

Case example of Coherence Therapy for Underachieving

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Coherence Therapy is based on its core principle of symptom production, *symptom coherence*: A symptom or problem is produced by a person because he or she harbors at least one unconscious construction of reality—one set of reality-defining themes, purposes, meanings, frames—in which the symptom is compellingly necessary to *have*, despite the suffering or trouble incurred by having it. Conversely, when there is no longer any construction within which the presenting symptom is necessary to have, the person ceases producing it.

At the start of therapy, of course, the symptom is viewed by the client as having no coherence at all. She or he regards the symptom as senseless, valueless, something involuntary and victimizing, laden with negative meanings about the self or others (bad, sick, stupid, crazy, deficient). This set of initial, predictable views of the symptom is in Coherence Therapy referred to as the client’s *anti-symptom position*—“anti” meaning simply *against* having the symptom. However, clinical experience shows that this is an incomplete account of the client’s emotional relationship to the symptom.

Coherence Therapy is based on the empirical finding that the coherence of the symptom—how it is necessary to *have*—is inevitably present in a very separately held, unconscious position of the client. We refer to this as the client’s *pro-symptom position*—“pro” in the sense of being *for* having the symptom. The themes and purposes in this pro-symptom construction of reality comprise the deep sense and strongest emotional significance of the symptom in the client’s world of meaning. To find the client’s pro-symptom position is to find *the emotional truth of the symptom*.

The principle of symptom coherence should not be narrowly construed as merely a function-of-the-symptom model. It is far more comprehensive than that and applies to the production of functionless as well as functional symptoms. Which type the symptom is becomes

apparent in Coherence Therapy empirically and non-speculatively as the symptom-necessitating construction is revealed.

Therapeutic Strategy of Coherence Therapy

The therapist begins the work by providing accurate empathy for the client's suffering (his or her anti-symptom position) and clarifying what the client regards as the symptom—the specific thoughts, feelings, behaviors and/or circumstances the client wants changed but has been unable to change. The discovery work then begins, and is guided by this central logic: *What construction exists, that makes the symptom more necessary to have than not to have?*

The real answer to this question is unconscious, and the therapist's task is to elicit the key material that finds the answer experientially and rapidly. The goal of the discovery work is for the therapist to understand the emotional truth of the symptom very clearly—the client's specific themes and purposes that necessitate the symptom.

On the basis of that clarity, the therapist ushers the client into *integrating* this material. Symptoms are generated by living as though their emotional truth is not the case. Integration reverses this: the client lives in direct awareness of how the symptom's emotional truth *is* the case. Once the client's pro-symptom emotional reality has been discovered, we “pitch a tent” right there. We “set up camp” and go nowhere else, for several sessions if necessary, so that the client comes to experience every occurrence of the problem or symptom *from* and *in* the emotional reality of how and why, in the client's world of meaning, it is necessary to have. A remarkable experiential shift results: The mysterious power of the symptom to persist is discovered by the client to be none other than his or her own power to persist in carrying out themes and purposes that feel urgent to carry out. In a word, the client experiences *agency* in relation to the symptom. It is as though the involuntary muscle whose flexing produces the symptom has become a voluntary muscle. The suffering entailed in having the symptom is real, but is worth enduring because it is far preferable to the much worse suffering expected from living *without* the symptom. None of this is apparent from the client's initial, anti-symptom view of the problem, but when the client integrates his or her pro-symptom position, it becomes not only apparent but vividly real—not as an interpretation or reframe received from the therapist, but as the client's own emotional truth, discovered (not invented) in the sessions.

When the coherence and deep sense of the symptom have become self-evident, former notions of being defective, irrational, and powerless are dispelled. This natural depathologizing is a significant shift in the client's view of self and is one of the more important and broad therapeutic effects of this approach, beyond symptom relief.

Transformation of the client's pro-symptom construction, ending symptom production,

frequently occurs spontaneously during sustained integration. This can be understood intuitively: people are able to change a position they (experientially) know they have, but are unable to change a position they do *not* know they have. Every individual, as the creator/installer/authenticator of his or her own reality-defining constructs, has the capacity to revise or dissolve those constructs but is quite unconscious of wielding that power or of having already used it to set up versions of reality that are now causing problems.

If integration does not spontaneously trigger transformation, the therapist applies the following methodology to do so. First, prompt the client into vividly accessing the already discovered and integrated target of transformation, the pro-symptom emotional reality. Then, simultaneously and along with it in the *same field of awareness*, prompt the client to access and vividly experience a different, compelling construction of reality that sharply disconfirms the pro-symptom construction. Faced with incompatible constructions of emotional reality in the same field of awareness, the client will revise or dissolve pro-symptom constructs in order to restore consistency (a process indicated by Piaget, 1971, and Festinger, 1957).

Case Example: Underachieving

“Ted,” 33, described himself laughingly as “a drifter”. He had dropped out of vocational training years ago and had never held a job for more than a few months. He said, “I’m getting nowhere. It’s like I just can’t keep at it in anything. Kinda like, what’s the use, you know? And then I give up and change to something else and then it goes the same with that.” His chronic aimlessness had finally started to alarm him. The therapist set out to discover how and why this symptom of “getting nowhere” was actually necessary to have. The transcript begins ten minutes into the first session. Techniques demonstrated include symptom deprivation, sentence completion, trial sentence, imaginal interaction, overt statement, connecting positions and between-session index card.

T: I wonder if for a minute or two you’d be willing to take a kind of glimpse down the road of achievement, just in imagination. I mean, I’d like you to just imagine that you’ve had a good job for over a year and you’ve just been told you’ve been doing good work and you’ve gotten a raise. [Pause.] Can you sort of try on that reality for a minute, and tell me what you notice it feels like?

C: Sounds great. Sure would solve my money problems.

T: Okay, good, keep going. Actually imagine it—doing so well holding that job. What else comes up for you in that reality?

C: [Pause.] Probably get my father off my back.

T: How does it get him off your back?

C: [Short laugh.] Things aren't so great between me and him. I mean, he's always telling me, "You know, there's nothing in life you can't have. If you really want something you can get it." That's his attitude. And so I've kind of got all this pressure on myself, like I should be able to just head straight for something and reach the goal. So it's like, why am I not getting it, what's happening? What's wrong with me? There must be something really wrong with me, is how I feel. [Describes a childhood and adolescence full of being criticized, blamed and shamed by father. There was no physical abuse.] Even if he, like, broke something of *mine*, if I just mention, like, "What happened?", he'd just tear me down.

T: Mm-hm. [Pause.] If you're willing, would you go back into that reality you were trying on: You've held a job for over a year and you've been doing good work and you've gotten a raise. [Pause.] And then, you tell your Dad the good news. Imagine actually telling him—maybe by phone, maybe face-to-face, whatever feels right—telling him, "Dad, I've done good work this whole year and I've been given a raise. And I wanted you to know how well I'm doing." See how it feels to tell that to Dad. Right to Dad.

C: [Gazes at floor in silence, then gives a short laugh.] You know, I don't know why, but what you're asking me to say makes me really edgy. I can't even remember it.

T: Edgy? You get real edgy when you start to tell Dad you're doing well?

C: Yeah, like—can't even focus on the words.

T: Okay. Sounds like telling Dad some good news about success is *real* uncomfortable in some way. Makes you feel edgy. [Pause.] I'm real curious about what comes up if you complete this sentence to Dad. Just picture him—and try out saying, "If you think I'm doing well—." Just say those words and when you reach the blank at the end, see what comes up to complete the sentence, without pre-thinking it. "If you think I'm doing well—."

C: If you think I'm doing well, then—[pause]—you'd stop being on my case all the time.

T: Good, okay, run it through again, and see what comes up next. "If you think I'm doing well—."

C: If you think I'm doing well—then when I visit home I wouldn't have to get torn down at some point.

T: Good. Again.

C: If you think I'm doing well—that would prove him right. That would like—something about his ways, how successful he is at everything—oh, yeah, I know what it is! It would like prove he's been successful as a *parent*, too! [Pause.] It would say that since I went after what I wanted and got it and became successful, that would prove he's a successful parent, he did okay, and how he treated me is no big deal 'cause I've gone out there and done okay and so he's like blameless. He could say, "Well look, you turned out okay."

T: What *do* you want him to feel about how he did as your dad?

C: [With angry edge.] I want him to see what a fucking asshole he was and to feel like *shit* about it. He made *me* feel like shit, then he walks away like it's nothing, it's no big deal.

T: I see. He really mistreated you, made you feel horrible, really hurt you, and you want him to *know* it and see that he failed as father and feel bad about it.

C: Yeah, you bet.

T: And so if he sees you going off and doing things that look so successful—?

C: Then forget about it—he'll *never* know what a lousy father he was.

T: So, try out completing this sentence: "The way I can make Dad realize what a lousy father he's been is—." Just say it out loud to me and see what comes up.

C: The way I can make Dad realize he's been a lousy father is— [Falls silent without completing sentence. Gazes at floor.]

T: What's happening?

C: [Angry edge gone; voice now lower and slower.] Well, when you asked me to say that, the words I heard in my head were, "Me being a mess." [Pause.] And it was kind of a shock.

T: [Pause.] So, it's a shock to realize you may be *keeping* your life a mess, making sure success *doesn't* happen, for this crucial purpose—making Dad realize how bad he treated you.

C: Yeah.

T: So, I wonder if you'd be willing to picture Dad and try out saying it right to him—something like, "To me what's most important is getting you to see that you failed at being a father because you treated me so bad. That's so important to me that I'm willing to keep my life a mess to get you to see that."

C: You want me to say that to him?

T: Yes, because that seems to be the emotional truth of it. I'm asking you to picture him and say it right to him, and see for yourself if it's true to say that.

C: But it's really screwed-up to deliberately keep myself so messed-up.

- T: Well, I understand it's not at all that you *like* keeping your life a mess. It's not that you like it. It's that you seem to have this powerful purpose of getting Dad to get it and care about how he hurt you. And the mess, the lack of any success, is your way of trying to make that happen.
- C: Right, right. That helps—putting it that way. Okay, what is it I should say?
- T: Whatever words are true about what you suddenly realized, that shocked you. In really personal terms, right to your picture of your father. If it makes it easier, you could start with, “I hate to admit this, but—.”
- C: [Laughs.] Yeah. [Pause.] I hate to admit this, but—[pause]—if I do okay and make big bucks—[pause]—you'll think you did fine and you'll never get it how bad you messed me up. And how *you* screwed up as a father.
- T: Good. Do you want to add that part about, “I'm hoping that seeing my total lack of success is what will make you get it”?
- C: Yeah, right. What I'm hoping will make you get it is seeing my total lack of success.
- T: Want to change the wording in any way?
- C: No, no, it fits. Kind of weird, though. [Pause.] I mean, it's actually a relief, in a way, 'cause like I said, it's always seemed like something must be really wrong with me that I never get anywhere.
- T: Yes, there really seems to be this kind of powerful purpose you have, that you're trying to carry out by getting nowhere. I'm going to write down those words you said to Dad on an index card for you to keep with you and read each day, to help you stay in touch with this. Okay? I mean, you've gotten in touch with how it's really, really *important* to be getting nowhere, so use the card to just *stay* in touch with that as you go through each day, 'til our next session. Just stay in touch with it; don't try to change anything, for now.

His card read, “The most important thing to me is to get Dad to see how he failed at being a father to me. I hate to admit it, but that's *so* important to me that I'm willing to keep my own life a mess, and get nowhere, to get him to see how badly he screwed up by tearing me down all the time.”

Second session, two weeks later

- T: How'd it go with the card?
- C: Well, at first I'd look at that card and, y'know, like it's so true but it would just

- make me feel down, y’know? But then, after a few days it changed, and I got more like pissed over it—like, how long am I just gonna keep my life on hold, y’know? Waiting for my father to get it, y’know?
- T: Waiting for him to get it. Sounds like you think he *could* get it. [Pause.] Would you try out saying this sentence to me? Just try it out, even if it’s mechanical at first, to see how it fits for you: “My father is a man who’s *willing* to recognize his own big mistake.”
- C: My father’s a man who’s willing to admit he made a big mistake. [Looks down into his lap shaking his head.] F--k!
- T: Or trying out saying, “My father is a man who’s *willing* to openly admit his mistake and apologize for causing harm.”
- C: [Still looking down and shaking his head. Low voice:] Oh, man! [Rueful laugh.] I mean, what could I be thinking? He never does any of that with *anybody*. *Never*. [Pause. Snorts.] What a joke.
- T: Mm-hm. So, would you try out saying to me some words for what it seems you just saw? Maybe, “I see that my father can never give me what I most want from him.”
- C: [Long pause.] My father can never give me what I most want from him.
- T: [Pause.] How is it to get in touch with that?
- C: I just want to fight it! It’s fucking outrageous!
- T: Yes. Outrageous. Tell that directly to Dad. Picture Dad and tell him, “I *refuse to accept* that you can’t give me the acknowledgment and apology and honesty I want from you, and I’m going to fight to *make* you come up with that for me.”
- C: [Gazes at his lap in silence, now looking melancholy instead of angry.]
- T: [Pause.] What’s happening now?
- C: [Sighs.] When you said “apology and honesty”—like, yeah, that’s *exactly* what I want, and that’s *exactly* what he’d never do. With me or with anybody.
- T: The sound of your voice and how you look—you seem kind of down, right now.
- C: Well, yeah. [Big exhale.]
- T: Mm-hm. [Pause.] Would you try out saying to me, “If *I* really get it that my father will *never* have the emotional honesty to see what he did to me—.”
- C: Then, it’s like I got no father. I mean, it feels like that—like I got no father. [Pause.] Never really did. [Pause.] And never *will*, that’s the thing. Never will. And I just want to fight that, y’know?

Toward the end of the session, the therapist worked with Ted to find phrases to write on an index card that would capture the most important parts of what he had experienced in the session. The following card resulted and Ted agreed to read it every day, and especially when around Dad: “Even though keeping my life a mess is starting to really scare me, it would feel even worse to accept that Dad will never change, never face how he treated me, never apologize. I don’t accept that! It feels too outrageous and too fatherless. I *will* keep trying to make him come up with the apology and honesty I want from him, in the one way I have: me being a mess.” By staying in touch with the emotional truth on this card, Ted would be in the best position to revise it.

The second session had brought Ted to a critical point. He was standing with one foot in his old, pro-symptom emotional reality, in which the only way forward is to get Dad to change and give him healing understanding; and he had the other foot in a new emotional reality, in which the way forward is through grieving and accepting Dad as he is. At this point, Ted was not yet at all ready or willing to bring both feet into the new position.

Note that the new possibility of grieving—accepting that Dad will never change—did not come from the therapist as an externally imposed solution. Ted bumped into this possibility himself, as a result of being prompted to make conscious his presupposition that Dad *could* become willing to make the desired change. As soon as this construct was conscious, it came into contact with Ted’s own greater knowledge of his father, which was incompatible with it (an example of connecting positions so that pro-symptom constructs are experientially disconfirmed).

In the remaining sessions (ten more, for a total of twelve, spanning six months), the work consistently focused on bringing to light Ted’s specific themes and purposes making it necessary to resist accepting and grieving Dad’s intractability. This included themes and purposes involving separation fears, powerlessness, tragic waste of potential, self-responsibility and risk of failure. By making these various positions of resistance experientially conscious, Ted was able to dissolve some of them and begin to accept others as the inherent uncertainties of life. Some of the index cards given to Ted in the course of these sessions summarize this material:

“Since Dad would think my success proves his fathering was a success, I refuse to *have* any success. How he thinks and feels is more important to me than how my own life goes.”

“I *don’t want* it to be true that Dad can’t ever admit he treated me wrong, or feel bad about it, because then I’d know I’ve been wasting my life for *nothing*. And I’d have to accept being completely powerless to get the acknowledgment I deserve. No way!”

“My only way to feel connected with Dad is by struggling to get him to understand and care about how he hurt me. If I drop that struggle I feel so disconnected, alone and on my own that my stomach clenches up.”

“Even though being so wired into Dad keeps my life on hold while I wait for him to finally have a change of heart and apologize, it feels even scarier to go forward without him, without a

father behind me.”

“If I go on without Dad and decide to get somewhere on my own, then I’m responsible for my own life. That feels really scary, so I’m holding back.”

At the beginning of the last session Ted mentioned he had signed up for an electronics training course. This was something he had been considering for several weeks, and the therapist had used his interest in the course as an opportunity to check concretely for any remaining unconscious vestiges of unwillingness to be successful without first getting remorse from Dad. The method of doing this was by inviting him to try out saying some of the sentences from his “deck” of index cards from previous sessions, sentences bluntly expressing his various themes of unwillingness. None of these had a compelling, autonomous, unconscious grip on him any more. Some still were active issues but Ted could now tolerate grappling with their unresolved, ongoing, existential quality. Ted summed it up with, “Feels like I’m ready to stick with something—ready enough, anyway.” As a result of fully feeling and owning his pro-symptom positions, Ted had been able to shift them, though his new level of autonomy and separation was understandably a bittersweet achievement. He said that he had accepted that “my father will go to his grave never *getting* it. He’s just living in his own world of ‘ain’t-I-great.’”

Just over two years later Ted called for another session—a couple session. He and his girlfriend had decided to get married and they wanted help with a sexual problem. The therapist learned that Ted had completed his electronics certificate program and had landed a job in the quality control testing department of a manufacturer. He’d had a few bouts of “losing interest” early in the program, “but it didn’t really throw me off any more, because, like, I knew what was going on, you know? Haven’t lost steam for quite a while now.”

Discussion. When a therapy client arrives at knowing and feeling the themes and purposes comprising the symptom’s emotional truth, he experiences this as his own view of reality, his own intense purpose within that view, and his own powerful way of carrying out that purpose, maintaining a symptom that had seemed to be happening *to* him. The client has discovered a powerful, life-organizing position he has had all along, but did not know he had. Eliminating the symptom means not carrying out the ardent purpose necessitating it, and not carrying out that purpose is unconsciously expected to bring dire consequences and a suffering far worse than the familiar suffering *with* the symptom. The client arrives in therapy having already unconsciously and powerfully made the choice to endure the familiar suffering *with* the symptom, rather than the dreaded suffering *without* it. In the current example, Ted’s underachieving caused him suffering but, because underachieving was his only hope of getting accountability and nurturance from his father, *not* underachieving would bring the even worse suffering of loss of attachment, galling injustice and grieving for the caring understanding he never received and had no reason left to hope for.

Conclusion

Deep, swift, lasting change is made possible in Coherence Therapy by the therapist's conviction in: the coherence of symptom production; the immediate accessibility of unconscious constructs; and the use of experiential-phenomenological methods. With these convictions, the therapist can consistently carry out Coherence Therapy's methodology: the discovery, integration, and transformation of clients' symptom-maintaining constructions of reality (pro-symptom positions). Coherence Therapy challenges the long dominant view that unconscious emotional constructions formed in childhood and maintaining symptoms for decades require much time to reach and revise. It defines clearly which constructs are pivotal (those of purpose and ontology) and how to guide the client to find and change them. It shows that clinicians can work time-effectively and still fully engage the deep-rooted, passionate themes and purposes most important in people's lives.

References

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