

# Steven Hoskinson

## Senior International SE® Faculty

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**Interview by:**  
**Anthony "Twig" Wheeler SEP**

**Twig:** *Steve. What is Somatic Experiencing® (SE) all about? Why do you suggest that it offers unique tools for working in the helping professions? And how accessible is the work to classically trained clinicians?*

**Steve:** Those are all great questions around a truly important theme Twig, because it's true, I believe that SE does offer unique tools for effective therapeutic work. It's also true that because these tools are heavily informed by the latest scientific research in neuroscience and traumatology, questions of accessibility arise. So let me try to parse this out a little. One of the main points that SE is addressing is that psychotherapy has been overly dominated by cognitive and verbal process; but what we know from the work of researchers like Bessel van der Kolk is that cognitive and verbal process are of secondary importance at best in facilitating the reestablishment of well-being for troubled individuals.

What is primary, it turns out, is the fundamental organization of the nervous system. And so working with the nervous system is our immediate goal with SE. Our training is designed to teach clinicians how to establish the conditions in which a dysregulated nervous system recognizes its innate capacity for balance.

**Twig:** *Are therapists, with typical training in somatic based modalities or psychotherapy able to do that?*

**Steve:** The average clinician is trained to develop observational skills that they then fit into a specific schema used to interpret their observations. We're simply offering a different schema for those observations, one that makes more sense in terms of the biological heritage, evolutionarily speaking, of the human organism. What we're looking for is clinicians' very capable observation skills to be focused more on our species' evolutionarily derived patterns, in particular those of the nervous system "states" or "phases" that behavior represents.

**Twig:** *You're saying that if they can incorporate an awareness of this nervous system paradigm they can then utilize skills they already have to make use of that paradigm?*

**Steve:** Yes. Exactly. And even further, not only to observe in the other person what is happening but also to accurately interpret within themselves what is happening in their

### About Steven Hoskinson

Steven Hoskinson holds a BA in Religion, an MA in Psychology, and an MAT in Theology. He is an international consultant and trainer for clinicians and trauma treatment providers under the auspices of Hoskinson Consulting in Encinitas, California. Steven is a Senior International Instructor for the Foundation for Human Enrichment, and has done research in Creativity, Myth and Spirituality. His perspectives include: Evolutionary, Developmental, Cognitive-Behavioral and Systems approaches within a mindfulness framework. Other major influences include personal mentoring with Peter Levine, over 20 years experience in the contemplative arts, and a decade as a practicing aikidoist. Steven has received considerable accolades from hundreds of practitioners for his teaching in the Middle East, Europe and the United States. Further information about Steven Hoskinson can be found at [www.Hoskinsonconsulting.org](http://www.Hoskinsonconsulting.org).

own reactions. And then to more accurately interpret both parties' responses within the biological paradigm provides much more clinically meaningful information. In many ways this is a significantly more scientific approach, while at the same time it is a feeling approach. In regards to the science of it, SE is not primarily a theory driven approach like an Oedipus complex or other mythological themes that are often found in therapy. This is a more scientifically based approach founded on psychobiological principles grounded in measurement of the nervous system plus a keen clinical understanding of how the human organism functions.

**Twig:** *Can you give an example of this difference for our readers who have a more classic theory driven background?*

**Steve:** Certainly. For instance, in SE we speak in terms of major phases that are functioning in the nervous system. These phases are themselves established by various elements of the nervous system, such as the sympathetic system that organizes fight and flight behavior. This is one phase that in general is mobilized for responses to danger. There is also the parasympathetic system, which organizes other phases. The two very different phases it is responsible for are ease and social engagement when we are feeling safe enough, and the immobilization or freeze reaction when we perceive extreme threat. The immobilization system is really the heart of working with the trauma response because it is largely the unresolved freeze response that produces so many symptoms of dissociation. You can see that these different phases, social engagement, fight and flight, or freeze all lend themselves toward different interpersonal responses. If we can clinically identify these neurophysiological states, or as we call them "phases," we can really get a handle on how to work with them and support the neurology and physiology to get done what they need to do.

**Twig:** *I think that's an important point that you just made, one that most people and even many practitioners are unaware of: that dissociation is an issue of the nervous system.*

**Steve:** Yes, its true. We really need to understand that pervasive psychological effects have physiological and psychobiological underpinnings.

**Twig:** *That's the paradigm shift you're suggesting, about taking the biology into account as a central theme. And it's a remarkable one too. I used to think of dissociation as something that I was "doing" or something my clients were doing, almost as if it's intentional.*

**Steve:** Yes, most of us have had that impression. It can be a great benefit to understand that these responses are all dictated

by biological imperatives. Biological imperatives like fight and flight when our organism decides that is appropriate, or freeze and disassociation when a conservation and withdrawal strategy is more appropriate.

**Twig:** *Conservation and withdrawal are definitely hallmarks of dissociation.*

**Steve:** Yes, they are. So is the numbing of the affect and the decrease of access to sensation. All of these hallmarks that we can observe clinically are reflections of neurological and physiological systems. And those systems have phylogenetic origins. Said more simply, they have root causes within the development of evolution: they have a sound reason for existing. This has all

been most clearly demarcated by the work of psychophysicist Stephen Porges, whose Polyvagal Theory we utilize a great deal.

**Twig:** *Okay, so these are essentially inherent processes. But what difference does knowing about these make in therapeutic work?*

**Steve:** The issue is that these processes are happening all the time and they dictate to a large degree the potential range of behavior. The question is whether the therapist is aware of them and recognizing them or not. Typically affect regulation or activation in the nervous system has been dealt with only in the emotional realm. But really affect regulation has to do with the entire system of energy processing within the nervous system. To facilitate the effective processing of that energy one has to understand the different phases and their components in which these systems function, as well as the larger paradigm that these processes work in and what they are trying to accomplish. If we have sufficient awareness of these phases, their component parts and their relationship to one another, we can identify where we are within each phase and make much more effective interventions that support the completion of each phase. This completion leads to a harmonic and cooperative relationship amongst the nervous system elements and that, it turns out, is a foundational requirement for health, whether we're talking about physical or psychological health. By understanding a bit about biological principles we're able to work with it, enhance it and support it to do what it knows how to do already if given the proper conditions.

**Twig:** *Can you say a little more about this completion principle you are describing?*

**Steve:** One of the major biological principles is completion.

"This is a more scientifically based approach founded on psychobiological principles...One of the major biological principles is completion."  
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This is really well established in the psychology of perception. There is an impulse toward the completion of incomplete processes. Completion of cognitive or perceptual aspects and also—and this is a hallmark of the work of Somatic Experiencing®—the completion of motor aspects, which include emotional expression. Each of these phases has a particular goal of completion. For instance, fight has the obvious intention of self protection via motor engagement in aggressive action. Flight has the obvious intention of motor action in avoiding a threatening interaction. Freeze has the intention of withdrawal and conservation, a hiding if you will, from overwhelming threat. If we are able to contact and participate with these motor responses, the nervous system is allowed to do what it intends to do, in other words find completion. This signals that the system can deactivate.

**Twig:** *This is SE's theory about how completion propels deactivation? And I think it's informed by neuroethology as well?*

**Steve:** Right. Here's an example. In our three-year training we watch a film of a rabbit being chased by coyotes. Ultimately the rabbit escapes from the coyotes and at the end of this sequence you see the rabbit bounding in expansive leaps. When most people see those jumps they anthropomorphize the situation and say something like "Yeah, the rabbit is happy because it escaped from the coyote." That's fine as it may be, but when looking at it more objectively we recognize these leaps to be the expression of completion of the motor plan that is brought into action to escape from the coyote. It is fundamentally a statement within the rabbit's nervous system of completion, something like "I can do what I set out to do." That completion then triggers the rabbit's nervous system to deactivate, to return to a state of calm and relaxed awareness. This is why you don't see animals in the wild who are clearly stressed out: those who survive challenge complete their intended responses and deactivate. Humans, being mammals, have these same triggers that signify the time for deactivation after a threat. With the completion of these motor plans, what the science of neurobiology would recognize as a sequence of "fixed action patterns," the parasympathetic branch of the nervous system takes over and the phase of relaxation can come. And the reason is because the nervous system, with its action plans complete and the threat gone, now appreciates the environment to be safe.

Contrary to this, and this is what our traumatology now understands as a central theme to somatic and psychological dis-ease, is that incomplete fixed action plans suggest the continued presence of environmental challenge to the nervous

system, essentially the continued condition of threat—even if the actual threat has been removed. This compels the necessity to remain in heightened activation, in fight or flight or at higher levels of challenge--in freeze and dissociation.

**Twig:** *It sounds like you just described a root cause of anxiety?*

"We're not only interested in the absence of the symptoms; our interest is also in the increase of opening to life..."  
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**Steve:** Yes, we believe so. Put very simply, anxiety is the hyper-arousal of the emergency systems. When it becomes a lasting anxiety, as in a chronic worry outside of immediate threat, it involves

a maintained arousal that has become self-reinforced. This reinforcement becomes established simply because issues of survival are more important to our continued existence than more subtle elements of living. Survival cues, which is what fixed action plans are all about, essentially trump the rest of life until deactivation, with its corresponding experience of reclaimed safety, occurs. Clearly the effect on one's ability to engage with life while these incomplete responses control the biology will be commensurately diminished.

**Twig:** *Would you care to take a stab at the question that arises from that? Why don't these responses complete?*

**Steve:** I know that's something you've done a lot of work on Twig and we go into a fair amount of discussion about that within the training. For now I'll say it clearly has to do with the social environment we find ourselves in today and the radical difference between its organization and how our evolution prepared us to organize it. Of course, in the broadest sense, the full answer to your question will have a great deal to do with how we alter not only our therapy but also our society into one that more appropriately supports our biology.

**Twig:** *That sounds like a good place to leave that for now and a good goal to reach for in the future. Now that we have a general description of what we're intending to work with in SE I'd like to hear you say a little about the accessibility of this work to seasoned and classically trained or even novice practitioners. I know that the SE training has bodyworkers, LCSWs, MFTs and even medical doctors, but how relevant and accessible is this work to the standard clinician? Do you have to have a science background to be successful at it? In other words, how readily does the average therapist learn SE?*

**Steve:** Again, that's an excellent set of questions. Let me start by saying that what I am suggesting is that we now have a choice. We either learn to recognize and understand how to work with these phases or we don't and they continue to dominate our patients.

**Twig:** *And you're saying that as long as they dominate our patients the rest of our clinical interventions are going to be at least mitigated if not ineffectual.*

**Steve:** Precisely. What we know is that verbal interventions, these more neo-cortical processes are secondary to what needs to happen. We need to contact the core regulatory processes of individuals and understand the shifting of the states of these processes in order to fundamentally reorganize the nervous system. Essentially anybody can do that; a parent with a child can do that, an MFT with their client can do that, a bodyworker, even nurses, doctors, and teachers can do that. All these people can learn to recognize and accurately facilitate the transition of these phases one to the other if they're given the proper training. Ultimately, were talking about a process that is fundamentally mammalian—and humans are mammals.

**Twig:** *And the "science" part of all of this? It makes me think about graphs and equipment and all kinds of technological wizardry. And I think our readers might wonder how a non-technically inclined therapist who isn't working with lab equipment can be measuring the nervous system and appropriately responding to the nervous system in this completion process you're describing.*

**Steve:** Well, it's true that our work with biofeedback measurement equipment shows these shifts between the phases—a la Porges. However, these phases are absolutely obvious in the therapeutic relationship itself. It is totally possible to identify, without equipment, what phase a person is in at a given moment and with the right understanding support these phases through to completion by simply working within the relationship.

**Twig:** *Within the relationship?*

**Steve:** Sure. Therapists are often trained to track the affective interaction between persons. As I was suggesting before, affective interaction directly indicates the nature of the phase. For instance fight, as you would imagine, is characterized by anger, or at lower levels of nervous system activation as irritation and frustration. At the highest levels of activation the fight response looks like rage. Behavior, which again arises primarily as a response to neurophysiological state is essentially a broadcast of that state, or phase. The subject a person chooses to talk about, the words they use, the tone of voice, the posture, even the movements while talking are all indicators of which phase is dominant at any given time. Though we use biofeedback equipment at times to deepen our understanding of this process, clinicians don't need any

technological equipment to be highly informed as to what phase a person is in. All they need is the proper training so they can understand, from a biological perspective, the behavior they are already very adept at seeing. Once they have that awareness and the understanding of what to do with it, it's a relatively easy matter of facilitating the completion the biology is already looking for.

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**Twig:** *And the organization of the SE training itself?*

**Steve:** It's a very clinically oriented process. We provide plenty of theory and yet the main focus is to be able to get people the hands-on information necessary to get good results. So from the very beginning we're going to be taking

these tools and learning them in a manner that makes them immediately applicable to the therapeutic endeavor. For instance, I just completed the first four days of the three-year series not too long ago. The focus of that training is on the participation of what we call pendulation or the oscillation of attention between differing valences within the nervous system: say, back and forth between constriction and expansion. The nervous system is absolutely hungry for the application of focused attention on this pendulation process and it does a great deal toward reestablishing flow in a stuck nervous system. Indeed the principle of pendulation is a hallmark of our work. That was just one course, studying the very basic elements of our practice and already students are reporting immediate results in their private practice. One student was working with a client who had experienced some horrifically traumatic dentistry and hadn't been able to brush their teeth in over a year. After one session utilizing this basic principle of pendulation the client was able to start brushing their teeth again. This was with a Beginning I practitioner. Examples abound, like clients who couldn't sleep being able to sleep again. Or a clinician who worked with a veteran who had previously enjoyed playing guitar but hadn't been interested in playing music since his return from Iraq. After a very short course of therapy he picked up his guitar and was playing small shows in a coffee shop in town. That's part of the beauty of this work. We're not only interested in the absence of the symptoms; our interest is also in the increase of opening to life and the enjoyment of vitality as well.

I'll go ahead and trace the three segments of the training from last to first for you.

In the Advanced year we're learning to work with the most complex cases, like fibromyalgia, migraines, chronic fatigue, irritable bowel syndrome and other gastrointestinal disorders.

The traditional understanding of these conditions as medical anomalies leaves a lot to be desired. A great deal of clarity

comes when you see these issues as patterns involving a dynamic and non-linear or chaotic relationship between the sympathetic and parasympathetic functions of the nervous system. This propels the demand for an extreme conservation state within the body systems—resulting in the cycling experience of overwhelm and fatigue that is related to most of these syndromes. The long-term stress on the body of working with limited oxygen, one of the consequences of that shut down state, is tremendous and far from well appreciated. In this third year we bring all our earlier training to bear on these more extreme states of distress, learning how to work with them safely and successfully.

We build our tools to work with these more complex cases in the earlier years. In the Intermediate year we look at the different categories of trauma, including everything from pre- and perinatal stress through to the extreme categories of trauma such as torture and ritual abuse. The Intermediate year also covers everything in between, including falls, auto accidents, sexual violence and so forth. We investigate the whole range of mental, emotional, physical, and to some degree the spiritual issues that arise in trauma.

The work with categories of trauma and syndromes are all built on the foundational tools and theory we learn in the Beginning year. From the very beginning we learn to recognize and work with these phases and begin to see things in terms of the physiology. That is, we build a clinical lexicon in order to see a person in a more objective, if not more scientific sense. Again, the goal is not to see a person scientifically and coldly but to see them as a whole organism, complete only if their biology, and its centrality to their lives, is included within their experience. We cultivate the understanding that persons are not solely or even fundamentally psychological beings but fundamentally physiological beings. This is when we really develop our appreciation of the neurophysiological meaning underlying behavioral expression, including thoughts, images, sensations, and emotions—really the full range of the human repertoire of experience.

Although SE is focused on an integrative approach to human experience, the work is in many ways fundamentally a cognitive approach. This is because we're looking at observation of experience. We're developing ego strength by enhancing the capacity to observe experience, and thereby tapping innate tendencies toward self-regulation. So rather than being fragmenting or regressive our approach is based solidly on integration and intrinsic support.

**Twig:** *That sounds like a nice outline of the training and what*

*Somatic Experiencing®*, at least in an initial introductory way, is all about. Is there anything else you'd like to leave us with for completion's sake as we come to a close?

**Steve:** I think I'd say that part of what I really like about the SE model is that it's a cross-pollination between the therapeutic field, the biological sciences and wisdom traditions. I truly believe that what we are coming to recognize is that as a species we find ourselves having created a social environment which is found lacking in essential support. Our Pleistocene heritage was fundamentally different than what most of us experience now within the social world. We have ancient self-regulatory capacities that our therapy

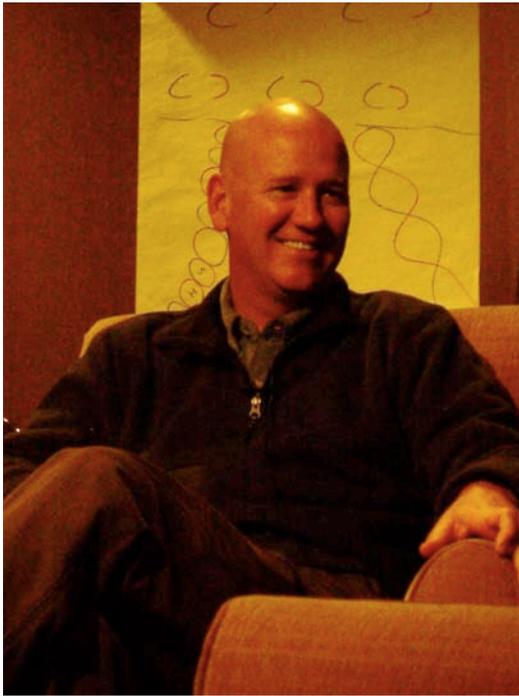
"We have ancient self-regulatory capacities that our therapy models can either support, or that can be ignored and thus thwart our efforts toward wholeness"  
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models can either support, or that can be ignored and thus thwart our efforts toward wholeness. Given what I have seen over the past 15 years in working with SE, it is clear to me that joining with this intelligent process within us is easy enough, safe enough and meaningful enough to be a tool for the evolutionary demands facing our species. And I'm glad to see that more and more people are investigating this as a viable option for their healing and the healing of others. SE is taught now on every continent in the world and there are thousands of practitioners and many more graduating every year. I think that in the next ten years the approach of SE will become a household word.

**Twig:** *Well that sounds great, there certainly are many of us who could benefit from SE, if not everyone. Thank you very much for your time and your efforts.*

**More information about Somatic Experiencing® and trainings offered by Steven Hoskinson can be found at [www.traumahealing.com](http://www.traumahealing.com) and [www.hoskinsonconsulting.org](http://www.hoskinsonconsulting.org)**

# 2008 Somatic Experiencing® Training with Steven Hoskinson



**Somatic Experiencing® (SE)** was developed by Peter Levine, Ph.D. and is a naturalistic approach to the resolution and healing of trauma. It is based on the observation that wild prey animals, though routinely threatened, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly “charged” experiences. SE is an comprehensive therapeutic modality that engages these same remarkable capacities to facilitate the reunion with well being.

The **SE training** is offered in over 15 countries around the world. It provides students with the knowledge and skills required to effectively treat post traumatic stress in a wide variety of clinical and educational settings. In addition, it has been found that the SE approach is effective in the treatment of developmental, shock and post-disaster trauma symptoms.

The **training and certification program** is 3-years, consisting of Beginning, Intermediate and Advanced levels. Continuing education units provided by: NASW, NCCAOM, NCBTMB, CBBS, NBCC, and CABRN

## **San Diego, CA (Area)**

### **Beginning Level Dates**

Beginning I: November 7-10, 2008

Beginning II: February 13-16, 2009

Beginning III: June 12-15, 2009

## **San Francisco, CA (Area)**

### **Beginning Level Dates**

Beginning I: July 18-21, 2008

Beginning II: October 24-27, 2008

Beginning III: January 23-26, 2009

**Somatic Experiencing® course information and registration can be found at:  
[www.traumahealing.com](http://www.traumahealing.com)**

**For more information about Steven Hoskinson visit: [www.HoskinsonConsulting.org](http://www.HoskinsonConsulting.org)**