

Coherence Therapy
(previously, Depth-Oriented Brief Therapy)

Ecker, B. and Hulley, L. (1996)
Depth-Oriented Brief Therapy, Jossey-Bass,
San Francisco, CA.

Coherence Therapy is a constructivist approach. Constructivism holds that each person actively forms or assembles the experiential reality that he or she inhabits and takes as independent, real and self-evident. Most of this is done unconsciously. Thus, symptoms are seen not as pathology, but as an outcome of the individual's current constructions of reality.

A construct is defined simply as any internal representation of any aspect of self or the world.

Client Phenomenology

Coherence Therapy is distinctive because of its active engagement with the full phenomenology - emotional, cognitive, somatic (kinesthetic and somasthetic) and behavioural, conscious and unconscious - of the person.

Conscious Mind

- Emotional
- Cognitive
- Kinesthetic
- Somasthetic
- Behavioural

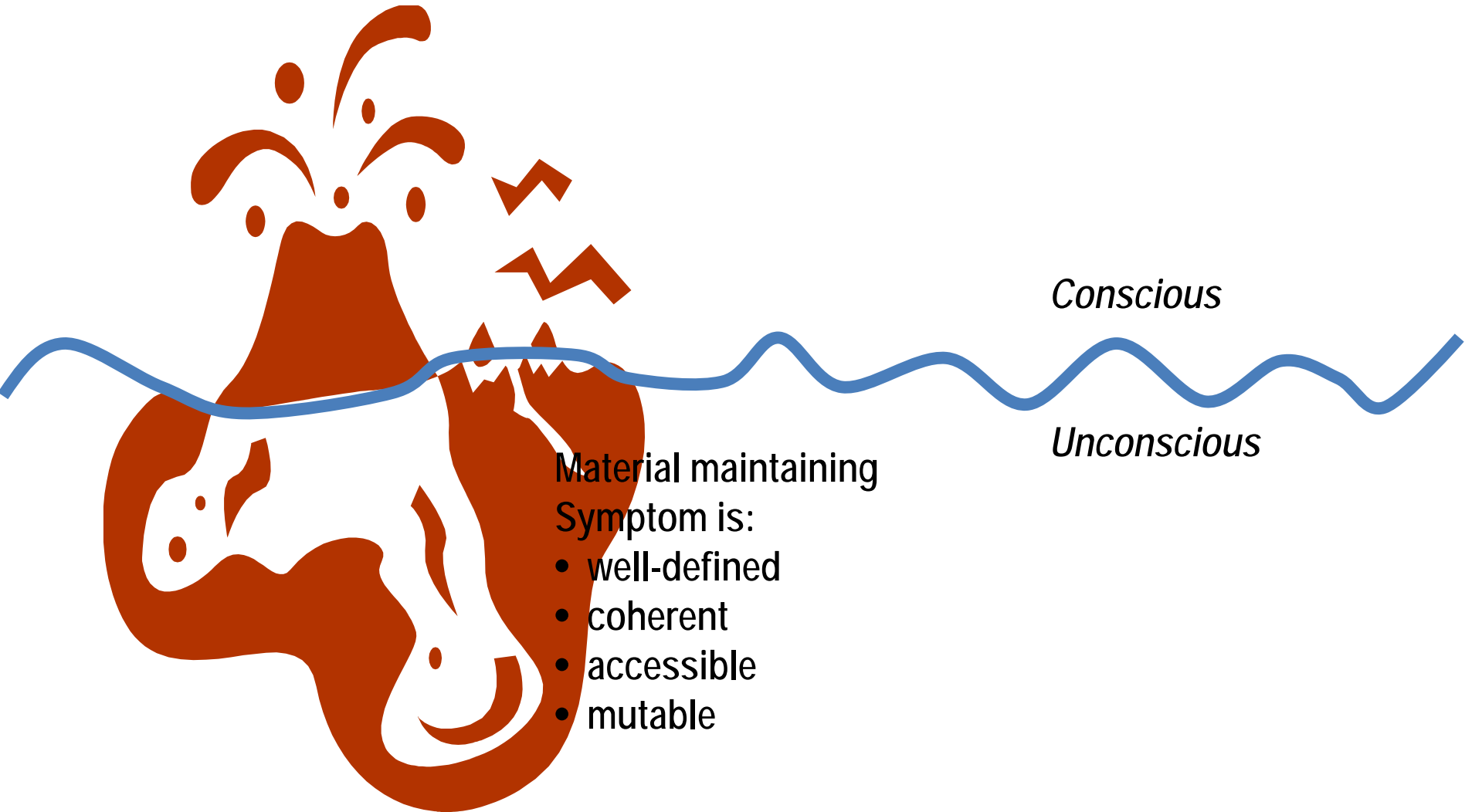
Unconscious Mind

- Emotional
- Cognitive
- Kinesthetic
- Somasthetic
- Behavioural

Seven Defining Features of Coherence Therapy

1. Immediate Accessibility
2. Active Intentionality
3. Powerlessness
4. Assumption of Coherence
5. Experiential-Phenomenological Discovery and verification of constructs
6. Anthropologists' View
7. Freedom to Clarify

Presenting symptom



The Concept of Positions

“A **position** is essentially a constructed version of reality, plus a strategy for responding to that reality” (E and H, p.13). It is made up of a linked set of conscious and/or unconscious emotions, cognitions and somatics that:

- Constitute the person’s construal of meaning for a particular situation
- Are activated when the current preceptors of a situation seem to “match” the stored memory of that situation, and
- Predispose the person to respond to the situation in a protective way.

The Two Positions

Anti-Symptom Position

*[Emotional reality in
conscious mind]*

- The symptom is senseless,
irrational
- The symptom is totally
undesirable
- The symptom is an involuntary
experience
- The existence of the symptom
means I am
(stupid/defective/a
failure/crazy, etc)

Pro-Symptom Position

*[Emotional reality in
unconscious mind]*

- The symptom's existence has
deep emotional sense and
personal meaning
- The symptom is, at times,
compellingly necessary for
me to have, since it avoids
an even worse suffering
- I myself produce the symptom
as part of how I carry out
my purposes

The Two Tasks of Therapy

1. Radical Inquiry - This is a phenomenological-experiential process of discovery aimed at “unearthing” the PSP, or the “emotional truth of the symptom”. An eclectic array of techniques may be used as long as they bring the person into subjective awareness of the unconscious PSP.
2. Experiential Shift - This involves firstly having the person consciously inhabit the discovered PSP. It seeks to maintain their experience of this position by keeping them focused there, instead of moving quickly away. Moving back and forth between the ASP and the PSP is called **position work**.

Techniques of Radical Inquiry

Any techniques borrowed from any theory that furthers the work of subjective discovery for the client are legitimate. E.g.'s

- Sentence Stems e.g. "Picture your parents and siblings and try saying to them '*If I have my own big successes and you see me as capable and doing well...*'"
- Trial Sentences e.g. "So picture her and say '*Mum, you just want me to be quiet and hide in my room...and be good*'"
- Symptom Deprivation e.g. "So imagine yourself in the situation only without the symptom at all, and just be open to whatever comes up for you..."

Techniques of Experiential Shift

- Pro/Anti synthesis
- Position work
- Overt Statement
- Index card reading
- Real-time recognition

The Goal of Position Work

The goal is for the client to be able to assert a statement of a **pro-anti synthesis**, having the following form, as his or her direct knowledge and emotional truth:

"I implement the symptom of for the specific purpose of and for me, achieving this purpose is worth the specific pain and troubles that accompany the symptom."

Coherence Therapy Contrasted...

In most therapies...

- Focus is on trying to get rid of the symptom
- Strategy is to over-ride, prevent or fix the symptom
- Anti-symptom strategy is used

In Coherence Therapy...

- Focus is on how the symptom is cogently necessary to have
- Shortest path to change is profound engaging of the symptom's emotional truth
- Pro-symptom strategy

"To do CT is to say and do nothing designed to directly counteract, overcome and prevent the symptom and to do no interpreting." (E and H, Practice Manual and Training Guide, p.7)

Key Guiding Questions

1. What does the symptom do for the person that is valued or needed in his or her world?
2. How is the symptom an actual success for the person, rather than a failure?
3. What are the unwelcome or dreaded consequences that would result from living *without* the symptom?