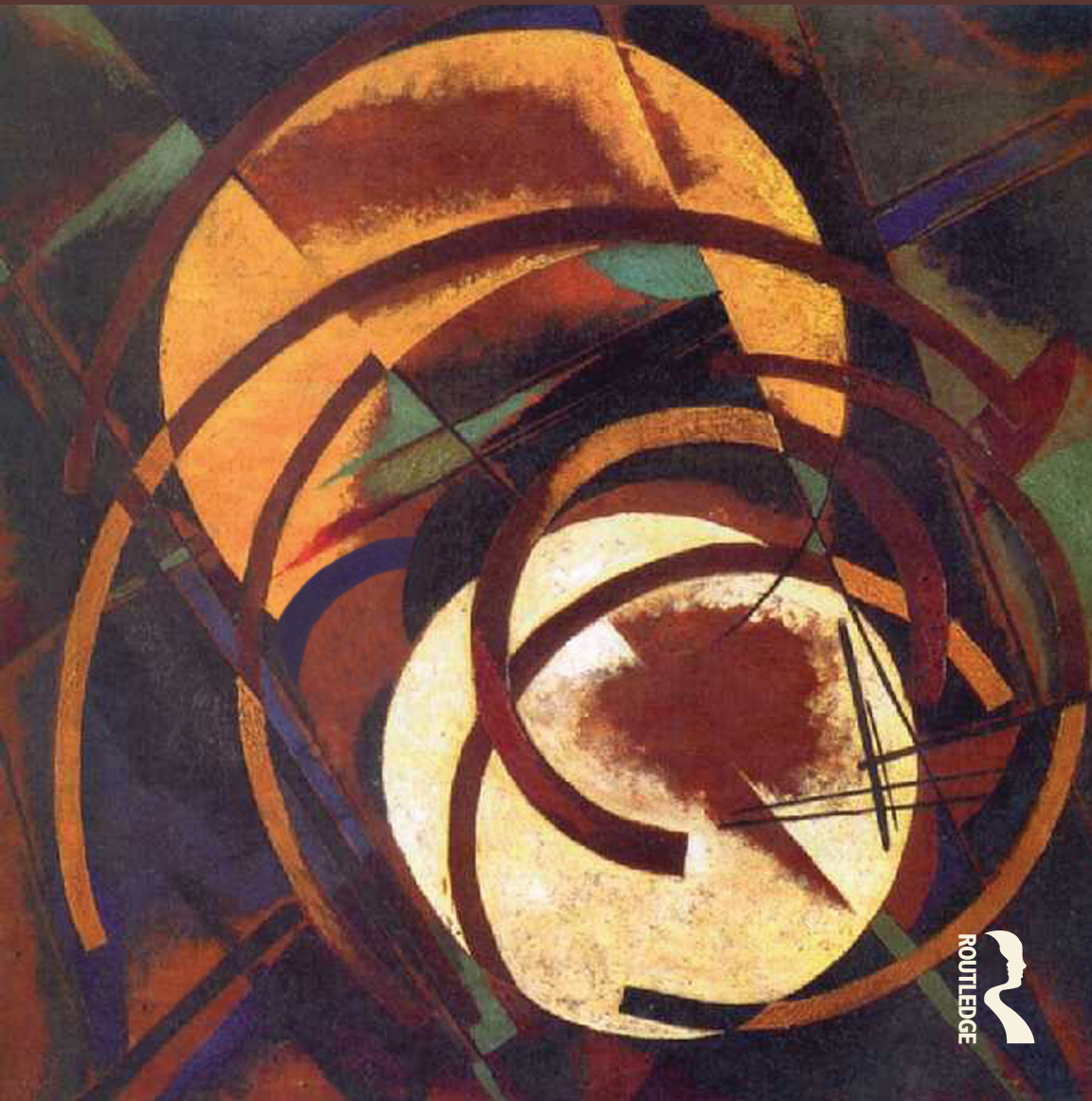


Bruce Ecker, Robin Ticic, & Laurel Hulley

Unlocking the Emotional Brain

Eliminating Symptoms at Their Roots
Using Memory Reconsolidation



Unlocking the Emotional Brain

Psychotherapy that regularly yields liberating, lasting change was, in the last century, a futuristic vision, but it has now become reality, thanks to a convergence of remarkable advances in clinical knowledge and brain science. In *Unlocking the Emotional Brain*, authors Ecker, Ticic and Hulley equip readers to carry out focused, empathic therapy using the process found by researchers to induce *memory reconsolidation*, the recently discovered and only known process for actually unlocking emotional memory at the synaptic level. Emotional memory's tenacity is the familiar bane of therapists, and researchers have long believed that emotional memory forms indelible learning. Reconsolidation has overturned these views. It allows new learning to erase, not just suppress, the deep, unconscious, intensely problematic emotional learnings that form during childhood or later in tribulations and generate most of the symptoms that bring people to therapy. Readers will learn methods that precisely eliminate unwanted, ingrained emotional responses—whether moods, behaviors or thought patterns—causing no loss of ordinary narrative memory, while restoring clients' well-being. Numerous case examples show the versatile use of this process in AEDP, Coherence Therapy, EFT, EMDR and IPNB.

Bruce Ecker and **Laurel Hulley** are the originators of Coherence Therapy and co-authors of *Depth Oriented Brief Therapy: How To Be Brief When You Were Trained To Be Deep and Vice Versa*; the *Coherence Therapy Practice Manual & Training Guide*; and the *Manual of Juxtaposition Experiences: How to Create Transformational Change Using Disconfirming Knowledge in Coherence Therapy*. Ecker is co-director of the Coherence Psychology Institute, has taught for many years in graduate programs, and has been in private practice near San Francisco since 1986. Hulley is director of education and paradigm development of the Coherence Psychology Institute and co-founder of the Julia Morgan Middle School for Girls in Oakland, California.

Robin Ticic is director of training and development of the Coherence Psychology Institute and is in private practice near Cologne, Germany, specializing in trauma therapy and clinical supervision of trauma therapists. She has served as a psychologist for the Psychotraumatology Institute of the University of Cologne for many years, provides a low-fee counseling service for parents, and is author of the parenting guide *How to Connect with Your Child*, published in English and German.

First published 2012
by Routledge
711 Third Avenue, New York, NY 10017

Simultaneously published in the UK
by Routledge
27 Church Road, Hove, East Sussex BN3 2FA

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 2012 Taylor & Francis

The right of the editors to be identified as the author of the editorial material, and of the authors for their individual chapters, has been asserted in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilized in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

Library of Congress Cataloging in Publication Data

Ecker, Bruce.

Unlocking the emotional brain : eliminating symptoms at their roots using memory reconsolidation / Bruce Ecker, Robin Ticic, and Laurel Hulley.
p. cm.

Includes bibliographical references and index.

1. Emotion-focused therapy. 2. Emotions. 3. Memory. 4. Psychotherapy. I.

Ticic, Robin. II. Hulley, Laurel, 1947- III. Title.

RC489.F62.E35 2012

616.89'14--dc23

2012010794

ISBN: 978-0-415-89716-7 (hbk)

ISBN: 978-0-415-89717-4 (pbk)

ISBN: 978-0-203-80437-7 (ebk)

Typeset in Times New Roman

Advance praise for *Unlocking the Emotional Brain*

"Ecker's, Ticic's, and Hulley's *Unlocking the Emotional Brain*, like some earlier classics, draws from, adapts, and integrates the very best of the best currently available concepts and techniques into a powerful and accessible psychotherapeutic method. What sets this book apart is how these elements are mixed, matched, and delivered to each individual client. Packaged in a highly engaging read, psychotherapists of all sorts will find many resources which will enhance as well as ease their work."

—**Babette Rothschild, MSW, LCSW**

Author of *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*

"Read this book and you will never do therapy in the same way again! These authors show you how to do effective therapy rooted in the science of the mind. A well designed book that provides practical examples that allow the reader to learn the important concepts without needing medical training."

—**Jon Carlson, PsyD, EdD, ABPP**

Distinguished Professor, Psychology & Counseling, Governors State University, and co-author of *Creative Breakthroughs in Therapy*

"This book is a major contribution to the field, and a must read for any therapist interested in the process of transformation and healing. Beautifully written, the authors present an elegant integration of neuroscientific findings and psychotherapy technique, resulting in a step by step method for relieving longstanding symptoms and suffering. Even the most seasoned clinician will be inspired to learn from these masters."

—**Patricia Coughlin Della Selva, PhD**

Clinical Professor of Psychiatry at UNM School of Medicine and author of *Intensive Short Term Dynamic Psychotherapy: Theory and Technique*

"This is a refreshing and audacious book that throws open the doors and blows the dust from the corners of clinical practice. By offering a "virtually theory-free" methodology for transforming emotional memory, the authors do more than add a startlingly effective process to the repertoire of every clinician. They build powerful alliances across clinical approaches, and make a powerful case for respecting the client's current symptoms as adaptive and rooted in sense-making."

—**Ann Weiser Cornell, PhD**

Author of *Focusing in Clinical Practice: The Essence of Change*

"Imagine the founders of diverse therapy methodologies discussing how they achieve deep, lasting, transformational change and agreeing it's due to one basic process. Building on state-of-the-art neuroscience to identify that core process, the authors develop an approach that is theory-free, nonpathologizing, empathic, experiential, phenomenological, and nonspeculative, and that hones therapy while not cramping the therapist's unique contribution—an integrationist's dream!"

—**Hanna Levenson, PhD**

Author of *Brief Dynamic Therapy*

"Why do symptom complexes and negative narratives often persist, and how can therapists help clients get free of them? In this well-written book, the authors have provided a transtheoretical, effective and efficient approach, nicely grounded in recent neuroscience, for deep, transformational change in pernicious emotional implicit learnings across a wide variety of presenting problems and situations. This is a significant 'breakthrough' book that deserves careful study. I recommend it most highly!"

—**Michael F. Hoyt, PhD**

Author of *Brief Psychotherapies: Principles and Practices* and editor of *The Handbook of Constructive Therapies*

"This is a unique, creative, and insightful book that shows how to utilize experiential methods to promote personal transformation. The authors back up their approach by showing how it fits with recent neuropsychological findings on how the brain can alter and even eliminate old painful memories. This book is on the forefront of books that are using neuropsychological findings to illuminate psychotherapy."

—**Arthur C. Bohart, PhD**

Professor Emeritus at California State University, Dominguez Hills, and coauthor of *How Clients Make Therapy Work: The Process of Active Self-Healing*.

"Drawing on the latest developments in neuroscience, Bruce Ecker, Robin Ticic and Laurel Hulley provide an innovative approach to psychotherapy that is very much of the 21st century. In this book filled with both groundbreaking neuroscience and provocative case examples, they describe how to tap into the reconsolidation process in therapy. If you want to know what's happening that is new in psychotherapy, this is the place to start."

—**Jay Lebow, PhD**

Clinical Professor of Psychology at Northwestern University and editor of *Family Process*

Contents

| | |
|--|-----------|
| Foreword <i>Robert A. Neimeyer, PhD</i> | viii |
| Preface | x |
| Acknowledgements | xi |
| | |
| PART 1 | |
| Emotional Coherence: A Unified Framework of Behavioral, Emotional and Synaptic Change | 1 |
| 1 Maximizing Effectiveness and Satisfaction in Clinical Practice | 3 |
| <i>Unlocking Emotional Memory</i> | 3 |
| <i>Emotional Learning, Coherence and Symptom Production</i> | 5 |
| <i>The Emotional Coherence Landscape</i> | 8 |
| <i>Emotional Coherence and Your Clinical Development</i> | 11 |
| 2 Memory Reconsolidation: How the Brain Unlearns | 13 |
| <i>After a Century, A Breakthrough</i> | 13 |
| <i>The Tenacity of Implicit Emotional Memory</i> | 14 |
| <i>Detecting Reconsolidation: From Indelible To Erasable</i> | 17 |
| <i>How Reconsolidation Works</i> | 20 |
| <i>The Behavioral Process for Erasing an Emotional Learning</i> | 25 |
| <i>Memory Reconsolidation in Clinical Practice:</i> | |
| <i>The Therapeutic Reconsolidation Process</i> | 27 |
| <i>The Neuroscience of Psychotherapy:</i> | |
| <i>Reconsolidation Versus Emotional Regulation</i> | 31 |
| <i>The Interplay of Meanings and Molecules: A Prediction</i> | 35 |

| | |
|--|------------|
| 3 The Focused, Deep Psychotherapy of Emotional Unlearning | 39 |
| <i>Embodying the Therapeutic Reconsolidation Process</i> | 40 |
| <i>The Therapeutic Reconsolidation Process in Coherence Therapy: Case Example of Anxious Low Self-Esteem</i> | 43 |
| <i>The Process in Summary</i> | 63 |
| <i>Markers of Change for Symptoms Dispelled at Their Emotional Roots</i> | 64 |
| <i>Ubiquity of the Transformation Sequence in Profound Change</i> | 65 |
| <i>Conclusion</i> | 65 |
| | |
| 4 Moments of Fundamental Change: Map and Methods | 67 |
| <i>How to Identify Targets for Unlearning</i> | 68 |
| <i>Sources of Disconfirming Knowledge</i> | 70 |
| <i>Case Studies and Techniques</i> | 71 |
| <i>Summary of Techniques</i> | 92 |
| | |
| 5 Emotional Coherence and The Great Attachment Debate | 93 |
| <i>Attachment, Other Domains of Emotional Learning, and Temperament</i> | 93 |
| <i>Attachment Learnings</i> | 97 |
| <i>Terms of Attachment</i> | 102 |
| <i>Optimizing Attachment Therapy: Dyadic Reparative Work and Beyond</i> | 103 |
| <i>Varieties of Attachment Therapy in Action: Case Studies</i> | 106 |
| <i>Conclusion: A Coherent Resolution</i> | 124 |
| | |
| 6 A Framework for Psychotherapy Integration | 126 |
| <i>Transformational Change and Specific Factors</i> | 26 |
| <i>Accelerated Experiential Dynamic Psychotherapy (AEDP)</i> | 130 |
| <i>Emotion-Focused Therapy (EFT)</i> | 136 |
| <i>Eye-Movement Desensitization and Reprocessing (EMDR)</i> | 141 |
| <i>Interpersonal Neurobiology (IPNB)</i> | 148 |
| <i>Envisioning Psychotherapy Integration Through the Therapeutic Reconsolidation Process</i> | 149 |
| <i>Common Factors, Specific Factors and Psychotherapy Process Research</i> | 153 |
| <i>Conclusion: Unlocking the Emotional Brain</i> | 155 |

| | |
|--|-----|
| PART 2 | |
| Coherence-Focused Therapy in Practice | 157 |
| 7 A Father’s Tormenting Guilt: Deep Resolution in Seven Coherence-Focused Sessions | 159 |
| <i>Paul Sibson</i> | |
| 8 Up On Top From Down Below: Cessation of Compulsive Drinking Using Coherence Therapy | 168 |
| <i>C. Anthony Martignetti</i> | |
| 9 Bypassing Bypass Surgery: Using Emotional Coherence to Dispel Compulsive Eating | 181 |
| <i>Niall Geoghegan</i> | |
| 10 Hearing Hostile Voices: Ending Psychotic Symptoms at Their Coherent Roots | 186 |
| <i>Timothy A. Connor</i> | |
| References and Further Reading | 201 |
| Online Supplements | 213 |
| Author Index | 214 |
| Subject Index | 217 |

Foreword

Most experienced therapists from Freud onward will recognize in their work those spine-tingling moments of courage and honesty when a client suddenly hits upon and voices for the first time an emergent awareness, one that casts old problems in a new light, and that paves the way for their deeper consideration and eventual dissolution. And most therapists have experienced with frustration the seeming unpredictability of such moments, the mystery of the encounter that ushers them in, and the fragility of the insights they generate, which so easily collapse again into the apparently automatic performance of the problem. Faced with this prospect of a long slog through a densely overgrown and unmapped terrain, punctuated only periodically by discovery of a high ground that affords a glimpse of true clarity and direction, it is understandable that some therapists move to a safely psychoeducational or interpretive distance, or alternatively simply walk alongside their clients on their wanderings, trusting that together they will find a path forward. The result in the former instance is often an intellectualized intervention that lacks specific resonance, and in the latter is an emotionally attuned therapy that may be only vaguely relevant. What seems needed in both cases is some means of wedding clarity of method to a deep form of companionship, in a way that prompts a client toward the articulation and transformation of those core forms of construing and doing that constitute the problem, in the container of a therapeutic relationship marked equally by efficiency and respect. Until recently, this happy conjunction has often seemed slippery and occasional, rather than reliably available.

It is precisely this therapeutic desideratum—swift and respectful transformation of a client's positioning in relation to the problem—that Ecker, Ticic and Hulley elegantly address in *Unlocking the Emotional Brain*. Building on the twin pillars of cutting edge neuroscience and long experience in the facilitation of change in clinical practice, they offer not merely a vision, but also a methodology, for achieving what frequently may seem chimerical in psychotherapy: profound release from the roots of symptom production in the minimum number of sessions possible. What makes this often elusive goal feasible? One answer is found in recent, but well replicated research on *memory reconsolidation*, the

clearly specified circumstances in which emotional learning can be accessed, activated and erased. Another can be found in the close process analysis of transformative sessions of psychotherapy, in which precisely the same procedures can be discerned in the consulting room as in the laboratory. Much of the genius of this volume lies in the lucid bridging of these two domains, conveyed with clarity through ample case studies that make vivid how the problems clients consciously resent and resist in fact issue from fully coherent learning at limbic levels, which when discovered and held nonreactively alongside incompatible experience, can also be dissolved. Ecker and his colleagues adroitly lead the reader through these scientific and clinical accounts, and winnow their lessons for compellingly effective psychotherapeutic practice.

Although this—amounting to a fresh instruction manual for how to conduct life-changing psychotherapy—alone would more than justify acquiring this volume, the authors and contributors offer still more. Thus, they recast with uncanny clarity the great attachment debate in psychotherapy, offering helpful distinctions between client problems that merely arise in the *context* of intimate relational experiences and those that reflect their very *terms of attachment*, as when the existing, problematic adaptation unconsciously offers the best prospect for maintaining a critical bond that would feel threatened by the problem's dissolution. Furthermore, the book offers a persuasive argument for a new approach to common factors that account for the efficacy of different therapeutic procedures that on the face of it have little in common: At root, each of several experiential approaches is seen to offer alternative means of tapping into and transforming the symptom-generating learning that has perpetuated the problem. And finally, contributed chapters from the field demonstrate, in the context of complicated grief, substance abuse, compulsive eating and even psychotic symptoms, the great scope and power of a practice centered on the deep coherence of implicit emotional learning. With characteristically spellbinding style, the authors weave through these and other themes with authority but without pretense, conjuring into tangible form the brain's own rules for transmuting the lead of insufficiently effective interventions into the gold of life-altering clinical work. I am a wiser, more focused, and more consistently effective therapist for having studied this remarkable volume, and I feel confident in predicting that it will have a similarly intensive, informative, and inspiring impact on you.

Robert A. Neimeyer, PhD
University of Memphis, March 2012

PART 1

EMOTIONAL COHERENCE:
A UNIFIED FRAMEWORK OF BEHAVIORAL,
EMOTIONAL AND SYNAPTIC CHANGE

Chapter 1

Maximizing Effectiveness and Satisfaction in Clinical Practice

*All human beings should try to learn before they die
what they are running from, and to, and why.*
— James Thurber

What we therapists find most fulfilling are those pivotal sessions in which a client experiences a deeply felt shift that dispels longstanding negative emotional patterns and symptoms. Bringing about such decisive, liberating results for our clients sustains us, but the alchemy that produces these life-changing shifts has been something of a mystery, allowing them to come about only unpredictably in the course of many months or years of sessions.

In fact, the tenacity of emotional learnings—which arguably generate the vast majority of unwanted behaviors, moods, emotions and thoughts addressed in therapy—is so strong that after nearly a century of research, even brain scientists had concluded by the 1990s that well established emotional learnings are indelible, unerasable, for the lifetime of the individual. Learnings formed in the presence of intense emotion, such as core beliefs and constructs formed in childhood, are locked into the brain by extraordinarily durable synapses, and it seemed as though the brain threw away the key. No wonder therapists and clients often feel they are struggling against some unrelenting but invisible force.

Unlocking Emotional Memory

A major breakthrough has recently occurred, however, in our understanding of how emotional memory works. Neuroscience research since 2004 has shown

that the brain does indeed have a key to those locked synapses: a type of neuroplasticity known as *memory reconsolidation*, which, when launched by a certain series of experiences, actually unlocks the synapses of a target emotional learning, allowing it to be not merely overridden but actually nullified and deleted by new learning. This research has shown that the brain is always capable of unlocking and dissolving emotional learnings and, remarkably, we now know what the required series of experiences is. With clear knowledge of the brain's own rules for deleting emotional learnings through memory reconsolidation, therapists no longer have to rely largely on speculative theory, intuition and luck for facilitating powerful, liberating shifts.

This book provides a unifying account of:

- *Emotional learning and memory*, with emphasis on its adaptive, coherent nature and the specific content and structure of symptom-generating emotional implicit learnings
- *The unlearning and deletion of emotional implicit knowledge* through the sequence of experiences required by the brain for memory reconsolidation
- *The therapeutic reconsolidation process*, which is the entire set of steps needed for putting into practice the required sequence of experiences in psychotherapy sessions

We call this unified body of knowledge the Emotional Coherence Framework, and we predict that it will expand your clinical vision and mastery invaluablely, as it has ours. We see this happening for therapists who are already making use of this knowledge; there are examples of such work in part 2 of this book.

The therapeutic reconsolidation process consists of steps that guide you as therapist without cramping your individual style. It involves richly experiential work that utilizes your skills of emotional attunement and focuses the use of your empathy so as to cooperate closely with the brain's rules for accessing and dissolving the emotional learnings at the root of your clients' presenting symptoms. Major, longstanding symptoms can cease as soon as their very basis no longer exists, as shown in the many case examples in this book. All of the depth, intimacy and humanity of talk therapy at its best are preserved in this approach, for these valued qualities of therapy are key ingredients for successfully using the therapeutic reconsolidation process to free clients from entrenched negative reactions, old attachment patterns, unconscious core schemas, and emotional wounds.

New learning always creates new neural circuits, but it is only when new learning also unwires old learning that transformational change occurs, and this is precisely what the therapeutic reconsolidation process achieves. The process fulfills the brain's requirements for allowing a new learning to rewrite and erase an old, unwanted learning—and not merely suppress and compete against the old learning. The result is transformational change, as distinct from incremental change and ongoing symptom management.

An extremely broad range of techniques can be used to carry out the process, which is largely why your creativity and individual style of working continue to have great scope of expression in this approach. No single school of psychotherapy "owns" the therapeutic reconsolidation process because it is a universal process, inherent in the brain. Quite a few existing systems of psychotherapy are compatible with carrying out this process—see Table 1.1—and carrying it out *knowingly* can significantly increase a practitioner's frequency of achieving powerful therapeutic results, as we have found for many years in our own clinical practices and in training therapists in this process. Later in the book, in case examples of several different clinical approaches—AEDP, Coherence Therapy, EFT, EMDR and IPNB—you will see that the steps of the therapeutic reconsolidation process are present in each, and that there is sound reason to expect these steps to be present when therapy of any kind yields a lasting disappearance of a longstanding, learned, symptomatic response pattern, whether emotional, behavioral or ideational.

Table 1.1 Focused, experiential, in-depth psychotherapies that are congenial to fulfilling the therapeutic reconsolidation process if the therapist applies them to do so

| <i>Psychotherapy</i> | <i>References</i> |
|---|---|
| Accelerated Experiential Dynamic Psychotherapy (AEDP) | Fosha, 2000, 2002 |
| Coherence Therapy (formerly Depth Oriented Brief Therapy) | Ecker & Hulley, 2008a, 2011 |
| Eye Movement Desensitization and Reprocessing (EMDR) | Parnell, 2006 Shapiro, 2001 |
| Emotion-Focused Therapy (EFT) | Greenberg, 2010 Greenberg & Watson, 2005 |
| Focusing-Oriented Psychotherapy | Gendlin, 1996 |
| Gestalt Therapy | Polster & Polster, 1973 Zinker, 1978 |
| Hakomi | Fisher, 2011 Kurtz, 1990 |
| Internal Family Systems Therapy (IFS) | Schwartz, 1995, 2001 |
| Interpersonal Neurobiology (IPNB) | Badenoch, 2011 Siegel, 2006 |
| Neuro-Linguistic Programming (NLP) | Vaknin, 2010 |
| Traumatic Incident Reduction (TIR) | French & Harris, 1998 Volkman, 2008 |

Emotional Learning, Coherence and Symptom Production

The Emotional Coherence Framework—this book's conceptual and methodological framework for psychotherapy—is an emotional learning and unlearning

paradigm. It is applicable for dispelling a vast range of presenting symptoms and problems generated by existing learnings held in implicit memory—learnings, that is, that the individual is unaware of possessing, even as these learnings re-activate and drive unwanted responses of behavior, mood, emotion or thought.

As you follow each of this book's case examples, you may be surprised by what you see regarding the inherently sophisticated nature of implicit (non-conscious) emotional learning. The emotional brain—particularly the subcortical emotional brain or limbic system—is often described as "primitive" and "irrational," and its unwanted, problematic responses are usually characterized as "maladaptive" and "dysregulated," but these pathologizing and pejorative terms prove to be fundamentally at odds with what research has revealed about emotional learning—a point to which we will return later in this chapter. The Emotional Coherence Framework emphasizes recognizing and utilizing the full extent of the coherence and adaptive functioning of emotional implicit learning because the therapeutic leverage gained is very great for both case conceptualization and methodology. The intention within this framework is to learn how to maximize our ability to cooperate with the brain's own powerful processes of change.

As later chapters cover in detail, emotional learning usually consists of much more than stored memory of the "raw data" of what one's senses were registering and what emotions one was experiencing during an original experience. Also learned—that is, stored in implicit memory—is a constructed *mental model* of how the world functions, a template or schema that is the individual's sense-making generalization of the raw data of perception and emotion. This model is created and stored with no awareness of doing so. It does not exist in words, but is no less well-defined or coherent for that. The emotional brain then uses this model or schema for self-protectively *anticipating* similar experiences in the future and recognizing them instantly when they begin (or seem) to occur. Emotional memory converts the past into an expectation of the future, without our awareness, and that is both a blessing and a curse. It is a blessing because we rely daily on emotional implicit memory to navigate us through all sorts of situations without having to go through the relatively slow, labor-intensive process of figuring out, conceptually and verbally, what to do; we simply know what to do and we know it quickly. It is easy to take for granted the amazing efficiency and speed with which we access and are guided by a truly vast library of implicit knowings. Yet our emotional implicit memory is also a curse because it makes the worst experiences in our past persist as felt emotional realities in the present and in our present sense of the future.

As a relatively simple example, consider a man who undertakes psychotherapy for social anxiety and for the first time becomes directly aware, and puts into words, that he lives and moves within the expectation of being shamed and rejected if he differs openly with another person about anything. All his life, this non-conscious expectation has wordlessly defined *how the world is*—or so it has felt to him because his emotional brain formed that implicit model of human be-

ings based on childhood perceptions during family interactions. His social anxiety had seemed to him a mysterious affliction, but now, with this retrieval—this shift from implicit to explicit knowing—his anxiety makes deep sense as the emotion that naturally accompanies his living knowledge of how people respond. Yet, his learned constructs had never appeared in his prior experience of that anxiety; nothing indicated that this was actually memory of the past. The constructs we form do not normally show up in conscious experience themselves, much as a colored lens just in front of the eye is not itself visible. (For a comprehensive account of this phenomenological, *constructivist* understanding, see, for example, Mahoney, 1991, 2003 and Neimeyer & Raskin, 2000.)

We easily see in discussing this man that what seemed and felt so real to him about the world was not an external reality at all, but rather a vivid illusion or mirage maintained by his own implicit constructs in emotional memory. It hardly seems an exaggeration to regard the limbic brain's power to create emotional reality as a kind of magic that immerses one in a potent spell that feels absolutely real and would last for a lifetime. However, thanks to a fortunate confluence of developments in clinical knowledge and brain science, we now know how to induce the emotional brain to use its power to break emotional spells that it previously created.

The emotional brain's completely nonverbal, implicit yet highly specific meaning-making and modeling of the world is innate and begins very early in life. For example, infants three months old form expectational models of contingency and respond according to these models (DeCasper & Carstens, 1981), and 18-month-old children can form mental models of other people as wanting things that differ from what they themselves want and will give the other what he or she wants (Repacholi & Gopnik, 1997), and can form models that distinguish between intentional and accidental actions (Olineck & Poulin-Dubois, 2005).

In this book's sixteen case examples we will see the therapeutic power of creating direct cortical awareness of the emotional brain's knowings—the shifting of implicit knowings into explicit awareness. The retrieved learnings are always found to be specific and completely coherent: They make deep sense in light of actual life experiences and are fully adaptive in how they embody the individual's efforts to avoid harm and ensure well-being. Bringing these underlying learnings into awareness makes it unmistakably apparent to the client, on a deeply felt level, that the symptom exists as part of adaptive, coherent strivings. Pragmatically, it is through their coherence that the symptom-generating emotional learnings are most readily found and retrieved. In the clinical field there is already much recognition of the importance of coherence in an individual's conscious narratives of life experience. That, however, is neocortical coherence. Our emphasis in the Emotional Coherence Framework is on the coherence of the emotional brain—subcortical and right-brain coherence—the coherence that is intrinsic to implicit emotional learnings and, when retrieved into conscious awareness, creates new autobiographical coherence most meaningfully and authentically.

The timeless, unfading persistence of underlying, symptom-generating learnings across decades of life, long after the original circumstances that induced their formation have ceased to exist, is often taken as meaning that they are maladaptive and that the symptoms they produce signify a dysregulation of emotional brain networks. However, when symptoms turn out to have full underlying coherence and a positive, adaptive, urgent purpose in the context of a person's actual life experience, such pathologizing conceptualizations seem ill-founded (Ecker & Hulley, 1996, 2000b; Neimeyer & Raskin, 2000). Furthermore, as mentioned earlier, memory research has established that learnings accompanied by strong emotion form neural circuits in subcortical implicit memory that are exceptionally durable, normally lasting a lifetime. The brain is working as evolution apparently shaped it to do when, decades after the formation of such emotional knowledge, this tacit knowledge is triggered in response to current perceptual cues and launches behaviors and emotions according to the original adaptive learning. Such faithful retriggering is, in fact, proper functioning of the brain's emotional learning centers, not a faulty condition of disorder or dysregulation—unless one is prepared to say that it is a dysregulation of evolution itself, not of the individual.

Memory research thus supports a non-pathologizing, coherence-based model of symptom production in the wide range of cases where symptoms are generated by emotional memory. This is the central perspective of the Emotional Coherence Framework. Some symptoms have causes other than learning and memory, of course, whether genomic, such as the autism spectrum, or biochemical, such as depression caused by hypothyroidism. Viewing symptom production as dysregulation may be accurate in such cases, but they are a small minority of those encountered by psychotherapists in general practice.

The tenet that a person's unwanted moods, behaviors or thoughts may be generated by unconscious emotional learnings or conditioning has figured in many forms of psychotherapy since Freud's day, but the approach in this book is new, firstly, in its swift and accurate retrieval of those emotional learnings, bringing them into direct awareness, and, secondly, in its non-theoretically-based, research-corroborated methodology for prompt dissolution of those retrieved learnings at their emotional and neural roots.

The Emotional Coherence Landscape

Practitioners who are well steeped in this framework use it largely by *feel* in their sessions, without excessive "up in the head" figuring out how to guide the process forward. If this framework is new to you, you may at first need to rely on a conceptual, step-by-step map without much sense of flow, in the same way that speaking sentences of an unfamiliar language is at first a thought-out, non-flowing experience until, with some experience over time, the know-how becomes second nature and fluid.

Here is a broad view of the territory ahead:

Chapter 2 tells the story of the dramatic scientific turnaround caused by the discovery of reconsolidation, showing why this phenomenon has extraordinary significance for psychotherapy and explaining selected, clinically relevant research findings. A clear distinction emerges between transformational change (in which problematic emotional learnings are actually dissolved and symptoms cannot recur) and incremental change (which necessitates the ongoing managing and effortful counteracting of symptoms). We then map out specifically how this research translates into clinical application, defining the set of operational steps termed the therapeutic reconsolidation process. The chapter ends by pointing out how the clinical implications of reconsolidation research since 2004 extend beyond and differ in some important ways from what was implied for therapy by neuroscience before reconsolidation entered the picture; and what emerging knowledge of brain epigenetics means—and doesn't mean—in relation to the psychotherapeutic framework of this book.

Chapter 3 addresses how psychotherapy can be conceptualized and conducted in order to carry out the steps of the therapeutic reconsolidation process for a given presenting symptom. This chapter also acquaints the reader with the basics of memory reconsolidation, so that the more detailed research review in chapter 2 is not required in order to understand and use this framework. You will see that the richly human and humane qualities of the client-therapist relationship and the depth of personal meaning experienced by the client need not be sacrificed at all in order to follow a process of change confirmed by neuroscientists in the laboratory. If chapter 2 of this book is its scientific bedrock, chapter 3 is the heart of its vision for therapy: use of the therapeutic reconsolidation process with guidance from the Emotional Coherence Framework. The therapeutic reconsolidation process is an integrative and open-access methodology because it is phenomenological and avoids theory-based interpretations, and because it does not impose particular techniques to be used for guiding clients into the necessary sequence of experiences. Demonstrating the process for instructional purposes necessarily entails, therefore, showing how a particular set of techniques or system of therapy may be used to create the sequence of experiences. For this instructional purpose we use a particular form of therapy—Coherence Therapy—because the defining steps of this approach are explicitly and recognizably the same as the steps of the therapeutic reconsolidation process. It is especially easy and transparent, in other words, to see the therapeutic reconsolidation process in case examples of Coherence Therapy. The case study in this chapter addresses a man's chronic self-doubt, anxiety and lack of confidence in his professional role at his workplace—symptoms that reveal nothing of the underlying core emotional learnings driving them, though these hidden learnings soon come into the client's direct awareness in the retrieval work, in part through use of specialized mindfulness practices. Dissolution of the retrieved, problematic learnings follows and the anxious self-doubting at work ceases.

Chapter 4 puts the key moments of transformational change under still closer scrutiny in three case examples, so that you can see exactly what is involved and how well-defined and guidable the necessary experiences are. The examples—involving obsessive attachment, pervasive underachieving, and stage fright that is actually PTSD—all show the collaborative journey with each client and the therapist's creativity in finding how to guide each client into the crucial experiences. The journey metaphor is an apt one, because knowledge of the therapeutic reconsolidation process serves very much as a compass and a map for working effectively in the territory of the client's non-conscious emotional learnings. How to move from one point to another, however—the concrete mode of transportation in the metaphor—depends on the therapist's choice of methods. Coherence Therapy supplies the therapist with a set of versatile techniques designed especially for the steps of the therapeutic reconsolidation process, while always encouraging the therapist to improvise variations, adapt techniques from other therapies, or invent new techniques as best suits the unfolding process with each client.

Chapter 5 focuses on working with attachment patterns using the therapeutic reconsolidation process and the conceptualization of attachment work in the Emotional Coherence Framework. We will see that the fully experiential retrieval of a given symptom's underlying emotional learnings—the shift from implicit knowing to explicit knowing, as required for the therapeutic reconsolidation process—makes apparent whether these learnings are attachment-related, not attachment-related, or a combination of the two. This allows a non-speculative, non-theoretical determination of whether a given presenting symptom is based in attachment learnings—often a matter of considerable controversy among both clinicians and researchers. Such clarity regarding the nature of the underlying learnings in turn sheds light on the optimal role and use of the client-therapist relationship with a given client; there is quite a range of strongly held opinions about this, as well. Here, too, the Emotional Coherence Framework provides an illuminating perspective of a non-theoretical nature. Because this framework embodies a learning model of both symptom production and symptom cessation and is completely phenomenological and interpretation-free in its implementation, it can help steer us clear of theoretical biases in clarifying some of the more complex and thorny issues in psychotherapy.

Chapter 6, which concludes Part 1 of the book, shows the integrative, cross-platform nature of the therapeutic reconsolidation process by revealing the presence of its steps in representative case examples of several psychotherapies (AEDP, EFT, EMDR and IPNB) whose defining features do not necessarily correspond to that process in an obvious manner. We propose that this process may prove to be a universal template for deep elimination of any existing learned response. This hypothesis is supported by the fact that memory reconsolidation is, as of this writing, the only type of neuroplasticity known to neuroscience that is capable of unlocking locked synapses and eliminating emotional

learning from implicit memory. In the opening and closing sections of chapter 6, we regard the steps of the therapeutic reconsolidation process as *specific factors* required for transformational change of existing, learned responses; we describe the challenge posed by the therapeutic reconsolidation process to non-specific common factors theory and why this may auger a fundamental shift in perspective on common factors theory; and we note the support that these possibilities have from psychotherapy process research.

Part 2 of the book consists of case examples contributed by practitioners of Coherence Therapy. We selected these cases because they complement and extend the illustrations of the therapeutic reconsolidation process in Part 1 in various ways: different types of symptoms dispelled (indicated in the table of contents), the therapists' diversity of styles and choices, larger numbers of sessions in most cases, and candid accounts of how the therapist grappled with challenges and obstacles along the way, including client resistance and the need for technique improvisation. We think you will be fascinated and inspired, as we were, by these true tales of therapeutic adventure and triumph.

The online supplements to this book include a glossary for easy reference to short explanations of techniques, terms and concepts, a list of the defining features of Coherence Therapy, and an index of published case examples of Coherence Therapy organized by presenting symptom.

Emotional Coherence and Your Clinical Development

In conducting trainings in this approach since 1993, we have seen that most psychotherapists and counselors—ourselves included—seek certain kinds of satisfaction in their practices in order to sustain the inspiration and meaningfulness that originally attracted them to this challenging, difficult work. To conclude this introductory chapter, we list common dilemmas that our therapist colleagues and trainees have described as developing over time in their clinical work, motivating them to seek some revitalizing approach. Along with each dilemma, we preview how this book helps meet these professional challenges.

As a therapist I feel I ought to know, in advance, the interventions that will eliminate my client's symptoms, and that is a burden. That assumption and the angst it generates are dispelled by understanding symptom production in terms of coherent, implicit emotional learnings that are unique to each client. In this approach, the therapist is comfortable in recognizing that a client's pathway to resolution is findable and is equipped to find it collaboratively, without needing to know in advance what the unique pathway will be.

My clients' symptoms seem to be maintained by some powerful but elusive force that has a life of its own. Client and therapist can readily find and thoroughly de-mystify the source of the power driving unwanted states and behaviors—the unrecognized "part" consisting of implicit emotional learnings that are

passionately committed to certain tactics for avoiding suffering and ensuring well-being. You can bring about transformational change through welcoming, valuing and cooperating with these parts and learnings instead of battling them.

Searching for relevant information in a client's past too often feels like looking for a needle in a haystack. Bringing to light the truly relevant elements in your client's past can become quicker, easier and more accurate by using simple coherence-guided experiential methods designed for that purpose.

I feel that my efforts are too easily rendered ineffectual by clients' resistance. Like other seemingly negative responses, resistance is coherent and full of accessible emotional meaning that can pivotally assist the therapeutic process if it is honored and sensitively “unpacked” and understood.

I frequently help clients deeply understand the causes of their symptoms, yet no real shift occurs and their suffering persists. You can facilitate real change on an experiential, emotional level, rather than hoping that your clients' cognitive insight into the causes of their problems will somehow lead to change.

I want my sessions to provide me more often with learning experiences for growth of my clinical skill and understanding. Guiding clients to retrieve implicit emotional learnings into awareness involves steady tracking of a client's experience in each session, supplying you with ongoing feedback on your clinical choices, as does eliciting client feedback early in each session on the effects of the previous session and between-session task. Your learning is heightened also by the wide-open scope for creative use of techniques.

At the end of my workday, I seldom feel satisfied that I've facilitated new breakthroughs that end my clients' sufferings. You can become consistent in making each session effective and powerful by incorporating some learnable steps and ways of thinking, making new use of your existing skills. Real breakthroughs can be a frequent occurrence in your day-to-day practice, thanks to the knowledge we now have of the brain's built-in process for profound change of existing, core emotional learnings. For us clinicians, hearing a client report a decisive change in glowing terms is a moment of deep professional fulfillment. Imagine enjoying several such moments every week...