

What is Transformative Couples Therapy® (TCT)

How is it different from other approaches to couple treatment?

How does it affect the children of the couple?

From the First Minute of the First Session:

Rather seeking to find the problems that the couple has, the therapist who is practicing TCT focuses on discovering and amplifying the strengths of the couple relationship and softening the defenses that have been keeping these natural capacities from emerging in a more full and stable way. Subtle and overt signs of the felt experience of love are evoked in each couple member beginning in the first moment of the first session. Here is an example of a prompt from an TCT therapist at the opening of the first session: “Will you please turn toward each other and tell your partner if this therapy is to be a success, what do you want to experience *with* your partner.” This is different from what one member wants *from* the other, which especially for the more avoidantly attached member can come across as demanding or as a criticism of an implied deficiency.

In this first session, the early attempts to speak about what is wanted often brings statements of what the partner does *not* want, such as, “I don’t want you to be yelling so much.” This needs to be gently shaped to affirm what the partner does want.

As each couple member speaks of how they want to be with the other, often their very early experiences of falling in love, longings and core strengths to love and be loved begin to emerge. Part of what supports this opening is how the therapist models and guides the couple members to be firm and kind with each other, even if they come into the session having had an argument in the car right before the session. A key to this accomplishment, especially with highly reactive and bitter couple members is to urge them persistently to speak in “I-statements” from his or her own experience and to refrain from talking *about* the other.

“You-statements” especially those that are laced with labeling, judgment and projection are immediately intercepted by the therapist. The request again and again is to access internal somatic experience in the moment and to speak from that *owned* perspective.

If necessary the TCT-trained therapist suggests how to convert statements into a more respectful and gentle way to speak with meaning that can be fully received and taken in. This is after all the point! With the therapist’s help, I-statements build upon the experience of the self in relationship to the other, building self-reflection, which moves in the direction of greater individuation. “We-statements” in contrast, convey merger and can create conflict about who gets to define the other and the relationship itself. As safety builds with the agile support of the therapist, each couple member deepens into making vulnerable personal statements that build mutual understanding, recognition, respect and caring.

One of the key tenets of the work is to help couple members move from *wronging to longing*. (Mars, 2011) Criticism, especially sarcasm about the partner or in reference to the relationship is inherently shaming of the other partner, especially in front of the therapist. Protecting the couple members from multi-generational inflammatory habit patterns of passive and overt aggression and negative attribution goes far in establishing the secure base that is foundational for the accelerated treatment that is the goal of Transformative Couples Therapy. Of course underlying conflict and hurts must be engaged and repairs must be made deeply and honestly. Expressing these injuries and disappointments in non-shaming, self-responsible and somatically mindful ways allows an expanding set of opportunities for stable, lasting deep repair and bonding.

Transformance Drives

Transformance drives are the central guiding force of TCT. Diana Fosha (2007) coined the term to describe the indwelling biological drive to evolve and progress to higher levels of relational capacity. In 2009 I adapted the term to the specific transformance drive in couple members to love and be loved.

As the fMRI research of Helen Fisher (2004) shows us, the brain centers for the in-love experience lie even deeper in the brain than the centers for lust. This longing for the “in-love” experience that feels good, peaceful and safe becomes a guiding light for the therapist and each couple member.

Cultivating the Self of the Therapist:

TCT is based on increasing the whole-body somatic attunement of the therapist. This somatic attunement grows in the therapist who is accessing natural transference 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 TCT. My decade of training in facilitating Authentic Movement sessions with Janet Adler (2002) provides the basis of the somatic tracking aspects of TCT 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 TCT 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 of treatment is a somatically focused active meditation for all three people present.

Beyond Setting the Tone and Orienting to Somatic Awareness in the First Session

After the first session is completed and subsequent sessions progress, often there is an emergence of the couple members warmly welcoming the new stretching to connect. Paradoxical push-back of conflict and disruption can also emerge, given the couple members' internal working models, the specific history of the couple and the amount of unresolved developmental trauma. Lots of room must be made for the fear, sadness and anger about deprivation before the relationship as well as for the injuries of loneliness or rejection within the couple's relational history.

With the close-in help and caring attention of the therapist, couple members can experience the completion of long-blocked somatically charged experiences that need understanding and accompaniment. In TCT, regulated affect is the engine of transformation. (Mars, 2015) It moves and guides the therapy forward. Dysregulated affect or *pathogenic affects* (Fosha, 2003) of rage, histrionic sadness, unbearable terror or even "adoring" love that is outside the window of affect tolerance for one of the couple members must be regulated in order to maintain the needed safety in each session. Even a minute of non-therapist-intercepted attack, shaming or over-penetrating leaning-in can create temporary setbacks in treatment. These disruptions must be followed by necessary repair in the moment. This modeling and practicing *stopping and dealing with what just happened* is then by increasing degrees carried through at home across the course of treatment. The therapist's goal is cultivating the deep trust and progressive bodily knowing that tactical defenses, thick armoring, denial and dissociation are not the allies of deep safety, but stand in the way of it. Through courageous, caring and persistent pausing, backing up and slowing the process down, the capacity... and the willingness to practice somatic regulation increases. The process is greatly facilitated by the therapist demonstrating (and practicing) abdominal breathing,

becoming aware of tense muscles and releasing them and helping the couple members to do so as well. All of this supports the capacity to practice compassionate speaking of difficult truths that even long-term couple members have never known about each other or about themselves.

Developing Forbearance

With practice both couple members and the therapist grow in their mutual capacity for forbearance in the dynamics of each couple treatment. Forbearance is a term rarely used term in modern life. It means bearing the experience of powerful and destructive impulses, but not acting them out. Forbearance grows with relational interventions such as well timed and judiciously used self-revelations on the part of the therapist. Normalizing the impulses of defensive reactivity, but without condoning them is central to TCT. In fact when the therapist empathizes with *primitive impulses* this reduces shame and thereby helps to build earned secure attachment (Siegel, 1999). The capacity to be reflective about oneself and the experience of the other comes to replace reflexive acting-out behavior. This shift comes to life first within-sessions and then in the couple's lived-life between sessions (Mars, 2011).

Brain Centers

In TCT, professional training is oriented strongly to the development of particular brain centers that have to do with tracking internal experience. The orbitofrontal cortex (OFC) (Wallen, 2007) is central to decision-making about who is perceived and chosen as a friend and or as a foe. The OFC has been called the senior executive of the social emotional brain (Schoore, 2002)

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 choiceful. 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 the imaginal or on the visual channel with that more avoidant couple member, the foundation is built to move toward more emotional functioning. 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 TCT 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 taking in 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 TCT is working deeply with one partner with the other couple member present.

Healing Portrayals

In TCT 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 TCT. 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 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 of 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 TCT 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 TCT 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 TCT 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 people around them, evoking self-at-best in an expanding virtuous circle. The benefits of couple members becoming more somatically present, reflective and well regulated of course extends to the children who are living in the evolving field that the couple co-generates.

Effects of TCT on Children

In my clinical experience and as described in the reports of supervisees and other practitioners of TCT, when couple members are being more peaceful, respectful, self-reflective and interconnected with their partners, the children spontaneously show benefits. Behaviors in their 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, Ph.D. 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 has developed methods to transfer his learning and somatic attunement to his training programs in TCT. He is the Director for the Center for Transformative Therapy and the developer of Transformative Couples Therapy® and leads trainings nationally and internationally on that topic.

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