Pat Ogden

Pat Ogden, Ph.D., is the founder and director of the Sensorimotor Psychotherapy Institute, an internationally recognized school that specializes in training psychotherapists in somatic/cognitive approaches for the treatment of trauma, developmental, and attachment issues. Dr. Ogden is trained in a wide variety of somatic and psychotherapeutic approaches and has worked with a diversity of populations, including prison inmates, psychiatric inpatients and survivors of trauma. As a pioneer in somatic psychotherapy and the treatment of trauma, she has 34 years experience working with individuals and groups. She is the first author of the groundbreaking book, *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*.

The GAINS Anniversary Interviews: Pat Ogden

Interviewed by Sue Marriott

Sue: We're doing interviews with GAINS Advisory Board members, with the general frame being everyone's different perspectives about the field of interpersonal neurobiology. You have developed an integrated, developmentally informed, somatically focused model of psychotherapy. There are other somatically focused models, but you really try to do the whole package, and work very holistically and developmentally.

Pat: Well, that speaks to one of the directions I think the field's going in, which is more integration among different approaches. Psychodynamic, psychoanalytic, emotion-focused, all these different focuses or disciplines are coming together, combining neuroscience with psychology, and even gleaning information from animal studies. So I think integration is really the name of the game.

Sue: So integration is one of the keys that you're thinking of?

Pat: I think so. I know for my work with sensorimotor psychotherapy and for myself, it's the collaboration with people in other disciplines that really informs practice and makes it so, so rich.

Sue: Do you feel like that in general the different models are tending toward more integration and collaboration or sitting more where they already are or…?

Pat: I think there's a push to collaborate and integrate, and it's happening on many levels, cross-disciplines for sure, and cross-modalities. In the field of psychology, there's a big focus in terms of bringing in the neuroscience, the integration of the brain, the integration of the levels of the brain and the hemispheres. And I think it also speaks to the inclusion of implicit communication, which is another really strong direction that is up and coming, considering what's going on underneath what we think is going on in the therapy room.

Sue: I think of that as related to resistance in general, whether that be in the room or culturally, from different parts of the mental health community, and I was curious how you thought the message is being received in the mainstream mental health community, this implicit, non-verbal bottom-up processing versus explicit, verbal, cognitive-based process.

Pat: I think it's being very well received. I think one of the difficulties in its reception has been that so far we don't have the research about body approaches like sensorimotor psychotherapy. But that's in the making. There'll be a paper coming out of a pilot study using sensorimotor psychotherapy, and we have several research protocols taking place throughout the world. You know, when we say implicit, it is *body*, but it's more than that. I think of it in terms of how our histories impact *us* as therapists, and how that leads to dynamics in the therapist-client communication that are not conscious. Philip Bromberg and Allan Schore have done quite a bit of work with enactments, having to do with that kind of communication that has its roots in the body, but it's much more than just body language.

Sue: Oh, definitely. I even think about therapists being drawn to different modalities based on exactly what you're talking about. Some of us seem to have resistance to more experiential learning or to going within ourselves, to a deeper awareness of our own histories.

Pat: Yes. Well, one of the things that I'm faced with, especially when I teach my graduate students, is the desire for some sort of formula. And I think you're alluding to that, that what we are talking about now is not formulaic.

Sue: Right.

Pat: It unfolds in the dyadic dance, moment to moment, whether it's between therapist and client, or teacher and student, or members of the community. And I think that that can be a little disconcerting for people [laughter]. It's about going into the unknown, about what you

don't know, rather than some explicitly defined knowledge. But I find that people are getting more and more interested in that because it guides so much of what we do. You watch the interaction; you see not only what seems to be going on through the narrative but also what's going on underneath all that conscious explicit communication.

Sue: Absolutely. I think in the Brombergian sense, that what's going on inside of your body, in your own thinking, belongs to the patient and you know that you have to have your foot in, and not know, and just be part of it. Let the enactment happen and know that you do not know exactly what's going on.

Pat: Exactly. I think that's right. And I think what you're talking about in terms of experiential learning and going more into an experience, that's also something that you can't predict.

Sue: Exactly. So then thinking about how this relates to trends in the field, I'm wondering if the style of learning in the field may change. Would you have any thoughts about that?

Pat: That's a good question. Well, I feel like at least in the fields of dissociation and attachment, in the psychoanalytic and trauma communities, people are becoming more open to what used to be considered fringe, new-age approaches. People are becoming more receptive to movement, to going deeper than just the narrative, moving beyond just the narrative. People are very interested in actually seeing therapy in action rather than just talking about it. I know in many of the venues they want to see videos or they want to hear case presentations that are difficult.

Sue: Yes, I would totally agree with that. I think that the days of reading papers, clinical papers…

Pat: Right, that seems to be over [laughter].

Sue: That's definitely changing. It's a very different experience. And yes, I have noticed a lot more videotaping and showing of clinical material.

Pat: I think that's where the integration comes in, too. Then people can comment from different perspectives, from neuroscience, or relational approaches or the use of mindfulness. I know at the [Lifespan Learning Institute] UCLA conference this March, there's going to be integration with [Jon] Kabat-Zinn and mindfulness, along with clinicians like myself and Diana Fosha and others.

Sue: What are your thoughts about challenges or opportunities in the field?

Pat: One of the challenges and one of the frustrations for me has been the gap between the attachment field and the field of dissociation. They just don't really seem to come together. I would like there to be more

collaboration in that regard, for people who work with severe trauma, not just Dissociative Identity Disorder, but also complex trauma, Dissociative Disorder Not Otherwise Specified, and the people who work with a more relational, attachment oriented focus. I feel that there's not a lot of communication between those two and it's needed.

Sue: Like more of a treatment-centered approach, is that what you mean?

Pat: Right. You know the International Society for the Study of Trauma and Dissociation is my primary professional society. I go every year; I present every year. I find what we talk about there, and what we work with there, is very different from just about every other conference I go to [laughter]. People aren't addressing the difficulties of working with a dissociative individual who has many different relationships with the therapist, depending on what part of the self is in the foreground. Bromberg talks about it in terms of the different self-states, and I would like to see more overlap between the attachment field and the people who are really the experts in dissociation.

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Sue: That's one of the things about your model that is particularly striking and related to integration; you talk specifically about trauma and then you also talk about relational and attachment struggles.

Pat: That's right. When we teach the unit on dissociation, we use primarily the model of Onno van der Hart, Ellert Nijenhuis, and Kathy Steele, who are really prominent in the field of dissociation. Kathy works with the "Impossible Patient," that's one of her main workshops. They've really influenced my thinking in terms of dissociation and how the attachment patterns of each part of the dissociative structure can be dramatically different. I think that's not really spoken about. In supervision I did—I'm thinking of one supervisee in particular, who just didn't understand dissociation. She is an expert on attachment and psychodynamic work and she had a patient who she worked with for two years, who's developing a very strong attachment to her as a therapist. The work was going beautifully, and then suddenly the patient began writing her really vicious, hostile, murderous letters and emails. From the lens of dissociation [and the relational brain], it's very clear what happened, that the person was having too many intense attachment needs stimulated and so another part of her had to come to the fore. And that was the defensive part, protecting with rage. But that's not talked about! At least, I haven't heard it talked about much at conferences other than ISSTD. I find that missing. Every therapist probably works with trauma, whether they know it or not. I think many work with DID without knowing that they're even working with DID [laughter]. I'd like to see there be more overlap.

Sue: I really think you're identifying something that's really is missing. It's like looking at a blind spot.

Pat: Exactly. It was astonishing to me to see this with this supervisee, in her late sixties, who's been a therapist for thirty-five years. She is extremely skilled, but had no comprehension of dissociation and why that happened with her patient.

Sue: I bet she might have been able to talk about it as a separate thing over there, but not been able to get it folded in.

Pat: Right. If you went to the conference on trauma and dissociation, this is what everybody talks about all the time [laughter]. How do you work with somebody who cannot tolerate the stimulation of their attachment needs, who

cannot tolerate the dependency they begin to feel on the therapist because, in their childhood, the attachment and the perpetration were one and the same? What happens to that kind of individual then, and how do you work with that in therapy? I would love there to be more overlap, more communication.

Sue: There's something about the continuum of trauma and relational attachment.

Pat: Yeah. I think it's exacerbated by the fact that people use the term dissociation in so many different ways. It's such a vague term in the field. Some people talk about dissociation meaning, "Oh, when you listen to music you're totally absorbed in the music and therefore you're dissociated." Which is very different from traumatic dissociation, where you can't snap out of it.

Sue: Pat, can you say anything about what you see might happen in the next years?

Pat: Well, I think more integration [laughter]. I think there's a lot of opportunity for more communication in terms of dissociation within the attachment world. I think there are opportunities for a lot of cross-fertilization. I think it is already happening. Like Kabat-Zinn, who's really focused on mindfulness and meditation, and we are now bringing some of those concepts into the therapy room. So I think there's just a lot of opportunities for cross-fertilization, and learning together, rather than competing with each other [laughter]. That's what's really fun, if you bring worlds together and you start learning together rather than competing. I think there's going to be more focus on play. That's something, of course, that Jaak Panksepp is so interested in. And Steve Gross, who runs a program called Project Joy, where they go into traumatized areas and work with play; they teach people to play in the midst of all that. I think that's going to be something growing in the future.

For my own work, I want to bring in more body mechanics, to teach therapists how you can actually read the body and look at the body in a very clear way, and then use movement and action with much more precision in terms of working with psychological issues. That's going to be the focus of the book that I'm writing with Janina Fisher. So what a time to be in the field of psychology!

Sue: What is your new book going to be called?

Pat: It's called *The Body As Resource*: *Sensorimotor Interventions for the Treatment of Trauma*. It's going to be an interesting format, written for therapists but with chapters in there that therapists can actually assign to patients, with specific somatic exercises that patients can practice. It was a book that was requested by Norton, a kind of manual. It took me a long time to wrap my mind around writing a manual, because what we've been talking about—it can't really be manualized. But I think we can certainly impart some concepts and some umbrella principles that therapists can learn so that they can start to work more successfully with the body.

Sue: That's exciting. I absolutely agree, because you've got to get us started, and sometimes the concrete information can help push us off the cliff and get us started.

Pat: Right [laughter]. I know. I know. Old patterns die hard, too. And all of us, we love to talk so.

Sue: If a student or a very young practitioner were reading this interview, would you have any particular advice for someone brand new to the field?

Pat: Well, let's see. I guess I would just suggest being exposed to a lot of different kinds of work and ways of working. And I would tell them to follow your passion, follow what really grabs you. Because any modality, I think, can be very successful in the hands of someone who's passionate about it, and who's really gone deeply into it. I think you have to follow what really is your passion, what fits well with you as an individual.