

December 2009: Susan Aposhyan

Susan Aposhyan, M.A., L.P.C., maintains a private practice and trains helping professionals internationally in her work, Body-Mind Psychotherapy. Previously, she directed one of the first graduate degree programs in Somatic Psychology at the Naropa University in Boulder, Colorado. She is the author of *Body-Mind Psychotherapy* (Norton, 2004) and *Natural Intelligence: Body-Mind Integration and Human Development*.

The following is a transcript of the original audio, which is part of the Somatic Perspectives series (www.SomaticPerspectives.com). Please note that this conversation was meant to be a spontaneous exchange, not an edited piece. For better or worse, the transcript retains the unedited quality of the conversation.

Serge Prengel: I'm with Susan Aposhyan. Hi Susan.

Susan Aposhyan: Hi, Serge.

S P: So, how did you get to do Body-Mind Psychotherapy?

S A: Well, when I was in college, I studied psychology and dance, so I already had the interest in both the body and the mind, and I pursued both of those interests independently. Through graduate school I did graduate work in psycholinguistics, and developmental psychology, and then I tried dance therapy. I did a lot of a masters at NYU in dance therapy. I tried to integrate them and it didn't integrate for me, and what really brought the two together for me was studying Body-Mind Centering. Do you know that work?

S P: Yes. Bonnie Bainbridge Cohen?

S A: Yes. And even though it's called body-mind centering, there is a lot of focus on body and how that relates to mind, but there's not very much focus on psychology in Body-Mind Centering. But still, it was the unifying force for me that brought my study of psychology and my study of the body through bodywork, meditation, dance, yoga, dance therapy, that brought it all

together for me. And so out of that, I created my work Body-Mind Psychotherapy, which, on some level, is an application of Body-Mind Centering to psychotherapy

S P: So does it make sense to talk a little bit about, in a way, what concerns Body-Mind Centering and how you found a way to use it in psychotherapy?

S A: Well what Body-Mind Centering is a mind of experiencing the body on a physiological level directly. So in the 70's, when I was studying body-mind centering, that was a very revolutionary thing. Now we have continuum, which does a very similar thing and many approaches to craniosacral work, looking and experiencing on a very kind of cellular level of the body, but at the time in the 70's this was quite revolutionary. And...

S P: So when you talk about experiencing the body, were talking about sensations?

S A: Yes, and when we talk about the level of the cell, there are many ways to define sensation. On a neurological level, sensation requires a sensory nerve ending. So on a cellular level, there might not be a sensory nerve ending involved in the experience of the body, and then I think were getting involved more into the sort of reiki and

pulsing and streaming and vibrating level of sensation. I use the level of sensation to include neurological sensations and *sub-neurological* sensations as well.

S P: So really, when you use the word, it's about a way of experiencing the body.

S A: Yes Very much so. And a kind of a deep, physiological witnessing of the body state. So in some ways I think Body-Mind Psychotherapy is kind of the extreme body-based of the body-based psychotherapies. We don't have a tremendous amount of detailed psychological intervention. It's more about training the therapist in a certain depth of their own experience of embodiment.

S P: So you use "embodiment." What do you mean by embodiment?

S A: Well I think, in the largest sense, embodiment is what everything else on the planet, other than we as adult humans, is doing all the time. It's living in a body and allowing the experiences of the body to directly flow out into their behavior and expression. And that's also what adult humans did for the bulk of the history of hominoids on this planet. It's only in the last less than 10,000 years that we've even begun to disassociate a little bit from our bodies, and use our neocortices to interfere in the embodiment practice.

S P: So what your saying is living in the body, and allowing a flow as opposed to dissociating?

S A: Yes, and as opposed to cortical interruption, or repression, or lower brain interruptions in the form of neurological dissociation from trauma or all of the various reasons, even just habit, that we've practiced body-mind desynchronization. So for adult humans then, the practice of embodiment is that we actually have to begin first with our neocortex and make the decision that it would be better to have more of our behavior and expression coming from

the bottom up than we currently have. So the first aspect of practicing embodiment for adult humans is a cortical decision of opening back up to that.

S P: Yes. So, in a way, for the neocortex to learn to get out of the way.

S A: Yes. First to decide that that's a value, then practicing over a number of years to shift the base line, and then learn how to actually do it. You know as you, and probably most of our listeners know, that's an ongoing practice.

S P: So actually, as you use the word ongoing practice, and you're somebody who's also a meditator and taught at Naropa, what's the influence of Buddhism and meditation on your practice and theory?

S A: Well I think it's huge, and fundamentally, I think it can be boiled down to a real respect and appreciation for the present moment. And a willingness to live and act in that moment, and in this case based on the sensations of that moment.

S P: So, really a way to – you had the expression of not being in sync – of being in sync in the moment, the body. So how does the training you developed help people do that?

S A: Well, it's sort of an immersive kind of training. We spend a lot of time in Body-Mind Psychotherapy workshops and trainings doing embodiment practice, which is simply a practice of feeling the sensations in the body and letting those sensations breath, move, sound, speak, imagine, and interact however they would like to.

S P: Ok, so what I'm hearing is a sense of curiosity and allowing that exploration.

S A: Yes. And coming back to the sensations where I think is different from core energetic training. My experience of core energetic was an immersion more in the emotional field, which included sensations,

but the emotions dominated the sensation. Perhaps in your SE training, the sensations intentionally predominate over the emotions. And in Body-Mind Psychotherapy embodiment practice, the sensations provide the base line, and they regularly blossom into an emotional state, and then that emotional state is integrated and moves through, and comes back to the sensations. So I'm just trying to contextualize embodiment practice between these two approaches that you work with, and I can do the same thing for so many different somatic approaches. We're all looking at different facets of the human experiences so there are practices that are quite related.

S P: Yes. So, maybe it's not a bad idea if you want to just mention one or two similarities and differences with practices because people who listen come from different backgrounds and that might help build a bridge.

S A: Well, when I think about the organization that we're representing right now, the USABP, I know the largest constituencies in the USABP are Bioenergetics and Hakomi. And, in terms of Bioenergetics, I've certainly learned a lot from Bioenergetics, and have been influenced by it, as well as by the Reikian work that preceded it. I think that the departure there from Bioenergetics is quite clear in the sense that there's much more room for the client to construct their own way of working. So it's not all about placing the client in a particular movement or a particular emotional scenario, and then letting the sensations and emotions express within that. In Body-Mind Psychotherapy it's more client centered, in a sense that we begin more with what the client wants and what the client is experiencing in the moment of exploring what they want, and then letting their experience expand from there in a less structured way.

S P: And when you say what the client is experiencing, it is with a focus on the sensation as opposed to the emotion?

S A: Well in my view, and I'm always curious to hear what other people think about this, all sensations have some emotional tone. So, in the sense that all sensations are physiologically happening. A sensation, generally, most commonly, is a group of cells doing something that when there's enough of them doing it at the same time, we actually can notice it happening. And this physiological event has something to do with living or dying. And at that moment, if we're trying to live, and this physiology is life affirming, then this sensation has some quality of being good. Or if we're trying to die and these sensations are struggling against death then the sensations will have a feeling of feeling bad. So at the very least, sensation has some kind of tone of good or bad. And, at the most, as we all know, the sensations can be a direct link in a chain that leads to a full blown primary emotion: happy, sad, glad, mad, disgusted, afraid.

S P: Yes. So as you pay attention and you put your focus on the sensation, it's absolutely not ignoring the emotion but just a question of putting your focus on that angle, on that perspective, on that gateway.

S A: Yes, yes, yes. Absolutely. Yes. So Body-Mind Psychotherapy *does* focus on the sensation, as being more foundational and offering more choice than focusing on the emotion often does.

S P: So would it make sense to just get a sense of that through what happens in a session? I understand no two sessions are alike, but just something that might give a sense of how you do that.

S A: Well let's see. On a simple level I'm just thinking back to a session that I just did today, and this person came in feeling quite depressed and has been working with expressing early childhood grief, disappointment, and a lot of neglect in early childhood. So there's a lot of grief there. Before beginning this course of therapy, he

thought his sadness was endless and that he was a depressed person, and when he contacted his emotions, what he would find was an endless pool of sadness. It took a lot of very fine tuning to the emotions for him to realize that if actually felt the emotion and stayed with it, the grief would come, peak, and then subside, and then he would feel less depressed after expressing grief. And now, what he just did was a big step for him. He had another loss in his family system and I said, "How does that feel behind your intestines? Either it's going to feel great there and you just keep going with this or there's going to be a sick feeling that you're not quite letting yourself feel in there."

S P: So, so just stay there for a moment. The question was how does that feel behind your intestine, and then you gave him a menu.

S A: Yes, yes. I had to give him a menu because he just looked at me blankly when I said that. I said, "Check and see. Does it feel good or does it feel 'Ehh there's something not right here?'" and he said, "Eh, there's something not right here." And then as soon as he had that awareness, then he was able to breathe, cry, and move in a way that allowed the back of his belly to be part of what he was doing, and he learned something there about not just crumpling into grief, but actually being able to maintain his strength and his ability to support himself for the grieving process.

S P: So I want to just stay with that a little bit more because of course to you this is very familiar territory. But it seems like there's a lot of things in it that we would need to see in slow motion. So a part of it is that at the time you asked a question he certainly was not aware that there was something happening in his belly. And...

S A: Yes, and normally, you know, the way I start is just asking, "What are you aware of in your body right now?" And then if *that* doesn't yield any fruit, I'll say, "What are you feeling in the back of your belly," in this

case right now. And then if *that* doesn't yield any fruit, then I give a menu. But then there's the other possibility too that I was barking up the wrong tree and I'll say, "Sorry, drop that. What you're on to is much more important."

S P: Yes. So then, you ask him, and he's aware of it. First at a very broad level of good or bad. Is that his first perception that something was not comfortable, and then?

S A: Well, I actually was looking at how he was torquing his pelvis pretty far while he was crying, and this is a familiar position for him. He often is standing when he begins to cry. And then he sort of crumples to the ground and sobs from slightly below and his diaphragm up is very active in the crying. And his lower body is pretty passive, but it's always torqued to one side. So he was standing there, and it was torquing more and more, and as I'm saying this, my face is starting to wince. You know that feeling where you can just see – that feels really bad in your gut, doesn't it?

S P: Yes, yes, yes. So, so in other words....

S A: So I gave him the menu and I said "Check, check. How does it feel in your intestine?" and he looked at me like, "Are you crazy?" So I said, "Well, check, and see either it's fine or it feels really kind of sick back there." And immediately he said, "It feels sick back there." So I gave him the good or bad.

S P: But so, in a way, in a way, in the first vignette, if you want, if it were a movie or a little video, what we didn't see in that first vignette is what came before, is what you just described now, is you're observing your knowledge of him and you're observing the body movement. And you're reacting with it both in terms of your knowledge of the body and your own sensations, and your own reactions to come to this intervention.

S A: Yes, absolutely. And the whole approach with Body-Mind Psychotherapy is

to train the therapist to deepen their own embodiment, to train the therapist to be able to recognize in their sensations every different aspect of physiology: immune functioning, muscular functioning, neurological functioning, cellular functioning, etcetera, etcetera. And from the basis of their *own* embodiment experience, they can be able to both observe more deeply what's going on with their clients and generate interventive relationship out of that.

S P: So what I'm hearing is something where there is a training in terms of outside knowledge of how anatomy or neuroscience functions and an inside training in a calibration. And there's a dialogue between those that know outside knowledge and inside knowledge?

S A: Absolutely. So, at the beginning of Body-Mind Psychotherapy we're forming a hypothesis. We're saying, "What aspect of physiology might I be feeling right now?" And then later on to apply observation and say, "Huh, I wonder if I'm seeing that person's liver become over-activated," or something like that.

S P: So there is a hypothesis in a way coming from the outside? And then you probe it?

S A: Yes. You invite the person to go more deeply into their experience, and it might not ever need to be named. As long as it moves through the person in a way that helps them feel themselves more deeply, and understand themselves more deeply, and relate to the world in a more satisfying way, then we don't need to name these hypotheses. Occasionally it's helpful to name them. It might be educational or useful in some other way, but the point is that the body reorganizes.

S P: Yea. So can you talk a little bit more about that, the body reorganizing?

S A: In Body-Mind Psychotherapy we see all therapy as a developmental process. Basically in modern adult life, we include trauma and any arrested developmental processes as a normal part of human existence, of modern life, and that any kind of developmental repair or trauma integration isn't just then re-beginning development, but it actually adds to development and becomes part of the developmental process.

S P: So there's no discontinuity. It's like the whole model includes trauma, and there's just the question of degree?

S A: Yes. Well, I think that trauma has a different physiological signature than an emotional deficit, but from a larger perspective, they're both part of a developmental process of modern human life. I find it very useful and often people are very relieved to shift from a pathological view to a developmental view. Especially with trauma, because they feel *so* debilitated and there's so much shame with that debilitation. So the more that we can normalize that and recognize that there's tremendous epidemic level of traumatic dissociation happening in modern cultures, it becomes relieving... in a perverse sort of way.

S P: Yes, but it's also something that's the opposite of deskilling, because in a way it's an extreme version, something that you already know how to deal with in a lower dose.

S A: Absolutely, and something I think we're realizing this in the field of traumatology is that there are brief moments in dissociation across such a broad spectrum of our population that it's almost 90% or 85% of adult population has moments of dissociative experience that I think are lower brain functionings hijacking the higher brain functionings. They just happen so quickly we don't even notice them.

S P: Yeah, so we're really integrating these kinds of traumatic experiences into that larger development framework, and you were talking about reorganizing in this context.

S A: Right. Again, another way of normalizing that is to recognize that humans have the ability to develop throughout their lifespan, as not all species have that ability. And there are significant changes in our hormonal functioning. As we all know, throughout the lifespan, there are significant neurological shifts. You know one of the most intriguing ones I like to mention that inspires people is to think about how many great actors don't reach their prime until they are in their forties, because there's a significant brain change that allows finer degrees of facial muscle control. So here's a *positive* change that comes with aging.

S P: Yes, yes.

S A: Of course, we know there's so many undocumented positive changes that come with aging *if* we are headed in the direction of becoming wiser, more mature humans. I think this is also an area in which Buddhism has influenced me in a lot of realizing there's quite a huge wide range that we all have access to, in terms of wisdom and maturity, and these require reorganization on the most subtle levels of our synaptic connections as well as our cellular functioning. I was just with another client I was working with today, who has been bedridden for many years and we work on the phone. And, in the middle of a divorce, she's being kicked out of her home. And it's provoking *huge* necessity for challenging some of her habits of "invalidacy." How do you say that? Invalid..?

S P: I'm not sure, I don't think I understand what you're saying but I don't know.

S A: Being an invalid.

S P: Yes.

S A: Despite the fact on one level she's quite handicap, on another level she's growing leaps and bounds in terms of wisdom and maturity. It's inspiring.

S P: So, is there a scene or a moment of that work that can give us a flavor of that with her?

S A: Well, I think the most significant moment that we did today was, well, she's so excited that she can dress herself now. And somehow she segued from, "Well I'm excited but then you know there's the issue of work, and, you know, providing for myself that comes right after that." She's a little bit disorganized, anxious, and a little hysterical at that moment, so I said, "Okay, here's the moment." Because she had already identified that that fearful part of her. It was like that monster in *Where the Wild Things Are*. And I said, "Okay, here's the moment," and I said "Look it straight in the eye. Breathe, feel your body. What happens?" And she said, "I'm looking it straight in the eye and I'm thinking you're a big scary monster and you're gonna eat me alive."

S P: Wow.

S A: And I said, "Okay keep breathing." I said "You know how to do that direction; you've done that a million times. Is there another option here? You know, keep breathing, feel your pelvis, stay in your body, keep looking at this monster of livelihood, self-support in the eye." And she did it. It's very sweet. Her voice trembled, she cried, but she says, "Okay, you're a big scary monster, and it might not be easy, and it might not be glamorous, but I wanna keep going towards life." And it was such a sweet little moment, and I had never experienced her being that courageous with that particular challenge. *It was justice* because her voice was trembling, and it was a beautiful moment of human courage.

S P: Yes. And so, in a different way, I mean what it also makes a point about is that

while your work is very centered around the body, there are other aspects and other sides that you explore in a session. It's not just all the time about body, body, body.

S A: No, not at all. It's just how your body can support you to move through this developmental juncture. And so if that needs to be body, body, body, then it is. If it doesn't need to be, then it's not. The body-mind psychotherapist is tracking the client's body. So long as life is circulating through it in a positive developmental direction, there's no reason to even mention the body.

S P: Yeah, so that's a big point. That's a big point. That is what is really important. The therapist has to be aware of the body and tracking it, and not necessarily mentioning it moment by moment.

S A: And what I think, Serge, is so important is that the therapist is experiencing their own body moment to moment in a developmental relational living way. And that's what I think allows us to not go body, body, body and have the interactions stay embodied.

S P: And now just in our short conversation, in a moment that was very powerful, you were talking about this guy and the gut feeling, and you were talking about the sense that in your own face you were feeling some of what was happening.

S A: Exactly. That there's always, what we call in Body-Mind Psychotherapy, a circular attunement happening. I'm feeling you feeling me, you're feeling me feeling you. The relational process is a very physical one.

S P: Yes. So, in other words, as we're talking about body, it is also very much a relational therapy by way of the body as a vehicle for sensing the life of the relationship.

S A: Yes, absolutely. Thank you for saying that.

S P: So as we're coming to the end I wanted to see if there's anything that you feel might be missing or just wanting to find a way to conclude this conversation.

S A: No, I don't feel anything missing. If you do, I'm glad to address that.

S P: No my sense of it was a very nice sense of what it is, and in a way it brings curiosity for knowing more, but it makes sense that we couldn't address everything, but...

S A: Yes. Well if there's a desire to know more, I have two books and they're easy to find, and a website, and there's lots of avenues.

S P: Great, great. Well thanks, Susan.

***This is part of USABP's "Somatic Perspectives" series, edited by Serge Prengel.
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