



Steven Hoskinson

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Steven Hoskinson, MA, MAT, is the Founder and Chief Compassion Officer (CCO) of Organic Intelligence® and the 501(c)(3) nonprofit Organic Intelligence Outreach Institute. Steve created the Human Empowerment And Resiliency Training (OI HEARTraining®) based on Organic Intelligence, which is a positive psychology, fractal method known for its implicit exposure approach to trauma. Since 1999, Steve has trained thousands of professionals in North America, Europe, Asia, and the Middle East in the art of the compassionate treatment of trauma. As Professional Training Faculty for the SE™ Trauma Institute, he has mentored and trained teachers across the globe and is also Adjunct Faculty for JFK University's Somatic Psychology program. Steve is a founding member of the Northern California Society for Integrative Mental Health and the International Transformational Resilience Coalition. He also served on the Global Training and Education Council for the SE™ Trauma Institute.

The *Somatic Perspectives* podcast explores somatic psychology, relational therapies, mindfulness and trauma therapies. It is edited by Serge Prengel, LMHC, who is in private practice in New York City.

The following is a transcript of the original audio. Please note that this conversation was meant to be a spontaneous exchange. For better or worse, the transcript retains the unedited quality of the conversation.

Serge Prengel: So Steve, you have spent many years studying and teaching approaches to trauma and you have developed a new one. Would you maybe talk a little bit about the similarities and differences?

Steve Hoskinson: Yes, thanks. I have taught and continue to teach for the Somatic Experiencing group, and I do that internationally. Part of what I really have enjoyed about that is the honing of the understanding of what a nervous system is. There are the cultural overlays to that [nervous system understanding] that are important, that provide the resources that are unique to culture. And, underneath all of that there is this fundament of the nervous system and of the biology. And in part, what I had begun to develop was really out of a concern to make sure that, one, that I could communicate the training process in a way that was replicable. You know, I really needed to develop a step-by- step process, and more or less a linear process for something that we would think of as fundamentally non-linear. But in the appropriation of the skills, you kind of need to lay it out in a scaffolded way, kind of step-by-step. So, I really began to explore then what I would think of as a Methodist approach (because my ancestors back in Kentucky were Methodists) and so I began to develop this method.

I spent quite a bit of time working in the therapeutic world of the Ericksonian Hypnotherapy process in which there is really a deep joining with the client and actually with the unconscious, a really a deep faith in the healing and organizing capacity of unconscious resources. And so, as I began to explore working with people, I began to look at ways that they could begin to get a greater sense of organic stabilization, and something different began to happen. I began to see that there would be

times when a person's system would do a sort of a gear shift into some kind of self-organizing pulsate process. I'm sure that all of our folks that have been working somatically have seen that point where it gets really smooth where there is almost a tender pulsation and where life begins to do an unfolding on a really effortless basis.

And so, I began to try to systematize well how do you get there?

And how do you allow that process without it becoming too much, without it going too far and too intensely. It seemed to me that the problem with trauma therapy was that in using traumatic content to guide the therapy, that the intensity was too high. We talk about one of Peter Levine's greatest contributions is in titration, but even so within this notion of titration, there is still the dependence, a reliance on the notion of discharge. And still to this day there are traditions that are looking strongly at the notion of discharge even making mechanical discharge part of the thing. So I began to look at was the work of therapy from a somatic perspective, from a physiological perspective that was grounded in stabilization but also within a framework of complexity theory and chaos theory.

Serge: There's a lot in what you are saying and one of things that I am noticing is that your approach is to look at what is happening from a point of observing, being attuned to the rhythms of the nervous system and being very much in tune with that, noticing the stabilization and having as a goal to get to stabilization and understanding that discharge is not necessarily the right way to go there.

Steve: Exactly, and I came upon this the hard way because I would do sessions where there was significant discharge or I would see other master teachers who would do what looked like awesome sessions, and were awesome looking sessions, but in follow up I would see that the clients' lives didn't really organize. I think this is really one of the inherent dangers for most of us that are traveling and teaching. We go and we don't really get the longer term feedback sometimes of what happens. And so I became really committed to the notion of doing a therapy that first of all, you know, did no harm and that second of all then became reliably focused on integrative experience.

Serge: So in other words the key word there is that the therapy is about helping the client reorganize.

Steve: Yes, and that reorganization is actually what I'm trying to attune to in the moment. That is, I am trying to see the signs that are the systems' and the subsystems of the tissue, and the bone structure, and the respiration, the coloration— all of these different autonomic signs that suggest a system that is trying to self-organize, and I am teaching folks to specifically reinforce at those moments of intrinsic reorganization.

Serge: Okay, so in other words the observation is not just like in many trauma therapies to pay attention to whether the person is activated or not but it's paying attention to whether the system is trying to organize or not and in what way.

Steve: Yes, exactly, and one of the main tools that I am really hoping to encourage people to use is really counter to a kind of somatic approach— or at first looks counter to a somatic approach. You know, when we were first starting this back in the previous millennium, it was magic. People would begin to focus on sensation and do sensation practice and magical things and reorganizations and visions and great experiences happened, sometimes. And so this whole opening [of sensation awareness], really in the face of the analytic tsunami that was happening in psychiatry, was that this work was brought about truly by the innovation of mindfulness: through Zen coming into the United States, and the human potential movement on the West coast and so on. And I began to really question, “what is it that makes something really helpful?” And I found that specific stabilization was a necessary precondition. And what I found to be stabilizing for folks was to actually *not* pay attention to the body sometimes. But actually to really make sure we have a mindfulness of the environmental conditions

Serge: That begs in a way the question of what you're paying attention to, not the trauma, not necessarily the body, and we're talking about the system whether it's reorganizing itself or not, in practice, what is it like?

Steve: I propose that people use what I call orientation more and define it provisionally, as connecting to the environment through the senses. For those of us who have done meditation for a bunch of years, we are asked to come in, sit still. We track largely the inner experience or breath or however we were taught, and in therapy we are often guided to pay attention especially to emotion— all of that is interior experience. But what I find is that this orientation of connecting to the environment through the senses is a necessary precondition because otherwise people can have a frank, dissociative experience. If we don't know where we are, if we don't have a real connection to the environment, it's really dubious what level of mindfulness we have. That's foundational it seems to me

Serge: In other words, literally be here now.

Steve: Yes, and obviously, being here now is fundamental to the biology. Trauma, and other stress means the biology is responding as if it's not in the now. So, I can facilitate my biology's responsiveness to this moment, in fact, and bring the attention actually to some degree in a baseline fashion into the environment itself because then my brain stem gets a chance, I think, for that, what Stephen Porges calls the neuroceptive capacity to say “oh yeah, i don't have to be in fight or flight or freeze, I'm actually in this place, in this time, and have no need for emergency responses.”

Serge: So in some way, a grounding, it's not just a grounding. It's more important than simply a grounding as a means to an end but it becomes an essential part of the treatment itself

Steve: Part of the reason we have to focus early on, give skills towards that external attending (which is the opposite of the work of internal attending, interoception, which is so popular in the

somatic field) that is the attention into the external environment, gives a feedback response into my system that gives me a response into the here and now. But also there is something [else] really important in that it short circuits the repetitive patterns of threat response. If people just go inside and start tracking, you know, how it is when you start to meditate: “I’m going to sit and relax” and then it’s like, “oh man my knee really hurts” and then— “did I send that email?” or it’s like “I forgot to call Serge back on the phone.” All of the things that are problematic begin to bubble to the surface. What Hanson calls the “negativity bias” is really an issue for us, and that negativity bias is a kind of an addiction to intensity. It disallows our ability to be in a balanced state. So just by attending to the external environment more and developing a habit of that, we begin to short circuit that feedback loop

Serge: So in a way we leave a void and in that void the old habits are engulfed, which is essentially the fears and the negativity loop about paying attention to danger. What you’re suggesting is instead of leaving this void is actually an active orientation towards paying attention to our environment in a certain way.

Steve: Yes, yes, and many times somatic therapists are taught to stabilize people or to resource people who are stuck in that negative emotional state. But that’s many times by directing attention towards a positively associated feeling and sensation. “Okay, now feel your feet on the ground”, “feel your butt in the chair” or “think of your safe place” or something like that— which in some ways are, especially if you’re going to an imaginary safe place, is trying to counterbalance a dissociative tendency with further disassociation. It’s just a positive dissociation. Instead, I find it more realistic to get attention into material reality a little bit and see how the system responds to that,.

Serge: So for instance, paying attention to your feet or but on the chair, would that be a part of the continuum you’re talking about or something different?

Steve: I train people to do a free association conversation. To me, directed attention has a role in stabilization but it has a role also in relationship to nondirected attention. The idea of Organic Intelligence[®] is that I want to do this free association conversation so that the psyche, and the biology, gets to speak on its own terms without being shoved around by “now feel your feet”, “feel your butt”, “now think of this now think of that”. The system will dance to our tune if we ask it to. But better if we, I think, can listen to the tune of the system that is there.

Serge: So what is an example, what would gives us a flavor of what a free association conversation might be like?

Steve: In the context of orientation there would be this invitation that would say something like “okay so in this moment, why don’t you let your eyes go where they want to go? Just let your eyes go where they want to go.” And in that one sentence, the attention to the verbal communication is key, the *implication*— it says the thing to be doing is letting or allowing. It’s really different than

saying look around the room. “Let the eyes go where they want to go.” It also implies that maybe the eyes may *want* to go someplace that *I* may not think of.

Serge: To put it in context, is there something that might happen at any time, or is this, in traditional trauma terms, is this person activated in that moment or not activated or doesn;t matter where they are?

Steve: Well the constraint is the level of rapport or the attunement in the relationship at that point. But if the attunement allows, then we can use that anytime because that person needs to develop a skill of giving that attention out into the environment and needs to develop a relationship with the nonvoluntary,—that letting and allowing the body that allows a positive feedback frame. Many times the error that many somatic therapists make, is that the client will come in and they’ll say “I feel anxious” and the therapist will say “where do you feel that in the body” and that going inward into the body immediately gets associated with discomfort. It may get discharged and may come down after awhile, but that immediate entrée into the body experience is tagged with a negative affect. That’s problematic.

Serge: Client comes in and says I’m feeling anxious, is the answer then “let your eyes wander where they might want to go”? Or, I’m joking a little bit, but to have a sense of, in contrast to that, how would you handle it?

Steve: You’re right on. That’s that question of attunement, I’ll tell people that there are two rails that the Organic Intelligence train runs on. One is being able to shepherd these intrinsic cycles of arousal/dearousal—and importantly in a positive reinforcement frame. For example, when I breathe in the heart rate goes up, when I breathe out it goes down. On both sides of that equation of arousal/dearousal, it is positive and it’s pleasant.

So shifting the trauma framework to a positive reinforcement frame is really important. Most of trauma work that’s guided by content, by the traumatic event, by arousal, by activation, does something different which is negative reinforcement. Negative reinforcement is when it feels so much better after it stops feeling worse. With enough intensity you get discharge, and that feels so much better— but that’s negative reinforcement. It creates this really unfortunate dilemma because the conditioning ultimately is something like “you got to feel worse in order to feel better”.

Serge: So, obviously, there is feeling much worse but it also applies in the titration approaches which is just a little bit so you feel just a little bit worse in a way you can manage and you come back. It still exists there.

Steve: Indeed, i’m suggesting a change to that. Organic Intelligence really says if you get foundational skills of an orientation established and then stabilizing the access and attention to positively associated experiences, sensation image, affect, and meaning, that you can actually build in that positive reinforcement framework consistently by gaining capacity. You could walk your way

through successive layers of intensity with the same quality of pleasure as breathing in and breathing out. That's remaining in a positive reinforcement frame.

By the way to get back to the other question of orientation where the person comes in and says feels anxious, the other rail that I was talking about in addition to the shepherding of these cycles, is attunement. So the person comes in and says that I feel anxious, I would be prone to explore that with the client. "Oh, you feel anxious, when did this start?" And I would begin to explore that experience with them, because in addition to that negative experience, Organic Intelligence says there's also going to be this positive experience right there as well— just latent. Through exploring their associations there will show up with the non-stabilization content. Jung spoke of the polarisitic structure of the psyche, which means that clients will talk about this negative thing and then it'll shift to something more positive and then I will reinforce strategically there. For example—

CLIENT: "Oh yeah I came in, when did this start? You know it started early this morning when I got up and I realized my day was going to be so full and I just thought, oh man, how am I going to get through all this?"

THERAPIST: "So when you asked yourself 'How am I going to get through all this?' What did you say?"

CLIENT: "I don't know... I just might have another cup of coffee?"

THERAPIST: "And did you? How was it?"

CLIENT: "Great."

And boom— we're off and we're on the other side. It's attuning to the person and the content that they bring, and selectively reinforcing around those more positive aspects of their psychic production, their associative network aspects that are going to be disproportionately organizing.

Serge: So maybe to bring it back to another trauma model, this is not the same thing as saying you work more in resourcing because it's not just working more in resourcing in order to allow some of the forays into the activation. This is simply something about reinforcing not just the resourcing, but reinforcing the capacity of the nervous system to organize so that it has the capacity to handle the [otherwise] disorganizing activation.

Steve: Wow, that's perfect. Yes, yes. Let's do that, let's do more of that. In resourcing, what I find is that many times people are resourcing as a means to an end. We've got to throw some water of resources on the fire of trauma to get the person out without being damaged too much. This [OI] is something completely different, this is seeing the intrinsic unfolding that can happen if we become more interested in that organizational impulse.

Serge: And so, maybe, the same way as you gave me an example of what happens when a guy who comes in with anxiety, what is it like in somebody who has trauma to notice the organizing impulse and how is it to bring it to the situation. I'm assuming when you notice it, it's going to be small enough that it's not going to be directly applicable to the trauma itself. So how do you notice it, how do you build it up how does it build up to have enough power to overcome the trauma.

Steve: That is so key because, one, I think as I begin to work with people, I think trauma is an epidemic now, and you probably agree because trauma isn't just the traumatic events that we think of. Our systems are much more stressed than we recognize, we're just immune to the chronic nature of our stress and part of that is due to our pathetic overall attachment scenarios, and just being in civilization. Our species is in this kind of Nemo moment where we are not in our traditional environment anymore. We are absent our traditional environment, our tribal structure, our hunter-gatherer situation, and we are suffering, at baseline, the effects of our accidental self-domestication, and then trauma is like the tip of the iceberg on that.

Serge: In other words, there's a sense that we have in a way, a trauma, a general trauma about our species that's been transplanted from our natural universe in such a way that we live under conditions where some of the side effects are going to be what we call trauma.

Steve: Yes indeed and I would think of a broader definition of trauma as being simply nervous system disorganization or desynchronization. You know, you don't have to look very far at all to see the devastating societal impacts of social disintegration.

Serge: So in other words when someone has a trauma, where the classical approach is to say this event precipitated a disorganization of this system, you're more of the school of thought that we are predisposed to being in a way activated by certain events but the disorganization or the predisposition to disorganization is already there. So the event is only the proximal cause in some way.

Steve: That's right and even the event may not even be the proximal cause, it may just be the cause we think it is. Remember this great experiment from Gazzaniga's lab where people had the corpus callosum cut and they were asked in one channel to do something, like the experimenter would say in the left channel to wave and the person would wave. Then the other channel says "why are you waving?" and they say "oh, because I thought I saw someone I knew." And then in the left channel it'd be like "Do this behavior, I'd like for you to laugh" and they start to laugh and then the experimenter in the right channel asks the person "why are you laughing?" and the person says "Because you're such a funny person." We have no idea really why we're doing what we're doing. The brain has a different agenda, the body has a different agenda other than telling us "the truth." So we have to decode the nature of biological functioning in order to get a handle on what the biology is up to in any given moment. So the focus on trauma is a focus on disorganization, in effect, and is probably not even a relevant proximal cause. And what I find is, and this is confirmed in clinical practice, if you begin with stabilization, and why Organic Intelligence is an *implicit exposure*

model, is that it uses this mindfulness and positive psychology to reframe and re-experience one's experience in a positive reinforcement framework. What that means practically speaking is that by the time you get up to the point of explicit content, you've already worked the previous cycles that are quite gentle. And often then the explicit content that comes out of that free association conversation isn't even the big trauma. It isn't the birth trauma, it isn't the attachment issue, it's not the high impact car event, or the head injury. It's often like a near miss. So when the organism itself begins to reorganize, it produces different content and I believe the aim of that experience is to give the system an easy chance to rise up to the next threshold of intensity and deactivate, to learn and grow and to do this workout without over-stressing the neurology's system.

Serge: So, I want to use that analogy of the workout because in a way the analogy of the workout is something that we use often in the trauma, the progressive exposure, the resourcing and then the titration type approach because we really can see it as progressive exposure and progressive strengthening. In this case, it's not about pain makes you stronger but in a way pleasure and positive reinforcement makes you stronger.

Steve: Yes! Yes!

Serge: So maybe could you mention some examples of how it happens, what it looks like, what it feels like in the course of a treatment or a session?

Steve: It's basically a simple attunement of the therapist to certain aspects of the person's experience. In fact, those are the two things we are talking about now. One, the orientation that is connecting to the environment through the senses and two, the ability of the attention to reside with some neutrality around pleasure. Those two things are absolutely the best assessment criteria of organismic resiliency. So, if you want to check how resilient a nervous system is that you're working with, then gauge how readily and effortlessly the attention can engage the external environment. Secondly, how well can they engage positive affect. How well can it [the attention] hold positive affect including in sensation, positive sensation experience? And the answer to those two questions will give you a very powerful kind of a read on how resilient that nervous system is.

Serge: Let's say the case of someone who is in general resilient will engage connected, has a sense of humor, but in a way on some topics on some areas in some situations kind of gets into the tense, rigid, and limited mode, into that traditional sense of traumatized.

Steve: I don't know who that would be [laughs]. Maybe the best example, I've got online. When my daughter— who will be turning 9 this weekend, Jada when she was 3, we were at the San Diego airport and we were going to Glacier National Park from San Diego because I wanted my children to see glaciers...

Serge: They won't be there for much longer

Steve: Exactly, it's really a motivating force behind what we're doing I think. We were at the fountain, there is a terminal two in San Diego airport where people throw coins in there. Naturally, flowing water is the most interesting thing in an airport, of course. Jada was there and looked up at me with this look like "I'm doing something I'm not supposed to and what are you going to do about it?". Even without knowing exactly what was going on, I'm a trained clinical observer, I just said "don't." [laughs] That's my parenting style— but then she got this look like "my airway is blocked", and I immediately scooped her up and turned her upside down and gave her very 'supportive' pats between the shoulder blades and her airway cleared. Long story short, at about 11:30 that night, we were in San Diego children's hospital and they did a general anesthesia and took out of her trachea not one but two pennies— which remain two of the most expensive pennies in all of San Diego county. Then, the next morning Jada and I were having breakfast— pancakes— her favorite breakfast, and she began to do this reenactment of this choking. She began to do this choking thing and since we were going on a vacation I had a video camera and I turned it on and I got the interaction that she and I did over 6 and ½ minutes in which she went through the progress of fight-flight-freeze and then coming back into ventral-vagal social engagement. I put that online, it's at *theadavideo.com*, and what you will see in that video is that Jada runs through her resources. They arise from Jada naturally, and she will go "mommy's swimming, mommy's swimming" because mom was swimming and then she will talk about her brother "Gacob" [Jacob] and her friend "Julia" and "swimming with mommy". And, as I just reflected those resources back to her— because she is fairly resourced— then she was able to increase those levels of intensity (what I call these *intensity thresholds*). And the workout began— and as she began to get stronger, the intensity increased all the way through sympathetic arousal and then into the dorsal-vagal, into the freeze system, and then worked through the dissociative aspect of freeze all in this really positive affectively toned process! Underneath you can see her face expressing negative emotion, but consciously she was having an enjoyable experience while unconsciously her system was processing these cycles of increasing intensity. So that might be a great example at *theadavideo.com*. That will probably make clear to folks what we're talking about

Serge: So that sense of she might be at some level feeling the intensity of the "trauma" and at some other level be resourced and the two are happening at the same time and in that case it's brought about you trusting the natural ability of her nervous system to have that organic intelligence and you're simply helping it.

Steve: That's right, and I speak of it as a sort of midwifery. That system knows exactly what it's doing and *under the right conditions*, our biological system would be self-organizing. I train people to see that self organizing impulse, see the conditions that will get the self-organizing impulse arising more readily, and helping people live within that quality of flow.

 This conversation was transcribed by Janay Anderson

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