



## Pat Ogden: Sensorimotor Psychotherapy

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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 post traumatic stress disorder and attachment disturbances. She is a clinician, consultant, international lecturer and trainer, co-founder of the Hakomi Institute, and has been a faculty member of The Naropa University since 1985. Dr. Ogden is trained in a wide variety of somatic and psychotherapeutic approaches and has over 40 years of experience working with individuals and groups. She is the first author of the groundbreaking book, *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*, which was published in 2006 in the Interpersonal Neurobiology series of W.W. Norton, as well as numerous articles and chapters, and is currently working on two books: *The Body as Resource: Sensorimotor Interventions for the Treatment of Trauma* and *Sensorimotor Psychotherapy for Children and Adolescents*.

Serge Prengel, LMHC is the editor the *Active Pause* project.

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

*Serge Prengel: This is a conversation with Pat Ogden. Hi, Pat.*

Pat Ogden: Hi, Serge.

*S P: So, Pat, how did you get to do what you're doing these days?*

P O: Well, it started really in the late 60s, early 70s. I was teaching yoga and dance in a psychiatric hospital and in the early 70s, I met Ron Kurtz, which challenged everything I had ever been taught about psychotherapy. Ron really introduced me to how to integrate the body in psychotherapy and confirmed the intuition I had that working through the body could really help people, which was why I was teaching yoga and dance at a psychiatric hospital. So that was a huge shift for me and I actually quit graduate school in social work to move out to Boulder with Ron and apprenticed with him. We travelled around together teaching, and in 1980, he and I and few others founded the Hakomi institute, and out of that grew Sensorimotor Psychotherapy.

*S P: Uh-huh. Uh-huh. Yeah.*

P O: I remember in 1981, Ron and I were having breakfast and I said to him, I love Hakomi but I'm much more interested in movement and posture and structure and how that contributes to psychological healing and he said, why don't you start your own branch of Hakomi and call it "Hakomi Bodywork." So from 1981 on, I had my own school, Hakomi Bodywork, and gradually, the work that I was developing, became more differentiated from Hakomi, and I got very interested in trauma in the 80s and started to distinguish between how to work with trauma and how to work with non-traumatic issues and it just kind of took off.

*S P: Uh-huh. Uh-huh. Yeah. So from Hakomi to paying attention to posture to movement, and paying attention to trauma, and that's how we got to Sensorimotor Psychotherapy...*

P O: Yeah, right. I'm trained in the Rolf Method as well and practiced that work for many years, and also studied dance from the age of seven on, and studied with Emilie Conrad, and Annie Duggan and Janie French with Rolf Movement. So movement piece is continuously very important to me.

*S P: Uh-huh. Uh-huh. Yeah. So the movement piece and trauma, would you say that Sensorimotor Psychotherapy is especially geared for trauma or is...*

P O: No, I wouldn't. [Laughter]

*S P: Okay. [Laughter]*

P O: Although that's the reputation we have because it's very easy to illustrate working with trauma, much more easy than to illustrate working with attachment failure and attachment disturbances. No, I would say that my work is under an overarching umbrella of attachment work and longer term attachment work-- that's kind of my background..

*S P: Okay.*

P O: And the trauma work grew out of that and then our training program--our work with attachment in our training is over twice as long than our work with trauma.

*S P: Yeah. Yeah. So then maybe let's talk a little bit of the framework attachment, problems with attachment and how Sensorimotor Psychotherapy conceives of it and handles it.*

P O: Okay. Well, we're really looking at the integration of the body, its movement and structure and posture and how it's shaped itself in the context of early attachment. So we know that the brain develops in that context but so does the body. A person, a child, even an infant, will abandon actions or distort actions that are not effective in producing the desired outcome. For example, proximity-seeking actions--such as eye contact, seeking proximity, reaching out--those actions, if they are not met effectively by the attachment figures, they start to become distorted and they actually shape the person's movement patterns. So when we're working, we're looking at those actions that were abandoned, as well as the beliefs that were formed and the strong attachment-related emotions, that really weren't regulated by attachment figures.

*S P: Uh-huh. Uh-huh. Yeah. So the trace of it is left in the way the person moves, behaves, in the present.*

P O: Yeah, exactly.

*S P: So for instance, if we were, understanding of course, no two sessions, no two people are alike, but is there way to have a vignette about how this happens in therapy?*

P O: Well, I could give you an example of a patient that I worked with very recently. He came from a very famous family. His father died when he was a teenager, of AIDS actually ... which he never knew. He never knew that about his father. This young man had been very depressed, unmotivated,

kind of living off his inheritance, rather than finding any fulfillment, in his profession or his relationships, and when he came in, you could just see that in his body. You could see the little slump in his spine, a little inward roll of his shoulders, the constriction in his neck, downwards gaze in his eyes, not really grounded through his legs and his pelvis. As he began to talk about his history, this pattern became worse and you could see it. So the pattern itself became exacerbated, if you talked about his history. And it also became an avenue of exploration that brought up his deep emotional pain. As he went into the pattern, his grief and sadness about his family started to emerge and then as we work through that, we can help his body shift to a posture and movements that are more adaptive.

*S P: So what you're describing is that at first glance, just when you see the person coming into your office, you're in contact with him, you're noticing from his body certain patterns that imply what there might be underneath, then as...*

P O: Yeah.

*S P: Then as he talks, you noticed that these body patterns are actually accentuated by what he's talking about.*

P O: You track for that. I read bodies through the Rolf-ing model. I'm looking for that "peace" with gravity. Ron used to teach this too. Is a body in alignment with gravity? Are they able to use gravity to lift them up, as well as hold them to the earth? And then looking at action, within that context, does somebody move from the core out to the periphery or are they living more in the outside of their body, not really connected with the core, and you can see that in their movement. So for this young man, his arms were limp, for example they didn't have a lot of energy. He wasn't connected with his core. So, yeah, it's really exciting to think about how the body reflects and sustains these psychological patterns, because then as soon as you see that, as soon as you train yourself to see that, the body becomes an avenue for working them through.

*S P: Yeah, so that sense of, in a way, how the body has learned to negotiate its relationship with the environment, with gravity...*

P O: Right.

*S P: Yeah.*

P O: Yeah. Like for him, not getting support, he kind of kept himself small, he wasn't encouraged to be his full self and really take up space and you could see it. As soon as you meet him, you could see it.

*S P: Yeah, so there is a sense of there, the difference of say, somebody observing, oh, he's small or he's slumped. What it is, is hmm, this person has been lacking in support.*

P O: Well, you have to find out for them.

*S P: Yeah.*

P O: I don't think we can superimpose the meaning on the body. I feel like we can track the body and we make our hypothesis but then part of fun of therapy is that you get to test out if your hypotheses are accurate.

*S P: Yeah. Yeah. And so you noticed it part of in a way as he tells his story, you noticed his reaction that gives you some reinforcement.*

P O: Yes, you start to explore it. You notice that as he talks about his father, his head comes down a little bit more, his chest caved in little bit more, and so you bring his awareness to that experience and he goes into that, and you go into that caved in feeling and the grief connected with the father, etc.

*S P: So you're...*

P O: ... linking the body and the emotion and the belief that was shaped so early.

*S P: So as he's talking, you're noticing, for instance, his head and you're mentioning it to him.*

P O: Well, you're linking up the content with the body

*S P: So something like, do you notice as you're talking...*

P O: If he's talking about an issue, you're looking at how does the body sustain that issue-- because it will. It will reflect it and sustain it

*S P: And you inform him of what you observe or how do you do that?*

P O: Well, Ron would call that a contact statement. Like, "It seems like you're starting to round your shoulders as you talk about your father."

*S P: Okay.*

P O: And then if he's interested and curious and you can start to explore it further.

*S P: Hmm. Hmm.*

P O: There's no formula.

*S P: No. No. Just to get the rough sense of what it is. For instance whether... it's not something you keep for yourself. It's something you share and part of it is encouraging the linking for him of what he's talking about and the body posture.*

P O: Well, I want my patients to get really curious about how their body interfaces with whatever issues they're bringing in. That's the big thing: you want to stimulate their interest and their curiosity in their body's organization.

*S P: Yeah.*

P O: Well, it's different with every client, how to do that.

*S P: Right. So the general goal is actually to enlist their curiosity about how the body is behaving as, is managing, as they're having feelings or talking about things.*

P O: You can't really do body therapy unless the person's curious about the body.

*S P: Yeah.*

P O: So I think it's the therapist's job to enlist that curiosity in that interest—that's the beginning of doing therapy in such a way that the psychology can shift and the body can shift as well.

*S P: So as you're doing that, what are the kinds of shifts that you can notice? I know you said, you described the big picture of how he started shifting but what happens as you start linking it? What kinds of shifts do you notice?*

P O: It depends on the issue that you're working with. If you're working with proximity, what they call "proximity-seeking actions" of naturally going to an attachment figure first for support, comfort, safety, etc. So many people grow up in environments where those needs were not met by the attachment figure. So if you're working with those kinds of issues, then you do explorations around seeking proximity. Simply reaching out or making eye contact or moving towards. There are a million ways people reach out. It's so simple just to say, "Just try reaching out, what happens?" and look at, are they reaching out or holding back? One of my patients recently, she reached out but her whole upper body went back. So it wasn't an integrated movement. Another man I'm thinking of reached out with his stiff arm, his palm straight down and he says, "Why would I reach out? Nobody's ever been there for me." Others reach out with really limp arms, others, with this energy, this intense energy-like, clinging and seeking energy. So any proximity seeking action can be an avenue of exploration for attachment. And if you look in babies, have you ever seen Ed Tronick's videos?

*S P: Yeah.*

P O: You see these little babies, they'll try all kinds of proximity seeking actions and the longer the mother has a still face, you see them, stop, they stop them or they get frantic with them or they just give up, their little bodies collapse, they lose their postural integrity and we see the traces of that in our adult patients.

*S P: Yeah. So the proximity...*

P O: There's a lot of other issues too. That's just one—it depends on the issue.

*S P: [Laughter] So is, in Sensorimotor Psychotherapy, is there attachment with the therapist a part of what is explored? Is there a sense of a transference explored in a...*

P O: Oh, totally, because it's always there-- transference, and counter-transference, as far as I can tell. I've been really interested lately in Philip Bromberg's work, the psychoanalyst, who just came out with a new book called, *The Shadow of the Tsunami*. This whole idea of enactments where the therapist's history interfaces like hand and glove with the patient's history, is so interesting to me. I just wrote a paper on it, actually. These enactments are not only inevitable, they can be used in a

very positive way or for healing, and for insight and awareness for both parties, and I find that fascinating. I grew up in the humanistic tradition, where you're supposed to be able to provide a corrective experience and if you find yourself judging a client or disliking them or not wanting to be with them or angry with them, you're supposed to kind of get over it. A newer way of looking at things is that all that is grist to the therapeutic mill, because it will contribute to the inevitable enactments and to work it through what takes place within the relationship.

*S P: So in a way, it's almost better if there is something like this that can happen because there is more of the possibility of getting to the heart of the issue.*

P O: Well, in some ways, yes. I hate to say "better," it's going to happen, whether you want it to or not, because it's inevitable. It's going to happen, I think it was Les Greenberg who said, without the safety, therapy can't begin but without the enactment, it can't really end. Something like that, he said something like that, and I like that because the enactment is the empathic failure that enables a re-working of an early issue within the context of a relationship.

*S P: Okay. So we're totally, totally, in an intersubjective model where, both parties are going to bring their baggage and then it's going to happen and the difference is that this time it can be re-worked.*

P O: It can be re-worked and really, re-worked for both parties, which is what is very interesting. The therapists who are aware and curious and open, they also see their issues that are interfacing with the patient's and they learn something new too.

*S P: Uh-huh. Uh-huh. Would it be appropriate to mention an example in this context?*

P O: Well, I'll give you an example from the paper I just wrote...

*S P: Great.*

P O: with a patient that I worked with, whose mother was very invasive. This was a consultation session, so I didn't know the whole history when I was working. As she talked about her mother, her body got very, very tight and frozen and she had some trauma in her history. And I'm thinking -- this is something I'm really interested in--what's going on explicitly in the therapist-patient relationship that the therapist can talk about, you can say, this is why I'm doing this and I expect this outcome and the outcome is fairly predictable. But then there is the implicit track, which is really a body-to-body affective conversation that's going on underneath what's going on explicitly. So I think of it as this: there are really two journeys happening in therapy, one is explicit -- what you and your patient think you're doing together. But the other one is implicit. So explicitly, I was helping her feel that tension in her body and attempt to evoke action from that tension, because tension is a precursor to action. So that was the explicit track. But the implicit track, in retrospect, also if you're watching the tape -- I think I was pushing her a little bit. I think that she found my questions a bit invasive. And at one point, I kind of leaned forward -- she'd closed her eyes in the therapy hour -- and I leaned forward and asked her just open her eyes and make contact with me, to see if that changed the freezing, because she got really, really quite frozen and it didn't shift.

*S P: Yeah.*

P O: And this was like three-fourths of the way through the session. Then in what people would call probably a “clinical intuition” -- it wasn’t something I thought about or rationalized about – I asked her what would happen if I just closed my eyes. And that changed everything for her. And so I closed my eyes, I began moving my chair further and further away from her and that mitigated the freezing and...

*S P: Beautiful. Yeah.*

P O: brought a lot of movement. But, see, the enactment was that she had a very invasive mother. So she would interpret implicitly other people’s actions as invasive, even when they’re not meant that way.

*S P: Yeah.*

P O: I had a rather distant mother. She was very reserved, German, [giggles] and as a child, I was always trying to reach her.

*S P: Right.*

P O: So there was our history. I was trying to reach my patient. She interpreted that as invasive and didn’t respond to me and the more she didn’t respond, the harder I tried to reach her, until, as Bromberg would say, I “woke up” in the middle of the enactment. I implicitly woke up and tried something new and it catalyzed the whole new an experience for her. And in watching the video, you can see this body-to-body conversation which is so... it’s just so fascinating.

*S P: No, it’s beautiful. I love that example. So but what’s interesting is that as you say, watching the video, you can see it but you did not have access to the video, there’s something that happened. So we’re not talking about interpreting the body movement from the outside but something happened as an intuition for you.*

P O: Yeah. That’s right. An intuitive flash. And it was only later that I really understood it. That’s the difference between working [consciously] with what Ron always called, “indicators.” You look at the body, you see an indicator that points to childhood history and then you work with it. But you can only work with indicators that you’re aware of, you can’t work with ones that you’re not aware of. And the ones that you’re not aware of come from the implicit -- that’s the implicit journey that gets acted out. That’s what’s so valuable to tape your sessions.

*S P: Yeah.*

P O: Because you start to see how this implicit conversation is going on that you missed.

*S P: But what I love about that example also is that as you pointed out, the two tracks, the patient is coming from another who was invasive, the therapist is coming from the mother who was too distant, so as the therapist is trying to make contact and move forward, the patient is reacting and we could have a loop where actually as the patient is reacting, the therapist could be actually further and further in the loop and then going more forward. So what happened is that in this case, the therapist had the mindfulness to not be totally sucked in, the reactivity to a person is moving away*

*so I'm going to go forward but at some level, to become aware of the needs of the other person as their needs and respond to the needs of the patient as opposed to the old track.*

P O: Yes, but I would say it's not conscious though...

*S P: No. Not conscious. Not conscious. No.*

P O: It is so interesting to me as Philip Bromberg says. He said that enactments are always there. They always happen. And if the therapist can be curious about it, rather than thinking that you should just try to get out of it and prevent it and all of that, if you can be curious, it can be a profound experience for both patient and therapist. Like when I think about that particular session, if the enactment hadn't occurred, there wouldn't have been nearly the transformation for the client.

*S P: Yeah. Yeah.*

P O: It wouldn't have been able to deepen like it did. So the enactments are inevitable anyway. So we might as well start to become friendly with them and curious about them, rather than just trying to make them not happen or judge ourselves for allowing them to happen.

*S P: What I am fascinated about is actually the shift in the session because I can imagine that it would have gone on and then after the session, you'd have thought about it, you'd come with it, say, ahh, this is what happened, and that's great, you can do repair work the next session, you could have a progress coming, but what I am fascinated about is that without the conscious thinking, at some point you said about three quarters in the session, you felt the need to stop and to close your eyes, so...*

P O: Yeah. Yeah. And it was just intuition. I didn't go, oh right, her mother was invasive. I should be backing off. It was that intuitive flash that Allan Schore talks about. Enactments in long-term work, they can go on for weeks or months, where you just feel stuck and you're not able to see your part, just not able to really understand it. What Bromberg says, in those situations, you just have to—he wrote a paper called “Stumbling Along and Hanging In,” because you just hang in and you try to bring as much good will as you can and you try to be aware and then eventually, you kind of wake up to what's going on.

*S P: So in a way, there is an alarm signal that the sense of if you were in that stuck situation, maybe that you're actually in the middle of some kind of a mutual re-enactment.*

P O: I would say a therapeutic enactment is probably what's going on.

*S P: Yeah. Yeah. And again, I like here is that in that example, you're mentioning how there is a physicality to...*

P O: That's what's so interesting. That's that body to body conversation that goes on implicitly. I don't think anybody can be aware of it in the moment, because if you're aware, it immediately becomes explicit. It's the implicit nature of it that makes it so rich and revealing. That's why I love watching [videos]... I learn so much from just watching my own videos, because I see these little things that I do in my body that reflects implicit parts of myself, and then clients react with their own movement and affect and it's just micro-tracking. They lean forward a little bit, I lean forward,

they pull back, I tilt my head, they shift their posture, I shift mine. These micro-communications are going on every moment. So fascinating. And not just with body but with prosody.

*S P: So Beatrice Beebe does these moment by moment view of mother and baby interaction and so that very same pattern is there and you're more... essentially, you notice that dance of micro-attunement of what's going on*

P O: Exactly. Exactly. Yeah. Yeah. I think what's most fun about just being alive is all the discoveries and the discovery of that implicit conversation that goes on body to body--you learn so much about yourself as well as your patients, if you're curious at that level.

*S P: So obviously this is something that happens subconsciously, how much consciousness do you have in a given session of paying attention to the dance, other than tracking the person, tracking yourself, I mean, what form does it take, moments of awareness of that?*

P O: Well, that's a tough question because when you're in the relationship with a patient, what's going on between you, is this dance that you have to allow to happen. If you try to watch your body and watch all your movements and you try to watch all their movements and listen to all of their changes and inflections, if you try any of that, it disrupts the dance. There's a flow that happens when you're with a patient that you're drawn to what you're drawn to and you're not drawn to what you're not drawn to and you can't control that. I mean, you could stop and talk about it. You can say, "I've been really drawn to this tension in your left shoulder. I keep noticing that and I wonder if we should explore it and so on." But you can't try to control what goes back and forth between the two of you, because if you do, you stop dancing. So yeah, I think I am aware of my body, especially I am aware of my body gets tight or I am aware if my patient pulled back if I leaned forward, but I am not aware of all the little subtleties that happened because that's a part of the dance -- it's part of the implicit conversation and if you try to be too aware of it, you ruin the dance.

*S P: Right. Right. So to some extent, it's simply knowing that it's there and that it's going to manifest into your intuition in some way.*

P O: Yeah. Yeah. Right. And to be aware of when things feel, when the dance is stuck or it's not going smoothly or whatever. And then bring that up, to say, "I feel something's not moving between us. Do you feel that too?}

*S P: Uh-huh. Uh-huh. So*

P O: Jessica Benjamin talks about the third that's created in the therapeutic dyad. It's kind of like that together, you're creating a third, a different relational dynamic that's beyond just the two of you and what you're doing explicitly.

*S P: So that consciousness of not just being the two of you, not just being the dyad, but there's that third that's created by the interaction.*

P O: Right. Yeah. I find that's all very interesting. It's so mysterious, you see-- even as we're talking, we can't pin it down.

*S P: Yeah, I know. The words fail to it. There's a sense of having some experience of it and we create bridges to fragments, so hopefully the two experiences coincide as we're talking, we have some little fragments of communication in the middle. Yeah.*

P O: And I would say that the most important thing is just to be curious about it, interested, about discovery of yourself in relationship with your patient.

*S P: Yeah. So what I'm hearing very loud and clear from you is a sense that there's a curiosity about the patient but there's, at the same time, curiosity about yourself, as a person, as a therapist, it still is very much there, so it's not a question of I know and I am helping this person, but there is a process that as a therapist, you're very involved in and the curiosity is there.*

P O: Yeah, right. You're curious about what the two of you are doing together, because it's going to be different with every patient. You're curious about what's happening within this particular dyad.

*S P: So maybe to shift to something a little bit different but what happens in the case of dissociation? What differences are there between the different types and the different ways to handle dissociation?*

P O: I've been interested in that topic because I think the word "dissociation" is used so differently in the field that it's almost lost its meaning. One way to look at it is that when a parent doesn't recognize a part of us, like if they don't really recognize how hurt we are, we tend to put our hurt aside and we tend to dissociate from those self-states that encompass hurt. just because they weren't recognized by our attachment figures. and if they're not recognized, there's not a home for them to live in. So all of us have those kinds of wounds, from certain parts that our attachment figures didn't recognize and so we put those parts away, and people say, okay, those are dissociative self-states, not-me parts of the self, because they can't live if the attachment figure won't receive them.

That's very different from trauma-related dissociation, which is what Charles Myers would say. He was a World War 1 and 2 psychiatrist and psychologists, who wrote a book called, "Shell Shock in France." I just love that book, but it's out of print. He said, when the soldiers came off the battlefield to his hospital, which was just off the battlefield--he said they would be re-living the trauma and I think of that as fixated defensive actions as fight-flight freeze, feigned death and attachment cry. But he said, sooner or later, a part of them would emerge where they would try to get on with daily life and he said there is a dissociative split there, and these two parts of the self can't co-exist. If you think of that in terms of Panksepp's work with emotional operating systems, behavioral systems, or what we call "action systems," -- these psycho-biologically evolutionary prepared systems. like exploration and attachment, play, care-giving, sociability that all mammals have -- if we're going to respond to the arousal of those biological systems, defensive systems will interrupt your response. You can't feel in danger and play. So to me, that's a real different kind of dissociation where there is a co-existence of two or more structurally dissociative parts of the personality where one part is rooted in defense and traumatic reminders and re-living trauma. And the other part, as Myers would say, tried to get on with daily life and they're rooted in more action systems, the behavioral systems of daily life. They tried to get on with exploring the world--playing, having sex and being sociable, taking care of kids, etc.

*S P: Yeah.*

P O: But that functioning is always disrupted by traumatic reminders, which stimulate the defensive systems.

*S P: Yeah. Yeah.*

P O: And to me that traumatic dissociation is very different from what's also called dissociation where there's a part of you that wasn't recognized by your attachment figures.

*S P: So in the dissociative self-state, it's almost like a part has not been fed, has not been nurtured, has not been developed and in the structural dissociation, there is a sense of a major threat to your existence.*

P O: Yes. A danger or life threat. Exactly. I mean, if you think of it in terms of defensive sub-systems, I think that's the best way. Porges' model is so great with that because he talks about the polyvagal hierarchy where if social engagement doesn't assure security and you feel endangered, your fight-flight responses would come up. But then if you feel your life is threatened the dorsal-vagal system is stimulated and you go into hypoaroused state. So those extremes of fight-flight, attachment cry and hypoarousal really have to do with danger and life threat, whereas the lack of recognition doesn't stimulate those defensive response in the same way, although they could. Like, if your parents didn't recognize a part of you that needed support – if that were powerful enough and strong enough, it would turn into neglect, which would also be a trauma. It's not like it's just one or the other. I was working with somebody recently who, there's a part of him, if we look at it in terms of not being recognized, his parents just didn't recognize that he couldn't do stuff on his own. So he became very self-reliant, and he put his neediness aside and just became really self-reliant. In the session that part of him that was needy started to emerge as he and I together recognized that part. I think that's a lot of what happens in attachment-oriented work as the therapist helps the patient, and together with the patient, to provide the recognition of the part of themselves they put aside, so then that part has a place to live. Then, again, when I say, put that part aside, they don't just do it cognitively, they do it physically.

*S P: Yeah. Yeah. So that's really that sense of, in a way, think of it as a plant that hasn't been able to bloom because lack of light and cold and so on, and you have light, you have warmth and there's maybe the mirror, you can see itself and then it can bloom, as opposed to something that is a major threat to the system.*

P O: Uh-huh. Yeah. That's it.

*S P: So maybe we're jumping a little bit to something a little bit different, but we're talking about attachment, I'm wondering if some of the work you do in group, in a way, what do you... is that something that actually helps attachment issues, what happens...*

P O: I think so. I've been working together with Dr. Bonnie Goldstein in Los Angeles who's a child and adolescent psychologist and we've written a couple of papers now, one on Sensorimotor Psychotherapy with kids and adolescents and one on group work using Sensorimotor Psychotherapy. I think it can be really helpful in groups, with children and with adults. We do some of the same things that we would do with adults, but they're done in group contexts. Like, one group that Bonnie runs with teenage girls, some have been abused, they've all had trauma in their

histories, and they start to learn about how their animal defensive responses can take over in their lives, and how when they haven't been able to prevent trauma, like with an adaptive action, like a boundary action, like pushing away, or being able to use legs to get away, then those actions often turn into what Pierre Janet would call, substitute actions. So for example, one seventeen year-old girl in the group had parents who got divorced. She was adopted into a lesbian family, and her mothers got divorced and she went to live with one mother and her brother went to live with the other mother and her mother was killed in a car accident, so she had to go back to the other family with her brother who was very, very violent and her mother -- she calls her the "other mother" -- was also traumatizing to her. She started cutting herself and she would punch holes in the wall. And in the group contexts as the girl started talking about defensive reactions, they started to understand, and she started to understand, her behavior. I watched a video of one of the girls saying, okay, you can't fight back against your brother because that would be a stupid thing to do. So you just freeze and you kind of become immobile and the seventeen year-old is going, yup, that's it. So then the girls, as a group, start to experiment with defensive actions, pushing actions, boundary-setting actions, saying no with your body, etc., so that this young woman, can start to experience that capacity in her body. Now, then she can choose whether or not to use it, but she knows she's got it. So she can choose the situations where she uses it and what we found in these kinds of situations with her, for example, the cutting really stopped after that through the group work, and there's something very beautiful about these teens supporting each other.

And also with the little children, there's another incident with two six year-olds, one who was sent to Bonnie because he's very aggressive, he's always hitting kids, invading kids and this other six year-old little girl whose parents were divorced, she lived in a small room where she had to share a small sleeping space with two older brothers, who made her sleep on the floor. And she wouldn't speak, she became very, very passive. So we did the simple exercises with the two children just walking towards each other from across the room, one walking towards the other, and the patterns just came out. This little boy kept invading this little girl, and he couldn't track the signals that he was too close to her. So they're learning in the group context, how to say no. He's learning how to notice her body, notice what in her body tells him when he is getting too close. It's just wonderful to see these little children start to learn that very young. So I think it can do a lot of attachment repair. Obviously, this little boy -- his boundaries are violated too and he doesn't have his sense of boundary so he's learning it in the context of a group. Those are just two examples I could give you. There are many more.

*S P: It feels very rich as an example, because it's a sense of visually seeing the going forward, the boundary of seeing the lack of reading, the internal signals but also of seeing the developing of patterns in a way that haven't been nurtured before, the possibility, so I can see the complexity of something both about the threat in the attack, in the invasiveness, but also the lack of nurturing of the possibility of defensive action and pushing back*

P O: Yeah.

*S P: So it feels very, very rich as an example. Yeah.*

P O: Yeah. So we're really developing Sensorimotor Psychotherapy for kids and groups, and also working with the parents and the children.

*S P: In the same room?*

P O: Which also offers a lot of possibility for shifts and change.

*S P: Yeah.*

P O: That's an exciting new development in the work in Sensorimotor Psychotherapy, along with, beginning to try to articulate our work with couples. So many of us do work with couples, but we've never really written about it or articulated it. So that's also a next new development.

*S P: Great. [Laughter]*

P O: Yeah, it's a lot of fun.

*S P: Yeah, it sounds like it. It feels nice... certainly one the things that I'm getting as we're talking, is the sense of excitement and curiosity and fun from you, and that's coming very, very powerfully.*

P O: Yeah, and I have a great team too---people who are really, really interested and bright and so it's fun to work together. I love collaborations.

*S P: Great. So is this a good place to end this conversation?*

P O: Sure, sounds good.

*S P: Okay. Well, thanks Pat.*

P O: You're welcome. It was a pleasure.

 *This conversation was transcribed by San Kim.*

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