

Coherence Therapy

Clinical Note

Note #7 (v1.1)

**Topic: Guidelines for Creating
Juxtaposition Experiences**

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This Clinical Note provides a map for guiding practitioners of Coherence Therapy in carrying out its final phase—the transformation phase. In this phase, the client’s symptom-generating emotional learning or schema is profoundly unlearned and dissolved by juxtaposition experiences that carry out the memory reconsolidation process.

Some degree of familiarity with the overall methodology and concepts of Coherence Therapy is assumed in what follows, including how Coherence Therapy fulfills the core process of transformational change, the Therapeutic Reconsolidation Process. (For an introductory overview of Coherence Therapy and its utilization of memory reconsolidation, see Clinical Note 6.)

The transformation phase of Coherence Therapy begins with a search for a fully real-feeling personal knowledge that the client experiences as being a sharp contradiction of his or her symptom-requiring schema, which is the target of change. When that contrary knowing is found, the next step is guiding the client to experience both the target schema and the contrary knowing concurrently, side by side, in the same field of awareness. This is the *juxtaposition experience* that Coherence Therapy defines as the critical requirement for transformational change to take place.

The client’s first experience of the juxtaposition is the mismatch or prediction error experience that extensive research has shown to immediately unlock the neural encoding of the target learning. The target learning is now available for fundamental unlearning and nullification. Just a few repetitions of the juxtaposition experience can then bring about that unlearning and nullification. This is the memory reconsolidation process in action.

Subsequently, the markers of transformational change appear and are verified: the schema is devoid of its former compelling emotional realness, it no longer triggers in response to its former cues, and it no longer generates the symptoms it had been driving, with no effort required to maintain this liberating shift.

The chart on the next page (reproduced from Clinical Note 6) shows the correspondence of the steps in Coherence Therapy and the Therapeutic Reconsolidation Process (TRP).

Following the chart are the main guidelines for carrying out the steps of Coherence Therapy’s transformation phase: finding contradictory knowledge and then creating a juxtaposition experience that is repeated a few times.

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

Therapeutic Reconsolidation Process		Coherence Therapy
I. Accessing sequence	A. Identify symptom	Identify symptom
	B. Retrieve target learning	<i>Discover</i> symptom-requiring schema
		<i>Integrate</i> symptom-requiring schema
C. Identify disconfirming knowledge	<i>Transform</i> symptom-requiring schema Identify disconfirming knowledge	
II. Transformation sequence	1. Reactivate target learning	} Activate both symptom-requiring schema and disconfirming knowledge in juxtaposition
	2. Activate disconfirming knowledge, mismatching target learning	
	3. Repeat mismatched pairing	Repeat juxtaposition
III. Verification phase	V. Verify erasure of target learning: <ul style="list-style-type: none"> • Symptom cessation • Non-reactivation of target learning • Effortless permanence 	<i>Verify</i> nullification of schema: <ul style="list-style-type: none"> • Symptom cessation • Non-reactivation of target schema • Effortless permanence

Finding contrary knowledge that will disconfirm the target schema [TRP step C]

The most important condition for successfully finding contrary knowledge in Coherence Therapy is a thorough completion of the preceding steps of discovering and integrating the symptom-generating schema [TRP step B]. Here’s why:

- The process of finding contradictory knowledge is completely guided by and based on knowing specifically *what* needs to be disconfirmed—the schema previously revealed in step B.
- If you are not yet closely familiar with the specific make-up of the target schema— core beliefs, meanings, models and expectations defining a dire problem (a suffering that is urgent to avoid) and the necessary solution (how to avoid it)—you cannot efficiently find contrary knowledge that will specifically disconfirm those well-defined components. *Disconfirmation must be very specific.*
- Therefore, slower is faster: dwell with schema discovery and integration [TRP step B] and do a thorough job there before trying to head for a juxtaposition experience [TRP steps C-1-2-3].

When the time is right to begin the search for contradictory knowledge, the following map of its possible sources will equip you to conduct the search efficiently.

Sources of contrary knowings

The needed contrary knowing will either be found in the client's **already-existing knowledge** or it will be created by a **new experience** that occurs during or between therapy sessions.

Both sources—already-existing knowledge and new experiences—can be accessed through a wide variety of techniques. The techniques listed below are a basic set that will equip you for versatile, effective work with nearly all clients.

Already existing knowledge is searched to find contrary knowledge in two main ways: *mismatch detection* and *past opposite experiences*.

Mismatch detection. This, as a rule, is the first approach for finding contrary knowledge. It is carried out simply by guiding the client to make declarative assertions of the discovered pro-symptom schema. Such *overt statements* are a standard part of Coherence Therapy's integration phase for completing TRP step B. Overt statements of the target schema engage the brain's own mismatch detection system. In a sizable fraction of cases, the mismatch detector finds contradictory knowledge that the client already possesses but has never experienced in juxtaposition with the pro-symptom schema, and automatically brings it forward into awareness and directly into that juxtaposition. The client, in the midst of asserting the schema's knowings and expectations, suddenly experiences a distinctive "Hey, wait a minute!" sensation, followed by the contrary knowledge coming into focus and articulation.

Through mismatch detection, TRP step B can spontaneously cascade into fulfilling steps C, 1 and 2. The importance of thoroughly carrying out TRP step B by dwelling in the discovered schema and guiding overt statements of it is again apparent here.

Mismatch detection often occurs and produces a juxtaposition experience during widely used systems of trauma therapy (such as EMDR, Progressive Counting, TIR, Sensorimotor Psychotherapy, Somatic Experiencing, and tapping techniques) as well as in experiential therapies such as AEDP, Emotion-Focused Therapy, Focusing, Hakomi, Internal Family Systems, IPNB, Pesso Boyden Therapy, and others.

Past opposite experiences. When overt statements do not elicit juxtaposition in the spontaneous manner described above, the target schema remains in force, even though it is now fully revealed and well integrated into awareness. The next option for finding contrary knowledge is to ask the client whether she or he has ever had any past experiences in which life did *not* behave according to the specific expectations or beliefs of the target schema.

If the client remembers any such experiences, guide an imaginal, experiential revisiting of the strongest one or two of them. Focus the client on mindfully recognizing the divergence from what the target schema expects. That accomplishes steps C, 1 and 2—finding contradictory knowledge and creating a juxtaposition experience.

Parts and ego-state work. In these techniques, introduced in Gestalt therapy in the 1960s, the client is guided to encounter and (unless contra-indicated by instability) subjectively inhabit a sense of self and version of reality that are present within and are quite different from the client's familiar adult personality. This other part typically is preoccupied with a particular state of distress. With the client fully immersed in being this part, she or he becomes directly aware of and can express previously implicit, hidden purposes, meanings, unmet needs, beliefs and feelings. In many cases, some of that revealed material is contradictory knowledge relative to a symptom-generating schema previously discovered.

Example: A client's problem was anxiety and no self-confidence in approaching new pursuits. It is discovered that those symptoms began after he dropped out of college and stem from believing that he dropped out because of a characterological lack of discipline and fundamental laziness—as his harsh father had often criticized him for. Then, in parts work done using the two-chair technique, he became the part that needed to drop out and expressed a deep despair over his total lack of interest in the particular field of his college program. This was the true reason for dropping out. Then, back in the other chair, he was the judgmental part that believed the reason was laziness and lack of discipline. Hearing that the true reason was genuine and poignant despair was contradictory knowledge that immediately juxtaposed with and nullified that part's long-held, judgmental notion. In recognizing that he does persevere and follow through when his work actually interests him, his confidence was restored.

For finding contradictory knowledge, parts and ego-state work can be facilitated in many different formats, such as two-chair or empty-chair work, or in only one chair, or in the form of inner child work.

New experiences can be created to generate the needed contradictory knowledge if it is not found in existing knowledge. Such new experiences can be created in many ways, including: *daily life*, *structured revisiting*, *the client-therapist relationship*, *self-revelation by others*, and *experiential psychoeducation*.

Daily life fairly often produces situations that differ sharply from the expectations in people's schemas. However, it is only after a schema is integrated into ongoing awareness that the client notices such an experience as being curiously at odds with a core belief or expectation. The client then mentions the unusual experience and the therapist utilizes it to create an explicit juxtaposition experience.

Structured revisiting is a guided re-encountering of the original situation in which the target schema was formed, facilitating a new experience and new construal of that scene, generating new meanings and models that are then used to create a juxtaposition with the original ones, disconfirming and nullifying them. Many well-known techniques of psychotherapy carry out structured revisiting, such as these:

Empowered reenactment of a traumatic incident. The therapist closely accompanies and guides client to revisit the incident, move through it and respond differently than in the original case, now forcefully enacting the natural, self-protective behavior that was originally blocked. This new experience contradicts and disconfirms the helpless vulnerability that was learned in the original incident and became the client's ongoing, implicit expectation. This expectation of being helplessly vulnerable is usually responsible for the ongoing, traumatic quality of the memory and is often the root and driver of ongoing PTSD symptoms. The disappearance of helplessness in the very scene that had produced it is a built-in juxtaposition experience that de-traumatizes the memory.

Inner child work. In a scene of mistreatment in childhood, the adult client or the therapist observes and interacts with the client's child self and guides the child into experiencing new meanings and construals of what is happening that differ from and dispel the child's original meanings, which have been generating low-self-worth, depression, anxiety and/or body symptoms.

EMDR, NLP, progressive counting, TIR, tapping. These therapy systems consist largely of structured revisiting that produces contradictory knowledge. These therapies set up some special experiential condition that anchors the client's subjective viewpoint outside of a traumatic memory (episodic or schematic) while attending to the contents of that memory (done via dissociative perceptual cues in NLP and via dual focus in the others). Holding that external viewpoint prevents consciousness from being taken over by the memory material and thereby preserves access to all other personal knowledge, allowing the mismatch detector to find contradictory knowledge. For more on this process, see "Using NLP for Memory Reconsolidation" here: www.coherencetherapy.org/files/TNPTissue10.pdf

De-suppression of traumatic memory. Traumatic memory is held in a state of suppression that keeps the original suffering out of awareness. Though such suppression entails costly symptoms (including emotional dissociation, somatic tightness, psychogenic physical pain, and hypervigilant avoidance of reminders), it exists as the client's necessary solution to the problem of having living knowledge of extreme suffering that is expected to be overwhelming and beyond the client's capacity to experience consciously. That implicit model of the client's emotional incapacity encounters a contrary knowing when the client, guided and accompanied empathetically by the therapist, revisits traumatic experience, opens to it and feels it without being overwhelmed or shattered by it. That juxtaposition dissolves both the client's view of emotion as a great danger and also the need for the suppression solution, so the various symptoms entailed by suppression disappear. Of course, de-suppression must be carried out in small enough steps to be bearable and workable for the client at every step. The point here is that the process of de-suppression of traumatic memory is itself a source of contrary knowledge that creates a juxtaposition and dispels an array of significant PTSD symptoms.

The client-therapist relationship can create a new relational experience that contradicts and transforms the client's negative relational expectations, also known as insecure attachment and low self-esteem. This use of the client-therapist relationship is capable of nullifying some schemas of insecure attachment, but not others; and not all clients' presenting problems are based in insecure attachment in the first place. (For a detailed examination of these important matters, see chapter 5 of *Unlocking the Emotional Brain*.)

Self-revelation by others occurs typically in couple and family therapy when one person shares the inner true meaning of his or her behavior, and this revealed meaning is for others a new experience that juxtaposes with and dispels the problematic meanings they had been attributing to that behavior.

Example: A father has been criticizing his teenage son as a lazy goof-off for spending so much time on social media, and the boy has felt hurt and alienated by his father's negative judgment of him. Then, in a family therapy session, the boy vulnerably and tearfully reveals that he feels deeply lonely and isolated in his peer life at school and that social media gives him some relief from that aloneness by connecting him to "friends" all over the world. This new meaning of the behavior dispels the father's prior disparaging meaning of it.

Experiential psychoeducation occurs when the therapist supplies new information that immediately is experienced by the client as a felt reality, not merely dry cognitive facts. After the therapist has become familiar with the make-up of the client's symptom-requiring schema, he or she may be able to supply information that the client experiences as her or his own lucid knowing that juxtaposes with the schema, disconfirming and nullifying some key part of it.

Example: A woman client was stuck in the distress of feeling deeply hurt, rejected and unloved by her husband because he had repeatedly disregarded all of her helpful, caring suggestions regarding his serious health problem that had developed. "I don't matter" were the words that captured her core despair, an ego-state that was a primary wound from her childhood. After empathizing with her experience, the therapist soon commented, "I remember that you once told me that your husband suffered throughout his childhood from feeling massively dominated and controlled by his mother." Suddenly the client said with great energy, "Oh! That's right! *That's* why he isn't listening to me—he's so afraid of being controlled by me like he was by her! It's not that I don't matter and he doesn't respect my knowledge!" Her previous distress vanished with this change in the meaning she attributed to her husband's behavior, brought about by one bit of skillfully delivered information about her husband that was real to her. The therapist, seeing the opportunity for generalizing this shift into a more broad-ranging disconfirmation, then said, "What if it was the same with your parents? What if

their disregard of you really meant something about *their* emotional baggage, instead of meaning that you don't matter? And what if *anyone's* disregard of you is the same?" This had strong impact and the learned identity or ego-state of "I don't matter" no longer flared up after this.

Overview of sources and techniques for finding contrary knowledge

SOURCE:	Existing knowledge	New experience
TECHNIQUES:	Mismatch detection Past opposite experiences Parts / ego-state work <ul style="list-style-type: none"> • Two-chair technique (as in EFT & Gestalt) • One-chair technique (as in IFS) 	Current opposite experience in daily life Structured revisiting <ul style="list-style-type: none"> • Empowered reenactment • De-suppression of traumatic memory Client's experience of therapist Self revelation by significant others Experiential psychoeducation
	Structured revisiting <ul style="list-style-type: none"> • Dual focus techniques (as in EMDR, TIR, tapping, etc.) • Dissociative techniques (as in NLP) • Inner child work 	

Where to find case examples illustrating sources of contrary knowing

Contrary knowledge source	Published case examples
Existing knowledge	
• Mismatch detection	UEB pp. 71–77; UEB pp. 77–86; UEB pp. 120–123; DOBT pp. 184–185; online videos at http://bit.ly/2gDBpkP : "Compulsive Underachieving," "Down Every Year," and "Stuck in Depression"
• Past opposite experiences	<i>Psychotherapy Networker</i> articles: http://bit.ly/2gg9U07 and http://bit.ly/1We4HDZ
New experience	
• Daily life	UEB pp. 43–61; <i>Psychotherapy Networker</i> article: http://bit.ly/1We4HDZ ; <i>Therapy Today</i> article: http://bit.ly/2gGWd7G
• Structured revisiting	UEB pp. 86–91; MRP pp. 69–78; <i>New Therapist</i> article: http://bit.ly/2g3pCZG
• Client-therapist relationship	UEB pp. 106–109; UEB pp. 130–136; MRP pp. 29–35
• Self-revelation by others	DOBT pp. 22–24; DOBT pp. 221–230; DOBT pp. 240–256
• Experiential psychoeducation	UEB ch. 7; <i>Psychotherapy Networker</i> article: http://bit.ly/2guAAbe

UEB = *Unlocking the Emotional Brain* (view on amazon: <http://amzn.to/2gFro38>)

MRP = *Memory Reconsolidation in Psychotherapy* (view on amazon: <http://amzn.to/2gFQ5gS>)

DOBT = *Depth Oriented Brief Therapy* (view on amazon: <http://amzn.to/2gUPY02>)

Guiding juxtaposition experiences

From contrary knowing to juxtaposition: The importance of making the juxtaposition explicit

For maximum consistency of producing transformational change with clients, do not assume that the client, in having the contradictory knowledge, is also having the juxtaposition experience. The client may have disconnected from the experience of the pro-symptom schema in attending to the contrary knowledge. Always guide the both-at-once juxtaposition experience explicitly. That is done by verbally cueing the client to mindfully feel both the target schema's version of reality and the contrary knowing or experience. Below are additional guidelines.

Guiding the first juxtaposition experience [TRP steps 1 and 2]

It may take any number of sessions to retrieve the target schema and then find a contrary knowledge [TRP steps B and C], but then the juxtaposition experience [TRP steps 1 and 2] is simple to guide and typically requires just minutes.

In a juxtaposition experience, you are cueing the client to subjectively feel two different knowings concurrently, and both feel real, yet both cannot possibly be true.

This template is often useful: "Let's go over two things that seem to feel true for you. It would be good if you picture and *feel* these things as much as possible as we review them. First, what you learned in life very deeply is that ____ [core belief/mental model that is the target of change] ____ . And second, you've had experiences, such as _____, that have shown you that ____ [contradictory knowing] ____."

As you cue the two knowings [TRP steps 1 and 2], you empathize equally with each, indicating no favoring or disfavoring of either. Any favoring or disfavoring cues the client to re-suppress and disown the target emotional learning (schema), which switches the process into being counteractive and suppressive rather than transformational and nullifying. You are trusting the client's mind and brain to register the disconfirmation and unlearn and nullify the target schema. So you ask simply, "How is it to be in touch with both of those?"

Guiding a few repetitions of the juxtaposition experience [TRP step 3]

A juxtaposition experience is an oddly surprising, edgy experience for the client, so it is natural to dwell with it and review it a few times during the remainder of the session, creating repetitions.

The first repetition comes from asking "How is it to be in touch with both of those?" after initially guiding the juxtaposition. Two more repetitions can usually be created in a natural manner simply by empathetically reviewing what the client has recognized and experienced on both sides of the juxtaposition. A total of three such in-session repetitions is usually sufficient.

In reviewing, very specifically name the disconfirmed and disconfirming knowings, in order to re-cue them. In that way, the client re-encounters the juxtaposition afresh. For example, the therapist says, "All along, it just seemed so true that _____. And now it's something of a surprise to recognize that _____." Then further discussion will afford additional opportunities to again refer specifically to both knowings, for another repetition.

Write the juxtaposition on a (paper or email) card for the client to read daily between sessions. The phrasing given just above is useful in most cases.

Verifying transformational change [TRP step V]

Asking “How is it to be in touch with both of those?” not only repeats the juxtaposition but also, by prompting the client to re-sample both sides of the juxtaposition, it probes for whether the target learning is continuing or ceasing to feel real. This begins the verification phase [TRP step V].

If the juxtaposition is successfully disconfirming and dissolving the target schema, the client will respond to the above question by expressing either gleeful laughter, or a sense that the schema now seems silly or absurd, or, conversely, by expressing some form of distress, such as a pained grimace or tears over recognizing that so much of his or her life was shaped by beliefs now recognized to be false. All of those are initial markers of schema nullification. Thorough verification requires confirmation over time of the full set of markers mentioned earlier: the schema is devoid of its former compelling emotional realness and no longer triggers in response to its former cues, and it no longer generates the symptoms it had been driving, with no ongoing effort required.

If the target schema remains real-feeling and triggerable after a set of well-crafted (highly specific and richly experiential) juxtaposition experiences, the therapist should begin to consider that resistance to transformation may be occurring.

Such resistance is not conscious. It occurs if disconfirmation of the target schema (recognition of it as untrue) would bring some knowing or consequence that is too distressing to allow, requiring blockage of schema nullification and maintaining the schema in force. Even though the target schema is itself a source of suffering, its nullification can bring strong distress in various ways.

So, when a schema remains in force after a well guided set of juxtaposition experiences, the therapist regards the resistance to transformation to be the current symptom and does Coherence Therapy on it: The therapist gently begins looking for the specific distress that the schema’s nullification would bring. The client is guided in small, tolerable steps to face that distress and to render it workable. As soon as it feels workable, the therapist repeats the juxtaposition experience, and now the schema dissolves.