Working with Couples in this issue

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What is Accelerated Experiential Dynamic Psychotherapy for Couples (AEDPfC)?

How is it different from other approaches to couple treatment?

How does it affect the children of the couple?

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AEDP for Couples is based on increasing the whole body somatic attunement of the therapist.

Cultivating the Self of the Therapist:
AEDP for Couples is based on increasing the whole body somatic attunement of the therapist. This somatic attunement grows in the therapist who is accessing natural transformance drives to facilitate the couple’s process. Relational connectivity and “undoing aloneness” (Fosha, 2000, Mars, 2011) through the judicious use of self-revelation on the part of the therapist helps to build an alliance with each couple member. Emerging affective neuroscience and applied attachment research are key elements of AEDPfC. My decade of training in facilitating Authentic Movement with Janet Adler (2002) provides the basis of the somatic tracking aspects of AEDPfC called witness consciousness. Another intention of the work is to evoke the somatically attuned self-at-best in each couple member progressively from the first session going forward. This invites and builds the self-at-best of the therapist in a virtuous circle, which then strengthens the somatic field in each session with a felt-sense (Gendlin, 1982) of caring and safety.

The therapist serves as a model for affect regulation and for stretching to new levels of presence. By self-at-best, I refer to a term used by Diana Fosha in her remarkably prescient book The Transformative Power of Affect (2000). Self-at-best describes the way we most long to be and act that is exemplified by being self-reflective, attuned, and effective even when circumstantially activated or triggered. Imagine your level of responsiveness and creativity of engagement on a “good day” when all is right in your world. Imagine now being this way even in couple sessions, when attachment level activation and agitation is looming between two couple members who arrive in a distressed state. The training and practice in AEDP for Couples is strongly oriented to the grounded inner work of the therapist in expanding the capacity to see, hear, feel, sense, notice movement, track subtle energetic shifts moment-by-moment. Each session...
In AEDPfC, professional training is oriented strongly to the development of particular brain centers that have to do with tracking internal experience.

The OFC helps therapists to find the capacity to choose to focus on what is truly likeable and loveable about each couple member and to evoke, recognize and amplify these qualities. We can then help each couple member to become more love-ABLE in relationship to the other by building on each of their strengths through their becoming more mindful and choeful. This applies to what each couple member pays attention to internally and then to what they put into action relationally. Learning to voluntarily pay attention to, remember and feel gratitude for the most lovable aspects of the partner is hugely important in increasing bonding, peace and pleasure in couple members’ lives together. While the whole brain and body are required for this evolving capacity, the OFC is a major player. For example tracking and interpreting facial expression and voice prosody or the “song of speech” are some of the talents of the trained OFC.

A second key brain area in the AEDP for Couples model is the anterior cingulate. We can best imagine the anterior cingulate as a spotlight that directs a beam of consciousness to illuminate precisely the somatic experience of which we choose to perceive more clearly. By cultivating the capacity to use the anterior cingulate with more deliberation, the therapist becomes progressively more able to somatically track moment-to-moment, not just emotion, but all seven channels of experience (Mars 2011, 2015). These channels are: sensation, emotion, energy, movement, auditory, visual and imaginal. The ease with which the therapist can change channels and bridge to couple members in the somatic channel through which that couple member is perceiving, receiving or expressing is an essential part of the model (Mars 2011). For example, typically avoidantly attached partners have less access to a full range of emotions. By the therapist re-focusing on sensation of muscle tension, or on imagery or on the visual channel with that more avoidant couple member, the foundation is built to move toward more feeling function. It is vital to stay clear of stigmatizing the couple member for what has been a source of shame and perceived failure over the course of the relationship. Cultivating this whole body capacity of bridging to the somatic strengths...
of each couple member is central to how the therapist grows as well.

The internal working model introduced by John Bowlby (1969) determines the style of connection or disconnection that each couple member has learned as a relational survival strategy. The internal working model also determines the channels of experience through which he or she can perceive, receive and express. Each of us therapists has certain channels that are well regulated and that are accurate in perception. We also have other channels of experience that have been “crimped” and diminished from conscious awareness by what Bowlby termed defensive exclusion.

**Stretching Defensive Exclusion**

Early in life, implicit learning through tens of thousands of repetitions of relational exchanges with our caregivers has created within us a highly specific capacity to be able to perceive only in specific ways. Fortunately due to brain plasticity these capacities can be expanded. For example, if in the family of origin, there is a history of excessive verbal violence, derision, contempt or sarcasm, the infant may have been trained through implicit learning to block out the auditory channel of voice prosody. Then later in life an automatic crimping or hyper-reactivity in the auditory channel can complicate the capacity to hear voice prosody with correct meaning. Hyper-reactivity to the auditory channel regarding vocal tone and volume often brings patterns of inflammatory responses, which reduce relational safety and block productive conversation. Part of the function of couple members speaking directly to each other in AEDPIC with the careful attention and guidance of the therapist is to stretch the rules of the internal working model through having corrective experiences that create “safe surprises” (Bromberg, 2006) that surprise both couple members! When affect is kept within the window of tolerance (Siegel, 1999) and couple members are perceiving, receiving and expressing what feels most true to their own experience, their capacity grows to be able to know and develop trust that the partner’s voice tone, facial coloration, gesture and eye brightness are saying something even more trustworthy as a verifiable truth (Mars, 2011) than the words alone. Experiences of recognition and being known and accurately seen and heard contribute to earned secure attachment.

**Reception of the Seven Channels of Experience**

Reception is the process of deeply receiving and allowing one’s self to be affected by and to regulate the experience of what has been taken in. Letting in and receiving the expressions of the life partner by conscious choice is a profound act of individuated relational attunement. Most notably when the energetic field of each couple member is perceived and received, this can be an area of great potential benefit. The energetic field is shown through increasing brightness or dulling in one or both eyes. The energetic field is also shown through the subtle vibratory quality that is contained within the voice. We can not only hear, but sense how our bodies vibrate with our own voice or the voice of another. In this way we can increase our capacity to track energetically. The energetic channel also helps us to track the earliest signs of dorsal vagal response (Porges, 2011). Noticing early signs of slumping posture, foggy eyes, dropping energy, yawning and a loss of the capacity to focus attention in either couple member helps us to know that he or she is beginning to dysregulate. The moment when either couple member has moved outside the window of affect tolerance in the direction of torpor, we can know that unresolved relational or other trauma has been triggered. This marks a spot for digging for the buried therapeutic treasure of specific historical wounding or loss. One of the hallmarks of AEDPIC is working deeply with one partner with the other couple member present.

**Healing Portrayals**

In AEDPIC the therapist identifies key markers of triggers and recognizes opportunities to “slide back in time” (Mars, 2011) to treat underlying and unresolved trauma with healing portrayals (Fosha 2000). Healing portrayals metaphorically are the psychic surgery (Pando-Mars, 2016) processes in AEDPIC. When the field of safety between the couple members is strengthened and the bond with the therapist is strong and stable, healing portrayals can be used productively. It is profound to register what happens when couple members bear witness to each other’s deep healing work. Having two attuned, kind and understanding witnesses to what has been often been held in unbearable aloneness can create a lasting corrective relational experience. The combined somatic awareness of the therapist and the other couple member creates a recognition that connects in the specific neural networks that need a healing completion. To keep within the limited scope of this article, a brief description of healing portrayals follows. The first of the four main types of portrayals is reunion, in which a younger subpart is met, seen and heard by the wiser older self. Redo portrayals offer a new experience of completion in a traumatic memory, in which what needed to happen then is created vividly now by accessing all six of the other channels of experience (sensation, emotion, energy, movement, auditory and visual) in the imaginal channel. Rescue portrayals involve the wiser older self coming to the aid of an abandoned and mistreated younger aspect of self and then finally taking him/her out of the situation in an imaginally and somatically rich way. Anger portrayals bring the unconscious impulses of aggression that have often been misdirected at the partner to the true historical target with the support of the therapist and the partner’s kind attentive presence. Our goals with healing portrayals are to generate a more internally coherent experience of self in relation to the self and the partner in a fresh and conscious way.

**Guiding the Process of Treatment**

In AEDPIC we follow subtle somatic green, yellow (Russell, 2015), and red signal affects that give cues about when to move forward, when to slow down and when to stop and regulate to reestablish safety. In AEDP for Couples the experience of deep respect and justice are guiding principles in the work. It is profoundly unjust for an individual to live a life in which their early-life deprivations, shocks and traumas pre-determine their future life experience in perpetuity. It is within the work of AEDPIC for couple members to co-create the justice that they are each able to love and be loved in a way that touches the hearts of each other and of the
In AEDPlC we follow subtle somatic green, yellow, and red signal affects that give cues about when to move forward, when to slow down and when to stop and regulate to reestablish safety.

Effects of AEDPlC on Children
In my clinical experience and as described in the reports of supervisees and other practitioners of AEDPlC, when couple members are being more peaceful, respectful, self-reflective and interconnected with their partners, the children spontaneously show benefits. Behaviors in heir children that have been driven by anxiety and uncertainty such as arguing with siblings and testing of limits ease up. As parents in couple treatment come to accept the differences in each other through becoming more individuated, self-reflective and mutually honoring, children and especially teenagers can trust more deeply that their own differences will be honored and respected. As parents come on line by using responsibly owned “I-statements” in discussions with their children, the calming effect of being heard and known can take the place of inflammation and pushing away as a way for the young person to declare him or herself as different from his or her parents.

Summing up
Consider that key factors that indicate secure attachment include: more capacity to self-soothe and be soothed by another, a broader window of affect tolerance, greater self-reflective capacity, patterns of basic relational attunement and the regular practice of following a dis-attunement with repair. Since these patterns are what the parents have been cultivating in treatment, taking these ways of being somatically and relationally mindful and responsive home to the kids could be the most nutritious kind of take-out!

Since the mid-1970s, David Mars, PhD has been developing innovative techniques of integrating the body into individual, couple and group therapy to deepen the somatically attuned experience of patients. He has cultivated a deep awareness of the expressions of the heart, breathing, muscles, and nervous system through two decades of integrating biofeedback into couples treatment. He is Senior Faculty at the AEDP Institute, the developer of AEDP for Couples and leads trainings nationally and internationally on that topic with Karen Pando-Mars, LMFT his wife of thirty-one years.

References
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