

An Introduction  
to the  
Theory and Practice of  
Coherence Therapy

previously known as  
Depth-Oriented Brief Therapy (DOBT)

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All material for this presentation  
is drawn, directly or indirectly,  
from the original work of  
Bruce Ecker and Laurel Hulley.

Coherence Therapy Resources:

[www.CoherenceTherapy.org](http://www.CoherenceTherapy.org)

- case examples and videos
- supporting research
- practice manual
- upcoming workshops
- training courses

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Unlocking the Emotional Brain;  
Eliminating Symptoms at their Roots Using  
Memory Reconsolidation; Ecker, Ticic, Hulley and  
Neimeyer (Routledge, 2010)

Depth Oriented Brief Therapy;  
How to be Brief When you Were Trained to be  
Deep, and Vice Versa; Ecker and Hulley (Jossey-  
Bass, 1996)

Part One --  
Basic Vocabulary of  
Coherence Therapy

6 Basic Definitions

## 1) Symptom

any aspect of a client's experience that causes suffering and that motivates the client to seek change.

a target of change, agreed upon by client and therapist

usually identified by asking the question, "what change do you want to bring about in today's session?"

## Examples of Symptoms:

I'm depressed  
 I feel anxious in social situations  
 I have low self worth  
 I'm trying to diet but can't stop eating  
 I can't stop losing my temper and raising my voice

## 2) Counteracting

any attempt to eliminate, override, suppress, or otherwise do away with the presenting symptom

the counteractive reflex = the therapist's instinct (can be particularly strong in time-limited therapy), to want to fix the presenting symptom.

## Examples of Counteracting:

- encouraging a depressed client to engage in activities
- medicating depressive symptoms
- teaching relaxation skills to an anxious client
- challenging a client's self-deprecating beliefs
- reminding a client of the dangers of substance use
- assertiveness training

## Place for Counteracting

- there is a place for counteractive interventions!
- They can be useful for managing symptoms
- but they aren't effective at eliminating symptoms because they don't address symptoms at their roots

## Limitations of Counteracting

- sheds no light on the root causes of the symptom
- a new set of neural networks suppresses or overrides the old set of neural networks, but does not transform or eliminate it.

### 3) Position

- a distinct portion, or part, of the client that holds particular knowings or meanings about herself or the world.
- a perspective, or lens, through which the client experiences herself or the world at a given moment in time

### 4) Anti-Symptom Position (ASP)

- the position from which the presenting symptom is experienced as useless, problematic, undesirable
- from this position the existence of the symptom seems irrational, makes no sense
- clients enter therapy from this position

### Example of ASP

"Depression feels so bad. It's like a weight dragging me down, holding me back from achieving my potential. And I keep asking myself, 'what do I have to be depressed about?' My life is full of blessings. Many people are dealing with way bigger problems than mine, and don't seem depressed. I keep telling myself to just get over it but I can't."

### 5) Pro-symptom position (PSP)

- the client comes to therapy unaware of this position (it's an unconscious position)
- From this position, the continued existence of the symptom not only makes perfect sense...
- ...but is compellingly necessary to have and to maintain.

### Examples of PSP's

- Mom is so depressed, and if I prance off to enjoy a full, rich, life I'm just leaving her there, suffering. And that would confirm that I'm selfish and only look out for myself.
- My light, happy and exuberant energy is what sets off Dad's terrifying rage. It's not safe to get wild and crazy like that! But this heavy, subdued energy keeps me quiet and in my room and out of harm's way.

### 6) The "Two Sufferings"

- ASP = the suffering the client consciously experiences due to the symptom ("Depression feels terrible and holds me back from the life I want to be living")
- PSP = the even more dreaded suffering the client unconsciously fears experiencing if the symptom didn't exist. ("but to live a full, happy life while Mom is suffering would confirm that I'm selfish. Plus, light, playful energy gets me attacked. Staying in this heavy, dragged down energy keeps me safe")

## Part Two

### 4 Core concepts:

### 1) Symptom Coherence

for any symptom, there exists at least one unconscious position from which it is compellingly necessary for it to exist

when all unconscious functions are eliminated, the symptom is no longer needed. It will automatically cease to exist; no counteractive measures required.

### 2) Emotional Truth of the Symptom

symptom-requiring positions are held in the limbic system, not the cerebral cortex  
they contain felt-sense, implicit knowings and meanings about oneself or the world  
these are the primary drivers of our experience and our behavior  
Though emotionally held, every emotional truth has a logic that is clear and precise.

### 3) Non-Counteractivity

counteracting unconscious (implicit) knowings or meanings does not eliminate them; they are merely suppressed or contained by preferred, conscious (explicit) knowings or meanings.

knowings or meanings that are suppressed can and do resurface.

### 4) Experiential Process

- therapist does not tell the client the meaning of her experience through interpretation.
- therapist sets up experiences designed to activate relevant pro-symptom emotional knowings or meanings held in the limbic system
- in the experiential state, the client bumps into her own emotional truth(s)

## Part Three

### 5 Principles of Permanent Change

### 1) permanent change cannot occur from the anti-symptom position

- because the conscious, explicit knowings associated with the anti symptom position are not what drive, or govern the symptom.
- symptoms are driven by unconscious, implicit knowings or meanings held in the limbic system (pro symptom positions)

### 2) One cannot change a position one is unaware of having

- only when one directly experiences having a position does it become amenable to change

### 3) Clients must Experience the Pro-Symptom Position, Directly and Immediately

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- Simply talking about the pro-symptom position won't do it
- the client must experientially inhabit the symptom-requiring position

### 4) The mind maintains many incompatible positions

- it accomplishes this by only activating, or seeing through the lens of one position at any given moment...
- ...and by never experiencing both in the same field of awareness at the same time

### 5) when incompatible positions are experientially juxtaposed, the mind is forced to choose

- when contradictory positions are experienced in the same field of awareness at the same time, the mind must choose one. The other is dissolved
- this is the primary agent of change in Coherence Therapy

## Part Four

### Structure and Methodology of a Coherence Therapy session

- **Prerequisites:**
  - a) clearly define the target symptom
  - b) engage in “anti-symptom empathy”
- **Stages:**
  - 1) Discovery
  - 2) Integration
  - 3) Transformation

### Prerequisite steps

- a) agree upon and clearly define the target symptom.
- a) demonstrate understanding of, and empathy with, client's suffering from the symptom and desire to be rid of it (this is called “anti- symptom empathy”)

### Stage 1 - Discovery

- therapist seeks to understand the function of the symptom
- begins with client describing an actual experience of the symptom
- not just talking about it
- therapist asks client to visualize a concrete example of a specific occurrence

### 3 Main Experiential Techniques of Discovery

#### 1) Symptom Deprivation

- Prompt client to visualize an actual situation in which the symptom occurred, or could occur.
- Now prompt client to imagine the situation without the symptom
- Listen for unwelcome or uncomfortable consequences client “bumps into” when the symptom is removed from the scenario.

### Example of a Symptom Deprivation

Therapist: "I'd like you to visualize a recent incident of eating in a way that felt out of control. I'm closing my eyes so I can picture it with you, so please describe for me exactly where you are and what you're doing, before you even start eating."

Client: "I was in my living room, by myself, sitting in my armchair, watching TV."

Therapist: "Ok, so there you are, watching TV, and tell me what happens... Is there a particular moment when it crosses your mind to eat something?"

Client: "When an ad came on I went to the kitchen and went through the cabinets and found a bag of cookies"

Therapist: "Ok. So what actually happened when the ad came on is that you got up and went into the kitchen, but let's rewind the video here for a moment and I'd like you to picture something different. This time, I want you to imagine that you don't get up. You just stay sitting there, not moving. You watch the ad... then keep watching TV... What are you noticing? What's happening inside you as you just stay sitting there...continuing to watch TV... not getting up to look for food?"

### Result of Symptom Deprivation

Client: (face looking increasingly tight, getting fidgety):

"Oooof. It's uncomfortable. My chest is tingling and it's getting hard to breathe. I feel trapped, ansty. I really wanna get up and go into the kitchen!"

## 2) Sentence Completion

- Therapist provides the start of a sentence designed to elicit pro-symptom knowings or meanings
- client repeats the fragment, reaches the blank, and lets the sentence end with whatever comes to mind.
- Repeat till no new endings arise for a number of tries

### Example of Sentence Completion

Therapist:

"...Yes, to just stay sitting there is really uncomfortable. As you sit there, part of you really wants to get up and go to the kitchen. Let's hear what that part of you knows about what's not ok about just staying where you are -- what's important, in that moment, about getting something to eat instead.

How does that part of you end the sentence: 'I can't stay here, cause if I do...'"

### Result of Sentence Completion

Client:

"I can't stay here, cause if I do...

...I won't get that yummy taste in my mouth"

"I can't stay here, cause if I do...

...I'll keep feeling this... it's so lonely... I'm so alone".

"I can't stay here, cause if I do...

... I'll die. That's just what's coming up. I'll die!"

"I can't stay here, cause if I do...

...No one cares... about me. I mean, when I was growing up...

Dad's nowhere to be found, Mom's drunk on the couch"

"I can't stay here, cause if I do...

..."No one's with me, but there's a kitchen full of food and I could always get a snack. That was the one thing...!"

## 3) Overt Statement

client makes a succinct statement of pro-symptom knowings or meanings. therapist suggests the wording, but encourages client to use whatever words feel the most true repeated a few times if necessary for client to drop into the experience of the verbalized meanings

### Example of Overt Statement

Therapist:

"Yes... it was, and it is, painful sitting there. Lonely. Feels like you're going to die. And this part of you knows there's no one there... no one cares... Mom doesn't, Dad doesn't. But did I just hear you imply that there's one thing that's always there for you, to make you feel better?"

Client: (nods)

Therapist:

"I'd like to hear more about that. Let's go back to that moment -- sitting there in front of the TV, feeling so alone in the pain of knowing no one's there for you... but there's that food over there in the kitchen, and I want you to tell it, 'This loneliness is too painful... no one cares... but you're there for me'."

### Result of Overt Statement

Client:

"I've got no one, but you I can count on. I've got no one on my side but you."

Therapist:

"Good. Keep going. Tell the food in the kitchen, 'so I'm coming to you to get the help that only you always provide.'"

Client:

"So I'm coming to you to get the help that only you always provide. You got it, and I deserve it!"



## Stage 2 - Integration

- therapist creates between session tasks to help the client recognize newly revealed pro-symptom knowings and meanings as they are evoked in everyday life
- client begins to recognize the pro-symptom theme as his or her own purpose,
- and the symptom as the means of carrying out that purpose.

## "Pivot into Agency"

- Client enters therapy feeling like a powerless victim to the symptom (i.e. "I can't stop eating")
- This is now replaced by a recognition of his or her own agency in generating and maintaining the symptom so as to achieve an important unconscious goal (i.e. "Eating is the way -- the only way -- to get my needs met in the way I deserve.")

## Between Session Index Card

designed to integrate newly discovered pro-symptom knowings and meanings about self or the world into client's everyday conscious awareness

therapist instructs the client to read the card at least once a day, or at relevant moments when symptom is likely to arise

## Between Session Index Card (cont.)

the card is a succinct restatement of the newly discovered emotional truth, written in vivid, limbic wording

"Pro-Anti Synthesis" format links the newly discovered PSP with the original ASP.

format: "If/then...so...even though..."

## Example of Between Session Index Card

*If* I just sit here all alone I'll die. It's too painful -- Mom and Dad don't care -- only *you* are always there for me.

*So* I'm coming to you for the help I deserve, and that only you always provide.

**(Even though)** I hate feeling so out of control with my eating but I've got no one on my side but you.

## Example of how to follow up on between session task

Therapist:

"So, what did you notice as you read the card from last session?"

Client:

"For the first few days it just felt true. It was hard to read, really. The aloneness was so painful and I had to get some relief. But then it crossed my mind, "why do I feel so alone? My husband cares... he really does, my kids try in their own way, friends call and half the time it's me who doesn't pick up the phone..."

After that, every time I read the part about no one caring, and food being the only thing I can count on, it almost seemed silly!

### Stage 3 - Transformation

- Uses the mind's native ability to create and dissolve constructions of reality
- Often occurs spontaneously upon integration
- If not, therapist can deliberately generate transformation by:
  - 1) Prompting client to vivify and experience the pro-symptom emotional truth, and...
  - 2) juxtaposing this with an experience of an incompatible version or knowledge of reality
  - 3) The mind, unable to hold both simultaneously, is forced to choose the one it senses to be more true.

### Spontaneous Juxtaposition and Transformation

Frequently occurs as the client maintains the pro symptom material in everyday awareness

While staying in touch with the emotional truth of the card, client becomes aware of an incompatible aspect of her experience -- a "mismatch"

This becomes naturally juxtaposed with the pro symptom emotional truth and the mind must choose one

### Deliberate Juxtaposition and Transformation

When client reports that pro symptom material is fully integrated into everyday awareness, and

it continues to feel completely true (i.e. "It's true, if I keep feeling these feelings I will die and food is the only thing I can count on so I've got to keep eating!")

### Example: Deliberate Juxtaposition

Therapist:

"Ok, so let's take a moment to visualize what you stayed in touch with all week. There you are, alone in your pain... if Mom and Dad are somewhere around, you know they aren't there for you. There's only one thing you can count on to help you feel better -- food. Just let yourself stay in touch with how true that is...

...and then as you're sitting there, a surprising thing happens. The door opens and your husband walks in, and your kids, and a bunch of those friends who you told me keep calling... they all walk in and just stand as a group in front of you... and I want you to look up at them and tell them what you know is true: 'no one's there for me. I'm all alone and food is the only thing on my side'."

### Deliberate Juxtaposition (cont.)

Client: (laughs)

Therapist: Something about that makes you laugh!

Client: "It feels funny to say that to them!"

Therapist: Funny?

Client: I mean, some of them are practically beating down the doors trying to get to me.

Therapist: Hmm. I see, well even if it feels kind of funny, let's see what it's like to tell it to them, and just notice what happens in you as you do.

Client: (to visualized family and friends) "No one cares and no one's here for me. I'm all alone and food is the only thing I've got on my side." (more laughter)

### Resulting Transformation

Client: "They're looking at me like, 'what are you talking about?'"

Therapist: "And what happens in you as they're all looking at you like that? Look right at them, with that look on their faces, and tell them again"

Client: (Repeats the emotional truth) "It's weird. It's kind of hard to look at them while I say it. Feels weird... in my body..."

Therapist: "Ok, so just notice that weird feeling, and at the same time notice the familiar painful feeling of knowing you're all alone and no one cares about you -- you've got no one you can count on -- only food".

Client: "I can't find the pain. What I feel is their love and caring. I don't feel lonely and uncared for".

Video of Bruce Ecker  
explaining the Neuroscience  
of Memory Reconsolidation:

[www.youtube.com/  
watch?v= V\\_rI2N6Fco](http://www.youtube.com/watch?v=V_rI2N6Fco)

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