Coherence Therapy Clinical Note

Note #6 (v1.1)

Topic: **Overview of Coherence Therapy and Its Use of Memory Reconsolidation**

Author: Bruce Ecker & Laurel Hulley

This Clinical Note describes Coherence Therapy's main concepts and methodology, including how the methodology fulfills the brain's conditions for inducing memory reconsolidation—conditions that have been identified in extensive neuroscience research. For more complete accounts and illustrative case examples, see the list of further readings at the end of this Note. Footnotes refer to writings in that list.

Coherence Therapy is a focused, experiential, non-pathologizing methodology for dispelling clients' symptoms at their emotional roots, often in a relatively small number of sessions. Producing transformational change with unprecedented accuracy and consistency is what Coherence Therapy contributes to clinical practice.

The steps of Coherence Therapy carry out the process of memory reconsolidation identified by brain researchers. The memory reconsolidation process shows us exactly what gives new therapeutic experiences the potency to actually replace and erase entrenched, unwanted behaviors, beliefs, bodily tensions and states of mind that exist on the basis of earlier emotional learning or conditioning. According to current neuroscience, memory reconsolidation is the brain's only natural mechanism capable of thoroughly unlearning and deleting a specific module of unwanted emotional learning.

Coherence Therapy's foundational principle, culled from extensive clinical observations, is *symptom coherence,* which maintains that most symptoms and problems exist because they are compellingly necessary to have according to implicit emotional learnings—core beliefs, attributed meanings, schemas, constructs, and mental models of the world, unique to each individual, that are outside of awareness. A symptom is produced and maintained by adaptive emotional learnings that consist of an urgent need to prevent a particular suffering or vulnerability that was first experienced earlier in life. However, the learned knowledge of that suffering (the *problem*) and of the tactics necessary to prevent it (the *solution*) are outside of awareness, held in nonverbal, implicit memory systems.

A wide array of unwanted behaviors and states of mind, such as post-traumatic stress symptoms, insecure attachment, compulsive behaviors, low self esteem, depression, anxiety, panic attacks, anger problems, and many others (see list below), are found in the course of Coherence Therapy to be based in specific, underlying emotional learnings. As examples of such learnings, consider these three schemas, presented here as verbalized by clients after coming into awareness:

- "The only way to get any attention and not be forgotten is to do something bad."
- "If I feel sad or hurt or scared, I'll be attacked and humiliated, so I've *got* to keep my feelings shut down."
- "If I try for what I really want, life will crush it, so I better *not* try for, or even feel, what I really want."

Each of those schemas consists of knowledge of a specific problem (a particular suffering or vulnerability that is urgent to avoid) and knowledge of a solution (a tactic necessary for avoiding that suffering). Each of those schemas generates symptoms that are emotionally coherent, in the sense that they are adaptively necessary according to the schema.

The fact that a potent module of emotional reality has been fully unconscious for decades does not mean that it is inaccessible or remote, but only that it has remained outside of conscious attention. Actually, the key, unconscious emotional themes generating symptoms are always close at hand, particularly whenever a symptom is occurring. After a lifetime of unawareness of an implicit emotional learning, the client's attention can be brought to it now, in this very session, often in minutes. Coherence Therapy equips the therapist for carrying out a discovery process that selectively evokes into awareness the implicit learnings or schemas that require the existence of the presenting symptom(s).

The above three examples of discovered schemas show how well-defined these implicit, symptom-requiring learnings are found to be. They can be formed at any age, though the majority discovered in therapy formed in childhood. As such a schema is being directly felt as an emotional truth, it can be verbalized accurately, rendering it explicit. These learnings are referred to in Coherence Therapy by a number of phrases that are useful in different contexts and from various viewpoints. The *symptom-requiring schema* has the objective viewpoint of cognitive science. *The emotional truth of the symptom* reflects the client's subjective, experiential viewpoint. The client's *pro-symptom position* emphasizes that when a client actually feels and asserts a schema such as any of the three listed above, it is the assertion of a very strongly held position that is *for* having the symptom and that embodies self-protective purpose and agency in producing the symptom.

At the start of therapy, however, the client is unaware of how the symptom is necessary and coherent to have, and regards it only from the viewpoint of conventional notions that he or she is bad, sick, stupid, or crazy. From this angle, the symptom is something totally undesirable, involuntary, out of control, and a sign of defectiveness—something only to get rid of. This conscious, pathologizing attitude against having the symptom is referred to as the client's *anti-symptom view* or *anti-symptom position.*

Each underlying, symptom-generating schema is brought into direct experience and explicit awareness in order to then subject the schema to profound unlearning and nullification through an innate, natural process, studied extensively by brain researchers, called *memory reconsolidation*. By understanding the reconsolidation process, clinicians can become consistent in creating therapeutic experiences that actually annul implicit core beliefs and emotional schemas that otherwise are extremely durable and persist unfadingly across the decades of people's lives.[1]

[1] This nullification of lifelong schemas is demonstrated extensively in *Unlocking the Emotional Brain*.

Symptoms that have been eliminated by Coherence Therapy

Aggressive behavior	Food / eating / weight problems
Agoraphobia	Grief and bereavement problems
Alcohol abuse	Guilt
Anger and rage	Hallucinations
Anxiety	Inaction/indecision
Attachment-pattern-based behaviors and distress	Low self-worth, self-devaluing
	Panic attacks
Attention deficit problems	Perfectionism
Codependency	Post-traumatic symptoms (PTSD)
Complex attachment trauma symptoms	Procrastination / Inaction
Compulsive behaviors	Psychogenic / psychosomatic pain
Couples' problems of conflict / communication / closeness	Sexual problems
	Shame
Depression	Underachieving
Family and child problems	Voice / speaking problems
Fidgeting	

As soon as there no longer exist any core beliefs, emotional schemas or mental models according to which a client's symptom is adaptively necessary to have, the person ceases producing it. This is transformational change. It has distinctive, verifiable markers: symptoms and their underlying, distressed ego states completely cease to occur in response to cues and contexts that formerly triggered them. Further, this liberating change is then effortless to maintain. It persists robustly with no ongoing measures needed to counteract or suppress the symptom, because the very basis of the symptom no longer exists.

With a new client, the therapist first learns what to regard as the symptom(s)—the specific behaviors, feelings, thoughts and/or somatic sensations that the client wants to be free of. That key step of *symptom identification* is followed by Coherence Therapy's three phases of *discovery*, *integration* and *transformation*:

In the *discovery* phase, an implicit, symptom-requiring schema is drawn into direct, conscious experience as a personal emotional truth. The discovery work moves along the linkage from the symptom "down" into the underlying emotional schema(s) driving it. The therapist works experientially and phenomenologically to engage the schema into felt awareness, and aims to learn the schema's unique composition of knowings, meanings, feelings and bodily sensations, without imposing any interpretations or theoretical concepts.

The following example is condensed and simplified for this overview. A man who couldn't stop "screwing up" at work and in his marriage relationship, perpetually angering the key people in his life, arrives through the discovery work at directly feeling and putting into words what he learned as the fifth of six children, but had never recognized consciously: "The only way to get any attention at all and not be invisible and forgotten is to do something bad."

That newly discovered schema is now the target of change. The client now recognizes that screwing up, which had seemed to be the problem, is actually his *solution* to the lifelong problem of feeling a deep ache and gnawing anxiety and insecurity over emotional neglect.

The symptom-requiring schema in this case is in the domain of attachment learnings, though

that is not always found to be the case.[2]

In the *integration* phase, the discovered material becomes part of daily self-awareness. This happens through a series of integration exercises, which are simply repeated experiences of the discovered schema, during which the client feels, recognizes and "owns" the emotional truth of how and why the symptom is necessary—how it exists as a coherent expression of potent learnings. The integration phase consists of custom-tailored practices of mindfulness that actively maintain awareness of the discovered schema.

Coherent narratives now emerge, filling in strange blanks and blurs in the client's life story. The man in our example had been baffled by his behavior symptom because his conscious narrative was that he had had a "totally normal" childhood and family life, with "none of the emotional scars" that he heard and read about in other people's lives. His childhood experience of feeling unseen and forgotten by his parents, and desperate for any attention that would let him know that he matters, had no representation in his conscious life narrative until this point in the integration phase. Now his behavior pattern, and his agency in producing it, made profound sense to him. He is guided to picture his parents, be his boy-self, and say to his visualized parents, "I'm really desperate for you to notice me and talk to me and make me feel that I matter to you. It *doesn't* feel like I matter to you, and that really hurts and really scares me. It's only when I do something bad that I get any attention from you, so that's what I have to do, and keep doing." That is now a deeply felt, core emotional truth for him. He recognizes not only what he suffered and learned as a boy, but also the persisting presence of that compelling emotional learning as an adult. In other words, he now knows and feels his valid need and purpose behind "screwing up"—his deeply human need for attention, connection, mattering.

He is given an index card that guides a daily practice of mindful awareness of the discovered schema. The card, which is written collaboratively by client and therapist, reads: "At noon and on the way home from work each day, stop and rate on a 0 to 10 scale how seen or unseen I feel, how much I feel a need for attention, where in my body I feel this need, and what the sensation of the need is. If I'm feeling a clear need for attention and connection, read and get back in touch with this: Screwing up is the only possible way I can get the attention I need right now, just like with Mom and Dad." Each use of that card would be another integration experience—an experience of embracing his own urgent purpose for screwing up, with no attempt to counteract or change behavior.

The therapist subsequently probes for whether the client has developed steady, mindful awareness of the schema as a felt emotional experience, and works with any resistance that may have arisen.[3] Reaching adequate integration is sometimes almost immediate after discovery, but in some cases can require several sessions. A well-integrated schema is a ripe target for unlearning and nullification through the memory reconsolidation process in the next phase.

The *transformation* phase of Coherence Therapy fulfills the specific, critical condition required by the brain for profoundly unlearning and nullifying a target emotional learning through memory reconsolidation, as identified by neuroscientists in numerous animal and human studies (many of which are listed online at https://bit.ly/2b8IbJH). That critical condition consists

---

[2] The role of attachment in psychotherapy has been controversial. For an online interview of Bruce Ecker titled "When is insecure attachment the real issue in therapy?", see *https://youtu.be/ZIvmrfcrvgk*. For a comprehensive map of how attachment issues figure in therapy, see chapter 5 in *Unlocking the Emotional Brain*.

[3] Coherence Therapy's conceptualization and methodology for working with resistance is covered in the *Coherence Therapy Practice Manual* and in *Unlocking the Emotional Brain.*

of inducing two mutually contradictory experiences concurrently: the reactivation of the target learning in awareness as a subjectively felt knowing, and an experience that decisively disconfirms that specific knowing.[4] That *juxtaposition experience*, as it is referred to in Coherence Therapy, has distinctive neurological and psychological effects that are described below.

Thus the therapist's initial task in this phase is to guide the client to find past or present experiences or knowings that sharply contradict and disconfirm what the target learning "knows" to be reality. That is followed by guiding the client to attend to both knowings concurrently, in juxtaposition, such that both feel true in the present moment, yet both cannot possibly be true.

Finding a contradictory knowing can be done in many ways (covered in Clinical Note 7 and in the *Coherence Therapy Practice Manual*). Here are a few basic methods for finding a disconfirmation of the target learning:

In a majority of cases, the client already possesses the needed contradictory knowledge from prior life experiences, but is not aware of it as being a contradiction of a problematic emotional learning. It can be found through focused inquiry, or it may spontaneously come forward into awareness by having the client voice a declarative assertion or *overt statement* of the target learning—for example, by saying, "The *only possible way* for me to get any attention and not be forgotten is to do something bad." That is likely to bring contradictory past experiences to mind, spontaneously. Or the therapist can ask, "Have you *ever* received any satisfying attention or real interest from anyone, *without* first doing something bad?" Additionally, daily life between sessions often serves up an experience that contradicts the target learning, and this now becomes quite noticable once the symptom-requiring schema has become integrated and routinely conscious. Upon hearing about one of these noticed, contradictory experiences from the client, the therapist utilizes it to guide the client into an explicit, full juxtaposition experience.[5]

Another option available to the therapist is the deliberate guiding of new experiences that create contradictory knowledge, such as an imaginal, empowered reenactment of a traumatic experience. In the reenactment, the client is guided to make an effective self-protective response that contradicts the helplessness that was felt originally and was built into the emotional memory and models formed from the experience.[6] Dissolution of the helplessness component of a traumatic memory often dispels the intense emotional valence and reactivity of the memory as a whole.

The contradictory knowledge has to feel unmistakeably real to the client based on his or her living experience, as distinct from just an affirmation or piece of positive thinking. Once definite contradictory knowledge is found, the both-at-once juxtaposition experience is straightforward and natural to guide as an empathic review of both knowings. For example, the therapist says, "Let's go over what we've found, and let yourself *feel* it as we review it. (Pause.) From life in your family as a boy, what you know is that the *only way* to get any of the attention you need, and not be forgotten, is to do something bad. (Pause). And right alongside that, you also know

---

[4] For explanations of memory reconsolidation research findings and how they translate into clinical application, see the online video at https://youtu.be/_V_rI2N6Fco, chapter 2 in *Unlocking the Emotional Brain,* or the last three articles listed at the end of this Clinical Note. For a more extensive listing of relevant articles, see this online bibliography: www.coherencetherapy.org/discover/bibliography.htm

[5] For several case examples that illustrate these various ways of finding contradictory knowledge and then guiding a juxtaposition experience, see chapters 4 and 5 in *Unlocking the Emotional Brain*; and see Clinical Note 7.

[6] The empowered reenactment technique is suitable only for original traumatic events in which there was awareness of danger and time for a self-protective response.

that you've had some really good experiences of receiving caring attention and genuine recognition from people, freely and gladly given to you *without* doing anything bad. Your wife sprang that surprise party for your fortieth birthday and so many friends were there for you. (Pause.) When she had to be away for three weeks to help her ill mother, some of those friends and neighbors kept checking on you and even bringing meals for you and the kids. (Pause.) And last week, when you tried out *asking* your boss to meet with you and listen to your ideas about generating bids and proposals more efficiently, she *readily agreed* and she *very willingly gave you the attention you wanted from her*. (Pause.) All of those were very satisfying experiences of receiving caring attention from people *without* doing anything bad to get it. So, *how is it* for you to feel *both sides* of this—your old belief that the *only way* to get any attention and not be forgotten is to mess up and do something bad, and your own actual experiences of receiving attention and real regard *without* doing anything bad?"

In a juxtaposition experience, each of the two experiences feels real, yet both cannot possibly be true, as noted earlier. The target learning's expectation or prediction of how the world operates (the only way to get attention is to do something bad) is unmistakably disconfirmed by the contradictory knowledge (his own experiences of receiving caring attention without doing anything bad, simply because of being valued by others).

Reconsolidation research tells us that in response to that *mismatch* or *prediction error* experience, the neural circuitry encoding the memory of the target learning (the pro-symptom schema) is rapidly converted from an extremely stable, durable state into an unstable, labile state. That transition begins the memory reconsolidation process. The brain has recognized that its existing map of reality needs revision and has unlocked the relevant part of its map. In the labile state, the target learning's neural encoding is open to immediate revision or replacement by new learning. The contradictory knowledge registers as new learning in the memory network of the pro-symptom target schema, through just a few repetitions of the juxtaposition experience. The target learning's problematic model is in that way fundamentally unlearned and annulled. After feeling absolutely and compellingly true for most of a lifetime, it no longer feels true at all or has any emotional valence. The ego state and symptoms that had been produced by the target learning no longer occur in response to cues and circumstances that formerly triggered them, and this absence of symptoms and schema reactivation persists without effort. These are the markers of transformational change, and they are the same markers used by neuroscientists to confirm erasure of a target learning through the reconsolidation process.

When the man in our example first became aware that "the only way to get any attention and not be forgotten is to do something bad," this felt and seemed to him an inherent truth of life; but it lost all its realness after a few juxtaposition experiences and a between-session task of reading an index card that returned him to the juxtaposition once a day. Then "screwing up" was no longer emotionally necessary and ceased to occur, because its very basis no longer existed. The adult self is liberated from the child's emotional learning.

On the next page is a table showing the close correspondence between the steps of methodology of Coherence Therapy and the universal template of steps required for utilizing memory reconsolidation broadly in psychotherapy. That universal template, termed the Therapeutic Reconsolidation Process, represents the translation of reconsolidation research findings into clinical practice.[7] The Therapeutic Reconsolidation Process is defined independently

[7] This is explained in detail in chapter 2 of *Unlocking the Emotional Brain*.

Correspondence between the steps of methodology in Coherence Therapy and those of the Therapeutic Reconsolidation Process, a universal template derived from reconsolidation research findings for utilizing memory reconsolidation in clinical practice. (For full account see Unlocking the Emotional Brain, *chapter 2.)*

<table>
<tr><th colspan="2">Therapeutic Reconsolidation Process</th><th>Coherence Therapy</th></tr>
<tr><td rowspan="4">I. Accessing sequence</td><td>A. Identify symptom</td><td>Identify symptom</td></tr>
<tr><td rowspan="2">B. Retrieve target learning</td><td>Discover symptom-requiring schema</td></tr>
<tr><td>Integrate symptom-requiring schema</td></tr>
<tr><td>C. Identify disconfirming knowledge</td><td>Transform symptom-requiring schema
Identify disconfirming knowledge</td></tr>
<tr><td rowspan="3">II. Transformation sequence</td><td>1. Reactivate target learning</td><td rowspan="2">Activate both symptom-requiring schema and disconfirming knowledge in juxtaposition</td></tr>
<tr><td>2. Activate disconfirming knowledge, mismatching target learning</td></tr>
<tr><td>3. Repeat mismatched pairing</td><td>Repeat juxtaposition</td></tr>
<tr><td>III. Verification phase</td><td>V. Verify erasure of target learning:
• Symptom cessation
• Non-reactivation of target learning
• Effortless permanence</td><td>Verify nullification of schema:
• Symptom cessation
• Non-reactivation of target schema
• Effortless permanence</td></tr>
</table>

of any one system of psychotherapy, so it is a map that is directly useful to all clinicians who work experientially, whatever approach they practice. It also serves as a unifying framework of psychotherapy integration, because in nontheoretical terms it reveals the core process carried out in any therapy sessions that produce transformational change.

One of Coherence Therapy's strengths is that its methodology explicitly calls for and implements the steps of the Therapeutic Reconsolidation Process. Staying closely in sync with the core process maximizes practitioners' ability to consistently facilitate transformational change. In many other systems of psychotherapy, these same steps can and do take place, but they do so in an embedded, implicit manner, and the steps are not spelled out in the how the system describes itself.

In the course of setting up and guiding juxtaposition experiences in Coherence Therapy, the therapist remains empathetic and respectful toward each of the two contradictory knowings, with no attempt to discredit the troublesome target learning in favor of the desirable contradictory knowledge. The therapist does nothing to directly oppose, prevent or counteract the client's

symptoms. As in the case vignette above, there is no effort made to build up preferred, symptom-free patterns and resources. It is essential that practitioners understand the fundamental difference between transformational change through memory reconsolidation, which unlearns and dissolves the very basis of the symptom, and counteractive, incremental change through the building up of desired patterns that merely compete with the still intact symptom-generating schema. That schema, being urgent and passionate, inevitably wins that competition again and again, producing relapse of symptoms. Any counteracting of symptoms is a departure from Coherence Therapy.

The entire focus in Coherence Therapy is on guiding the client to subjectively experience and "own" deeply held knowings that require the symptom, and then to unlearn those knowings by holding them juxtaposed in the same field of awareness as other knowings that disconfirm them decisively. Coherence Therapy maintains that what the clinical field widely regards as a "corrective emotional experience"—a positive experience of what was missing—does not in itself automatically or reliably produce a juxtaposition experience, and therefore does not reliably produce transformational change, *unless* it occurs along with integrated awareness of the emotional learnings that it is disconfirming, in order to create a juxtaposition experience and induce memory reconsolidation.

Coherence Therapy similarly maintains that the client's relational experience of the therapist can disconfirm the target schema in some, but not all, cases. There are two reasons for this. First, some underlying emotional learnings pertain to areas of experience other than those that are disconfirmable by the client-therapist relationship. For example, a woman's austere lifestyle and chronic underachieving were found to be how she was protecting herself from ever again suffering sweeping losses after her family was evicted from their home when she was a child and then lived in shelters and cars for an extended period. The client-therapist relationship could not possibly disconfirm either the danger of dispossession at the core of her schema or her solution to that problem.

Second, even when the target schema does pertain to interpersonal relationship (such as attachment, self-worth and self-image learnings), the client's positive experience of the therapist might not serve as a disconfirmation of the very specific model and meanings in the schema. For example, receiving reliable empathy from a male therapist cannot possibly disconfirm a male client's anxious expectation that any woman's love will be withdrawn if he engages in any personal activities without her, which he learned from his mother's narcissistic responses to him. In such cases, disconfirmation may be found in relationship experiences other than the client-therapist relationship, or even in a revisiting of childhood sufferings from the viewpoint of adult meanings and knowings. Coherence Therapy emphasizes that schema nullification and unlearning require highly specific disconfirmation, and that there is a far wider range of sources of disconfirmation than the client-therapist relationship. The latter is but one of a great many disconfirmation resources available.[8]

In summary, Coherence Therapy carries out the same specific process that memory reconsolidation researchers have identified as being necessary for erasure of emotional learnings, and it results in the same distinctive markers of transformational change that researchers observe and regard as proof of erasure.

In maintaining that transformational change results from the specific process of memory

[8] For a more complete treatment of the points made in this and the previous paragraph, see the resources indicated in footnote 2.

reconsolidation (steps 1, 2 and 3 in the table above), Coherence Therapy calls attention to the fact that reconsolidation research findings present a serious challenge to nonspecific common factors theory and its assertion that a specific process can never have a dominant influence on psychotherapy outcome. To the contrary, a close examination of therapy sessions demonstrates that no matter how good the client-therapist relationship factors are, schemas do not dissolve and symptoms do not cease until a juxtaposition experience happens.[9] Good client-therapist relationship factors or "nonspecific common factors" certainly are needed for bringing about juxtaposition experiences consistently, but they do not produce transformational change *without* a juxtaposition experience taking place, according to growing evidence.

Coherence Therapy uses the principle of symptom coherence to guide the discovery, integration and transformation of symptom-requiring schemas, carried out experientially. Those three phases usually do not unfold in a linear sequence, one after the other. After integration of some discovered material, more discovery work is usually needed, followed again by integration, and so on until the entire schema, with all of its various components, has been retrieved—a fluid process that begins in the first session and can span several sessions. The full length of therapy, if there are only one or two schemas maintaining the presenting symptoms, is normally four to eight sessions for advanced practitioners. Duration increases with increasing number, complexity and emotional intensity of schemas. Complex attachment trauma, which involves many symptoms and numerous intense, entangled schemas, can require a significantly larger number of sessions, typically 25 to 80 or more.

The range of experiential techniques that can be applied or invented to carry out Coherence Therapy's threefold methodology is open-ended. The methodology very clearly defines the experiences that must be created in each phase, as described above, but it does not dictate the use of any particular techniques (though a basic set of especially useful techniques is described in various books and articles[10] on Coherence Therapy and is a standard part of introductory trainings). Practitioners find they can make effective use of skills and techniques learned in other experiential systems and that Coherence Therapy serves well as an integrative framework. For example, methods learned in studying EMDR, AEDP, Internal Family Systems and Emotion-Focused Therapy can be incorporated into Coherence Therapy seamlessly.

The experiential nature of the work is essential, because it is only by *subjectively experiencing* an emotional learning or schema that it becomes accurately known and actually *accessed* and made available for immediate transformational change. With the client experiencing the emotional truth of the symptom—the actual emotional necessity of the symptom—change can occur at the root of the problem. Two clients describing depression with very similar behavioral and subjective features will be found to have different underlying schemas generating that depression. A practitioner of Coherence Therapy works to elicit and learn all symptom-requiring schemas from the client, and knows that the schemas cannot reliably be inferred from the symptom as presented.

There is more than one way in which a consciously hated symptom can be unconsciously "necessary" to have. It can be necessary in how the person strives to *avoid* a particular suffering

---

[9] This is shown in chapters 4 and 6 of *Unlocking the Emotional Brain* using case examples from five different systems of psychotherapy, and it is shown for four more therapy systems in the volume *Memory Reconsolidation in Psychotherapy*, available on amazon.com. For a summary listing of all of these demonstrations, see http://bit.ly/15Z00HQ.

[10] A set of versatile techniques is described in the *Coherence Therapy Practice Manual* and in *Depth Oriented Brief Therapy*.

or vulnerability, as in our main example above, where screwing up avoids feeling neglected and forgotten. In such cases, having the symptom is the lesser of two sufferings; the troubles that accompany screwing up are worth enduring to avoid feeling neglected and forgotten. Such symptoms have a *function*, which is the avoidance of a particular suffering.

Other symptoms are *functionless*, yet still are coherently necessary. Functionless symptoms arise in two coherent ways. They can be an *inevitable by-product* of a functional symptom (such as when a presenting symptom of loneliness turns out to be a by-product of socially isolating oneself to avoid expected criticism and rejection). Or, functionless symptoms arise as the client's emotional response to having *no* solution to a dire problem. In such cases, the person feels *helplessly unable to avoid* a particular suffering, without having cognitive recognition of being in that dilemma. Examples include being helpless to avoid being bullied or helplessly trapped in a dead-end career, which produces anxiety and/or depression, panic and/or emotional collapse. (Such cases are not to be confused with suffering that is a natural human response to life's inherent hardships, such as grief over loss of a loved one, anger over experiencing racism, or anxiety over global events. Natural distress should not be regarded as a psychological symptom or an indication of problematic underlying schemas.)

Coherence Therapy, its guiding principle of symptom coherence, and its use of memory reconsolidation are applicable in principle to any symptom arising from emotional learnings and implicit knowledge formed in the course of living. However, not all symptoms arise from learning and memory. Autism spectrum and other neurodiverse patterns, depression due to hypothyroidism, and perinatal hormonal imbalances, to name just a few examples, are not products of symptom coherence and therefore cannot be dispelled by Coherence Therapy or memory reconsolidation.[11]

The coherence model of symptom production was developed by Ecker and Hulley as a description of clinical observations made across an extensive range of symptoms and clients in individual, couple and family therapy. In that sense, symptom coherence is not a theoretical construct. On the contrary, it is readily observable and verifiable empirically in every therapy session by using the phenomenological methodology of Coherence Therapy. When a longstanding symptom permanently disappears immediately after a specific, learned emotional schema has lost all feeling of realness and has ceased to reactivate in response to its former cues, that is a strong indication that the schema was the cause of the symptom. Symptom coherence is a recognition of the pervasive role of emotional learning and memory in generating the problems and symptoms presented in therapy.

[11] Coherence Therapy contra-indications are listed on p. 34 in *Unlocking the Emotional Brain.*

Further readings

Major resources are listed here. Many others are available online at www.coherencetherapy.org. For a full, annotated bibliography of books and articles on Coherence Therapy and the therapeutic use of memory reconsolidation, please visit: www.coherencetherapy.org/discover/bibliography.htm

Coherence Therapy Practice Manual and Training Guide by Bruce Ecker and Laurel Hulley (Coherence Psychology Institute, 2016). Covers in detail many features of practice, principles, training exercises and troubleshooting not found in any other publication. For table of contents and ordering information, please visit www.coherencetherapy.org/resources/manual.htm

Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation by Bruce Ecker, Robin Ticic and Laurel Hulley (Routledge, 2012). A therapist's guide to utilizing the brain's built-in process of transformational change, applicable within any system of experiential therapy, for unprecendented consist-ency in facilitating lasting breakthroughs, with examples from AEDP, Coherence Therapy, Emotion-Focused Therapy, EMDR, and Interpersonal Neurobiology. Shows how memory reconsolidation serves as a natural framework of psychotherapy integration that unifies and illuminates the therapeutic action of diverse systems. Numerous case examples show the moment-to-moment process applied for dispelling traumatic memory and its symptoms, insecure attachment, compulsive behaviors, anxiety, depression, underachieving, delusions and hallucinations, and other symptoms. View on amazon: http://amzn.to/1Np4FDS

Depth Oriented Brief Therapy: How To Be Brief When You Were Trained To Be Deep, and Vice Versa by Bruce Ecker and Laurel Hulley (Wiley/Jossey-Bass, 1996). Numerous case examples illustrate methodology, techniques and principles with individuals, couples and families. Depth Oriented Brief Therapy (DOBT) was renamed Coherence Therapy, but this volume remains foundational. The chapter on therapist stance is one of this book's unique contributions. View on amazon: http://amzn.to/1Mgr5Dj

Coherence Therapy: The roots of problems and the transformation of old solutions by Sara K. Bridges, in *Contemporary Theory and Practice in Counseling and Psychotherapy* (H. E. A. Tinsley, S. H. Lease & N. S. Giffin Wiersma, Eds.) (Sage Publications, 2015). An engaging account of Coherence Therapy and its use of memory reconsolidation in a graduate clinical anthology that surveys thirteen major systems of psychotherapy. View on amazon: http://amzn.to/1Jbohrk.

Coherence Therapy Video Demonstration Series. Each online streaming video shows Coherence Therapy conducted by Bruce Ecker, LMFT, and is accompanied by a viewer's manual with transcript and commentaries that track how the methodology of Coherence Therapy is being carried out and how the therapist is listening and thinking. Video and manual together are a self-contained course that delivers an abundance of instructional value. For descriptions and ordering, visit: www.coherencetherapy.org/resources/videos.htm.

Online short courses. Online, self-paced learning experiences, each centered on session video clips, are available at www.coherencetherapy.org/training/courses.htm.

Training program at-a-distance. Coherence Therapy coaching by certified trainers in training formats tailored to each trainee is available (with Continuing Education credit for USA licensees) from the Coherence Psychology Institute. For more information, please visit: www.coherencetherapy.org/training/certification.htm

Workshops and presentations worldwide. For a listing of upcoming events, please visit: www.coherencetherapy.org/workshops.htm

Articles you can download now

A primer on memory reconsolidation and its psychotherapeutic use as a core process of profound change by Bruce Ecker, Robin Ticic and Laurel Hulley
The Neuropsychotherapist, 1, pp. 82-99 (April 2013).
An introductory account adapted from the book *Unlocking the Emotional Brain*, listed above, and illustrated with a case example of Coherence Therapy. Download reprint: http://bit.ly/1PVxgi3

Unlocking the emotional brain: Is memory reconsolidation the key to transformation?
by Bruce Ecker, Robin Ticic and Laurel Hulley.
Psychotherapy Networker, 37 (4), pp. 18-25, 46-47 (July 2013).
Several case examples of Coherence Therapy demonstrate how the use of memory reconsolidation in therapy puts therapists in control of more consistently facilitating deep, liberating change. Download reprint: http://bit.ly/1We4HDZ

Memory reconsolidation understood and misunderstood by Bruce Ecker
International Journal of Neuropsychotherapy, 3(1), pp. 2-46 (2015).
An extensive account of memory reconsolidation research findings explained in relation to ten fallacies often encountered in writings by science journalists, clinicians and even some researchers. Download reprint: http://bit.ly/1Se6L95