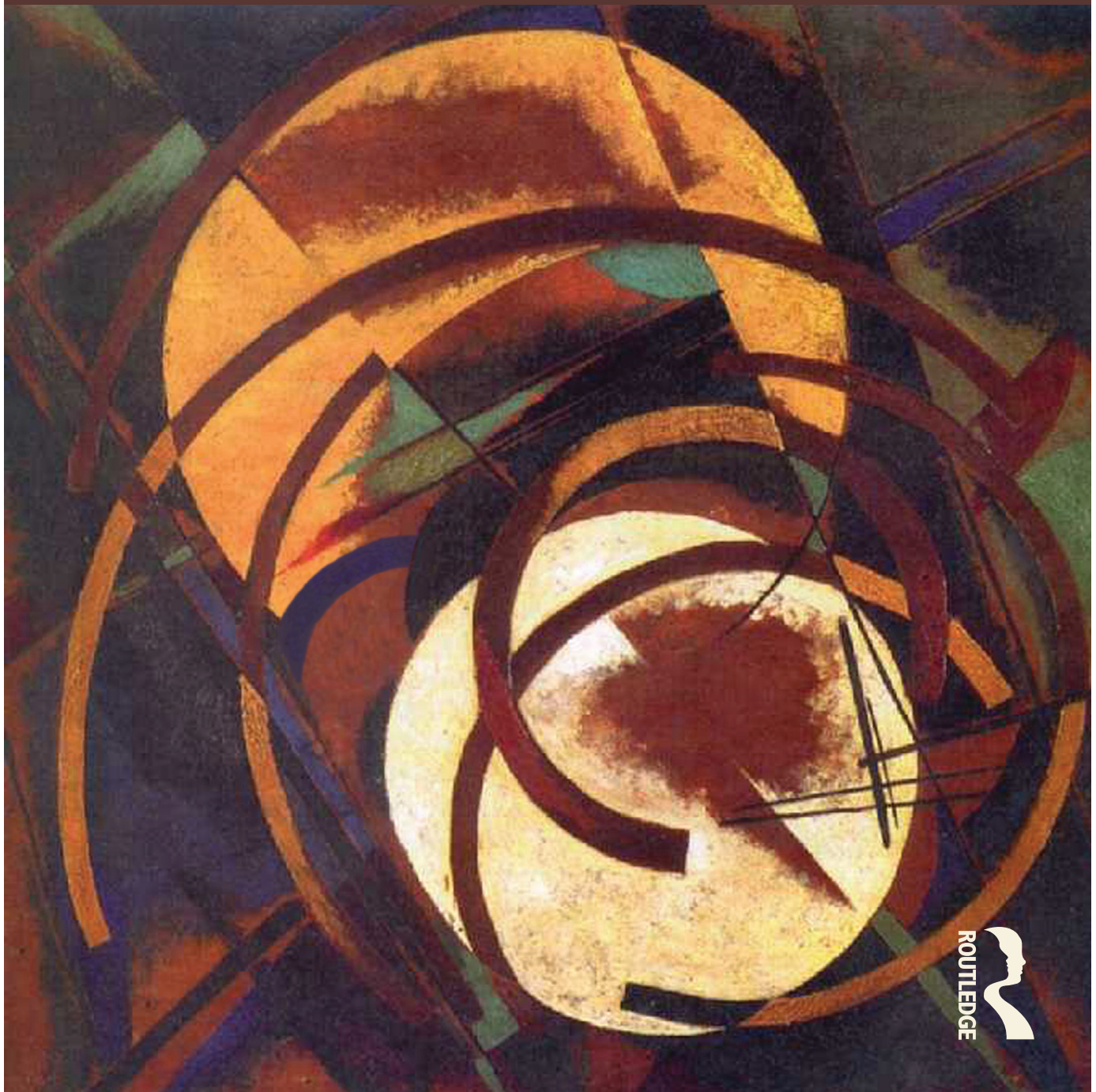


Bruce Ecker, Robin Ticic, & Laurel Hulley

Unlocking the Emotional Brain

Eliminating Symptoms at Their Roots
Using Memory Reconsolidation



ROUTLEDGE

Advance reviews of *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, 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, non-pathologizing, 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, 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, Northwestern University
and editor of Family Process*

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 in later 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 coauthors of *Depth Oriented Brief Therapy: How to Be Brief When You Were Trained to Be Deep—and Vice Versa*, the *Coherence Therapy Practice Manual and Training Guide*, and the *Manual of Juxtaposition Experiences: How to Create Transformational Change Using Disconfirming Knowledge in Coherence Therapy*. Ecker is codirector 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.

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**Eliminating Symptoms at Their Roots
Using Memory Reconsolidation**

**Bruce Ecker
Robin Ticic
Laurel Hulley**

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For our children

Gustavo, Jesse, Jhon, Justine, Sierra, Zachary

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Glossary

- accessing sequence:** the initial, preparatory steps (A–B–C) of the *therapeutic reconsolidation process*, consisting of symptom identification, retrieval of target learning (corresponding to the discovery and integration phases of Coherence Therapy), and identification of disconfirming knowledge (the initial step of Coherence Therapy’s *transformation phase*).
- anti-symptom position:** the client’s initial, conscious view and stance regarding the presenting symptom, consisting of constructs that define the symptom as senseless, completely undesirable, involuntary, and caused by deficiency, defectiveness, illness, irrationality or badness.
- coherence empathy:** empathy focused on the emotional truth of the symptom: how the client’s symptom is necessary to have and makes sense to have according to underlying, adaptive emotional learning; the specialized use of empathy in Coherence Therapy and a key practice for swift, successful retrieval of implicit symptom-generating emotional learnings.
- Coherence Therapy:** a unified set of methods and concepts for experiential individual, couple and family work based on the clinical observation that symptoms exist because they are emotionally necessary to have according to adaptive, implicit emotional learnings; a therapy of *transformational change* as distinct from *counteractive change*; the form of psychotherapy that has a procedural map and methodology that explicitly calls for and guides each step of the *therapeutic reconsolidation process*.
- construct:** any internal representation of self or world, in any mode of experiencing: sensory/perceptual; narrative/linguistic/conceptual; emotional; kine/somesthetic. A construct is a model of reality that operates as a unit of knowing; when applied, its representation seems real. A cluster of linked constructs form a *schema*, a mental model more elaborate than that of a single construct.
- constructivism:** a conceptual paradigm or epistemology that describes how the mind forms and organizes knowledge and responds according to that knowledge; based on the view that the mind of the perceiver actively if unconsciously shapes and constructs the experienced “reality,” and

actively bestows the meanings that this “reality” appears to have in itself; utilized to guide psychotherapy in various forms, one implication being that the therapist does not possess an objectively “correct” knowledge of reality to impart to the client.

contradictory/disconfirming knowledge: living knowledge that is fundamentally incompatible with the person’s target emotional learning, such that when both are experienced together, both feel true but cannot possibly both be true; the finding of which is Step C of the *therapeutic reconsolidation process*.

counteractive change: the cultivation of preferred responses through new learning that suppresses and overrides unwanted responses but does not dissolve or nullify the existing learning that produces the unwanted response; as distinct from *transformational change*.

discovery phase: the process of using experiential methods in order to elicit into explicit awareness for the first time a therapy client’s implicit emotional knowledge maintaining a symptom of behavior, mood or thought; the first part of the retrieval step (Step B) in the *therapeutic reconsolidation process* and the first phase of Coherence Therapy.

emotional brain: refers collectively to subcortical and cortical brain regions involved in the many aspects of emotional experiencing, conscious and non-conscious; including the subcortical limbic system and regions in the right cortical hemisphere. Among the many functions of the emotional brain are the formation of *emotional learning and memory* and the unlearning and erasure of *emotional memory*.

Emotional Coherence Framework: a unified body of clinical and neurobiological knowledge of (1) how emotional learning and memory operate, particularly the deep sense and adaptive cogency inherent in non-conscious emotional learnings and responses, (2) the unlearning and deletion of emotional implicit knowledge through memory reconsolidation, as demonstrated in laboratory research, and (3) the clinical application of reconsolidation using the *therapeutic reconsolidation process*.

emotional learning/emotional memory: learning that occurs in the presence of strong emotion includes the formation, in non-conscious or “implicit” memory networks of the brain, of a mental model (template or schema) that is the individual’s adaptive generalization of the raw data of perception and emotion. Emotional implicit memory operates to detect the arising of similar situations and generates a self-protective or benefit-seeking response with compelling power and speed.

emotional truth of the symptom: the client’s non-conscious emotional knowledge that makes the presenting symptom compellingly necessary to have in pursuit of safety, well-being or justice; also termed the symptom-requiring schema, the *pro-symptom position*, and the coherence of the symptom.

- erasure sequence:** Steps 1–2–3 of the *therapeutic reconsolidation process*, consisting of reactivation of the symptom-requiring schema, concurrent activation of disconfirming knowledge, and repetitions of the pairing of schema with mismatching knowledge; synonymous with “*transformation sequence*,” which is used in the clinical context, with “erasure sequence” used in the neuroscience and laboratory context.
- experiential dissonance:** an extension of the phenomenon of cognitive dissonance, involving whole-body experiencing of the emotional and sensory aspects of the mutually incompatible knowledges forming the dissonance.
- experiential work:** any step of work during a therapy session in which the client’s attention is mainly or wholly on nonverbal, non-intellectual material; not to be equated narrowly with catharsis or highly intense or dramatic techniques. In Coherence Therapy, “experiential” means the client is subjectively in, and speaking from, the emotional reality of his or her symptom-generating emotional schema as a present-tense, first-person experience.
- “I’m in memory” practice:** a technique of experiential work in which the arising of an emotional distress, such as acute fear or hopelessness, or a compulsive behavioral response, such as relentless helpfulness, is used by the client as a cue to recognize and feel how the current situation is reminding him or her of an earlier severe suffering, and that the feeling is a living memory of what was felt originally.
- implicit knowledge/implicit memory:** acquired knowledge that the individual is unaware of possessing or having learned, even as such learnings respond and drive responses of behavior, mood, emotion, or thought.
- index card task:** a technique for structuring a between-session task designed to maintain or further the discovery, integration, or transformation of pro-symptom material in Coherence Therapy, by client’s daily reading of a few sentences written on a pocket-sized index card; client uses card to remain in touch, on an emotional level, with key material arrived at during the session.
- integration phase:** the process of prompting a therapy client to make his or her recently discovered pro-symptom schema routinely conscious, through repeated experiences of inhabiting and knowingly expressing that schema or position, with no attempt to change its content or emotional truth; the second and final part of the retrieval step (Step B) in the *therapeutic reconsolidation process* and the second phase of Coherence Therapy.
- juxtaposition experience:** simultaneous experiencing, in the same field of awareness, of two sharply incompatible personal knowledges, each of which feels emotionally real, and one of which is retrieved symptom-generating knowledge; the core process of change in Coherence

Therapy's *transformation phase* and in the *therapeutic reconsolidation process*, where it occurs in Steps 2 and 3 of the *erasure (or transformation) sequence*.

limbic language: a style of phrasing used in Coherence Therapy for fostering the retrieval and experiencing of emotional implicit knowledge; it is highly candid emotionally, succinct, present-tense, and alive in maximally personal terms and use of personal pronouns, with the client speaking from and within the subjective experience of his or her pro-symptom knowledge.

limbic system: also known as the mammalian brain and the medial temporal lobe, this subcortical region comprises a number of structures that have major roles in emotional learning and memory—such as the amygdala and hippocampus—making our knowledge of this system particularly relevant to psychotherapy.

memory reconsolidation: a type of neuroplasticity which, when launched by the specific series of experiences required by the brain, unlocks the synapses of a target *emotional learning*, allowing that learning to be re-encoded or “re-written” in memory (during a time period of several hours) according to new learning experiences, resulting in either full nullification (erasure), weakening, modification, or strengthening of the original learning, depending on characteristics of the new learning.

mental model: any internal representation of the nature, meaning, or functioning of anything; one of the main contents and forms of acquired knowledge, whether conceptual, perceptual, emotional, or somatic; consists of component constructs and linked groups of constructs or schemas, all actively and adaptively created by the individual's mind for organizing and responding to experience.

mismatch detection: an automatic function of the brain in response to a conscious experience of new, unfamiliar knowledge that, in many cases, efficiently brings forward into awareness existing contradictory knowledge; a kind of vetting of each newly retrieved implicit construct in relation to the individual's vast library of existing conscious knowledge; one of the most important resources utilized in Coherence Therapy in the search for contradictory knowledge (TRP Step C) after a pro-symptom schema has been retrieved (TRP Step B).

neuroplasticity: the brain's many forms of adaptive activity of revising or reorganizing neural circuits or networks, using many different neurobiological mechanisms.

overt statement: a technique consisting of a succinct, emotionally candid, present-tense I-statement (limbic language) of part or all of the emotional truth of the symptom (the retrieved symptom-necessitating implicit knowledge), spoken aloud during a session under the therapist's guidance; and spoken directly to either the emotionally relevant person(s),

visualized or in person, or to the therapist; one of Coherence Therapy's basic techniques used for facilitating discovery, integration, transformation, or verification of transformation.

pro-symptom position: one of the phrases used in Coherence Therapy to denote the client's initially non-conscious, learned emotional *schema* that makes the presenting symptom compellingly necessary to have; synonymous with *symptom-necessitating schema* and *the emotional truth of the symptom*.

psychotherapy integration: any framework for a unified understanding and/or utilization of a wide range of psychotherapy systems. Several different guiding principles of integration characterize the various frameworks that have been developed. The "common factors" principle defines the category that contains both the non-specific common factors framework as well as the very different framework of *transformation-specific factors*, which is the type of integration provided by the *therapeutic reconsolidation process*.

reconsolidation: see *memory reconsolidation*.

schema: a modular *mental model* of the functioning of self or world, consisting of a cluster of linked *constructs* (relatively simpler internal representations). Schemas formed by the emotional brain are nonverbal and either are implicit and do not themselves appear in conscious awareness (though their adaptive responses are apparent consciously), or, if conscious, are experienced as the nature of reality, not as a model formed by oneself.

sentence completion: an experiential, projective technique with a long history of use in various fields, and adapted for use as one of Coherence Therapy's basic techniques for discovery (i.e., initial elicitation) of the non-conscious emotional knowledge necessitating symptom production. A custom-made first part of a sentence or stem is designed by the therapist and spoken aloud by the client, who has been instructed to simply allow the sentence to complete itself, without pre-reflection or conscious choice of the ending that arises; and is repeated, with the same stem, until no new endings arise.

serial accessing: a process of sequential, experiential discovery in which any one emergent element of a symptom-generating emotional schema is experienced with full attention and then serves as a station of awareness from which the next directly linked construct becomes subjectively evident and accessible, either spontaneously or with facilitation by the therapist.

symptom coherence: the core principle of symptom production and symptom cessation in Coherence Therapy; the view that a therapy client's presenting symptom occurs entirely because it is compellingly necessary according to at least one of the client's non-conscious, adaptive

emotional learnings or *schemas*, and that a symptom ceases to occur when there is no longer any emotional schema that necessitates it, with no other symptom-stopping measures needed.

symptom deprivation: an experiential technique of discovery for drawing an implicit, symptom-generating emotional schema into explicit awareness, utilizing the underlying emotional necessity of the symptom; by guiding an imaginal experience of being without the symptom in the very circumstance in which it has occurred and noticing the resulting, unwelcome effects, the adaptive necessity of the symptom begins to be revealed; one of Coherence Therapy's basic techniques.

terms of attachment: a client's acquired knowledge or constructs (largely or wholly non-conscious/implicit in most cases) that define the forms of available connection with significant others in attachment relationships, as well as the specific behaviors, thoughts and feelings required and forbidden in order to be accepted in such relationships; the individual's detailed, living knowledge of the conditionality of love.

therapeutic reconsolidation process (TRP): the sequence of tasks and experiences required in psychotherapy sessions in order to use *memory reconsolidation* to nullify a target *emotional learning* underlying a presenting symptom.

transformation phase: permanent dissolution or revision of key constructs making up the client's *pro-symptom schema*, so that there no longer exists an emotional reality (or part or ego-state) driving a response that entails the symptom; achieved through *juxtaposition experiences* in TRP Steps 2 and 3; the third and final phase of Coherence Therapy.

transformation sequence: Steps 1–2–3 of the *therapeutic reconsolidation process*, consisting of reactivation of the symptom-requiring schema, activation of disconfirming knowledge, and repetitions of the pairing of schema with mismatching knowledge; synonymous with *erasure sequence*; occurs within Coherence Therapy's *transformation phase*.

transformation-specific factors: the sequence of tasks and experiences constituting the *therapeutic reconsolidation process* viewed as a set of factors required for *transformational change* and shared by psychotherapies of *transformational change*.

transformational change: change in which problematic emotional learnings are actually nullified and dissolved, so that symptoms based on those learnings cease and cannot recur; as differentiated from *counteractive change*, which is incremental and necessitates ongoing managing and suppression of symptoms because their underlying emotional learnings remain intact.