak. He groaned. He slept. He ignored my existence.

And the records didn’t match the kid. Something felt off. There were flickers of intelligence behind the fog. Glimmers of social interest. A complexity that wasn’t captured in the notes that described him as “dangerous,” “manipulative,” and “noncompliant.”

One day, during a routine consultation in my office with Carson's parents, I asked his mom what he was like as a little boy—before the chaos. She teared up and gave me so many details of this smart, sensitive little boy, who had a favorite stuffed animal that as a teenager he still kept.

That detail stuck. It was one of many pieces that didn't fit the current puzzle but seemed critical.

I recommended a full psychological evaluation. I shared my observations with both parents—how what I was seeing didn't align with the clinical picture he'd been painted into. And when the results came back, they hit like a tidal wave.

Autism Spectrum Disorder. Level 1. High functioning. Undiagnosed until age 16.

When I read the report, something in my chest tightened. It wasn't just the numbers or the diagnostic language, it was the quiet, aching pattern between the lines. Soon after, I sat down with his parents to share what I'd uncovered. The moment I finished, his mother began to cry. Silent at first, then with a kind of grief that had been waiting years to be named. Everything shifted in that moment. Not because we had all the answers, but because for the first time, they felt seen.

When Crisis Isn't Crisis

What we'd been calling "manipulative outbursts" were meltdowns tied to sensory overload. What we'd labeled "oppositional behavior" was actually a trauma response from years of being misunderstood. What we saw as suicidal threats were not cries for help but expressions of internal overwhelm. Often, they weren't indicators of a desire to die but of an inability to cope with the sensory and emotional chaos around him.

Carson wasn't in an acute suicidal crisis. He was living with what I've come to call baseline suicidality—a persistent, underlying ambivalence about living that existed not because he wanted to die, but because life simply felt too hard to manage in his body, brain, and environment.

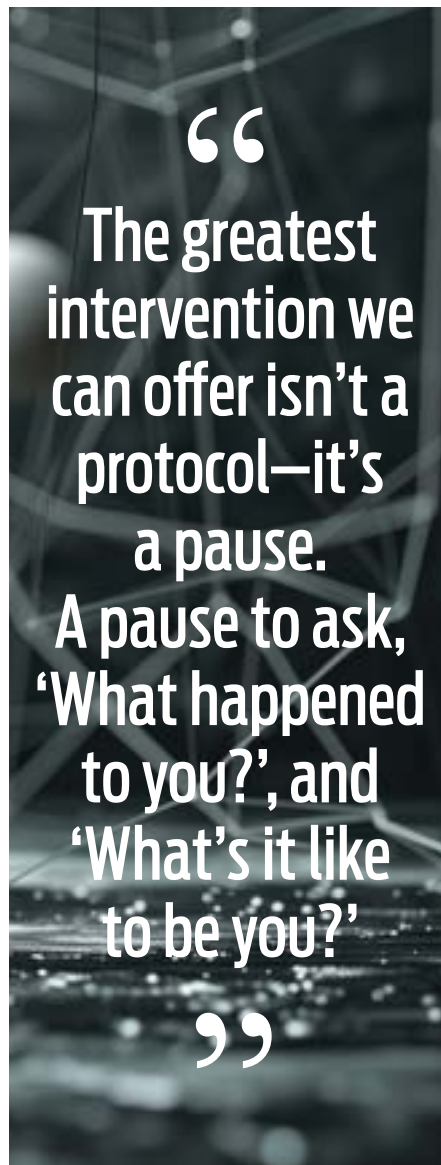
He wasn't impulsively unsafe. He was

chronically exhausted.

And our clinical model had been trying to extinguish a fire that wasn't actually a fire—it was just the temperature of the room.

Human Before Risk

We began the long, messy process of titrating down Carson's medications. It wasn't a decision we made lightly. The



psychiatrist was on board, the school team prepared, and most importantly—Carson and his parents were with us every step. We didn't rush. We watched with the kind of careful attention usually reserved for miracles. Each taper wasn't just about symptom management—it was about space. We were making

room. Not for chaos, but for something far more powerful: for Carson.

The first time his eyes lit up during a session—really lit up—his mother covered her mouth, tears brimming. His father leaned forward, as if afraid the moment might vanish if he moved too quickly. I felt it too, that electric pulse of recognition. He was still in there. What we were hoping to see wasn't a perfect child or even an easy one. We were hoping to see *him*. His preferences. His quirks. His voice. We were hoping for emergence. And slowly, he began to arrive.

I implemented what I called a Baseline Understanding Plan (BUP). A BUP is a treatment planning tool that is designed not just to respond to crisis, but to understand the whole child. Unlike traditional behavior support plans that activate once a youth is in distress, the BUP focuses on identifying what *baseline functioning* looks like for that specific youth, even if that includes behaviors like withdrawal, passivity, or flat affect. Instead of a traditional behavior support plan that only kicked in when Carson was in "crisis," the purpose of this plan was to help the team identify what "normal" functioning looked like for Carson (even if it included passive suicidal talk), what signs indicated escalation toward actual risk for him, and what interventions worked to soothe him that didn't rely on physical containment or medication.

We created almost our own language that was unique to him because feeling emotions were not something he was used to and that made talking about them uncomfortable and awkward for him. We didn't label him as angry, sad, or other feeling states, we spoke in a language that met him where he was. His version of "safe" still included some intrusive thoughts. That was important. His "safe" wasn't the same as another child's.

We trained staff to stop asking "How do you feel? Are you angry?" in a clinical tone and start asking, "What's the volume in your head today?" This small change allowed Carson to talk about his experience without fear of being immediately placed on constant observation. We moved away from the binary

of “safe or unsafe” and stepped into a spectrum of emotional tolerability. And in doing so, Carson finally began feeling like he had some agency.

Trusting the Process

It wasn't all smooth. A few months into our work, after a hard family therapy session on grief, Carson ran from the room, slammed a door, and screamed, “I'm done with this life, no one will care! They don't care!”

The staff froze. Old habits kicked in. They called for assistance. I gave him his space, because I believed in that moment it was most important for him to feel the emotions he was currently experiencing. I found him an hour later, curled up and crying on his bed, with his hoodie strings pulled tight.

“You said they'd understand,” he whispered. “But they didn't.”

That moment gutted me. Because he was right. Our systems are wired to panic. And we had panicked at the first opportunity of him being expressive.

I brought the team together. We reviewed the situation, not to assign blame, but to recalibrate. Carson had screamed, “I'm done with this life!” and it rattled everyone. The team had responded with panic, thinking it was an immediate suicide risk. But when we stepped back, we realized the true trigger wasn't a desire to die, it was his desperation to be understood, his frustration boiling over after being repeatedly redirected without being heard.

We updated his plan again. We named the real trigger: feeling dismissed and emotionally cornered. And we made a commitment, no more punishment for expression. Only redirection grounded in empathy, curiosity, and connection. Because sometimes, a child isn't trying to end their life. They're trying to end the loneliness in it.

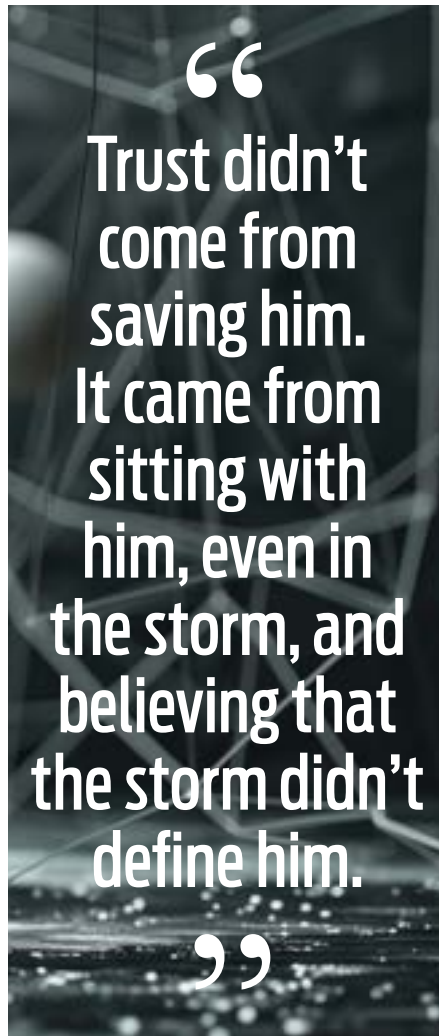
Family, Freedom, and Flourishing

Over the next few months, Carson began to wake up. Not just physically but emotionally. The emergence was underway.

He started asking questions. He initiated games. He asked to help decorate

the therapy room for the holidays. He wrote a poem about what it feels like to live in a body that doesn't match the world. He shared that he wanted to try medication again—but only one, and only after reading the label.

His family work flourished. His parents were committed, and were willing to read all the articles on emotional validation, autism, and trauma-responsive



parenting, and do just as much work as their son.

We kept working from the same framework: support the baseline. Honor it. Understand it. Don't panic when old language resurfaces. Instead, anchor yourself in connection.

We celebrated subtle victories. Not just the absence of any incidents but the presence of things like Carson advocating for a break instead of fleeing the room, Carson naming his internal state

without shame.

By the time he was discharged, Carson was primarily taking vitamins, attending school full-time, and—his words—“not so scared of myself anymore.”

What Carson Taught Me

I've worked with hundreds of youth in residential care. But Carson changed the way I practice. He showed me that suicidality isn't always a scream. Sometimes it's a whisper, a hum, the static underneath the skin. And if we only train ourselves to react to fire, we'll miss the kids who are quietly drowning in plain sight.

He taught me that what's “normal” for one child might be a red flag for another—and vice versa. Neurodivergent kids are especially vulnerable to being misdiagnosed, overmedicated, and misunderstood. The greatest intervention we can offer isn't a protocol—it's a pause. A pause to ask not, *What's wrong with you?* but *What happened to you?* and *What's it like to be you?*



Baseline suicidality won't show up neatly on your risk scales. It won't always trigger your alarms. But if we listen closely, it speaks. It says, “Help me stay, even when I don't know why I should.”

Carson is thriving now. So is his family. He still has hard days. He still has maladaptive thoughts. But he also has tools, language, autonomy, and trust. And that trust didn't come from saving him. It came from sitting with him, even in the storm, and believing that the storm didn't define him. And he just recently successfully graduated from highschool!

Sometimes healing doesn't look like “all better.” Sometimes it looks like real. And Carson reminded me that real is enough.

Shyanne Anthony, PhD is a licensed clinician and suicidologist who leads one of Missouri's most innovative pediatric residential treatment programs. She specializes in working with complex youth and advocating for system-level changes in how we understand and respond to chronic suicidality.

A Special Case Study

BY DIANA FOSHA & CLAUDIA BLACK



The Case of the **LOST SELF**

TWO TAKES ON
REPARATING AN
INNER CHILD

Meet Chloe

Chloe is the 50-year-old daughter of well-known artists, both of whom were regularly featured in fashion magazines and lived a glamorous celebrity lifestyle. In her first session, she jokes about her true parents being a string of coat-check girls, bartenders, maitre ds, and chauffeurs. “Once, my parents drank so much they left me in the back of a cab,” she says.

Chloe says she’s been in and out of therapy most of her life, mainly because she has difficulties managing her time and maintaining meaningful relationships. “I’ve always found it hard to do the everyday, ordinary things that other people have no problems with,” she says. “I try to go to the grocery store to buy healthy food, exercise, and go out to meet friends, but something always goes wrong: I buy the wrong foods, I say the wrong things. I just feel like I’m always swimming upstream. I’m 50. This shouldn’t be happening.”

Now, Chloe is living with an actor 10 years her junior. He moved in with her a few weeks after they met. “At first, he cooked for me and was really sweet, but now he’s out a lot at bars with the guys in his cast. I know he hates it when I cross-examine him. I worry that he’ll leave me, but I also don’t want to scare him away.”

Tracking Transformance

BY DIANA FOSHA

As Chloe enters the room in a flurry of talking, I immediately attune to both her anxiety and her aliveness. Despite her scattered presentation, I’m struck by her capacity for metaphor (“swimming upstream”), her honesty and self-awareness, and most importantly, her courage in showing up for yet another therapeutic relationship despite repeated disappointments. This is transformance—the innate drive to heal—already at work.

In AEDP, a four-state model of the transformational process helps guide the therapist’s interventions. Although these states aren’t necessarily sequential, they serve as a “map” to orient therapists to their clients and where they are in the process. In State 1, the therapist privileges transformance while also seeking to *undo aloneness*, a term I use for the process of cocreating a safe, attuned relationship with a client that

supports their healing and accompanies them on their journey. Because AEDP regards aloneness as the epicenter of emotional suffering, undoing aloneness precedes all other interventions. Clients feel accompanied as they take on the challenge of going to emotional places that were too scary and overwhelming to face alone.

In State 2, undoing aloneness allows embodied work with core emotions and relational experiences to unfold, with the therapist guiding the process toward a corrective emotional experience to heal trauma and emotional suffering. In States 3 and 4, the experience of the transformation that has just taken place is front and center: clients experience themselves in ways that are often new and surprising yet also true. Meta-therapeutic processing allows clients to integrate these positive shifts into their sense of self and thus gain access to clarity, calm, ease or compassion, as well as a sense of hope and wellbeing.

With Chloe, I keep this map in mind as we move through the process of our first session.

State 1: Privileging Transformance and Undoing Aloneness. “Chloe,” I start, “I’m struck by something. You say you’ve been ‘swimming upstream’ your whole life, that everyday things feel impossible—and yet here you are, 50 years old, having survived parents who were so lost in their celebrity world, they literally left you in a cab. That takes tremendous strength.”

I watch for her response, tracking it moment-to-moment, looking for those positive somatic-affective markers that will let me know she’s taking in my affirmation—perhaps a slight softening, a moment of surprise, a deeper breath. Or perhaps, some dismissive defenses arise. But even if the latter, I keep looking for the glimmers of transformance, or the innate drive to heal, and for even small signs of genuine emotion beneath her nonchalance about her neglect.

I continue, “What happens inside when I say that—that it takes strength to have survived what you survived?”

Chloe is *a little surprised*. “I . . . I never thought of it that way,” she responds. “I

just thought I was a mess.

I lean in.

“Right there,” I say, “this sense of ‘I never thought of it that way’—what’s that like? Let’s pause for a moment. I see something shifting in your face.”

This is transformance detection in action. I’m not ignoring her pain but privileging the vitality and resilience that co-exist with it. When she mentions feeling like a “mess,” I don’t rush to fix or interpret or even explore. Instead, I stay with the emergence of this new healing-oriented perspective. There’ll be plenty of time ahead to explore the “mess” aspects of Chloe, but for now we have a precious here-and-now moment of opening.

As safety builds with our back-and-forth, some more glimmers of the resilience I’m affirming and reflecting back to her come online. I sense Chloe’s defended presentation giving way to underlying grief about the parents who were physically present but emotionally absent.

State 2: Undoing Aloneness and Experiential Work with Core Emotions.

“Chloe, when you joke about coat-check girls and maitre d’s being your true parents, underneath the humor, what’s there for the little girl who needed her actual parents to see her?” I ask.

If tears come, or anger, or even a deeper sadness, I stay with her. Chloe’s eyes fill with tears, which she tries to bat away. “Just let that come, Chloe,” I tell her. “You don’t have to be alone with this feeling anymore. I’m right here with you.”

This is undoing aloneness in real time. It’s not just a cognitive exercise; I’m offering my authentic emotional presence to help her be able to stay with and eventually experientially process with me what was too much for her to process alone as a child. I work with her grief. To do so, I use what in AEDP is called a portrayal: I ask her to imagine her feelings for little Chloe and what she’d wish to do if little Chloe, abandoned in a taxi, was here with her right now.

She speaks of wishing to hold and

comfort little Chloe. I urge her to do so in imagination. As she does—and as we explore what adult Chloe is feeling holding little Chloe and what little Chloe is feeling, no longer alone in adult Chloe’s arms—there’s some relief within the portrayal: little Chloe can relax. We stay with Chloe’s growing compassion for little Chloe, and a bit for current day Chloe, too. Her breathing slows, and she looks different, perhaps lighter. She seems more relaxed, softer, more present.

After the wave of completed grief leads to the portrayal of inner care rather than abandonment, which in turn leads to Chloe looking lighter, more present and more relaxed, we then proceed to process Chloe’s experience of the change that has just occurred. In AEDP, we call this *metatherapeutic processing*, or *metaprocessing* for short: we systematically process the client’s experience of the therapeutic change that has just taken place as systematically as we processed the painful experiences of State 2. This ushers in State 3.

States 3 & 4: Metatherapeutic Processing and the Integration of Core State.

“What are you aware of feeling right now, Chloe? Just check in with yourself,” I say. “Actually, lighter somehow,” Chloe says smiling and bit taken aback. “Like something I’ve been carrying just . . . lifted. At least for now.”

“Yes, I can see that too,” I say, smiling warmly. “What’s it like—this feeling of something lifting?”

“It’s nice. I feel more . . . here. More solid. But also weird or strange, like I don’t know what’s happening to me.”

“I get the *weird* or *strange*, because you’re not used to these feelings,” I tell her. “They’re so new. And you also said more solid. Can we be with that for a bit? What does ‘more solid’ feel like in your body?”

“Like I’m not floating away,” she says. “Like my feet are actually on the ground.”

“Wow, Chloe, that’s beautiful,” I

say, moved. “Your feet on the ground. What’s it like to feel groundedness after all those years of swimming upstream?”

As we metaprocess Chloe’s emergent transformational experience, I watch for what else emerges—what comes is a sense of rightness, a deep example of the calm that announces the integration of State 4, or core state.

“It feels ,” Chloe says calmly, her expression still mildly quizzical, “like

“
Coming home to yourself,” I echo.
“What’s that like to share this moment of coming home with me?”
”

coming home to myself.”

“Coming home to yourself,” I echo. “Wow, that’s beautiful.” I let the silence hold this as we gaze at each other. “And what’s it like to share this moment of coming home with me?”

This relational metaprocessing helps her not only experience but know that transformation can happen in relationship. It’s a learning that good things can happen in connection, not only bad things. Now, in addition to the experience of feeling accompanied in her healing journey, Chloe can hear herself speaking of it, adding the representational to the experiential.

End of Session and Looking Forward

“You know what strikes me, Chloe?” I ask. “When you walked in today

worried about your boyfriend leaving, about doing everything wrong, you were operating from that old template of the child whose parents were too busy being celebrities to really see her. But the woman I’m sitting with now [Chloe smiles widely at this], who just allowed herself to grieve, and to find the time to nurture her little inner child, and in the process, find her ground—she has choices about how to be in relationship.”

“I do feel different,” she says. “More . . . real somehow.”

By session’s end, we’ve moved from defended anxiety, with only little glimmers of transformance (State 1), through the grief work about emotional neglect and a corrective emotional experience of care and connection (State 2), into processing the transformational experience of feeling grounded and unburdened (State 3) toward a sense of authentic self (State 4).

Over the next few sessions, I’ll be on the look-out to see how this healing-oriented work manifests in Chloe’s increased capacity for self-assertion—perhaps setting clearer boundaries with her boyfriend, making choices from her own center rather than from fear of abandonment. Only after this foundation of self-worth and groundedness, buttressed by some corrective experiences and successes, is more established, would we turn to address the persistent day-to-day patterns that continue to plague her, such as the difficulties with time management, the self-sabotaging behaviors, and the relationship dynamics. But we’d now do so from a place of strength rather than a place of inadequacy and failure from repeated unsuccessful attempts at self-care.

The key throughout is tracking transformance, supporting her in experientially taking in my authentic presence so as to undo her aloneness, and helping her process painful emotions until corrective emotional experiences come aboard. And then, with change taking place *in vivo*, in the here-and-now, helping her metaprocess each moment

of positive change to consolidate and amplify the emotional and relational healing already underway.

The Impacts of Addiction

BY CLAUDIA BLACK

My first impression of Chloe is that she lacks a strong sense of self. After hearing what brings her into therapy, and her description of her early childhood, I recognize that her previous therapy focused on current, present-day symptoms; it didn't address underlying causes. At the same time, the fact that she keeps returning to therapy speaks to her motivation for change.

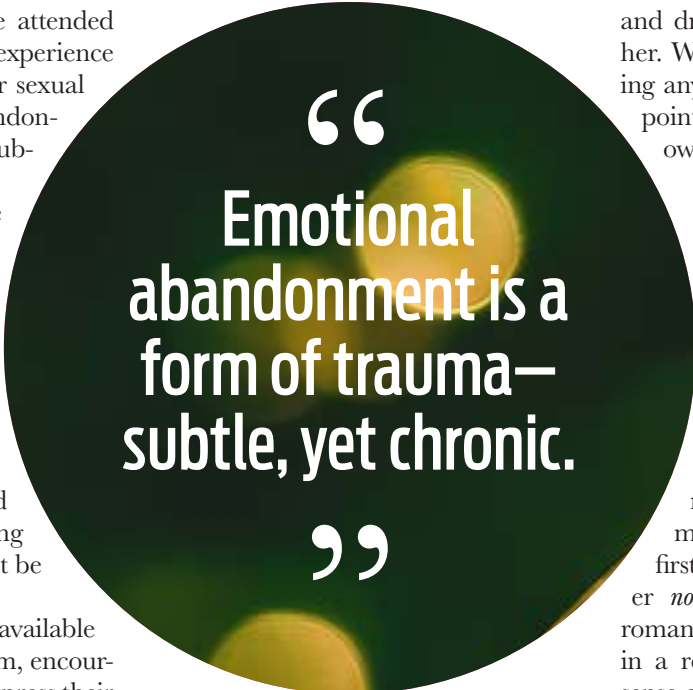
When she jokes about experiencing emotional abandonment as a child, I'm aware that humor is often a sign of resilience but can also hide pain. It's often difficult for a child to see themselves as having been subject to traumatic stress when their basic needs for housing, food, and clothing were attended to, and when they didn't experience blatant neglect or physical or sexual abuse. But emotional abandonment is a form of trauma—subtle, yet chronic.

Despite her ability to joke about being parented by non-caregivers like chauffeurs and coat check girls, my heart aches for this woman who grew up without a consistent, strong attachment to a caring adult. It's likely that she internalized shame around beliefs around "lacking value," "not being good enough," or "there must be something wrong with me."

It's the job of parents to be available to their children, care for them, encourage and support them, and express their love. While Chloe's parents may have felt love toward her, they were more preoccupied with their "celebrity" lifestyle than with parenting. Part of how I help Chloe reconnect with herself and her feelings is by inviting her to create a timeline of her childhood—a visual representation of emotionally impactful events. I ask her to note times in her life when she wanted her parents to be

there for her and they were not. Chloe struggles with this, given that she's quite disconnected from her emotional experiences. To support her, I ask her to visualize a young person who makes her smile when she sees or thinks of them. "Imagine this child having your same childhood experiences. How do you imagine that felt for her?" Finding compassion for another is often easier than finding it for oneself. Chloe's ability to envision another child's fear and loneliness helps her take a step in the direction of owning those feelings for herself.

Next, I ask her to note any feelings associated with the events she's included as critical moments in her past when she felt forgotten or left behind. After that, I invite her to write down the ways she defended against experiencing those feelings. On her timeline where she noted being left in a cab, and the feelings of fear and loneliness that accompanied



“
Emotional
abandonment is a
form of trauma—
subtle, yet chronic.
”

that experience, she writes down how she learned to minimize her feelings through humor and isolation.

Later, we can do additional timelines of Chloe's other intimate relationships to see whether a pattern of relating emerges. We can also discuss who was available for her in healthy ways—family members, friends, coworkers, even if

only for short periods. This process is about helping her recognize that she's had healthy connections in addition to the ones that were lacking or unsatisfying. Remembering how healthy connection feels and identifying how these connections were similar to or different from her current relationship can bring additional clarity around what she wants and needs to feel loved and cared for.

As a clinician who specializes in addiction, I pay careful attention to the impact of substances and substance abuse on my clients' lives. Chloe's parents drank so much that they left her in the back of a cab in the middle of a bustling city when she was far too young to fend for herself. I notice that bartenders are included in her litany of others she experienced as "true parents." In addition, her current partner drinks regularly to excess. All this encourages me to ask about her parents' use of alcohol and drugs, and the way this impacted her. While Chloe doesn't mention having any issue with substances, I make a point of asking her directly about her own substance use.

"I don't drink or use drugs," she says, her voice sounding surprisingly clear and strong. "I never have. I swore I'd never do what my parents did."

And yet, having grown up in a world of glamorous couples, I suspect that Chloe may struggle with a less obvious form of addiction: always being in a romantic relationship. She tells me she was 13 when she had her first boyfriend and that she's never *not* been involved with someone romantically. Yet despite always being in a relationship, not having a strong sense of herself has made it hard for her make healthy choices and relate to men in an emotionally intimate manner. As she shares about the struggles she's facing now, I wonder whether it might be helpful to introduce Chloe to the love avoidance/addiction model.

Love addiction is a compulsive relationship cycle that appears to be intimate but is built on fantasy. In it, a partner wants the other person to be who

they need them to be, but at the same time, they're unable to communicate their feelings and needs directly or to share themselves vulnerably. As Chloe describes it, her most recent partner initially is kind and attends to her, then leaves her to be with his friends and drink. She doesn't have a voice. "I worry that he'll leave me. I don't want to scare him away." She's frightened of being abandoned again. She's still looking to be taken care of, to be told she has value.


Chloe isn't just the pursuer in this romantic cycle, though. She has avoidant tendencies, too. She's emotionally walled in and fearful of genuine intimacy. As long as she operates from a belief that she's "not good enough," she'll try to avoid vulnerability out of fear that others will leave her, once they get to know her. She avoids being known by others to stave off rejection.

Once we've established a solid therapeutic alliance, I introduce inner-child and empty-chair processes into our work. This helps counter Chloe's toxic beliefs about her own unworthi-

ness, and shift some of the long-standing relationship dynamics that cause her pain. Working with her inner child is a way of helping her develop self-compassion. I've already introduced the concept of boundaries to support Chloe in beginning to distinguish between healthy, flexible boundaries and unhealthy rigid or non-existent ones. We've started exploring how boundary distortion can contribute to situations that reactivate feelings of abandonment and contribute to her choices and behaviors in relationships, reinforcing a fragile sense of self. Since Chloe tells me she enjoys reading, I suggest she read a few books on boundaries and love addiction/love avoidance. She also finds journaling helpful, so I encourage her to focus on journaling daily about her feelings.

Chloe's inability to attend to everyday tasks and follow through with desired interests could be due in part to emotional dysregulation. Having her engage in grounding and mindfulness practices in our therapy sessions provides her with a practical self-regu-

lation tool. If I notice that her struggles with focus and organization continue over the course of treatment, I will provide her with a referral to formally assess for attention deficit disorder.

At the start of every session, I ask Chloe to acknowledge what she did or didn't do since our last session that she's found helpful. Beginning sessions with this question amplifies her motivation, but it also helps her develop the skill of self-validation. Gradually, she begins to feel less dependent on outward validation to feel good about herself and her "wins." 

Diana Fosha, PhD, is the developer of AEDP and editor of Undoing Aloneness & the Transformation of Suffering into Flourishing: AEDP 2.0. She is based in New York City.

Claudia Black, PhD, is a trauma and addictions specialist and author of numerous books, including It Will Never Happen to Me. She's also the Clinical Architect of the Claudia Black Young Adult Center and Sr. fellow of The Meadows.



Online Course

Brainspotting In-Depth Online Course with David Grand

Rapidly process trauma
hidden deep in the
brain and body



[REGISTER HERE](#)

*Use the model
shown to be
more powerful
than traditional
therapies in
your practice!*

How “Therapy Speak” Can Wreck Relationships

WHAT THERAPISTS NEED TO KNOW ABOUT CLINICAL JARGON GONE AWRY



ISABELLE MORLEY

In the early aughts, you would’ve been lucky to encounter words like *triggered*, *boundaries*, *toxic*, *codependent*, or *gaslighting* outside the therapist’s office. But nowadays, you’d be hard-pressed *not* to hear them, whether you’re at the coffee shop, scrolling through social media, or sitting down to the dinner table. “Therapy speak,” as it’s become known, has become virtually inescapable.

Surely the public’s embrace of therapy words is a good thing, right? After all, many of us can still remember the days when simply the word *psychotherapy* was spoken in hushed tones, not seen as a pathway to healing and self-improvement as much as some sign of personal failure. Fortunately, not only has much of the stigma around therapy largely dissipated, but our clients are coming to us better informed about diagnoses and other mental health issues—and the language shows it. Great news, right?

Well, not always, says clinical psychologist, EFT-certified couples therapist, and bestselling author Isabelle

Morley, whose expertise has been quoted everywhere from *The New Yorker* to *Business Insider* to *The Boston Globe*. In her recent book, *They’re Not Gaslighting You: Ditch the Therapy Speak and Stop Hunting for Red Flags in Every Relationship*, she writes about how the proliferation of armchair diagnoses—from “my boyfriend is a classic narcissist” to “my wife is a borderline with a trauma bond”—often does more harm than good. Rather than helping identify and clarify problems, many of the partners she works with weaponize these terms to help win arguments and avoid blame rather than to heal and connect.

So what are therapists to do? How can we call attention to this behavior and set the record straight on these terms without offending, invalidating, or damaging the therapeutic alliance? Morely shared her thoughts on this and much more.

Ryan Howes: What inspired you to write *They’re Not Gaslighting You*?

Isabelle Morley: I saw more and more couples in my practice using therapy speak to diagnose each other in front of me or calling me before a first session to let me know they’d identified all sorts of clinical characteristics in their partner that they’d learned about on social media. I realized just how pervasive therapy speak had gotten, how misused and weaponized it had become. After speaking with colleagues and realizing that they were experiencing the same thing and also had no idea how to respond, I felt like I had to write something about it.

RH: It seems like therapists should be glad that the public is becoming more aware of psychological issues and even

trying to use some clinical terminology. Is the problem with how and when they’re using it?

Morley: Overall, it’s good there’s more exposure to these words and more awareness of how and when to seek treatment or get a diagnosis. Therapists shouldn’t be gatekeepers in that way. But I think the pendulum has swung too far, to the point that people are viewing everything in their relationships through a clinical lens, which then over-pathologizes every experience in life to people’s detriment.

RH: What do you think makes the use of these terms so problematic? And isn’t that a little OCD of you?

Morley: [Laughs] Very funny. Some people still use these words with me even after they know I’ve written this book, but they do it with a laugh of like, “I know it’s not the real definition of gaslighting, but what I’m saying is . . .” I understand that language evolves, and I’m trying to balance accepting that with defending some of the more important clinical definitions and diagnoses because they have really important meanings.

When we start to use clinical terms in an expanded, amorphous way, then this semantic bleaching happens where we lose the actual definition of a term. Then we’re depriving people who experience a disorder or abuse of having a way of explaining it in a true and accurate way.

RH: *Semantic bleaching* reminds me of what’s happened to the word *trauma* these days. If they got your order wrong at Starbucks, that’s not trauma.

Morley: Funny enough, my next book is called *You Don't Have ADHD*, and it's all about inaccurate self-diagnosis. One chapter covers trauma, because people have misused this term to the point where those who've gone through undeniable trauma are losing the ability to speak to their experience.

I think it's hard to undo this watering down of language once it's in the zeitgeist. There's a lot of community building around these words online. Whether it's *trauma*, *gaslighting*, *ADHD*, or *OCD*, you don't want to take that away from people, but you want to make sure they're being accurate in how they're describing themselves and others.

As therapists, we were trained in how to use these terms to convey information while knowing that there's a lot of nuance and complexity to diagnoses, and diagnoses can change. I don't think the general public has that same understanding of nuance or understands the pitfalls of defining people by diagnoses.

RH: In your book, you say that your goal as an EFT-trained couples therapist is to help people communicate their feelings clearly rather than hide behind weaponized diagnostic terms.

Morley: Yes. These labels have helped people understand and define their experiences, but they're also shields people hide behind to avoid being vulnerable, sharing painful experiences, and doing the deeper, harder work of being in a relationship. It's easy to say, "You're such a narcissist. I can't believe you were late again," versus "I was so embarrassed that you were late again and I was standing by myself." People avoid that kind of emotional risk by slinging a label, laying the blame on the other person, and making it their problem to fix. And I see couples doing that a lot.

I was getting certified in EFT as I was writing this book. EFT is all about unearthing your attachment wounds, sensitivities, the most painful parts of you, and being able to voice that to people you love in safe settings, usually a couples therapy setting. I see these words as barriers to doing that.

This is a next-level defense mecha-

nism. Most people who go through therapy training go through a phase of wanting to apply clinical terminology to everyone. We want to be able to say, "My mom was borderline, and that's why she got upset with me" because there's something reassuring about that. It takes the responsibility off of us. Then we're trained out of doing that and told instead to explain how we see people not as diagnoses but as complex creatures who have complex histories. The general public isn't given that kind of training.

RH: If a couple came to you and pointed fingers at one another, saying that the problem is that he's a narcissist and she's borderline, how might you handle that from a clinical viewpoint?

Morley: There are times when I stop people and times when I don't. When people use *red flag* and *toxic* all the time, I generally know what they're saying, so I don't stop them. But it's worth pausing when people come in slinging diagnoses. I'll say, "These are pretty serious diagnoses. They have a lot of weight. They would change our work together."

I want us to make sure we're on the same page about what the disorder is, why you think this person has it, if they've been assessed for it, or if the way they've treated you has hurt you so much that this word just helps you make sense of it. Usually, we end up with the latter: no, they're not actually a narcissist, but they often act selfishly and it's hurting you deeply. And it turns out they do have empathy, but it's been buried beneath their own hurts and resentment.

I'm not trying to make it a gotcha moment. But with a lot of warmth and empathy, I'll say, "It's okay if you're saying it because it's conveying something, but we need to make sure we're using this word correctly. And if it's not relevant, we should find a new word."

RH: Are there any terms you considered for the book that didn't make the cut?

Morley: The next book is going to cover all the self-diagnostic ones, like *autism*, *multiple personalities*, *insecure attachment*, even *anxiety* and *depression*. I think peo-

ple are having a hard time determining what's actual depression and what's just a human being feeling down. I'd like to provide some clarity in a nonjudgmental, noncritical way.

RH: Several years ago, therapists started to talk about big-T Trauma and little-t trauma. It sounds like that might have been an early attempt to address the same kind of problem you're tackling.


Morley: None of us get out of life without suffering, right? We don't get to escape that part of existence. But when we say it's traumatic to have gotten dumped, when maybe it's just a normal human experience, we're taking away some of the power of the word trauma.

RH: That's true. So maybe it will all be about the capitalization: "Are you talking about a big-N Narcissist or a little-n narcissist?"

Morley: [Laughs] I kind of love that idea.

RH: People want to know their Myers-Briggs type, their Enneagram, their diagnosis, to be able to say "This is who I am." So much of our identity can be tied up in these terms, for better or worse.

Morley: But there's an optimization element at play, too: *If I just know what's wrong, I can take all the suffering away. I can predict the future and make all the right changes.* And a validation element too: *I'm a part of this big group of people who get the way I am and won't judge me for it.*

It's understandable, but I hope more clinicians will feel empowered to address their clients' use of these words. I think there's a fear of therapeutic rupture or of getting sidetracked, but I think we can address the issue with clients in a way that's validating and helps them ease up on their reliance on therapy speak as a shield and focus instead on actual feelings and needs and growth. 

Ryan Howes, PhD, ABPP is a Pasadena, California-based psychologist, musician, and author of the "Mental Health Journal for Men." Contact: ryanhowes.net.

An Anxiety Expert's Take on "The Anxiety Club" Documentary

WHAT COMEDIANS IN THERAPY CAN TEACH US

Several years ago, I received feedback after presenting an anxiety workshop along the lines of "Lynn's use of humor indicates that she does not take anxiety seriously." I'm always open to observations from workshop participants, but I disagreed with this one. Humor often allows us to enter those sticky places we might otherwise avoid. It entertains us while we're learning. Laughing connects us and pushes back at anxiety's demand that we take life too seriously.

So I had high hopes for the 2025 documentary *The Anxiety Club*, directed and produced by Wendy Lobel and billed as a heartfelt and humorous exploration of anxiety through the lives of several anxious stand-up comedians. Humor and anxiety! This was my jam! Not only do I admire the courage and cleverness of stand-up comedians, I'm also a sucker for learning about anything that goes on behind the scenes. How does an anxious person choose a profession that requires experimenting, failure, vulnerability and harsh judgment as the point of entry? Will I discover anything new about the familiar trope that comedians use humor to mask their pain? I was ready to be entertained and perhaps enlightened. My critical self also wanted to see how anxiety would be portrayed. What might the average watcher learn about it? And what would they take away about therapy in general?

From the opening scene and throughout the documentary, I was struck by how fervently several of the comedians claimed anxiety as their full identity. It was who they were and, based on the shared clips of their stand up, the source of virtually all their material. Joe List, a sweet self-deprecating guy, says, "I have every kind of anxiety you can have... my whole life is fear and anxiety based." Mark Normand, a successful comedi-

an who's been featured on *Conan*, *The Tonight Show with Jimmy Fallon*, and *The Late Show with Stephen Colbert*, describes his social anxiety and internal dialogue as dictating his every waking moment. When we meet his girlfriend, he says, "She's incredibly anxious also, which is nice."

Well-known comedian and podcaster Marc Maron says that with anxiety "everything becomes a hassle." Although he sees maturity and life experience as helpful to managing his anxiety, he also comments on how incapable he is of experiencing joy. I began to wonder: are their lives completely focused on feeling anxious and then performing sets about how overwhelmingly anxious they are? The clips were funny, for sure, but I was craving some funny content that stepped away from this unidimensional life experience. Can you be funny, I wanted to ask them, about anything else? (That would be the assignment I'd give them if they were my clients: write a comedy set *not* focused on your anxiety. What else is interesting about you and your world?)

Much of the documentary focuses on Tiffany Jenkins, a comedian and author who creates YouTube content with millions of followers. Tiffany has two children and her anxiety about their safety is front and center. The average viewer will find Tiffany's story compelling. Her catastrophic parenting is off the charts, with constant—and I mean constant—warnings and restrictions. "There's so much kidnapping and trafficking going on in the world," she says. She talks to her kids (who look to be about seven and nine) "way too much" about kidnapping. She requires they be on the same floor in their house. She hovers while they eat, warning about choking. She tucks a taser in her sports bra when she takes them to the playground.

Tiffany begins therapy with Natalie

Noel, a specialist in anxiety disorders and OCD. To her credit, Noel does not shy away from doing exposure therapy. "Of course she'll do exposure therapy for anxiety and OCD," you might be thinking. But current research indicates that despite its effectiveness, many therapists avoid exposure therapy due to their own hesitancy to feel or cause any distress.

Overall, Noel is direct but supportive. She's clear in her explanations, takes an active stance, and gives Tiffany homework. However, I blanched at her approach with Tiffany's intrusive thoughts. Tiffany's most disturbing thoughts revolve around harm or death coming to her children. "We're going to do a lot of 'maybe, maybe not,'" says Noel. She then has Tiffany write repeatedly, several times a day, "Maybe my kids will die today."

Nope. As someone who's specialized in anxiety for three decades and written three books on the subject, I don't go anywhere near the content of the thoughts, particularly disturbing intrusive ones. No considering the possibility. No "maybe this could happen." Imagine a young adult man with the intrusive thought that maybe he's a pedophile based on agreeing with his mom that his six-year-old niece is "cute." (True story.) I'd never say to this young man, "Well, maybe you are a pedophile, maybe you're not!" And I would absolutely *never* have him write repeatedly "maybe today I'll discover I'm a pedophile" five times a day. Noel then creates what she calls a "worry script," a very graphic story she writes about Tiffany witnessing her daughter choking to death in front of her on the kitchen floor. Tiffany is to read this story repeatedly to "burn out whatever fear you have."


The goal, of course, is to make intrusive thoughts less powerful so they don't dictate behavior, and Noel states as much.

But I prefer to convey the message that bizarre and disturbing intrusive thoughts are a result solely of one's disorder and nothing more. Clearly identifying them as such is essential. Engaging with them as such is not. In fact, engaging with them or analyzing them *at all* can be devastating. People who believe their intrusive thoughts "might" be true often become despondent, full of shame and more fear. I've seen the result of this harmful therapeutic approach.

Luckily, Tiffany does learn to recognize her catastrophic thought patterns and create distance from them, while allowing her kids more autonomy. And I like that Noel repeatedly emphasizes that they're putting Tiffany's children first, and that her anxiety impacts them directly—and not in a good way. "You don't love your children more because you're anxious," Noel says. It's a powerful moment. Noel has Tiffany do several exposure experiments that support the skill of taking action despite the anxious storytelling that keeps her in a loop of inaction, and Tiffany makes progress. But my guess is that anyone watching the "worry script" approach portrayed in this documentary might stay far away from getting help with their OCD.

When the other comedians share what they've learned in therapy, their takeaways are good, solid stuff about stepping out of the anxiety narrative. Maron, for example, knows that "most of what you're reacting to is something your brain is making up." Several of them also acknowledge the harmful impact their anxiety has on their connection with loved ones and with others in general. But I was still disheartened by how much their work, play, and love lives seemed to remain contaminated by the pervasiveness of their anxious inner worlds. One comedian described his anxiety as a "false friend," but it's an omnipresent friend, nonetheless.

On a more positive note, the comedians demonstrate the anxiety-busting skills they use as professional entertainers and writers. Most talk about the need to persist in creating material (despite how they feel), the willingness to tolerate judgement and uncertainty on stage, and the external focus on the audience

that takes them out of their own internal dialogues. There's repetition, consistency, and the building of confidence as they produce good work. These anxious comedians are in fact doing the opposite of what their disorder demands. It's impressive! Anxiety is part of them, but it's not *all* of them. I wish they—and this documentary—had made this point crystal clear. I wanted to hear it acknowledged. As the film ended, I hoped these comedians would come to recognize the ways they were reworking their all-consuming "anxious" identity just as they reworked, revised and delivered a great joke. 

Lynn Lyons, LICSW, is a speaker, trainer, and practicing clinician specializing in the treatment of anxious families. She's the coauthor of Anxious Kids, Anxious Parents and is the co-host of the podcast Flusterclux. Her latest book for adults is The Anxiety Audit.


In Consult FROM PAGE 13

maladaptive behaviors that need to be confronted, or thoughts that need to be addressed and corrected, you'll have a hard time bypassing your need for the client's approval.

So if you're unable to mitigate that attraction, I'd suggest you find a way to let him know that you don't think you're a good fit for him. You can do this by simply telling him, "I feel like you could get more benefit from a colleague who may be a better match in terms of the issues that you're looking to address." A little white lie isn't the end of the world if that's what it takes to help him move on to someone who can help him more effectively.

The other option is to see if you can honor the fact that you're a human who has an attraction, but at the same time, switch your focus to your mission, which is to address a vulnerable part of the client that needs your attention, that's seeking attachment and connection. That vulnerable part of him is the wounded part, affected by whatever coping modes he's constructed over time to deal with whatever life issues

he's currently facing. When we can turn our attention toward a client's vulnerability, we can shift our own role into that of being a kind of reparenting agent, a good advocate, a good "mama bear."

When you're in that role, you don't feel attracted. You feel more of a maternal instinct along with your therapeutic expertise. That combination of instinct and expertise can help you be a healthy advocate for the client as you reach a little deeper to get to that more vulnerable side of him, the child part which often needs to be accessed for us to do meaningful, sustainable work. 

Sara Nasserzadeh, PhD, is a social psychologist, speaker and thinking partner specializing in sexuality, relationships, and intercultural fluency. She's authored three books, including Love by Design: 6 Ingredients for a Lifetime of Love.

Julie Menanno, LMFT, LCPC, is a therapist, author, educator continually working to bridge the gap between complex psychological concepts and everyday struggles. She's the creator of The Secure Relationship, a platform that has reached millions worldwide, with a mission to dismantle the barriers that keep people from experiencing the joy of deeply connected, secure relationships.

Wayne Scott, MA, LCSW is a psychotherapist and writer in Portland, Oregon. His memoir, The Maps They Gave Us: One Marriage Reimagined, about a couples' adventures in relationship therapy, is available: waynescottwrites.com.

Allison Jeanette Briggs, LPC, is a trauma therapist and writer specializing in developmental trauma, codependency, and relational healing. She integrates EMDR, Brainspotting, and other trauma-informed modalities to help clients break free from survival patterns and reconnect with their authentic self.

Wendy T. Behary, MSW, LCSW, with over 25 years of professional experience and advanced level certifications, is the founder and director of The Cognitive Therapy Center of New Jersey and The Schema Therapy Institutes of NJ-NYC-DC.

BY DAFNA LENDER

6 Polyvagal Pathways to Foster Trust

HOW TO HARNESS YOUR SOCIAL ENGAGEMENT SYSTEM

We all know people who seem to have the magic touch when it comes to relating to others. They have a way of calming a tense situation and putting people at ease. They instantaneously connect with strangers on the bus or while waiting in line. Neighbors gather around them at the block party. Waiters squat down by their table to carry on animated conversations that have nothing to do with the menu. What makes people like and trust them so immediately?

Therapists with this ability have a natural advantage in practicing their craft. It's like being tall for a basketball player: not the only thing needed to play in the NBA, but still a big asset. For a therapist, it helps to be able to establish a sense of connection quickly with a wary client or gently disarm a hostile one. It's great to have that just-right timing and sense of playfulness that gets a sullen teenager to crack a smile, or to say “mmm-hmm” with such a sense of deep rapport that it releases a tightly controlled client to finally let go and cry. What does it take to have that kind of vibe and healing presence? I think we'd all agree that it's some combination of years of practice plus natural talent. But are there specific behaviors common to exceptionally gifted therapists that we can study, practice, and cultivate? Luckily, the answer is yes.

Microbehaviors occur within fractions of a second, most of them not conscious to the sender or receiver, and some greatly contribute to inspiring feelings of safety, connection, and comfort. One way of deepening our understanding of these behaviors is through Stephen Porges's polyvagal theory, which uncovers their biological structures and their effects on human communication. Porges describes the social engagement system (SES) as the circuitry primar-



ily responsible for regulating certain types of vocalizations, facial expressions, and gestures to elicit feelings of trust and openness in another person. These behaviors are the main ways people exchange messages that signal either safety or danger to the brain. When a human encounters an unfamiliar person, the amygdala—the part of the brain responsible for evaluating

trustworthiness—scans the stranger's nonverbal, nonconscious behaviors and makes a split-second threat analysis. If the amygdala assesses that the stranger is safe, then the SES is activated, and the person becomes receptive to engagement and connection. Let's take a look at the subtle ways these emotional messages are transmitted.

Voice Prosody

Prosody consists of the timing, phrasing, emphasis, and intonation of words in a conversation, which all help convey aspects of emotional meaning and make our speech lively, convincing, and engaging. It's conveyed by raising and lowering the pitch of voice, speeding up or slowing down the rhythm of our sentences, and varying the loudness of our words. Even the frequency of breathing within speech can convey a sense of urgency or calmness. The effective use of prosody creates a sense that you're really following and getting what a person is saying. It's also a feature of storytelling that keeps listeners interested and curious, holding their attention, and thereby organizing and calming their nervous system.

So how do you produce prosody when you speak? The most elemental model comes from the sounds a parent makes when talking to a four- or five-month-old baby. For example, imagine a father chatting with his baby while dressing her on the changing table. The "dialogue" goes something like this:

Father: (pulling the arm out of the baby's pajama shirt) Where's Bella's arm? Ooooh, there it is! What a big girl you are. You're getting so biiiggggg.

Baby Bella: Ba!

Father: (in a high-pitched, excited tone) That's right! Big! Who's a big girl?

Bella: (making a gurgling, babbling noise with her lips): Brrrrrrrrrrr.

Father: (putting the shirt over Bella's head, speaking with increasing volume and inflection in his voice) Where'd you go? Where'd you go, Bella? (Pulls shirt to discover baby's eyes.) Boo!

Bella: (looking momentarily startled, then smiling wide, wiggling her whole body, and squealing as she giggles)

Father: You're so silly. You're so silly. I got your tummy. (Leans down to blow raspberries on baby's belly.) I got your belly!

Bella: (Kicks legs and lets out another, louder squeal.)

Father: You're so funny, aren't ya,

little girl?

Later, when they're in the kitchen, Bella's father uses the coffee grinder, and Bella is startled by the growling, loud noise. She gasps in shock and then lets out a shrill cry.

Father: (speaking with quick, urgent breaths) Oh! Oh, Bella! Come here. (Picks her up from highchair.) Oh, that startled you, didn't it? Cuz you didn't know what that was. (Shifts to speak in soft, cooing, slow voice as he rocks her.) You were looking at your banana, and then daddy made that loud grrrrrrrr noise from the coffee grinder, and you didn't know what that was. I'm sorry baby. It's okay.

Bella: (Quickly shifts from a scream to a whimper and then sighs as she settles her head on her father's shoulder.)

This parent–infant dialogue is the essential foundation for prosody in human beings. Humans use that voice instinctively while tending to babies because babies are biologically programmed to hear higher-pitched tones, which lilt up and down like the chirping of a flock of lively birds on a spring morning. They capture the baby's attention and make her calmer, more organized, and more amenable to the parents' suggestions and handling. Conversely, babies aren't so able to interpret the lower-pitch, grumbly noises that naturally signal danger (like a lion's roar) or the monotonous sounds, usually lower in pitch, that seem controlled and unemotional.

Most successful therapists, regardless of theoretical orientation, make good use of their prosodic voice as an essential component of conveying empathy. But the true masters of prosody really stand out when you watch them in action. Daniel Hughes, developer of Dyadic Developmental Psychotherapy, is one such person. His captivating use of that sing-songy voice while matching his client's rhythm is like witnessing the unfolding of a concert of flow and meaning-making.

In a conversation on video that I've watched many times, Hughes is sitting face to face, in close proximity to a mother who's experiencing almost categorical rejection from her 12-year-old

adopted daughter. Out of her underlying feelings of hopelessness and hurt, the mother has been hostile toward Hughes previously in the session. After a long back and forth of struggling to uncover the true pain the mother is so fearful of confronting, she finally begins to trust Hughes's intentions and begins to reveal her deep suffering.

Adoptive mother: (leaning forward, face contorted in pain, gasping in short breaths and heaving as she speaks) I let this child into my heart.

Hughes: (in a pained, high-pitched yet encouraging whisper and gasp) Yeah.

Mother: I offered her everything a child could want! A loving home, a mother who's interested in her, who wants to know what she feels, what her day was like!

Hughes: (sitting forward, matching her expression of pain) Yeah.

Mother: I want to help her—with anything! Anything at all! But she won't let me! I would've given anything for my mom to want me like that!

Hughes: (Takes a deep breath, speaks with urgency, matching mother's cadence.) Of course you would! (Repeats more softly.) Of course you would. You brought her in. You cared for her. You thought of everything you could to make her feel comfortable, to make her feel safe, to make her feel wanted. (Pauses, sighs, speaks in a quieter, slower voice.) You're saying, *Hey, I'm your mom.*

Mother: (Pauses her crying, looks intently at him, sighs more deeply.) Yeah.

When I close my eyes and listen to this segment without the video, I can almost imagine Hughes holding the mother, rocking her back and forth as she's experiencing her excruciating sense of rejection. His pitch, rhythm, and cadence conveys both empathy and comfort, and makes the mother calmer and more receptive to letting him in. It seems almost magical.

Resonance

Related to prosody, another factor that elicits trust is the use of a resonant voice. Resonance is using the

body to vibrate in sympathy with the sound of your voice. It's the classic therapist response of a convincing "Mmm-hmm." It comes when you open up your lungs (breathe deep), open up your throat (yawn), and relax your jaw. The more relaxed you are and the more space you create in your body cavity, the more resonance you'll produce. Resonance makes people you're speaking to feel convinced that you understand the intensity of their feeling. It's like you're vibrating in their same frequency to show *I understand you*. Some people have a naturally resonant voice. Think of the actor Morgan Freeman, or singer Janice Joplin. When you listen to those performers, you feel wholly convinced of the emotions they're transmitting, and you're carried away by their message. This feature of communication is important when a client is feeling intense emotion and is frightened by that intensity and the negative effect it might have on the relationship.

Picture an angry teenager who's been given the ultimatum of going to you for therapy or having his screen time taken away indefinitely. He's resentful, hostile, and defensive as he sits on your couch. He stares sullenly at the wall, and when you ask him what's going on, he lets out a tirade: "I don't know why I have to come to this stupid place every week! I only came because my mom told me she'd take my phone! I know you're the one who told her to do that!" An outburst like this can cause even the most experienced therapist to momentarily retreat inward in defense. This position will constrict your throat and lungs, and you'll produce a thinner, more monotonous vocal tone, which may contribute to the client getting more upset. Why? Because he sensed your retreat, and his worst fear—that he's no good and rotten—is confirmed.

Instead, pausing to sit up, setting your shoulders back, taking a deep belly breath, and opening your throat before speaking will help you produce a more convincing sound when you

respond, "Ohhh, okay. Thank you for telling me that. Now I understand part of the reason why you came here in such a crummy mood." This young man wants you to really understand, to really feel his internal sense of pain and fear of rejection, and the vibration behind your words, more so than the words themselves, will help convince him that you do.

As an exercise, put your fingers on your lips, take a deep breath, yawn in the back of your throat (while keeping your lips shut), and then let out a convincing "Mmm-hmm." The more you can feel your lips vibrating, the more resonance there is. Of course, you have to find just the right measure of resonance when you communicate, so as not to sound overly passionate or intrusive. But it's usually the underuse of resonance that leads to miscommunication in the client-therapist relationship.

Facial Expressions

A second aspect of communication in the social engagement system is the use of facial expressions to elicit trust. Porges hypothesizes that there's a "a face-heart connection" in the body, wherein the movements of the facial muscles regulate or change a person's heart rate, serving to create either relaxation and openness or defensiveness. The facial expressions that evoke positive social states include having a genuine smile, a focused, curious look in your eyes, and a wide, smooth (unfurrowed) brow and forehead.

What do these facial states look like? Have a friend take a photo of your face while you conjure up different images of feeling states, such as your baby smiling at you, a reunion with a cherished friend, a moment when you received distressing news, or when you felt confused by some information that didn't make sense to you. Then take a close look at your faces in these states and let yourself imagine which expressions you might use to create feelings of trust, and which might interfere with connecting with a client.

Let's take a genuine smile, as

opposed to a "say cheese" smile. In a genuine smile, the eyes close a bit as the muscles around the eyes tense, wrinkles appear on the sides of the eyes because the face muscles pull the cheeks up and make them bigger, and the skin under the lower lip tightens so the bottom teeth get covered up. In other words, you're smiling with your eyes. It's difficult at first, but not impossible to evoke a genuine smile in a situation that doesn't normally inspire one, such as meeting a client who brings up a feeling of discomfort or dread for you. If you're worried that doing these facial gymnastics to produce a smile means you're not being authentic, remember that clients who are rejecting or intimidating are likely defending against a fear that you'll judge or scorn them. By evoking a warm smile upon greeting them, you're nonconsciously affecting their brain, signaling the message *Give it a chance; it could turn out all right*. In effect, you're overriding their own internal message and choosing a noncongruent response of *Yes, I know you're fearful, but I'm still open to you*.

Another powerful message of safety is signaled through your eyebrows and forehead, which play an important role in indicating true acceptance and curiosity about another person's negative feeling states. Often when clients express feelings of defensiveness or aggression, our immediate reaction of a furrowed brow provides a nonconscious message back to them that we've internalized their negative messages and believe their inner "badness." It's hard not to have this response if a depressed client is droning on and on about the worthlessness of the world or an anxious client spends countless minutes expressing obsessive thoughts and out-of-control feelings. Even if a client is sharing something profound and we're grappling with it, our eyes might close a little and one of our eyebrows will droop, or the two lines between our eyebrows which form a "v" will appear. Our intent is to convey deep thought, but a client whose brain has been overtrained to detect judg-

ment and scorn may read this pensive or concerned look as condemning. Managing the muscles around your eyes, ears, and forehead can help correct that effect, so that you can send your preferred message: *I'm truly open and curious about you.*

The way to do this is to elevate your eyebrows, so that your eyelids are taut and not drooping. The look is subtly different from just looking surprised. While looking in the mirror, raise your eyebrows up and down, and while doing so, focus on moving your eyebrows out toward your ears. If you want to perfect this expression, you can work on the art of "wiggling your ears." This is a capacity that some people have innately, some can learn, and some can't do at all for physiologic reasons. But attempting to learn this facial trick (and others, like flaring nostrils or darting one eyebrow at a time) will increase your overall control of your facial muscles to create a more open, smooth browline and forehead, which signal receptivity rather than suspicion or judgment.

Another key illustrator of safety is the use of gestures, both of the head and hands, as well as one's overall posture. All of us are reassured when body language is congruent with speech. Everyone knows that slumping, slouching, or tilting one's head down signals lack of energy or interest, a closed-off look, or possibly anger. So therapists should be mindful about sitting back in their chairs, lowering their shoulders back and down, sitting up straight, and taking a deep breath from the belly. Tilting your chin up a degree or two and angling your neck slightly to expose your neck can also have the effect of *I'm making myself vulnerable/open to you.* Leaning forward is a sign of intense interest and can be used mindfully to show focus and investment in the client's story or to emphasize a crucial point you might wish to convey.

Hand gestures go along with body posture. The degree to which we use gestures to convey or emphasize a point in a story varies from culture to culture (Italian more, Scandinavian

less). However, it's universally accepted that using gestures to illustrate a point in a story helps make your point and sets the listener's brain at ease because it helps make your message congruent and clear. For clients who lack basic trust, any sign of ambiguity or lack of congruence between your body language and words will register as suspicion of your motive. So while most of us were taught (mostly through modeling) that our hands should be calm and static on our laps while we engage with our clients, strategic use of posture and gestures can in fact enhance a sense of safety by highlighting our intention to engage and connect through our body.

Eye Contact and Touch

As listeners, we tend to look in a sustained way at a speaker to show our interest and attention. But beyond that, what in your eyes lets people know you're really listening? What produces bright eyes, rather than a dull look? One answer can be found in the difference between the meaning of the two words *looking* and *gazing*. Looking simply refers to the act of directing your eyes in a particular direction, whereas gazing refers to the act of looking at something in a steady way, usually for a longer time, and possibly with less blinking. The difference is difficult to explain but easy to distinguish if you're the object of a listener's gaze.

Additionally, the pupils in the eyes of a listener who's really engaged will dilate or get larger. Although imperceptible to the naked eye, the brain registers this subtle difference as a signal of genuine interest. One way I practice this is to focus on one of the client's eyes at a time and try to notice the varying colors in their irises. When you really look at eye color, it's fascinating to see how variegated and broad the spectrum of colors can be. For me, this brings a palpable feeling of humanity toward whomever I'm sitting with. As I look, I imagine that right behind that person's eyes is their soul or spirit, and that

gives fuller meaning to my gaze.

Finally, the therapeutic use of touch is a powerful signaler of safety when applied in an attuned way. Touch is usually prohibited between therapists and adult clients, but there's a strong argument to be made for incorporating calming or reassuring touch when warranted. Done with permission and awareness of the client's physiologic responses, a therapist can offer to gently press a client's hand or place a hand on the client's shoulder. Even approximating warm touch when direct contact isn't appropriate can be effective. For example, preparing a warm mug of tea for clients to grasp on a cold day, having plush throw blankets of various textures available for them to hold or drape around their shoulders, or having various weighted pillows for them to clutch can provide tremendous comfort to calm and contain feelings of vulnerability.

I also try to establish the practice of shaking my clients' hands before they leave. I do this with intention, trying to avoid the "let's close this meeting" effect, but grasping with both hands and looking warmly in the eyes to solidify a sense of "let's have this one last moment of connection to solidify the gains that we made." It also signifies *I'll hold you in my mind until the next time we meet.* I don't do this with every client and not at every session, but I often try it if I sense that a consolidating touch will help the client walk out the door feeling more grounded.

Playing for Change

The simplest and most elegant way to put all these social engagement mechanisms to use is through play, which naturally combines them all. In fact, Porges considers play an important neural exercise in practicing detecting trust vs. danger in relationships. A game of hide-and-seek illustrates this learning perfectly. Since the hider can't see the seeker, she's unable to pick up on the safety cues of the seeker's face and voice. This creates uncertainty in the hider.

The tension rises as the seeker comes closer, until she finally finds the hider and yells, “Got you!” This produces a startling effect in both players. But after the initial discovery, the players show warm facial expressions and a gentle voice to reestablish connection and safety. It’s unlikely you’ll be playing hide-and-seek with your clients in therapy, but lots of games produce similar surges of energy, risk, and connection.

Take, for example, a game called feather pass, in which two people stand face to face. One blows a fluffy feather (found at any arts-and-crafts store) up and toward her partner, and the partner blows it back. The volley continues for as long as possible before the feather hits the ground. The feather floats and dodges in funny ways as it’s passed, so each player has to really attune to the other’s movements and engage in quite a bit of acrobatics to continue the exchange. Sometimes the partners are so invested that they dive to the floor to get under the pass. The net effect is that of joy and amusement as the dyad experiences their shared investment in the silliness of the joint endeavor. This type of activity is priceless in family therapy when a sullen or depressed child is unwilling to engage in any conversation. However, play shouldn’t be limited to young clients and their families. The power of play can be harnessed to create movement and healing in adult clients when more conventional methods aren’t doing the trick.

Karen is a mother who came to see me because of her deepening depression as she struggled to care for a special-needs child in the midst of a failing marriage and the lingering effect of her own childhood neglect by her parents. As the weight of her circumstances emerged, Karen found herself sinking further into a state of paralysis and dread. Her psychiatrist increased the dose of her antidepressants, but her feelings of hopelessness made it difficult for her to even get to her therapy appointments with me.

When she did come, she’d often sink into the couch, clutch a large pillow against her chest, and lean her head on the couch armrest. When I asked her questions, she responded with murmurs or grunts. Offering her tea, a cooing, empathic voice, and validating her feelings weren’t enough. She was in a freeze state, which masked existential panic.

My sense was that I had to connect with her on a nonverbal level to mobilize feelings of connection or trust. So I scooted my chair closer and ducked my head to match her eye level. I told her that I wanted to try something different, something that might seem unusual or silly, and asked if she’d try playing a game with me. She nodded. I told her I wanted her to say the words *peanut butter* in any way she wanted and that I, in turn, would respond *jelly* in the same way. Karen looked at me quizzically and mumbled “peanut butter” flatly. I responded “jelly” in the same tempo, tone, and pitch. She said it again in the same way, and again I responded. The third time, Karen said “peanut butter” really fast, and I repeated the speediness in my “jelly.” Karen paused, like she was really thinking of a new way to say it. Her head was still leaning on the armrest. Her body posture hadn’t changed, but she let out a “pea-NUT but-TER” that had an upward inflection and an emphasis on the second syllable that gave it a Southern twang.

I concentrated hard as I tried to mimic the rhythm. Because *peanut butter* has four syllables and *jelly* two, I extended the sounds and responded “jeh-EH lee-EE” in the same inflection. Karen smiled amusedly and raised her head. She provided several more creative peanut-butter sounds, adding head gestures and widening her eyes. Her face was no longer frozen, her shoulders weren’t slumped. She was sitting face to face with me and I was mirroring her energy and adding to it. By the end, we were both giggling at the funny effects we were creating together. I

let the process of the game unfold naturally, and after a few minutes, Karen took a deep sigh as we looked at one another. She was finally fully in the room and ready to engage more deeply.

Getting Back in Sync

At the heart of much of psychotherapy is an awareness of your attunement with clients and your ability to stay connected with their inner experience. But in recent years, through Stephen Porges’s polyvagal theory, we’ve moved to a new stage of understanding about what it means to have an emotional connection. So now, when a session goes off course, we can understand more precisely the nature of the disconnection and how to repair it in a systematic way. This understanding isn’t on a theoretical level, but on a basic, somatic one.

One example of this occurred in a session with 15-year-old Beth and her mom. Before they even sat down, Beth’s mom looked tense, telling me that her daughter had had a tantrum in the car because they hadn’t had time to go to the drugstore to get a color of lipstick that Beth wanted. This was a recurring pattern between them, where some small disappointment set off an explosion that resulted in days of hurt feelings and distance. Beth walked in and paced around my office as if lost. I sensed that some type of physical experience would help organize her, so I offered a simple game of throw and catch to the rhythm of a song. But Beth immediately slumped onto the couch and retorted, “No!” Mom rolled her eyes in exasperation. Beth drew the hood of her coat over her eyes. Her shoulders were slumped, her mouth angled downward in a frown.


Mom started cajoling her daughter to cooperate, but I sensed that trying to confront Beth would only cause her to retreat further. “Wait, wait, mom,” I said breathlessly, conveying a sense of urgency. “Maybe, just maybe, what’s going on here is

that Beth is trying to cooperate, but she's feeling so intensely about things right now, she just can't look at us. It's just too much, *too much*." I wanted my voice tone to let Beth know: *I get you, girl. This is serious. You're in no mood to play.* I directed my words toward mom but kept speaking with resonance that matched Beth's sense of feeling hurt. As I expressed what I thought had happened in the car and wondered about what it must have felt like for her, I allowed my words to flow like a rhythmic story that had a forward motion, calming the nervous systems of both mother and daughter.

Slowly, Beth raised her hood from her eyes until she was looking at me. I returned her gaze and held my hands out to my sides, asking with curios-

ity and without being wedded to any particular answer, "Was any of that close to what you experienced?" Beth nodded in agreement. Getting the eye contact and the back and forth of the communication flowing had been my goal. Beth was now open to the possibility that her mom and I wanted to be with her and share her experience, and that moment helped the rest of the session move toward a place of greater understanding.

The discovery of how we can best use the prosody of voice, eye contact, gestures, and gentle touch to affect social communication is a significant advancement in the field of psychotherapy and brain science. We've now moved past the point where we rely only on intuition to elicit trust and

openness. And the good news is that when we lose the connection with our client, we can tap into the deep power of the social engagement system to find it again. 

Dafna Lender, LCSW, is an international trainer, supervisor, and consultant in both Theraplay and Dyadic Developmental Psychotherapy (DDP) who teaches and supervises clinicians in 15 countries in English, Hebrew and French. Her expertise is drawn from 25 years of working with families in at-risk after-school programs, therapeutic foster care, in-home crisis stabilization, and residential care and private practice settings. She's also the co-author of Theraplay: The Practitioner's Guide. Visit www.dafnalender.com.

LIVE ONLINE · February 11-12, 2025

FREE 2-Day Essentials of Sex Therapy with Tammy Nelson

Effective strategies for creating deep sexual connection and fulfillment



Tammy Nelson, PhD

REGISTER HERE



Relive the Greatest Moments of Psychotherapy

The *Psychotherapy Networker* archives are open—
subscribers get **FREE** access to 48 years of psychotherapy history!

Since the 1970s, the *Networker* has been the place where clinical leaders share their most compelling ideas.

Explore the trends and shifts over the decades, from the early days of EMDR... to the development of today's understanding of PTSD... to how cognitive and somatic therapists changed with landmark events like 9/11.

Our archives include intimate interviews with Sal Minuchin, Carl Whitaker, Irv Yalom, Peter Levine, David Burns, Judith Beck, Esther Perel, Gabor Maté, and many more.

Be inspired in the present by knowing the past. Dive in today by simply logging into your subscriber account.

Start your journey here
psychnet.co/archive



**SUBSCRIBE TODAY AND GAIN
DIGITAL ACCESS TO THE LATEST
CLINICAL NEWS, TRENDS, AND
EXPERT PERSPECTIVES!**

Plus get...

- ✓ Free CE Hours (a \$30 value)
- ✓ Access over 45 years of digital archives (a \$12 value)
- ✓ Free 90-day trial to therapist.com (a \$38⁹⁷ value)

\$134⁹⁷ VALUE

FREE

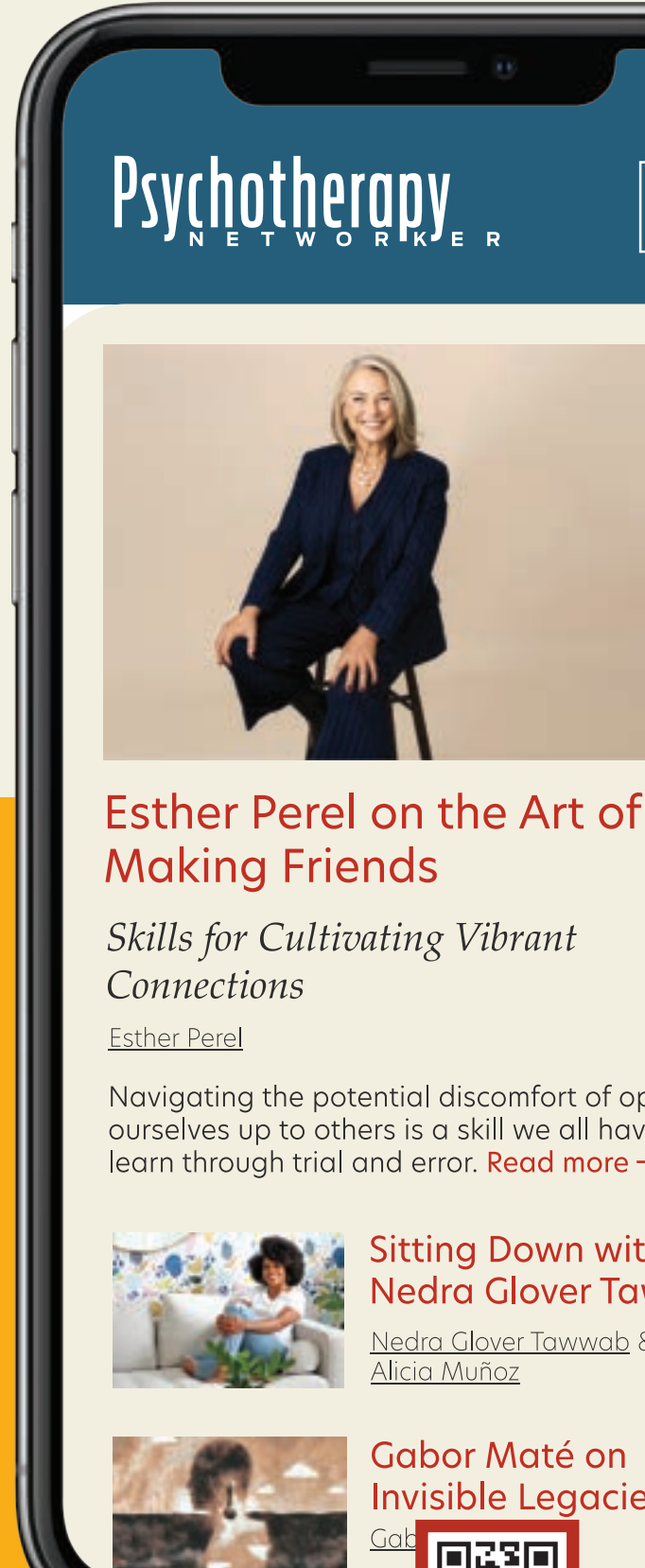
**FOR ONE YEAR
THEN \$9⁹⁹/YEAR**



\$25 OFF

YOUR CHOICE OF CE TRAININGS

WITH PROMO CODE 25MAG



Esther Perel on the Art of Making Friends

Skills for Cultivating Vibrant Connections

[Esther Perel](#)

Navigating the potential discomfort of opening ourselves up to others is a skill we all have to learn through trial and error. [Read more -](#)



Sitting Down with Nedra Glover Tawwab

[Nedra Glover Tawwab](#) & [Alicia Muñoz](#)



Gabor Maté on Invisible Legacies

[Gabor Maté](#)

Subscribe to the Digital Magazine at: psychnet.co/pnfree

