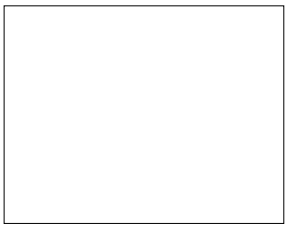
Changes That Last, Changes That Don't: What Makes The Difference?

Bruce Ecker, LMFT

Therapist's Compass
in Coherence Therapy

- Symptom is necessary to have according to coherent knowings, meanings and feelings in implicit memory.
- Head for the symptom-requiring implicit schema experientially.

Case Example 1



Questions

- What would be your strategy of change?
- Need to know something more? What?
- What *model* of change is your strategy of change based upon?

Two Strategies for Change

- Change through ***counteracting*** the symptom
- Change through ***transformation***

Common *Counteractive* Techniques

- Relaxation techniques
- Thought stopping/Positive thinking
- Behavioral prescriptions
- Resource development
- Forming rational beliefs
- Anger management techniques
- Reframing
- Communication skills training
- Prescribing medications

The Counteractive Reflex

The use of methods that attempt to get rid of the symptom by…

Replacing	Educating	Controlling
Fixing	Encouraging	Outmaneuvering
Blocking	Interrupting	Suppressing
Avoiding	Opposing	Subjugating
Overriding	Eradicating	Subordinating
Correcting	Persuading	Disconnecting from
Motivating	Tricking	Getting away from

Case Example 1

Experiential deepening via "overt statement"

The Emotional Truth of the Symptom

Client: "… I'm not going to be a talk show host because I'm afraid of your *rage*. There's *nothing* worse than it—that *rage*, coming from nowhere! …I'd rather cut short my possibilities, make my life into a *stump*, rather than deal with that rage that scares me so."

Symptom Coherence

Model of symptom production in coherence therapy

- Symptom is produced because it is necessary to have according to some schema (constructs) in implicit memory
- Symptom ceases when those constructs no longer exist (without counteracting the symptom!)

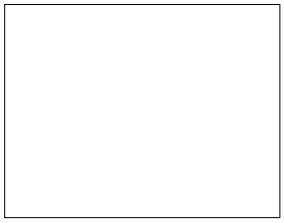
Client's Symptom-Requiring Knowings, Meanings, Feelings

- Mom will rage if I do anything unfamiliar
- Terror of that rage
- Urgent purpose: avoid that rage
- Tactic: avoid unfamiliar actions
- Willingness to lose possibilities

Module of personal constructs **Schema** Part, Ego-state, Subpersonality **Conditioned response**

The emotional truth of the symptom

Case Example 1



"I'm still your daughter, and that's what's most—ahm—well, see, it's *not* most important to me."

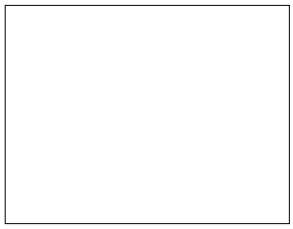
"Mom, it's *not* most important to me to be your daughter. It's most important to me to be myself."

Definition of Implicit Memory

Implicit memory is stored knowledge, formed in previous experiences, that generates behaviors, moods and thoughts without conscious awareness of the knowledge or the experiences that created it.

Case Example 1

Testing for depotentiation:
Can the symptom-requiring schema be re-evoked?



Depotentiated schema seems implausible, lifeless, silly, absurd, or laughable

Case Example 1
Spontaneous Juxtaposition

Staying familiar is most important. Mom's rage is unbearable.	Being myself is most important. Mom getting upset is workable.

Key Ideas

1. For each symptom, an underlying, symptom-requiring schema is findable.

2. For lasting symptom cessation, transform that schema via juxtaposition.

Clinical Strategy of Coherence Therapy for Profound, Lasting Change

1. ***Find*** the symptom-requiring, unconscious schema (**Discovery**)

2. ***Steep*** the client in conscious experiencing of that schema (**Integration**)

3. ***Depotentiate*** that schema through a disconfirming juxtaposition (**Transformation**)

Case Example 2
Couples Therapy

Case Example 2
Deliberate Juxtaposition

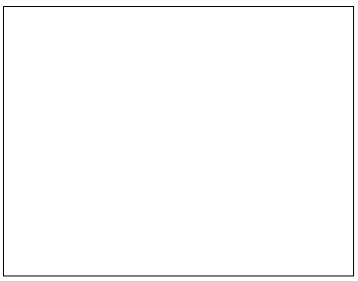
His withdrawal means he doesn't really love me.	His withdrawal means he's terrified that I don't want him any more.

Why Juxtaposition Is Non-Counteractive

- Client stays fully *in* touch with symptom-requiring schema
- Therapist favors neither knowing, empathizes with both
- No attempt to build up desired condition or quash the unwanted condition

Case Example 3

The use of *reenactment* to juxtapose and depotentiate a traumatic implicit memory



Case Example 3
Deliberate Juxtaposition

I'm helplessly trapped in a death car.	I'm able to get out of the car and be safe.

Sources of Knowings for Juxtaposition

- Already in client's possession
- Received from external source
- Created by new experience in session (reenactment, role play, sculpting, psychodrama, etc.)

Key Ideas

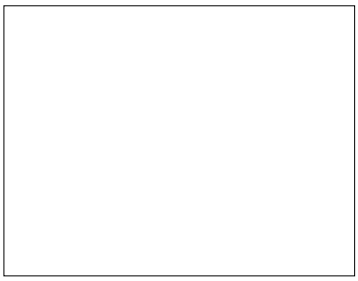
1. For each symptom, an underlying, symptom-requiring schema is findable.
2. For lasting symptom cessation, transform that schema via juxtaposition.

How an Emotional Schema in Implicit Memory Gets Depotentiated

1. Find and experience the symptom-requiring schema vividly, emotionally, bodily.
2. Find and experience vividly some other, contradictory living knowledge.
3. *Juxtaposition:* Experience 1 & 2 simultaneously. Both feel real, but both cannot be true.
4. Symptom-requiring schema is now depotentiated, lacks realness, cannot be re-evoked; symptom ceases.

Case Example 4

Obsessive attachment to former lover



Case Example 4
Spontaneous Juxtaposition

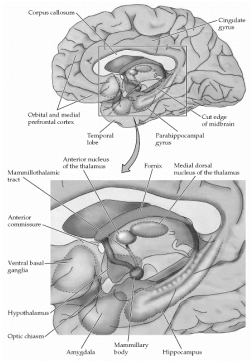
I want to be you. Merging is well-being.

No boundaries equals death.

Examples of Implicit Memory

- Attachment "patterns"
- Unresolved emotional "issues"
- Family of origin "rules & roles"
- "Automatic behavior" response to a "trigger"
- Phobias
- Traumatic memory & PTSD
- Unconscious memory of childhood abuse
- And many more

The neuro-biology



of change

Neuroscience Before 2000

- Implicit memory believed indelible
- Implication for therapy:
  Strategy of ***counteracting***
  is the best that therapy can do

  (build up desired response that competes against & overrides the unwanted response)

Current Evidence That Juxtaposition Recruits Reconsolidation and Depotentiates Symptom-Generating Implicit Memory

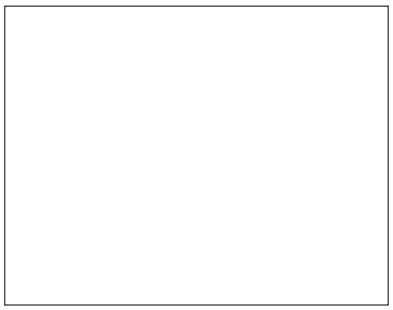
- Immediate symptom cessation
- Formerly intense symptom-requiring schema cannot be re-evoked
- Matching steps of reconsolidation and the juxtaposition process of coherence therapy

The Transformation of Emotional Knowledge Structures in Implicit Memory

Human phenomenological process *(Coherence therapy)*	Neurological process *(Reconsolidation studies)*	Animal learning process *(Behavioral studies)*
Subjective immersion in pro-symptom constructs (discovery/integration work)	**1. Reactivation** Firing of the synaptic circuit that encodes the memory	Memory reactivation via presentation of conditioned stimulus
Experience of an incompatible living knowledge	**2. Labilization** Synapses are unlocked and rendered labile by an experience that mismatches what the memory predicts	Termination of conditioned stimulus with no unconditioned stimulus *after short period* (long period triggers extinction, not reconsolidation)
Juxtaposition: Simultaneous experience of pro-symptom position and incompatible knowledge (steps 1 and 2 combined)	**3. Mutative influence** Alters synapses, strengthening, weakening, or remodeling the stored schema	Blockade or enhancement of molecular pathways by pharmaceuticals, endogenous biochemical effects, or electroconvulsive shock
Symptom cessation; pro-symptom constructs seem unreal and are non-evocable by former triggers	**4. Reconsolidation** Synapses re-lock in their altered condition.	Irretrievable disappearance of conditioned response or permanent amnesia for a task

Case Example 5

Just "teasing"



Case Example 5

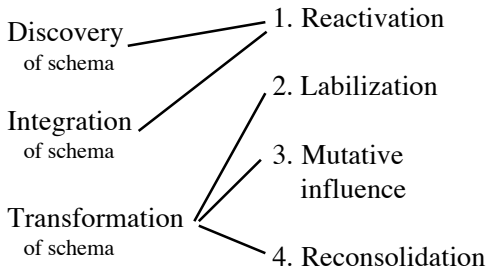
Spontaneous Juxtaposition

Feeling my sadness brings disaster: I'd be boring and alone, and it would last forever.	Feeling my sadness brings well-being: It fills the big hole and makes me feel solid and strong.

Symptoms Dispelled

- Depression
- Anxiety
- Panic
- Agoraphobia
- Low self-worth
- Attachment problems
- Sexual problems
- Rage
- Attention deficit
- Procrastination
- Grieving
- Underachievement
- Compulsive behaviors
- Codependency
- Fidgeting
- Food/eating/weight
- Childhood abuse sequelae
- Interpersonal, couple & family problems

Lasting Change: A Unified View of Mind and Brain



www.coherencetherapy.org

for coherence therapy learning resources...

Online Courses
Practice Manual
Demonstration Videos
Email Discussion & Consultation Community

Coherence Trilogy: Upcoming series of articles in the
Journal of Constructivist Psychology, 2007

Article 1

OF NEURONS AND KNOWINGS:
CONSTRUCTIVISM, COHERENCE PSYCHOLOGY
AND THEIR NEURODYNAMIC SUBSTRATES

Brian Toomey and Bruce Ecker

Abstract. This first of three articles creates a framework for bringing the phenomenology of psychotherapy into fruitful coordination with neuroscientific knowledge. We suggest that constructivism is a conceptual paradigm adequate to this task. An examination of the main features of psychological constructivism and of neural constructivism serves to demonstrate their strong convergence. Attention then turns to a particular implementation of psychological constructivism, the relatively recently developed psychotherapeutic system known as coherence therapy or coherence psychology. We provide an account of the extensive neuroscientific evidence supporting this system's model of clinical symptoms as being produced by coherent, unconscious knowledge structures held in implicit, subcortical memory. Suggestions for research that could test our analysis are the focus of our conclusion.

Article 2

DEPOTENTIATION OF SYMPTOM-PRODUCING
IMPLICIT MEMORY IN COHERENCE THERAPY

Bruce Ecker and Brian Toomey

Abstract. In this second of three articles we suggest criteria defining the optimal use of neuroplasticity (synaptic change) in psychotherapy and provide a detailed examination of the use of neuroplasticity in coherence therapy. We delineate a model of how coherence therapy engages native mental processes that (a) efficiently reveal specific, symptom-generating, unconscious personal constructs in implicit emotional memory, and then (b) selectively depotentiate these constructs, ending symptom production. Both the psychological and the neural operation of this methodology are described, particularly how it defines and follows the built-in rules of change of the brain-mind-body system. On neuroscientific grounds we suggest a fundamental distinction between transformative change, which permanently eliminates symptom-generating constructs and neural circuits, and counteractive change, which creates new constructs and circuits that compete against the symptom-generating ones and is inherently susceptible to relapse. We propose that coherence therapy achieves transformative change through the reconsolidation of memory, a recently discovered form of neuroplasticity, and present evidence consistent with this hypothesis. Subjective attention emerges as a critical agent of change in both the phenomenological and neural viewpoints, profoundly connecting these two domains.

Article 3

COMPETING VISIONS OF THE IMPLICATIONS
OF NEUROSCIENCE FOR PSYCHOTHERAPY

Brian Toomey and Bruce Ecker

Abstract. In this third and final article of a series on the confluence of neurobiology and psychotherapy, we consider three current, influential interpretations of the implications of neuroscience for psychotherapy: pharmacological treatment, reparative attachment therapy, and the cognitive regulation of emotion and behavior. We critically examine these clinical strategies, reviewing efficacy data, neuroscientific research, and the model of symptom production by coherent implicit memory as articulated in coherence psychology. We argue that according to current knowledge, (a) each of the three clinical interpretations of neuroscience implements only part of the brain's known capabilities for change, (b) those capabilities are more fully utilized and can yield greater clinical effectiveness for the majority of psychotherapy clients through a therapeutic strategy of selective depotentiation of implicit memory, as epitomized by coherence therapy, and (c) counteracting an implicit memory, whether cognitively or psychopharmacologically, is only moderately effective, is inherently susceptible to relapse, and entails a range of undesirable collateral effects.

The transformation of core emotional knowledge structures in implicit memory
from: Ecker, B., & Toomey, B. (2007, in press). Depotentiation of symptom-producing implicit memory in coherence therapy. *Journal of Constructivist Psychology.*

Human phenomenological process *(Coherence therapy)*	**Neurological process *(Reconsolidation studies)***	**Animal learning process *(Behavioral studies)***
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Subjective immersion in pro-symptom constructs (discovery/integration work)	Firing of the synaptic circuit that encodes the memory	Memory reactivation via presentation of conditioned stimulus
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Bibliography of Coherence Therapy

(aka Depth-Oriented Brief Therapy, DOBT)

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Coherence Therapy: Swift Change at the Core of Emotional Truth. In J. Raskin & S. K. Bridges (Eds.), *Studies in Meaning 3*. New York: Pace University Press (2007, in press). A detailed account of a single session of coherence therapy for a woman's compulsive eating and weight problem, which for twenty years has not responded to various therapies and diets. Deep, unrecognized emotional themes are accessed, yielding a fundamental, lasting shift in her relationship to her body and her family of origin.

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Coherence Therapy Training Materials Available Online

Website: www.coherencetherapy.org — for training materials, online courses, email discussion group

Practice Manual and Training Guide: A detailed description of methodology and techniques. For information: www.coherencetherapy.org/manual.htm

Training videos: Therapy sessions conducted by Bruce Ecker accompanied by manual with complete transcript and commentaries explaining how the methodology of coherence therapy is being carried out. For information: www.coherencetherapy.org/video.htm

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