

Shrink Rap Radio #399: Trauma and The Body, April 17, 2014

Dr. David Van Nuys Ph.D., aka 'Dr. Dave' interviews Dr. Pat Ogden, Ph.D.

(Transcribed from www.shrinkrapradio.com by Renata Sielecki)

Introduction: My guest today is Dr. Pat Ogden, pioneer in somatic psychology and the founder and educational director of the Sensorimotor Psychotherapy Institute. For more detail on Dr. Ogden, please go to the show notes on shrinkrapradio.com. Now, here's the interview.

Dr. Dave: Dr. Pat Ogden, welcome to *Shrink Rap Radio*.

Pat Ogden: Thank you. Nice to be here.

Dr. Dave: Well, it's great to finally be able to speak to you. Various listeners have been urging me for years to get you on the show. And your own schedule of speaking and training and travelling has been extremely busy. So I'm delighted that at last we could connect.

Pat Ogden: Yeah, me too. Glad we made it work, finally.

Dr. Dave: Okay. Well, you've developed an approach to working with trauma that you've named Sensorimotor Psychotherapy. How did you get started in this work?

Pat Ogden: You want the long version or the short version? [laughs]

Dr. Dave: [laughs] The medium version.

Pat Ogden: The medium version. Okay. Well, I suppose I started in the '60s working in a project school in an all-black neighborhood. And then I taught at the first integrated school in Louisville, Kentucky. And there was so much trauma—a lot of violence in those communities—and the children I worked with really suffered from it. So I think that was kind of my introduction. And then I spent five years working in a psychiatric hospital teaching yoga and dance. Then I met Ron Kurtz, who's the pioneer behind the Hakomi Method. He introduced me to body-centered therapeutic approaches. I already had the idea that working with the body was really important.

Dr. Dave: Sure.

Pat Ogden: And I found that the patients at Vanderbilt Hospital who did the yoga classes seemed to get better faster than the ones who didn't and that piqued my curiosity about the involvement of the body.

Dr. Dave: Yes.

Pat Ogden: So, Ron and I, together with others co-founded the Hakomi Institute in 1980. Then in 1981 I started my own branch of that school for two reasons: One, I was more interested in the body, and two, I was more interested in trauma. And nobody was really talking about trauma back then.

Dr. Dave: Um-hmm.

Pat Ogden: People were working more with relational issues and the inner child was big in my world. We were working with strong emotions, which often wasn't helpful for traumatized clients.

Dr. Dave: Yes, that's kind of come into more general awareness. I think for a long time people weren't aware of that dynamic.

Pat Ogden: Right.

Dr. Dave: And I'm not sure that everybody is aware of it, even now.

Pat Ogden: No, I don't think so. I do want to say one thing, it's that Sensorimotor Psychotherapy [is] a form of body psychotherapy but it's not just for trauma. I think we're known for trauma because my first book, with Kekuni Minton and Clare Pain was titled *Trauma and the Body*, but we work extensively with attachment issues and relational issues as well.

Dr. Dave: Okay, yeah, that was something I was going to ask you about so I'm glad you spoke to that. Now, Steven A. Levine is another person well known for his work with the body and trauma. Did his and your approach develop independently? Or is there some kind of... Do you work together or what? Any history there?

Pat Ogden: They developed independently in that I started my own school in 1981 and then met Peter, I think in 1990, maybe about ten years later. And we did work together for a short while. I think Peter's contributed a lot to the field. So there was some overlap, of course, but also we developed very independently.

Dr. Dave: Okay. Great. And on your website, you write that your approach is guided by principles of mind-body-spirit wholism. Is it your sense that body and spirit have typically been left out of psychotherapy? Kind of a leading question, I guess. [laughs]

Pat Ogden: [laughs] Well, we started off our first book by talking about how the body has been left out of the Talking Cure. I think that psychotherapists are accustomed to working with conversation and with talking, with insights and discussion. And our approach really differs from that in that we're looking at how the body processes information and how movement and gesture reflect and sustain psychological issues. So, yeah, I think the body has been left out and, I mean, it depends on what school of thought. If spirituality has been left out, there's a big movement now in transpersonal psychology.

Dr. Dave: Yes, things have evolved considerably. Your approach is extremely integrative and in fact I pulled out a quote from your website that I kind of thought nicely says what you just said, that you're approach is a body-oriented talking therapy that integrates verbal techniques with body-centered interventions in the treatment of trauma, attachment and developmental issues, incorporating theory and technique from psychodynamic psychotherapy, cognitive behavioral therapy, neuroscience and theories of attachments and dissociation. And in my notes, after that I wrote: Bravo! [laughs]

Pat Ogden: [laughs] Well, it is integrative. I mean, Ron Kurtz, who's my most important mentor, I remember talking [with him] once about psychotherapy. And he said, "Well, psychotherapy is anything that works." [laughs] You know, good psychotherapy.

Dr. Dave: Yeah.

Pat Ogden: So, it is integrative.

Dr. Dave: Yeah. Let's explore some of the components of your theoretical work. I have the impression that attachment theory—well, it's more than an impression, you just said it. But I have the impression that attachment theory is playing an increasingly large role in a wide variety of approaches, that it's becoming a unifying bridge, that it's bringing diverse perspectives together. And I'm wondering if you agree, and if you can give us some sense of your particular take on attachment as it relates to your theory and work.

Pat Ogden: Um-hmm. Well, I do agree. And in my work we look at how attachment dynamics begin to shape even a baby's, a child's nervous system and body. So we're looking at how the proximity seeking behaviors of reaching out, making eye contact, moving towards an attachment figure get abandoned or distorted in disruptive attachment relationships and those become viable targets of intervention in my work. So, for example, many clients have trouble with eye contact or with reaching out. So we can explore those through the body in therapy. I think the importance of that, the significance of it, is that we get away from content. It's not really about the story, but more about what's driving the story.

Dr. Dave: Um-hmm. So it's a very here-and-now kind of interaction.

Pat Ogden: Um-hmm. Yeah, it is. It's very here and now.

Dr. Dave: Yeah. In your book that you mentioned, *Trauma and the Body*, I love the way that you link attachment to what you describe as arousal zones and the Polyvagal Theory of Stephen Porges, who I've had the privilege of interviewing as well. Maybe you can take us through that a bit.

Pat Ogden: Okay.

Dr. Dave: If you remember. It's been some years since you wrote the book. [laughs]

Pat Ogden: Oh, no. Of course I remember. These are standard ideas and theories that really guide our work. I think Dan Siegal coined the term "window of tolerance" in 1999 in his book, *The Developing Mind*. And if we think about the window of tolerance, it's really a zone in which information can be processed, both information from the internal world and from the environment. So when people's arousal is too high, which happens if we're threatened, it exceeds that zone and so then we can't

process effectively. We can't really be receptive if that arousal continues to stay high because that arousal, that hyperarousal, is meant to mobilize action necessary to protect ourselves from trauma. And what often happens is that the arousal can drop to [a] hypoarousal state that's below the window of tolerance in which the whole system starts to shut down. And this relates very much to Stephen Porges' theory, which I just think is such a great contribution, because he's helped us redefine the autonomic nervous system in terms of a hierarchy instead of [a] balance. So he talks about the ventral-vagal system, which is one branch of the parasympathetic nervous system that stimulates [the] facial muscles, [the] middle ear, the eyes, the larynx, and he calls that system a "social engagement system." And if we are sensing safety in our world, then we can engage and our arousal levels stay pretty much within the window of tolerance. But if we're threatened, that social engagement system goes offline and our arousal escalates as our sympathetic nervous system is stimulated, the fight-flight responses. But if that system fails to assure our safety then our arousal plummets, and that phenomena is powered by the dorsal-vagal system, which Porges discusses as the other branch of the parasympathetic nervous system. And that's the branch that slows everything down. That's the unmyelinated branch of the vagus nerve. So, in working with people, the first order of business is social engagement because once a client feels safe enough then we can really start working together. But then we have to access these dysregulated states of hyper- and hypoarousal in order to resolve and recalibrate the nervous system.

Dr. Dave: Yeah, I wanted to ask you about the psychotherapeutic treatment implications of these insights and you're sort of addressing that now. Anything else that comes to mind in terms about how those insights are applied with a person?

Pat Ogden: Well, in our work we track very carefully when the social engagement system goes offline. Steve coined the word neuroception, which is a main concept throughout the new book that I've completed with Janina Fisher. And neuroception has to do with the nervous systems capacity to detect cues in the environment that are safe, dangerous or life threatening. In the therapy session, people's bodies will give away their neuroception. If a person neurocepts a bit of danger, the breathing might get shallow, the eyes might narrow, there might be a little bit of a pulling back movement or a tensing up. So we track very carefully through those types of movements that indicate those arousal zones.

Dr. Dave: You have an early chapter in the book on the “orienting response.” I think of the orienting response as that intense fight-or-flight physical reaction when we’re startled. Do I have that right, and if so, how does that play into your theory and treatment?

Pat Ogden: Well, the orienting response actually comes before the impulses to fight or flight.

Dr. Dave: Okay.

Pat Ogden: You can think of it this way, the orienting responses are always orienting. Like right now you and I are orienting to the sounds of each other’s voices. In trauma, like if there’s a loud sound, for example, both of us would stop our movement, we would probably extend our spines a little bit and we would listen and maybe turn our head so we could locate visually the source of that sound. Then once the source of that novel stimulus is identified, then we evaluate it and then we take action: fight, flight, freeze, feign death or approach the stimulus or just evaluate it as unimportant and go back to what we’re doing. So the orienting reflex is always there. The problem with trauma is that people develop patterns of orienting towards traumatic reminders as if they are dangerous.

Dr. Dave: Yes, yes. In other words, the way a person reacts to a trauma in the moment—defending, mobilizing or immobilizing—can set up a pattern that the more or less get stuck in and that can get triggered by other situations that have some similarity, even a small similarity.

Pat Ogden: Yes, I think that’s true. And then they don’t go through those steps of the orienting response. It happens in a split second. But then, the system’s already primed to assess something instinctively as dangerous.

Dr. Dave: Right. Now, the second half of your book focuses on treatment and so far we’ve been focusing on theory with occasional forays into treatment. But perhaps you can give us an overview of your treatment approach. What are the key principles, for example, that a sensorimotor therapist needs to keep in mind?

Pat Ogden: Well, one principle I learned from Ron Kurtz, back in the early ‘70s—he borrowed the term “organicity” from Gregory Bateson. And organicity has to do

with each living system [having] its own intelligence within. And once I understood that, the job of the psychotherapist became to help a client find that intelligence inside. And that started to shift everything that I had been taught as a therapist, which was much more of an authoritative view, that I should have the answers, [that] I should be able to tell my clients what they needed, et cetera. So that to me is a huge, overarching principle that kind of defines the therapeutic relationship. For example, if a client comes into my office and says, "Well, where should I sit?" Instead of my saying, "Well, you sit there and I sit here," which would already imply that I am the one with the answers, I would say, "Well, what feels right to you? Sit anywhere you want." And right away, it's defining the therapeutic relationship in a certain way, that they have the answers inside, not me. Another, I think, very important critical principle is that we work with mindfulness rather than conversation because we want to look [at] organizing gestures, postures, movements. We want to look at those habits rather than at specific content.

So if a client comes in saying they're having trouble in a relationship and they're not getting the support they want, I would start looking at how does the body participate in that presenting problem, which would usually be perhaps a collapse in the spine, perhaps an inability to reach out or make eye contact, or it could be mobilization [in the body] that kind of keeps people at a distance. So we always want to take a look and be aware of how does the body participate in the client's issues.

Dr. Dave: Yes. Now, that can be very delicate, you know, pointing out, "I get the feeling that you're avoiding eye contact with me or moving away," or whatever it is that you're noticing. How do you present that so it's not experienced as an attack?

Pat Ogden: That's such a good question. We talk a lot about this in our trainings. Psychoeducation is a big part of it. And tracking. I might say something like, "Well, I notice as you're telling me this, your body seems to be tightening up." And just making that statement, I can tell if a client responds favorably or that makes the more nervous, or whatever. Then we have to adjust to that moment and we have to find the routes in that the client is ready to accept and consider. So timing, how you present it, your tracking, I don't have that difficulty as much as the students that we train because clients come to me because they know I work with the body and that's what they want.

Dr. Dave: [laughs]

Pat Ogden: So, I'm lucky that way.

Pat Ogden: Yes. Now, you mentioned mindfulness earlier and so it sounds like you, as a therapist, are needing to be especially mindful and at the same time you're trying to model and teach the client to be mindful of what's going on in their body.

Pat Ogden: That's right. And it's not mindfulness in the way that meditation practices use it because it's not a solitary activity in the way we work. It's really embedded within the therapeutic relationship. So, when I'm asking clients questions that they have to answer by becoming aware of their present moment experience like, "What are you sensing in your body as you talk about this rape?" or "What emotions, thoughts, movements come up?" But they're taking me into their internal world with them. So I coined the phrase "embedded relational mindfulness" because mindfulness, the way we use it, [is] really embedded within the therapeutic relationship. So as clients report to me their present experience, they're taking me into their inner world in that present moment. So it's not a solitary activity, it's an activity that the two of us are engaging in together, the mindful awareness.

Dr. Dave: Yes. Now, this makes me wonder about classical concepts of transference and countertransference. Does that fit anywhere in your model?

Pat Ogden: Oh, absolutely. It really, totally fits in. I think that's an essential dynamic that is always present.

Dr. Dave: Yes.

Pat Ogden: I've been working, these last eight years or so, quite a bit with Philip Bromberg, who's a psychoanalyst from New York, exploring the whole concept of therapeutic enactments, where the therapist's own issues and countertransference really interfaces with the client's. And, I think, the main learning from that is through the navigating of those enactments—which usually show up somatically before they show up verbally, or even emotionally—when a therapist and client can navigate those relationally, then there's an opportunity for a much greater degree of therapeutic change.

So, we look at that. We look at what I like to call a body-to-body communication.

Dr. Dave: Um-hmm.

Pat Ogden: You know, if I lean forward, the client leans back. We might stop right there and explore that.

Dr. Dave: Yeah, yeah. I wonder if there is a case example that maybe comes to mind that would kind of help us to get more insight into your approach.

Pat Ogden: Which aspect of it? Like, anything?

Dr. Dave: Yes. If somebody comes in—maybe a case comes to mind of a certain presenting problem and how you worked with it, and what the outcome was. Maybe particularly in relation to trauma.

Pat Ogden: Okay. Well, I think of a client I worked with recently who had quite a bit of childhood trauma but he didn't remember a whole lot past when he was really small. He definitely remembered a rape at 14 and had suspicions of abuse before then. He's never been able to have a long-term relationship and he'd done a lot of work on himself, both [in terms of] body therapy, as well as more traditional talking therapy. At the beginning, after he told me a bit of his situation, the first shift from discussion to mindfulness was [when] I asked him just to think about reaching out to another person. And see now, in asking that question we were no longer talking about his issues, we were doing a present moment little experiment to find out how he organizes internally around the idea of reaching out. And he immediately said, oh, you know, that that made him feel like crumpling. His body started to kind of collapse a bit. He said it would not be safe to show any need.

Dr. Dave: Um-hmm.

Pat Ogden: It was interesting because his hands actually made a movement, almost like a little baby that's pulling into himself.

Dr. Dave: Okay.

Pat Ogden: You know what I mean? And he didn't remember his early childhood but I think something was revealed in just what happened, all by itself, when I asked him to think about reaching out. The body will really tell a story that the mind might not even understand, call that the somatic narrative. It's not the verbal narrative but it's the somatic narrative.

Dr. Dave: Um-hmm.

Pat Ogden: And there's a lot of pain with that, emotional pain. And then as we continued to work, he brought up an incident where—he said he was really sensitive to his friends not being there for him—he asked a friend to go out for dinner. And he made a very small reaching moment when he made that statement, a reaching movement with his hands. So, again, we're always shifting from the content to mindfulness of certain body actions, movements, images, and emotions. So I asked him to be aware of that reaching out. It's almost, in a way, that that's accessing another part of him than the crumple. And so he stayed with that reaching, which felt empowering to him, even though he wasn't able to do it in his life in a full way. And then the concluding element of that session was kind of a reunion between himself, the part of him that was strong and competent, and that child part of him who crumpled. So, he began to reach out towards that part of him inside. And that made a real difference for him. He said later that as soon as he starts to crumple—which he's now aware that he does often in relationships, which really interferes with his ability to sustain relationships—he says when he starts to feel that crumple inside, he reaches out to that part of him and that is really helping him integrate that young part that crumples in the face of need, that he hadn't really aware of before.

Dr. Dave: Um-hmm.

Pat Ogden: So, I think, the significance of it is that, if we're tracking the bodily patterns, they will reveal the accumulation of the effect of all our experience, some people think from conception on—or some people even thing before that. But, at any rate, certainly from birth on because the body will record the interactions with others and develop habits of response to that. Does that make sense?

Dr. Dave: Yes, it certainly does. I'm wondering, do you have any sense of the average number of sessions in this work? Or is it just totally variable and all over the place?

Pat Ogden: What do you mean, the average number of sessions? Oh, you mean how long the therapeutic relationship?

Dr. Dave: Yes.

Pat Ogden: Oh, gosh. It just, it so depends. I mean, my longest client was, I think, eight years.

Dr. Dave: Okay.

Pat Ogden: But, oh, there was one young man that I still wish I could work with. He had had a terrible skiing accident and broken his ankle in the middle of winter, and had to crawl to a road where he was taken to the hospital. He came to see me because he was having nightmares, constant nightmares about ice and snow, and everything. And I did three sessions with him. All he wanted was the nightmares to go away and his nightmares went away. But in the course of those three sessions, he disclosed that he had found his mother, who had hung herself, in a barn in the dead of winter.

Dr. Dave: Oh, my god.

Pat Ogden: He had discovered her as a young boy. But he didn't care about working with that. He was just a young man, maybe 20. All he wanted was his nightmares to go away. And symptoms from a trauma like that can sometimes be reduced fairly quickly.

Dr. Dave: Yes.

Pat Ogden: So, it just depends, you know, what the client's goals are.

Dr. Dave: Well, one of the elements that you draw upon, as you mentioned, is psychodynamic and so that sort of puts it into, potentially, a long term kind of approach...

Pat Ogden: Yes.

Dr. Dave: ...when needed. Earlier you said something about images and it made me wonder if you use metaphors at all in your work.

Pat Ogden: I do when they come up but usually they come from the client. When we think of mindfulness, the reason that I used images is because mindful awareness has to do with being aware of any element of internal experience. And that can include body sensation, five sense perceptions; that would include images, movements, emotions and thoughts. So when I say mindfulness, it's not just mindfulness of the body, it's mindfulness of what we call those five building blocks of present experience and how they interface together. So somebody might come in and they might be talking about something like, "I just feel like it's all my fault." Many clients say that. "It was my fault that he left me." "It's my fault that my kid's in trouble." Whatever. So that statement, "It's my fault," would be, also, an inroad into mindfulness. I might ask a client to say those words inside: "It's my fault." And let's see what happens in your body, let's see what images come up, emotions, et cetera. So mindfulness includes all five of those building blocks.

Dr. Dave: Can you say the five building blocks again? I'm not sure I caught those.

Pat Ogden: They would be body sensation, five sense perception—smell, taste, images—movement, emotions and thoughts.

Dr. Dave: Okay.

Pat Ogden: So what we're looking for is patterns in those five elements that speak to organizing phenomena in the person.

Dr. Dave: Yes, yes. Now, you do a lot of training in this approach and I would imagine that many, or maybe most, of the people who come for training are already therapists, maybe already trained in a certain approach. So, I'm wondering if you see this as a complete therapeutic approach in itself or as something that would augment another approach.

Pat Ogden: We only train licensed clinicians.

Dr. Dave: Okay.

Pat Ogden: I don't see it as a stand-alone training because we don't train diagnoses, or we don't teach people how to do suicide contracts, or whatever. So, it's not complete psychotherapy training. It certainly is a complete body therapy training.

Dr. Dave: Um-hmm.

Pat Ogden: I prefer to train, and we only do train experienced clinicians.

Dr. Dave: So, I'm wondering if those people go on then and maybe when they came to you they were already a—I don't know what, a psychodynamic person, or a gestalt therapist person, or something like that—so then do they go on to kind of integrate what they...? I'm just assuming that maybe they would integrate what they learn with you into what they were doing before.

Pat Ogden: Yes, yes. We train a lot of psychodynamically trained therapists, psychoanalysts, marriage and family counselors, child therapists. And they do—they integrate it into what they already do. And many of them are taking it further. Like I just presented at a conference in Europe, actually, and there was a presentation on sensorimotor psychotherapy and group work, which was very excellent, using a protocol that Janina Fisher and I designed for working with groups. There was another woman who is combining it with EMDR, and somebody else who's taking it into working with antisocial personalities. So, it's affecting a lot of different populations through our students and our graduates, which is really exciting.

Dr. Dave: Yeah, that would be exciting. And now, in the example that you gave us, it involved rape, and I'm wondering if you've had experience with combat veterans suffering from PTSD.

Pat Ogden: Yes, quite a bit.

Dr. Dave: Yes, I recently had the opportunity to interview Philip Zimbardo about his book on the Time Cure, which he wrote with a couple called the Swords. I remember Rosemary Sword as the woman but I'm blocking on the name of the man. And the approach he describes seems to be a mix of narrative and cognitive behavioral approaches to re-orient the client from a fixation on the past to one in the present. Are you at all familiar with his work? And what do you see as some of the similarities and differences between that approach and yours?

Pat Ogden: I'm sorry, I'm not familiar with his work.

Dr. Dave: Okay.

Pat Ogden: But I can tell you something about how we work with combat vets.

Dr. Dave: Yes, good.

Pat Ogden: I don't know if you've heard of Pierre Janet. He was a contemporary of Freud's. In fact Freud took the name psychoanalysis from Janet's name for his work, which was psychological analysis. They were both quite influential, and Janet talked about [the idea] that traumatized people haven't been able to complete the actions characteristic of a stage of triumph. And if we connect that with the Polyvagal Theory, there are actions that go with the social engagement system, with fight-and-flight responses, that are so often truncated. And that's really a nervous system phenomenon. So, for example, in working with a veteran, we would work with the narrative—if they can remember. But again, we would be tracking the body to look for signs of those incomplete defensive responses. For example, with one veteran it was just a lifting of the fingers when he wanted to make a pushing motion, his body did. So then we executed that pushing motion. Another time his legs wanted to run and there was a lot of trembling in his legs, so we stayed with that sensation, that trembling, until it resolved by itself. And I think the important thing here is that a person can have many, many traumas but we only have one body and one nervous system. So, again, we're working with these patterns of response to complete the actions that weren't able to [be] complete[d] at the time of the trauma that accumulate over time. So, he, as he felt these impulses in his body related to the war but [which] had probably started much earlier, we were able to experientially execute those actions.

Dr. Dave: And that had a positive outcome.

Pat Ogden: Oh, yeah. Really positive. After the first session, he could talk about the war and his symptoms. He had terrible rage attacks and a lot of his symptoms went down. The second session was a different session because we were dealing with despair and the horror of it all, and his loss of faith in humanity. And in that session,

the action was very different; his hand kept opening as if he wanted contact. And so, when we explored that gesture, he just need, he said, someone to hold my hand.

Dr. Dave: Um-hmm.

Pat Ogden: And then what he said, because I did—I'm very experienced with using touch, so I have no qualms about using touch therapeutically. And he said he felt he was just going to collapse into nothingness without any contact. And that really speaks to the dorsal-vagal response because that is a shutdown, an experience of nothingness when there aren't the resources to integrate what's happening.

So, in our work, we very much use the body because the body will be a reflection of those instincts and a dysregulated nervous system that we can then work with very directly.

Dr. Dave: Well, you know, I think this PTSD in the military is just a huge social problem.

Pat Ogden: Oh, it is.

Dr. Dave: So, I'm wondering if you've had any success in getting your work into the VA system.

Pat Ogden: One of our trainers, Rebecca Farca, worked extensively with a group outside of LA that's working with veterans who have experienced sexual abuse within the military. So, she used exclusively sensorimotor psychotherapy. I believe it was called the *Internal War Project*. And that was extremely successful at that center. And a lot of our students work with military.

Dr. Dave: What's your sense of the standard treatment that a soldier with PTSD would get versus your approach?

Pat Ogden: Well, I think that most treatment—not just with soldiers but for PTSD—doesn't address the core of what drives the symptoms. I think often it's still treated primarily as a psychological illness, whereas we look at it more as a nervous system that can no longer calibrate and a body that still is frozen, or still has impulses to fight, or still has impulses to run. So it's addressing it more on that

instinctive level. Like if you think of the triune brain— the cortex, the limbic system and the reptilian brain—a lot of people try to use a top-down insight approach to help traumatized patients, including veterans, feel safe and be in the here-and-now. But to me, the core of the problem really has to do with a disruption in basic instincts and neurological balance.

Dr. Dave: Yes, yes.

Pat Ogden: So whether it's a Vietnam veteran, or a sexual abuse survivor, or a rape victim, or somebody who's been mugged, it's the instincts that need addressing, in my mind because the instincts have been ineffective in producing safety.

Dr. Dave: Is there anything else about your approach that you would want listeners to be aware of that maybe we haven't touched upon?

Pat Ogden: Hmm. That's a good question. [pause] I guess I would want listeners to be aware that the work with the body can be used to resolve trauma like we've really been describing, in terms of working with the animal defensive responses and the nervous system, but it's also extremely effective in working with non-trauma attachment-based issues like unresolved emotions and actions that have to do with relationship. So, there's quite a bit of research that shows that certain body postures will—if they're assumed—remind the person implicitly, or explicitly, of times when that posture was operational.

So, in terms of attachment issues, which are rife with emotion—intense emotional responses—using the body to help contact and work through those emotions can be so, so effective.

Dr. Dave: Um-hmm. Do you have any critics?

Pat Ogden: Oh, I'm sure that I do. [laughs]

Dr. Dave: I don't mean personally. [laughs]

Pat Ogden: Sure, I have many critics.

Dr. Dave: For the approach, I'm wondering if there are any critics or people who have challenged it in some way?

Pat Ogden: Well, certainly in the beginning people challenged it a lot. One person, who's name I won't mention—we're very good friends now and he's a great supporter of sensorimotor psychotherapy—but the first time he saw one of my videotapes, he said, "You don't understand therapy at all!" I mean, he said this publically in front of hundreds of people.

Dr. Dave: Oh-ho.

Pat Ogden: And to me, it's like, "Well, you don't understand the body." So we became very good friends and I really helped him understand the importance of the body. But this was in the '90s; this was in the early '90s. Now because of people like Bessel van der Kolk, Allan Schore, Steve Porges, Philip Bromberg, Kathy Steele, all these names in the field have really helped support the importance of working with the body.

Dr. Dave: Um-hmm.

Pat Ogden: So, I think it's changed now.

Dr. Dave: Yes.

Pat Ogden: And I also think that body therapy has a bit of a checkered reputation because it's been highly, highly experimental and most people who were pioneers in the body therapy field did not build the bridges to traditional psychodynamic approaches. And that was something I really set out to do because I grew up psychotherapeutically in the alternative world, but I really wanted to build the bridge because I want traditionally oriented therapists to have the advantage of also working with the body.

Dr. Dave: And that really comes through in your book. I could sort of see you building those bridges.

Pat Ogden: Yes, that was my conscious intention. [laughs]

Dr. Dave: Yes, and it was a lot of work. I mean, you really tackled a major task there and tried to hit it at all the different levels that you could. You mentioned a second book. Is it out yet? And what's the title; what's it about?

Pat Ogden: It'll be out this summer. My publisher called me after the first book and said they wanted a sequel that was a manual and a workbook. And I said I don't really believe in manuals and workbooks because I think the therapeutic relationship is absolutely essential. We're wounded in relationship and we heal in relationship. But they talked me into it, and so the title is *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*. And it's written for therapists to use with clients. So it is relational. The work—there are over 150 worksheets, I think and 35 topic chapters. But it's meant to be used in the context of therapy. There are short chapters that can be assigned to clients or read together and each of the short chapters has an introduction for therapists on how they might apply the chapter and then each chapter has four or five worksheets to go along with it.

Dr. Dave: That's interesting. I don't think I've ever heard of an approach like that, where a therapist and client would read some material and then discuss it. It makes perfect sense to me, particularly if we look at therapy as, in large part, an educative process.

Pat Ogden: Um-hmm. Right, exactly. Well, it's the only way I could justify writing a workbook.

Dr. Dave: Yeah.

Pat Ogden: Because I don't think that people... They might gain insight from a solitary activity but I think we really heal in relationship with others.

Dr. Dave: Um-hmm. Yes, I like that. Well, as we wind down here, what if professionals listening to this interview would like to get training? I know you've got a training institute. What can you tell us about that?

Pat Ogden: We do. We teach all over the world. We have, oh gosh, an office staff of about 8 people full time and we have maybe 16 trainers throughout the world. So we have trainings in California, all throughout the United States, and Europe, and

Australia, and Canada. And our training, they can go to our website, <https://www.sensorimotorpsychotherapy.org>, which has some information. We will have a new website within the next six months which will be much more user friendly. Our training programs are for professionals. They're pretty structured. There are workbooks and manuals that go with each level of training and it's divided into three levels. The first is for trauma, the second for trauma and attachment and then the third is our advanced training for certification in this method.

Dr. Dave: Um-hmm.

Pat Ogden: And, well, I want to say that once someone's in the training, there's a lot of support. We have a very extensive website that has tons of videos of sessions that they can watch and learn from. So there's a lot of support for students.

Dr. Dave: Yes, wow. You've really got your hands full, I would say. [laughs]

Pat Ogden: We do.

Dr. Dave: You've got a tiger by the tail.

Pat Ogden: Yes, we do. We're very much in demand. But it's going well. We have a great administrative staff and incredible trainers.

Dr. Dave: Wonderful. And what about listeners who themselves might be suffering from PTSD or attachment issues? How would they go about finding a therapist trained in your approach?

Pat Ogden: On our website we have a section called *Find a Therapist*. And there's people who have taken our training who are registered on that website. And so they can read the qualifications and they can find out where they live and if there's anybody in their area.

Dr. Dave: Okay.

Pat Ogden: So that would probably be the best way.

Dr. Dave: Okay. Well, I think we've done it. Dr. Pat Ogden, I want to thank you for being my guest today on *Shrink Rap Radio*.

Pat Ogden: Well, thank you. It's a pleasure.

[end of interview]