



AEDP for Couples: Building Whole Body Attunement to Treat Relational Disconnection and Underlying Trauma

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In this article I will describe a method and motivation for therapists to become more capable to build bridges of whole body attunement to the couple members and their partners. The themes here are all part of the Accelerated Experiential Dynamic Psychotherapy (AEDP) for Couples method. Whenever we meet a new couple, we are also meeting two internal working models. This first session optimally goes beyond perceiving whether they demonstrate a secure, avoidant, or anxious-ambivalent attachment style. Our capacity to create a secure base with every couple member will be much enhanced if we can also discern the specific ways they are experientially open, shut down, or hyper-reactive. This attunement in our perception can lead us to be guided by our own orbitofrontal cortex or “third eye” region to make wise and kind responses that can lead us into therapeutic directions far beyond our conscious knowing. “The unthought known” (Bollas, 1978) is what is shown to us by each couple member’s distinct gestures, facial micro-expressions and subtle shifts in voice prosody. The timing of their sighs and even the friction we perceive in their airways can guide us to vital cues about their internal state. If we are attentive and relaxed in our own defenses, we can become permeable enough and somatically aware enough to accurately perceive and receive this couple member who has come to us for help. The experience of being kindly perceived *and* received is one of being taken in, held somatically and relationally. When this happens in our first session of treatment, it sets the container for a deep relational journey that will not depend on transference, but actual relationship of our becoming and being increasingly felt as a *true other* (Fosha, 2005, Mars 2015).

The experience of the true other is one of the essential precursors to increased earned secure attachment (Roisman et al, 2002). This capacity to lend one’s self to be felt as, and in fact to BE, a real and verifiably trustworthy ally is a deep accomplishment in the evolving self of the therapist. This requires of us a cultivating of our capacity in perceiving, receiving and expressing somatically across seven channels of experience (Mars, 2008, 2011, 2015). The seven channels of experience

are sensation, emotion, energetic, movement, auditory, visual, and imaginal.

SEVEN CHANNELS OF EXPERIENCE



The image above shows the seven channels of experience with the “witness” at the center. To hear two eight-minute meditations that will give you an experience of intensifying and amplifying somatic awareness, type this URL into your internet browser: bit.do/davidmars.

Affective neuroscience studies validate that the somatic intersubjective field (Shore, 2011) describes and details these somatic groupings of ways of knowing our relational environment through our senses via the right brain. We can also collaboratively generate nutritive effects with our couple members and clients by “lending them our somatic mindfulness” through the ways we show how we accompany and reflect them.

As we model somatic awareness and kind firmness by using I-statements followed by our witnessing of what we perceive and receive, we create a fertile field of palpable safety and the experience of being seen, felt, heard and known (Fosha, 2005, Mars, 2011, 2015). It is the rare couple member who says, “I have not been watched enough in my life.” It is a very common, though, to hear statements like, “I have not been seen for who I am.” Or “I have not been heard or known in my early life or in my marriage.” A very common presenting problem in couple therapy is, “I feel like my partner doesn’t know who I am and does not even seem to be curious any more. There is a feeling of deadness for me.” For the more avoidantly attached person or relational partner often their suffering is expressed as, “I don’t feel appreciated for what I do.” Or “I can’t get the peace that I need to be able to feel at

home and at ease,” or “It always seems like my partner is not satisfied with me and what I have to give.” So when the longing to be felt and known as “real and enough” is met with a partner who feels hounded to become “relationally different” than who they have always been, this is a real problem that needs to be worked through. It can feel like the person’s human environment is saying on a daily basis, “Who you are is not right, not interesting and not enough.” When we as therapists can sit in the seat of somatic discernment and perceive and receive the strengths and the essential goodness of self in each of our couple members regardless of their attachment style, we become a resource which is precious and taken. This “relational nutrition” is in a context often of years of mutual starving for the *just-right* experience of being understood and feeling securely held, first by us as the therapist, and then by the partner.

If we can receive and express our subjective delight in each couple member’s strengths and uniqueness of communication, this imbues the therapeutic space with a merciful relief of being held in a deeply needed way that meets early attachment needs. If the relational life and the formation of each of our client’s internal working models (Bowlby, 1969) is a garden, being delighted in is the sunshine upon which our internal life thrives. Consider a baby held in the arms of his or her mother. If we approach that baby even from fifteen feet away with delight and a welcoming response, the baby, even if he or she has never seen us before, will almost startle with a smile and brightening of eyes in response to our bright eyes and welcoming. By advocating finding what we can legitimately delight in, I do not mean that we ought to praise our clients or couple members for their relational, ethical, or other human characteristics in order to create a secure base in treatment. In actuality, doing so would create a one-up, one-down dynamic with lots of negative and positive transference. When we praise, we show by inference that can also judge negatively. When we bring “you-statements” that describe our clients to themselves in praising ways, we unfortunately activate neural networks associated with past caregivers

or caretakers who have judged the couple member or who have projected upon them, idealizing them and/or villainizing them.

What I am advocating for in treatment is a kind of respectful witnessing that goes beyond simply noticing and into the realm of deep recognition (Fosha, 2000, 2005, 2009a). The recognition and reflection of the self reifies the self as worthy. To be held in the I-Thou relational frame (Buber, 1970) with a reverence for the sanctity of the core self is an experience of being perceived, received, reflected and resonated with both somatically and cognitively. This is a deeply relieving experience of being understood in multiple dimensions that softens defenses and builds comfort with the therapist and the relational atmosphere with the partner as well.

With training, practice, and intention we can learn to perceive and *receive* selectively and shield ourselves in sessions from triggering energetic, emotional, auditory experiences as an act of self-care and to enhance our capacity to stay in our own window of tolerance. Our combined selective perception, reception and expression can lead to a discernment of what to take in and hold in silent awareness and what to convey in session. This is the ultimate in mindful responding and compassionately titrating of what we show and tell in treatment. (Cultivating selective perception, reception and expression is the focus of one of the two eight-minute meditations at bit.do/davidmars.)

Part of the dilemma in the experience of babies and toddlers is that they cannot selectively take in the perceptions of the experiences they are bathing in within the somatic intersubjective field in the family of origin. The early-in-life absence of the capacity to filter and titrate is such that whatever the caregiver cannot tolerate must be excluded from the baby's awareness. Because if the baby perceives, he or she will then receive and take in potentially overwhelming experiences and then express his or her reactions reflexively. This process assures maintaining proximity to caregivers and generates the shutting down of awareness and builds defensive exclusion of somatic perception as the internal working model

forms (Bowlby, 1969). Because we all have internal working models that have been shaped by our unique environments, it takes decades of practice and self-cultivation as therapists to open up and hone our own self-reflective function and discernment. A.D. (Bud) Craig's seminal book "How Do you Feel" (2015) makes it clear that the left and the right sides of the insula are not fully connected with each other until the age of twenty-two. The insula is the most central organ in the brain for processing, organizing, and experiencing all somatic experiences. Bud Craig's brilliant empirical affective neuroscience research and extensive literature reviews in his many papers and his book show that the function of the right side of the insula is to store up and then to warn us against what has been painful and threatening in the somatic relational realm. The right insula is strongly associated with sympathetic arousal and with conserving impulses against reaching out and taking risks.

On the other side, the left insula's profound capacities for change that we can tap into in couple and individual treatment is what Diana Fosha (2007) has termed transference strivings. These are the biologically derived yearnings to evolve and to go beyond what has been tried before. Transference strivings specifically urge us on to risk affiliative actions of stretching and reaching out. The left insula is highly correlated with parasympathetic (relaxation) responses. In the AEDP and AEDPFC models of trauma treatment and transformative therapy, we tap into these urges to "go beyond", to stretch, to set aside the defensive and fear-based blocks of the right insula to imagine new ways of being and to actually try them on in session and then in the lived life.

To stay stuck in repeated patterns that were formed in a historical environment of deprivation, emptiness, and/or dysfunction destines our clients and couple members to replicate those same deeply flawed patterns in new relationships and families. Bud Craig points out that people who have a damaged or underdeveloped right insula can be overly impulsive and scattered in their functioning. People that have an over-developed right insula by contrast are more prone to be

diagnosed with depression, PTSD, and/or somatic pain disorders (Craig, 2015). Achieving balance between the left and right insula is the key not only to success in psychotherapy, but according to recent research, to increasing IQ (Craig, 2015). Somatic-based discernment is central to how we are guided in the interpersonal world and also in the intra-personal realm of relating to ourselves.

What follows are two excerpts from a longer paper I have written on these topics (Mars, 2011). The entire paper is available upon request to DavidMarsphd@gmail.com.

The following is a clinical case example of an AEDP for Couples treatment session. It will demonstrate the challenges and the invitations to engaging a somatically attuned transformative process with two patients in couple treatment. The husband in the couple has a primarily avoidant attachment style with pockets of disorganized attachment with associated unresolved trauma. While his internal working model typically defensively excludes expressing emotions other than frustration and anger with his wife, he shows frequent non-conscious *expression* of his experience through movement of his hands, arms, torso, and facial expressions. These reflexive enactments of reactivity generally take the form of dismissal "caused" by his wife's expression of emotion. His wife's expressions of intense emotion are for him blatant "violations" of the rules of his internal working model that then trigger non-conscious motoric neural pathways showing forbidding or scolding, but also triggering his own underlying shame, anxiety, longing, loss, and fear.

When his wife demonstrates emotion in the form of tears or longing for him to comfort her, his body language, (Birdwhistle, 1972) runs along themes of hand and arm gestures of putting down, blocking and pushing away. His reflexive expressions of his internal state include waving his wife away, rolling his eyes, leaning his torso away from her and then averting his eyes. Obvious as these behaviors are to the observer, they are in the *background* in his awareness and are reflexive and unavailable to him as consciously mediated

acts. His wife meanwhile is *penetrated* by these reactive transmissions of his internal state, which she registers in the foreground of her *perception* at a level of unbearably high intensity. She feels and then reacts to and *expresses* herself loudly and intensely. Her husband does not perceive that he is actually inflaming this reactivity in his wife. He then reflexively objects to her reactions, engaging and further inflaming an escalation that can set them at odds with each other for days or weeks between sessions. Though this process of escalation has happened many hundreds of times in their six long years together, the mystery of how to regulate the interlocking, repetitive and out-of-control activation has eluded them both as well as previous individual and couple therapists.

John (not his real name) was frequently triggered into dissociation because too many of the rules of his internal working model would need to be crossed for him to open to his wife Mary directly. Even as the warmth and kindness of her love is offered, circuit breakers are tripped in his brain, shutting down his capacity to respond in a contingent and loving way. In this session, Mary has become the present manifestation of the *object of love who is also the source of danger*. This activation of neural circuits from past trauma triggers a dorsal vagal response (Porges, 2009). John descends into a state of sleepy torpor, decreasing his capacity to think and feel, all in a context of dissociation and a sense of sinking weakness. Mary is sitting near John on the couch, her eyes softly seeking him, tracking him with concern. Her eyes are bright and soft, her body relaxed and showing her feeling of support for him now with full attention and focus. With her clearly being available to receive him whenever he returns from this collapse, I can turn my full attention to John, to accompany him to move toward a ventral vagal relaxation response (Porges, 2009) of returning to present-moment consciousness in the atmosphere of her loving and ready reception of him. This is a rare moment of Mary being such a safe base for John to have a new experience of loving and being loved safely. Her open and caring response is accessed by her in a new way following the previous week's one-to-one session with

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me to prime her for the possibility of getting through the deadlock of unresolved trauma in which they have been stuck.

Th: What are you experiencing in your body right now, John?

John: Just...*(tone flat, eyes sad, shaking his head)*... getting it done...not so concerned with anything other than the task...what needs to be done...and *(takes a breath)* wishing and wanting things to be different but not moving in that direction...maybe because either fear or...umm...

Th: Hmmmm...*(nodding)*

J: ...concern that I don't know *how* to be...in that direction...

Th: *(nodding, matching muted emotional tone but adding a little warmth)* Hmm hmm

J: ...um, and maybe because I don't have the... 'cause I'm not strong enough to move in that direction...*(nodding slowly)*

Th: Wow. *(nodding with John)*, ***(taking in the unvarnished and undefended truth of what he is saying, which is in such sharp contrast to his usual defensive dismissal of his own internal limitations, particularly in the area of being strong)*** What do you notice right now in your body? ***(I am tracking, accompanying John in a place that becomes infused with a great and gentle sadness and heaviness in my own embodied experience)*** *(John pauses, appears to be in deep connection with me, eyes begin to soften and tear up, as he takes two deeper breaths into his chest)*...Just stay with me here,

and I'll stay with you. Let's feel this together... this descent into feeling...this feeling into...

J: I don't know what I'm feeling...

Th: Yeah. Let's make a lot of room for this. There's something about tears, *(which are now glimmering in his eyes)* something about your breathing slowing and deepening...and I can just tell you I just feel such a tremendous sadness that is just kind of...*(nods, sighs, makes a gesture of a big collapse with his body)*...really... ***(I leave long pauses between the invitation to feel into, leaving incomplete sentences open, trusting that John's right brain will fill in the blanks with bodily experience, while his left brain slowly brings meaning or memory; these blanks are John's to fill in from a place of populating, occupying, presencing himself in what has been a multi-generational "no-mans-land" in his lineage around emotional vulnerability.)***

J: Yeah...It's...*(John takes a really big breath in and forcefully exhales)* ***(I continue to nod and feel this with him)***...sad and angry...

Th: Hmm...hmmm.

J: ...frustrated and...um...

Th: Hmm hmm *(nodding slowly)*

J: ...but part of me is very hopeful...***(I see this as an expression of transformance strivings originating in John's left insula as he feels the rising up of the part of him that longs to evolve in his capacities and believes that he can. Consistent with the ethos of AEDP, I choose to go with the upwelling of "hopeful", and not inviting***

his sadness and anger at this time. I choose to support John to go toward the light and safety with me.)

Th: (*smiles*) (*warm and gentle tone*)...hmmm.

J: ...wanting and knowing that things can change...

Th: (nodding more rapidly)...yeah...

J: so...

Th: And in this place right now, what do you want to move in yourself? What do you want to develop in yourself, John, from this place of feeling right now? **(I call out for an adaptive action tendency in John that might want to come forward into the “wanting and knowing that things can change” experience)**

J: (*Clearly*) My ability to love...My capacity to support through love...

Th: (*Nodding, impacted by John’s realness and authenticity*) Wow!

J: ...Mary and my kids, and myself.

Th: Wow....I can’t remember feeling this with you before. What are you feeling in here? **(I gesture to his belly feeling in my own belly a remarkable surging of heat and energetic expansion)** What’s happening here when you are saying this?

J: I still don’t know.

Th: Can I share with you what I’m experiencing? It’s a kind of a core sense I have of something connecting in here. (*John takes a deep breath*) I’ve never felt this with you before...here. Just focus in here for yourself and just notice what is the experience of having a belly, being in a belly with consciousness...When you say, “I want to learn to love, to support Mary, to support my kids, and to find that love...I want that...”

J: (*Nodding, breathing deeply in his chest, expanding it dramatically*) I’m not in my belly. I’m in my chest. **(John occupies himself now in the embodied realm that**

fills, that moves, both visibly and in my own embodied experience, up and out. John and I are connected, though having a different foreground experience of our embodied selves in relationship to each other)

Th: O.K., tell me about that. I’ll stay here, and you stay there.

J: Tight and it’s hot...and it’s...(takes a deep breath, exhales forcefully)

Th: Hmm Hmm. O.K.

J: I guess kind of a pit in my belly.

Th: A pit in your belly? O.K. And the pit in your belly, when you occupy that, and you put that together with the hot in your chest, what’s that like to sit with both?

J: Fire...like I want to go...do...(chuckles). I want to go get stuff done. **(I register that John has before gotten to experiences of deep bodily connection in past sessions and then has “revved” himself out of the depth and into an avoidant surge of over-activation with tangential associations about doing chores and projects alone, essentially escaping into solitary activity first in fantasy and then in totally changing the direction of the session)**

Th: O.K., and what if the stuff to get done... isn’t doing “stuff”, but it’s actually about love...and loving...(John breathes more deeply, nodding, his eyes tear up even more) finding yourself...to be with your wife...to be with your children...to be with Billy and with Buddy [his two children] in new ways that are about love and support...being with them. **(John is nodding now, taking it in)**... being with your self, being with them...what happens now? What do you notice?

J: Sadness. (*Deep breath, eyes filling with glimmering tears*)

Th: And the sadness gets words and the words are...what’s the sadness?

J: (*Crying*) I’m sorry. (*Lowers his head towards his chest then looks at Mary*)

Th: Hmm hmm. Is this a time you can see Mary and let her *see* you? There’s a great cry here. Just really feel the dimension, the hugeness of this experience. Make a lot of room for yourself here, John...So look at me or look at Mary, but look at one of us, so you are really staying connected here with us...one or the other...or both...**(I want to be sure that Mary’s long established rage about the “failed father/husband that she so recently “saw” in John”, does not “knock him out” of his core affect. So I give him several options of who to connect to and let his instincts be his guide)**

J: (*John looks at David, takes a deep breath*) I’m sorry...(Long pause)...I am. (*John looks from David to Mary*)

Th: And what are you sorry for?

J: I’m sorry, (*looks down to his left*)

Th: (*Long pause*) And what are you apologizing for?

J: That I can’t meet you the way that you *want* me to meet you...

Th: Right now? **(I want John to register what is true right now and not be depending on his fixed invariant memory of himself)**

J: That I *need* to meet you...that I *should* meet you.

Th: Hmm Hmm. (*John takes off his glasses, looks down, sighs, shakes his head in a defeated way, Mary looks off to her left, away from him*) What’s the part of you that is going like this right now (shaking his head) What’s that part of you saying?

J: That I’m...I’m lost...(frustrated, furious tone) I’m f—ing lost!

Th: I hear you...There’s a lot, there’s a lot against you coming through this gateway that you are in right now...let’s just acknowledge that. There’s a lot in you against it...against coming through right now. **(I notice a very evident vertical bilateral asymmetry rise out of John’s face.**

His left eye is clear and bright, while his right eye is dull, receded into the eye socket, defocused and foggy. The left side of his mouth has a shy, hopeful smile, while the right side droops down. This distinct facial asymmetry is a somatic manifestation of an “edge” that needs to be unpacked and metaprocessed What’s happening on your left side? Your left eye... sight through your left eye, what’s the statement you want to make? **(I want John to occupy the part of him that looks and feels clear and bright and let that part of him be seen and heard and felt)**

J: Clarity.

Th: O.K.

J: I see things very clearly...

Th: Good...

J: ...and I *don't* like it.

Th: *(Nodding his head, tilts it to the right)*
Because what are you seeing?

J: *(Shaking his head, faces his palms up, voice rising in angry protest)* My inability to do what I need to *do!*

Th: O.K. *(John sighs and closes his eyes)* O.K.

J: *(Looks down, voice louder, even more fierce, teeth exposed)* F–k!

Th: **(I want John to stay clear of dissociation brought on by shame. We have been here more than once in prior sessions, when he has popped out of consciousness and not been able to retrieve his emergent self or to retrace his steps)** Right now...you feel *how*, in your body? This is speaking to your left side. It feels *how*, to see your blocks? This is not about *can't*. **(I feel great hope and a fierce confidence in John’s presence and I show it by holding what I hope for, believe in, in the act of him believing in himself and in Mary’s still palpably loving company as she gazes at him, radiating kindness I can feel as warmth in my heart)**

J: Loss is here. *(Looks down, cries softly)*

Th: Can we go with the loss for a while? Make some space for the loss to exist in you. *(John continues to look down taking deep breaths)* with a kindness...towards you... *(John wipes the tears glimmering in his left eye)*...go ahead say it...*(John shakes his head, fighting back a swelling of feeling and tears and takes a few more deep breaths, looking down)*... let me just check with you now...this might be a time just to glance at Mary and see where she’s at with you, and this is not...I’m not telling you to do it, it just might be a time to check in and see where she is with you in her feeling self...*(Mary has had her head resting back on the cushions of the couch, observing John with a soft and gentle gaze as he’s been connecting with me...John snuffles and looks directly at Mary for a second, then looks down, winces intensely, draws in a huge breath and begins to cry.*

Mary extends her left hand and gently places it on John’s right arm...John begins to sob deeply now, covering his eyes with his left hand, restraining his breath and his voice with tremendous exertion. Just let the sound happen John, you are *safe* in here. This is a safe place to let this out. *(Mary caresses John’s arm)* *(John thrusts his head back, still covering his eyes with his left hand)* Let the sound happen...*(John cries intensely, but still compressed)*...You are doing great...Uhh Hunhhh... Let yourself hear the sound inside you...*(John releases his hand from his eyes and continues to hold back sobbing, taking deep breaths, with his eyes tightly squeezed shut)* **(Now Mary is the attachment figure to whom he comes for safety and is held and comforted by her in such raw now non-dissociated vulnerable, soft sadness. I get to feel John for the first time ever in treatment in this degree of complete coherence with his feeling expression and spontaneity. Far more importantly his life partner is seeing him, hearing him and feeling him in his depth, his undefended realness. In these unfolding moments, he is becoming a real person to her, a true other, who is different from her, who is imperfect and who is acknowledging his lostness and his dedicated longing to love and be loved.)**

J: Huhhhh! *(A loud explosive full voice sound)*

Th: Hmm Hmmm. Hmm. Hmmm. This is a very, very, very big...big experience... huge...*(John covers his eyes and makes more noise on his exhales)*...Hmm. Hmmm. This takes so much courage to face this, John... Notice the sounds that are in you, even if you don’t make them...let yourself *hear* them... notice any imagery that comes to you right now...any images...do you see *anything* in terms of images right now? **(I want to invite other channels of experience that could be available to access more foreground awareness in John and to keep providing novel up-regulating challenges to keep him from dissociating again)**

J: *(shakes his head, eyes still closed tightly)*
No...

Th: Hm Hmm. *(Mary looks toward him close-in, her poignant face very close to his, intimate, soft, loving, beaming at John with what I read as an immensely compassionate expression of longing to comfort him. Her eyes search for his, seeking him.)* O.K. When you gather yourself and you’re ready, just have another glance at Mary...just see how she’s regarding you now...*(John shakes his head, eyes tightly shut, fighting back the tears. He covers his eyes and his face with his left hand)* **(I invite John to receive the exquisite welcoming offered by Mary and accompanied by me as an alternative to dissociation)** Let all the feelings come. I’m right here. I’m right here with you...Can you feel me with you John? *(John nods his head)* How do you know I’m here with you? How can you tell? **(In this place of so much saturation of new experience, I want John to actively occupy and integrate awareness of touchstones of multiple channels of sensory experience that contribute to a cross-validated verifiable trust, so he can continue to build forward momentum in his process of connecting with himself and his wife Mary. She has her own attachment level trauma that could be evoked at any moment, even by the fact that John cannot yet even *look* at her for more than a few moments. This very dynamic has been an unbearable provocation for her in multiple previous sessions; yet she stays stable, loving and emerges in each passing moment as *John’s* true other,**

as she transcends the rules of her own internal working model through love, to surpass her fixed invariant patterning. I am still in the field, safely scaffolding so much new experience for both)

J: I can hear you.

Th: Hmm hmm...OK...Can you feel through my voice what I'm feeling with you?

J: (Nods his head, cries more intensely) I'm so fucking sad...sad as *shit*...

Th: (Tender, compassionate, loving tone) Yeah...I hear you.

J: And sorry...

Th: (Feeling deeply with him) Hmm Hmmm... Hmmm. Hmmm...Hmm Hmmm...Yeah. (John moves his wet left hand from covering his face and eyes and places it over Mary's hand) And feeling Mary's hand, noticing what you feel when you touch her. (Mary puts her right hand over John's left). What energy comes into your body? (John sobs) And notice if you have a place to put it...a place where it can go...(I am again urging John to choose to take in to his foreground awareness explicit experiences of safety and nurturance, this time from the sensation channel of touch) (John breathes deeply, eyes still closed, holding Mary's hands. Mary is looking at him very softly. She still conveys herself as unanimously very present, spacious and available to him) What happens now?...O.K...Just keep on noticing every moment, what's happening in your body? (John opens his eyes and readies himself to look at Mary, then glances at her and looks down right away) Again take a little glance at Mary, just see what you are seeing in her. (This is an invitation for John to take in selectively from the visual channel and to register explicitly the experience of her loving him, while he is in this entirely new place of peaceful, yet intense vulnerability. I can see the warmth and feel the unanimous love and kindness in her eyes, which I have never seen in her to this degree before. I am witnessing her, taking in her remarkably stable, nurturing and loving offerings to John and allying with her by

urging John to take in her offered love.) (John makes direct eye contact with Mary now, both of them smile shyly and gaze softly at one another. John's smile opens up wide, still shy) Letting in what you can let in...

J: (Still looking at Mary) Thank you. (His voice is so tender, clearly touched, taking her love in. He again breaks eye contact with her and looks down and to the left)

Th: Can you tell her what you are thanking her for?...Just take your time John. (He keeps looking down for a while, taking deep breaths, then he intertwines the fingers of his left hand with the fingers of her right)

J: (Looking up at Mary tenderly, shyly, vulnerable) For being with me. (He looks down for a few breaths, then back at her. He smiles at her. She smiles back, her face is flushed with deep resonance and loving warmth at being taken in so fully by John)

Th: O.K. stay with the feeling. And what's in the smile? And seeing Mary's immediate response to you instantly...what happens here? What passed between you, John. See if you can find the language for this...What do you let in?...*(Long pause)*

J: Thank you for your strength.

Th: How do you experience her strength right now? (John and Mary continue to gaze lovingly at one another) (Again I am scaffolding John and Mary staying in the moment, I keep selecting one embodied invitation to let in love at a time, guiding the process of their reunion. I would not do this degree of structuring with another couple perhaps, but the amount of newness is so extreme and their dynamic can be so volatile and can so rapidly shift, I feel it to be vital to stay very involved and very active in structuring an experience..."a somatic spoon feeding" of the process)

J: Through her eyes, and my heart...

Th: Wow. Feeling her strength in your heart. (This is again a new and poetic level of embodied awareness for John to access and speak)

J: Thank you. (He speaks to Mary with a resonating depth of feeling in his voice and a body expression of cherishing her that is again and again totally new in my experience of them as a couple)

Th: Will you tell her how you know about the strength from Mary that you are receiving through your eyes and in your heart?

J: Yeah. I feel it. I feel like you are filling me up right now. (He now tenderly holds her hands and her direct gaze unflinching at the same time)

Th: Wow... (Mary smiles and John immediately matches it, like fresh sunshine coming through parting clouds) How is it coming through...how is it coming in? (John takes a deep breath and looks down, beginning to cry softly now) Hmm. Hmm Hmmm... (John makes eye contact again with Mary and breathes deeply) With every breath, just really notice what's happening John. It's very important. (John looks down as his face winces and he starts to cry more intensely) Very deep...let whatever needs to pour out, pour out to make some room in there. (John begins to sob and leans towards Mary...and continues leaning more toward Mary) Let her move towards you as you move toward her John. (John initiates an embrace with Mary who completely, emphatically wraps her arms around him. Her embrace of him envelops his head, which is now buried in her in her much smaller and yet totally form-fitting chest and right shoulder) Just let it pour out. You don't need to hold this alone anymore. (Mary holds John tightly as his whole body rocks and sobs with a torrent of tears)...Hmm Hmmm. Very important...Notice for you too Mary, any sounds, any breath changes, really track your body...track your energy...just notice what is happening in your body...and John notice any imagery that is going through, any memory, any bodily experiences...the flexing of your jaw...feel it all...

The outcome of this treatment of a combination of AEDP individual sessions and AEDP for Couples sessions is one of long term stability and restored love and connection in this family of four with both parents having had a multi-generational history of complex relational trauma. ☯



Dr. David Mars and his marital partner of thirty-three years, Karen Pando-Mars, LMFT, will be presenting a new three-day certificate program at the CAMFT Symposium on AEDP and AEDP for Couples at the Hyatt Regency Hotel at the SFO Airport November 9–11, 2018.

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