



Mary J. Giuffra

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Dr. Mary J. Giuffra has been a therapist for over 30 years during which time she has worked with individuals, families, and couples using a unique blend of body-mind techniques. Dr. Giuffra received her doctorate from New York University and is a New York State Licensed Marriage and Family Therapist, a Board Certified Clinical Specialist in Psychiatric Mental Health, and a New York State Registered Professional Nurse. Dr. Giuffra has also been recognized for her pioneering efforts as an educator and specialist in curriculum development. She has served as a tenured member of the faculty at New York University and the College of Mount Saint Vincent. Dr. Giuffra has been the recipient of several major grants from the federal government and is the author of countless articles in peer reviewed journals, and book chapters. She is the author of the soon-to-be-published *2x2 on the Ark with No Map*.

Serge Prengel, LMHC is the editor the *Relational Implicit* project (<http://relationalimplicit.com>).

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: I'm with Mary Giuffra. Hi Mary.

Mary Giuffra: Hi Serge. How are you?

S P: Good, great. So, how did you come from traditional couple's therapy to biological couples therapy?

M G: Well I had a really interesting history. I started as a labor & delivery nurse. And the reason for that is that I always liked working with healthy people, and I never liked focusing on pathology. That's just been so... Maybe it's because my mom was a psychiatric nurse, and I never liked that pathological purpose. So I always looked for the health in people, and labor and delivery was a very healthy place – it was life's beginning. And I worked with couples and taught about it, and what I saw was the dynamics going on and didn't understand them. I wanted to know more, so I went back to graduate school. I studied at the Ackerman Family Institute and Center for Family Learning. I set to learn family learning and to understand what was going on with couples. When I went to Ackerman, it was more experiential human based, so I felt that I needed a theoretical orientation to guide me. So I went to the Center for Family Learning which was Bowenian based. And Larry Bowen, interestingly enough, way back in the 50's, described his work as biologically based. A lot of people don't know that but he talked about the triune brain, the three brains. The cerebral cortex, our executive; the mammalian brain, the limbic system which is our emotional system; and the reptilian brain. He didn't necessarily talk about trauma flight or fight, and he talked about our three brains. So that gave me an orientation that was systemic. So in those day, I didn't only see this couple. I know them as part of an energy field, their extended families and their extended families through the generations. So I'm very aware of the impact of wars, trauma, various kinds of racisms, and every other kind of "isms" has on individuals and their experience. So it's not just them; it's through our histories.

S P: So in other words from through dealing with couples already in Bowen, it's not just what was traditionally called psychological? But seeing people as animals, as living beings, as biological, as neurological, and also seeing a system not just each person but each person as part of larger system of previous family histories the traumas, what happens in the world, and so that would make a natural link of family therapy as a system and biology.

M G: Absolutely, absolutely. And fascinatingly, I worked with that for a long time. And what I felt I needed more of, I was doing great with the system. But I felt I needed to do things in depth with each couples as well as a system. Not only in terms of their extended family but how that extended family affected them. Not just in terms of triangles but terms of closeness and that kind of thing, but also how it affected them specifically. So I went on and studied addictions for about a year, and I did that because I felt it was an issue in every family. And I thought it was related, and I wanted to see how to put it together. I saw how the addictive process operates in all families. It's just a way of avoiding life. It's closing off all sensations and feelings, and that was very biological so that was going much more into the biological. And then because of the addicts, I realized the spiritual aspect seemed to help people dramatically through the 12 step programs. So I felt I could see the inter-generational, the systemic, the spiritual, and certainly the emotional since I had a traditional training on what was missing in the body. I felt that I had to get back to the body in my own educational background. I had been studying Core Energetics originally, and it certainly got me into the body, so I tried to relate the body to the family. After that, I studied somatic experiencing and that pulled together because it brought in the idea of trauma, and how trauma has such an impact on our nervous systems. Not just our trauma, but the trauma our parents experienced, our grandparents experienced, and our great grandparents experienced – trauma that's worked through our body and our DNA. So when a couple walks in the room, I have a whole lifetime and many lifetimes for each of them, and they are responding, not just to each other, but to their programming, which has a very long history.

S P: So, I want to just stay there for a moment, because that's a very powerful thing. Because when we see a couple, we tend to be drawn into the drama, into situation that is bringing them right there, and into the intensity of their struggle or suffering. And the point your making is actually when we see them we aren't just facing them, but we're facing a whole history that is very much present through their bodies.

M G: Absolutely. Just last evening I saw a couple, and the woman was kind of shut down, so I talked about what she needed, and she said she needed her husband to say hello to her when he came in. So he was kind of willing to. But as we talked more and more, we realized that if he doesn't, it brings her back to the time when she was a little girl at home when her dad was an alcoholic. When he came in, everyone was focused on him and so she felt neglected. So she's in the room with her husband and he just comes in from work, preoccupied because he's had a bad challenging day, and she's back in the past as a little girl, and she just wants someone to say hello, to make contact. And that brings in the work of Stephen Porges and the dorsal vagal.

S P: So I just want to stop you for a moment when you see this woman. When she sees her husband, it brings her back to the situation in the past with her alcoholic father. So is this where maybe there is a similarity with the trauma model the trauma way of thinking like with over coupling? There are connects between past and present events.

M G: Absolutely. Just to give you an example: when she started talking about it, he got a little frozen, and so what I needed to do then was say, "I'll get back with Jane I'm going to go now and talk to Joe." So I said, Joe, "What's going on?" And tried to make eye contact, because it's really important to get that ventral vagal contact. And there are times I will even will ask her to put her hand on his shoulder, or even I might do it with permission. And touching a person like that on their shoulder is very grounding. Even my foot against their foot will ground him, and then when you say "What's going on?" he will connect on a central ventral vagal level, a social regulating nervous level, so then he'll calm down. "What just happened?" you'll ask him. "I felt a tension." "What are you feeling right now?" "I feel a tension in my chest ." "Okay, and as you feel that tension, what happens next?" "Well, it goes into the back of my neck." "Okay, well, lets hang out a bit," and he feels a little heat and it's kind of going into his arms, and I ask if there something his hands would like to do. His hands are making a fist. I say, "Is there something your hands would like to do?" And he said, "I just feel, so his hands go kind of in somatic experiencing. We call that defense orientating question. And his hands went toward me and I said, "Okay, Joe, I'm just curious as to what your hands are trying to tell us; body language is a form of communication, and I'm looking at Jane to see how's she's doing." All of a sudden, she is really interested and involved and really looking because he's talking about himself. He's into himself, and that's what she wants, and it's not about her in a couple situation. They can be very defensive about focusing on the individual, on her husband. As he does that, as he puts his hands in a fist, he gets an image of when he was a kid and his mother criticized him a lot when he walked in the door. She always had some kind of complaint, and he got in touch with that, and sort of went through, physically, his body pushing his mother away in his mind's eye. He was feeling it in his body, and there was kind of a little vibration as he discharged and as it passed, he took a depth breathe and felt better. His wife looked as his eyes got wide, and she sort of smiled and felt some sense of love towards him as they connected

S P: Great.

M G: So the issue with her was her individual issue about her father, the drinking, and the lack of attachment when she was a little one, and people didn't fuss over her. And his issue was that when he was a kid and walked in, people were on his case too much and he wanted them to leave him alone. So both had nothing to do with one another, and they were kind of living out experiences that hadn't been completed in the past.

S P: So I want to just slow down for a little bit. That was a beautiful vignette you were giving, and it makes sense to underline a couple of things you were giving. First, you didn't jump into having them argue or discuss or deal with the situation, but you were focusing on whether or not they were grounded.

M G: : Absolutely. If I let them get into the arguing and screaming, which is what they do at home, their nervous systems would have been very activated and probably ungrounded. It would have led to same old same old. You don't come to the therapist office to do what you do at home. You may let them run through it once to see how the process works, but once is enough. They just don't come to the office to keep fighting and fighting. That's not in anyone's best interest. It just overloads their nervous system and doesn't help anyone.

S P: Yes, so it's absolutely not continuing that pattern, but really going into a different pattern where you're really insistent that something can happen.

M G: Absolutely, absolutely. You just made interesting point Serge. What you said is a new pattern and not only is it a new pattern, but a new pattern in the brain. Because the old pattern is “She does this, he does that.” But in this case, what you’re doing is a predormital change, a new pattern operating, a new channel in their brain, so that they have an option. They don’t have to respond in the same old programmed way. They can have a new program, a new way of responding. It’s like having a new skill.

S P: Learning a new skill, developing a new capacity of the nervous system. I want to underline a new part again. This vignette was really beautiful as you were describing how you were working with the man and helping him emerge out of that freeze state.

M G: Yes, because if someone is in a freeze state, then the other party starts getting angry or saying, “Tell me you love me.” It’s just never working; you have two very frustrated people. He’s getting more and more frozen, and she’s getting more frustrated. Which will make him more and more frozen, which doesn’t work. When I described the two of them, she’s really activated if she’s really angry or upset, so I go to work with her first and in this case she wasn’t that angry. But if a person is getting really activated, you deal with the person that’s most activated and calm her down a bit. Then I’ll go to the husband and try to connect with him some human connection that feels safe. One is just to be present and look at him. You may be able to make eye contact if you can stay really calm. It’s like when a baby is getting really upset, you just hold them by the shoulder gently. They’re hysterical, and if you can just calm your system, their whole being goes, “Ahh.” It’s very parallel, but with the freeze that’s added to it, you just help them feel safe. With the freeze, you just get them to make eye contact with you. And once you get eye contact with the touch on the shoulder or next to a foot, then they can get in touch with that frozen fight response or that frozen flight response. With the case of this fellow, it was that frozen defensive orienting response where he needed to ward off his mother. His body was saying, “Stay away stay away.”

S P: Yea, so again, in that very nice vignette, you were describing having got in contact with him and created more safety. You were able to not only observe his body language and his moment, but get him to experience them in such a way he was not only able to experience this defensive orienting them but get to warding off the attack from his mother.

M G: Exactly. What was frozen was his anger towards his mother. I don’t mean this in a cathartic way of getting very angry, because that would overload his nervous system, because he has a nervous system that can’t be attacked. That would be like putting two twenty-voltage bulbs into 150 wiring. So very gently, very slow titrated way, so that he feels contained, and he would begin to heal so he may even say what’s underneath, that as he walks toward the door, he really wanted to run out. So in that case, you would say, “just imagine yourself running, feel your legs running, feel the wind on your body. Where would you go?” “I would go to the beach.” So he’d run to the beach and feel that deep breath.

S P: So as you did that process with him you were able to make visible what is going on during the typical interaction?

M G: Yes.

S P: And also in a way elicit its meaning?

M G: Yes, exactly, in a very calm quiet non-reactive way. Because he started getting angry and wanted to run, and she thought it was about her. And his wife started getting very activated; you get two highly activated people in the room. It's not doing individual therapy with two people; that's not what this is about. This is doing couples' therapy. Individual therapy is not the same as couples therapy, because individual is just doing this therapy in a room with this person and therapy with this person. When you have two people in the room, you have a new system. You have a couples system that has its own life, that has its own programming, that has its own relativities, so whatever is going on with him, you have to watch to see how it's affecting her.

S P: Yes, so the sense I have as you're describing this process is what I would call parallel processing. You process one, the other is there, and each person is able to be grounded and present. So it's not individual therapy, but it's not arguing. It's as if something happens to one and knowledge is transferred to the other and enriches the situation.

M G: Absolutely, and what you just said is key, Serge. Something happens to one and the knowledge is transferred to the other, and because they have a life history together, that knowledge is transferred in a variety of ways. It may be transferred emotionally, through an emotional frequency; it maybe be transferred intellectually; it maybe be transferred somatically, so he feels her in his gut, or she does something and he shuts down, or if he feel himself holding his breathing. It's much more intense with a couple than it would be with two friends, because the physiological connection they have is so intense. It's two families merging so that you now have all the inter-generational issues impacting on this system. I'm not the only one to do individual work in couples' therapy. There's been research that 80% of therapists do individual therapy and only 20% are trained to do it. And it causes a lot of issues. I see a lot of clients that are in a really bad place because of things that have happened in the past, so it is really important for the couple to be seen as a couple, as a whole system intact. If any time someone says, "He's the good one and she's the bad one," you're caught and the system no longer works. If you define good guys and bad guys, right and wrong, you really don't have a system, because systems have a reciprocal. The nature of a system is that it is interconnected; one under functions and one over functions. It's just how a system works. So the system piece is key for me, and the physiologic system is even more complex.

S P: Yes, so that's the crucial variable compared to the traditional couples therapy. So the system not just in a psychological level but on that neurological level.

M G: In the fact, and neurologic in terms of attachment and so on. A love relationship is certainly all about attachment and trying to connect, so the patterns of connection in the extended family will come out with one another.

S P: And in the example you described earlier in the vignette of these people you saw last night, it was very clear how in your work the patterns of attachment in the original family are present in the moment and very present in how each person reacts -- their body language and their nervous system reaction in the consulting room at the time you're with them.

M G: Right, one of the things I find a lot when I'm with a couple is that I can sense them getting stressed or activated or shutting down. I work very hard to stay present and try to connect with them on that level and it's not necessarily verbal. As with children, when there is anxiety you can modulate your own nervous system. Some of these couples say it's the first time they felt contained. Since they grew up in very chaotic families, people fight and they carry on, so to be able to feel

upset and be able to contain that upset while someone else is there, not trying to fix you but trying to be present and hold that container for you to feel that. The couple will calm right down.

S P: So very important for the therapist to function as that calm container.

M G: Absolutely, and that's the whole thing with your own counter transference. If a couple is doing some behavior kind similar to you and your partner or your family, and you identify with one or the other and try to fix it, you won't be able to help. You need to help them to do it. Their bodies know what to do. I can be a coach and help them exhibit certain kinds of behaviors, like slowing it down a little bit to get them off the intense focus on the other party. For instance, a husband wants to not deal with his wife and just wants to talk about the children, so rather than getting caught up, talk about the children. And as you talk about little Johnny, watch the fear, and you'll realize that it invariably goes back to a fear within his own family. Invariably, it may be in a little different coat, but it's similar. For instance, I remember having a newly married couple, and the wife got very angry about something. The wife was from a family where they let it all hang out, and as soon as she did that, he shut down immediately and said, "I want out of here." Well, he had a mentally ill brother who was about nine or ten when it started, so whenever he sees things out of control, he just freaks and it takes him back to the trauma of his brother. So then I had to deal with the trauma around that and help her to see that it wasn't about her, but about what this triggered in his parenting.

S P: Yea, so really a sense of how everything is multidimensional through this process of containing, of slowing down, of paying attention to residence, to the inner experience. So it's a way of dealing with all these dimensions in a way that's more manageable and organic.

M G: And the couple feels more contained when they leave the office. They're not going to go outside and start fighting. They might fight the next day, but you'll deal with that next week. They learned that they had the life, had the experience of sitting in their own space, sitting in their own body, having a different opinion than someone else, a different feeling than someone else, and it's okay. No one dies, the whole world doesn't come to end, and you can experience that. The more you can do that, the more you can expand their capacity to experience emotions, feelings, sensations, and life. The more you can slowly take in, in a very titrated focused way, life experiences, rage, or happiness, because people have just as much trouble with good feelings as bad ones. That's why they have good sex and fight the next little while; the good feelings are too intense. Their wiring is not quite able to deal with such intensity. That's why they distance and go off somewhere, so you kind of have to begin to help them re-wire so they can take in more and more of life.

S P: So where you see your role in biological couple's therapy is to expand the capacity of each person and the system to absorb the intensity of things that have to do with attachment.

M G: Right, and of life. And whether it's the happy wonderful or the sad. And it's just life and, I guess, it's attachment, but it's the living experience of what goes on and the fact that people are different. What I'm talking about is defining yourself. And so many people think two became one, but clearly two are always two. You become one in becoming a new system, but you have to maintain your individuality or else you're submerged in another person. And you lose yourself, and that's not healthy for either. One loses self and one gains self. That's a way of avoiding the growth we need to do, the "who am I inside?", the "I'm not all wonderful; I have two sides; I have a very loving nice side and I have another side. It's all a part of who I am."

S P: So, in a sense, part of this whole process is helping growth and, in a sense, helping each person deal with that dual role of being both a member of a couple and an individual and being able to see the difference between me and the other person.

M G: Absolutely, and I think it's my own personal belief that a couple's relationship is a great opportunity, challenging but a great opportunity, to grow. In friendships, you can be the way you want to be you can be; you can just go to a level 4 and just be a level 4. That's who I am, that's the kind of person I am, and the other person agrees with it. When you get into a couple's relationship, it goes so much deeper, and so much biologically closer that you're forced to get in touch with the other aspects of yourself. In a friendship, if someone brings up a part of yourself you don't like, you can distance yourself for awhile or forever; but with a couple, if they bring up a part of you that you have trouble with, it really hits you and forces you to see who you are if you allow it to. It's not just about sexual intimacy, but it's about emotional intimacy, spiritual intimacy, intellectual intimacy. To be all, to share all of who you are with another person. The more you can share who you are, the bad and the unpleasant, the more intimate you become. Some couples think you just say wonderful things like I love you. Well, that's just a piece of it, but there's also the "I don't feel so good," and the "I don't like you so much," and the "I don't like myself so much." that's the other side and to be able to contain that is by having a large enough container of love. We certainly have that with children growing up. They'll say, "Oh, I don't like you. My teacher is nicer than you are," and yet, you still love them and you hold that. It's the same with a couple. You hold not to be cruel but to contain the truth of who one another is and not to say something to hurt, but to say something to own it for one's self.

S P: Yes, so that's a really big help on this growth process of increasing the bandwidth for intimacy.

M G: Right, and one of important things I do with couples is to teach them how to regulate their nervous systems, because when we are not in the office and they are at home, they could practice at home. When they are feeling activated and their heart rates starts going up and they feel a pain in the back of their neck or a headache or they can feel themselves contracting, what they need to do, no matter how much the person wants to chat and continue the discussion, they need to say, "Look I need to take a time out" and say "I'll be back in 5, 10, or 20 minutes." And then go by yourself, rest yourself, and then come back. Then you're in a better position. A couple I was with the other day did that. They're not married, and I could feel one of them getting very activated and could feel his body in the shift. He said to his partner, "Look, excuse me for a minute," and came back within ten minutes and had a really good discussion. If he had stayed, it would have been a blow up. Some people just say, "I need a glass of water" or "Sorry, I need to go to the bathroom" or whatever you need to say. It makes all the dramatic difference. Because if one of the partners is starting to get activated and they can contain it, that's fine. But if they start losing it and getting ungrounded, losing their sense of ground and losing their sense of containment, then it's all full energy coming up, up, up and it's going to come out or it's going in, in, in and it's going to freeze. Neither of these are fulfilling. The important thing is for people to study their own nervous systems and bodies and learn how to regulate it and say, "How do I serve my nervous system?" I think of a wonderful place; I think the beach; I think of sailing; I think of skiing; I think of my children. I have another couple that I talked about in the book. The man gets very angry at his wife and she's just freezing while her eyes get kind of glassy. She just withdraws and doesn't say a word. She's just sitting there and non one is home, so I say to her "How did the tennis go? how did the soccer go

with the kids?" and she's talking about tennis and soccer, and she's back again immediately. When you get stuck in a place, don't keep at it; go to another place that's more pleasant.

S P: Go where there's movement and life, instead of staying and getting stuck.

M G: Just go off to another channel that's a pleasant channel.


S P: So Mary, actually we are coming to the end of the conversation. Would you like to add something or is this a good place to end?

M G: Well, I guess the one thing I would like to say, one comment I feel really strongly about, is if you're in a relationship you better define yourself or be defined. You better define who you are and what you think. That's really important if you're in a relationship, or someone else will tell you who you are, what you feel, and what you think. Space is important to define yourself, but you also need to fill that space with who you are. So it's to find yourself. I also talk about how relationships are serious adventures for adults, not busy lines for kids. It's not that you live happily ever after. It's hard work. Becoming a person, becoming a professional is hard work. Wouldn't being a human be hard work? It can be fun at times, but hard work at times. Another one is to pause and leave space sometimes. All you can do is leave a little space between you and the clients and between each other. Taking time is part of that, but leave some space internal as well as external space. Take a breath so you are not so constricted by whatever the drama is. And then finally, what I talk about, which I feel so strongly, is our body is our greatest database. Our body contains our life history, our ancestors' life histories, but also human life history, our evolutionary life history, and we are complex beings with very deep rich life histories. And we need to respect that. It's not just emotional, it's not just attachment, it's not just cognitive, but it's a very rich life history and we need to be sensitive with that and hold that with a container of love.

S P: And, Mary, as I'm hearing you talk about these points and especially the last ones, I have a sense of a different approach to the word, the concept of biological couples therapy and the word biological. And at the same time there is a practical or scientific sense in it. They also get a sense of spiritual in that because it's a sense of being part of something larger than psychological issues, but something that encompasses all of our humanity or history.

M G: Yes, Yes, Yes. And when you think of it, when you go out to space, the earth is just a little globe, and the further you go out the smaller we become. That's why I say the system is to just look at one person apart from the partner or their family or culture and sometimes you have to focus in depth. One of the reasons I got into this body work is to take those systems down and ground it. Take all the vastness of life and ground it into that body, which is really grounded into the earth. It's funny – I'm studying biodynamic therapy and one of the things they talk about there is a notochord. In embryological development, it develops right in the center of our body, and from that, everything develops and so we talk about from the heavens the sky right through the being into the core of the earth. So we are kind of held to this planet by this grounding, this magnetic pull of the earth, and we are suspended in this larger vast universe, and the body is our container. And that's our ground, and that's why for me that's the most exciting place to focus on.

S P: Great, thanks Mary.

 *This conversation was transcribed by Lauren Booker.*

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