

Psychotherapies for a new humanism: an interview to Prof. Bruce Ecker about existential condition of human being, Coherence Therapy and memory re-consolidation

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Psicoterapie per un nuovo umanesimo: un'intervista al Prof. Bruce Ecker sulla condizione esistenziale dell'uomo, la Coherence Therapy e il riconsolidamento della memoria

Abstract

The article presents the original and integral text of the interview conducted by Prof. Laura Bastianelli with Prof. Bruce Ecker during the 2019 Rome Conference, "Psychotherapies for a New Humanism." Prof. Ecker answered three stimulus questions by illustrating how the kind of neuroplasticity known as memory reconsolidation can illuminate the landscape of psychotherapy and provide answers to some of our clients' existential dilemmas.

L'articolo presenta il testo originale e integrale dell'intervista condotta dalla Prof.ssa Laura Bastianelli al Prof. Bruce Ecker durante il Convegno

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di Roma 2019, “Psicoterapie per un nuovo umanesimo”. Il Prof. Ecker ha risposto a tre domande stimolo illustrando il modo in cui il tipo di neuroplasticità conosciuta come riconsolidamento della memoria possa illuminare il panorama della psicoterapia e dare risposta ad alcuni dilemmi esistenziali dei nostri clienti.

Keywords

Memory Reconsolidation; Coherence Therapy; Constructivism; Humanistic-existential approach; Transformational change.

Riconsolidamento della memoria; Coherence Therapy; Costruttivismo; Approccio umanistico-esistenziale; Cambiamento trasformativo.

How do you conceptualize the existential condition of human being inside the Coherence Therapy theory?

Coherence Therapy deeply reveals an existential condition that plagues each of our lives. It reveals the full extent to which we are dominated by negative emotional memory that is outside of awareness. Coherence Therapy brings *into* conscious awareness the specific, underlying emotional learning that has been generating the client's presenting symptom or problem. There is no interpreting or theorizing. The substance of the unique, underlying emotional learning becomes clearly and directly apparent experientially. In that way, Coherence Therapy shows that emotional learning and memory is the actual source of nearly all of the problems and symptoms presented by therapy clients, including depression, anxiety and panic, insecure attachment, post-traumatic symptoms, low self-worth and shame, anger problems, sexual problems, procrastination, underachieving, complicated grief, compulsive behaviors, misophonia, somatic symptoms of many types, and many others.

In the course of evolution, the brain developed an emotional memory system that preserves what we learned in our experiences of danger or suffering. Survival was maximized by such a memory system.

Whatever we learn in experiences of danger or suffering remains in implicit memory timelessly and compels us into certain behaviors and states of mind. And *that* is the existential dilemma of emotional memory. Each of us has many such learnings from dangers and sufferings, with no awareness of these learnings. For example, many adult therapy clients have no awareness of their childhood emotional learning that *making any mistake* is shameful and makes them unlovable. So they don't know why they feel continuous social anxiety and are compulsively perfectionistic. But not all emotional learnings are from interpersonal relationships. For example, many people have experiences of life itself being brutally unfair and arbitrary, such as an illness that takes away a glorious athletic career that was just beginning, or a child with secure attachment in a materially comfortable family that then plunges into poverty. And then later in life the person has no awareness of why he or she has an *intense* reaction of anger and resentment to every situation perceived as unfair or arbitrary. Those are just some common examples of what I mean by emotional learnings. No one escapes being in the grip of the emotional learnings that they have acquired. And that means being in the grip of the behaviors and the states of mind that are compelled by one's emotional learnings, from outside of awareness.

Negative emotional learnings persist at full strength for decades into a person's adult life. That persistence is viewed as pathology by most of the psychotherapy field. Such learnings are usually called "pathogenic beliefs". But according to extensive neuroscience research, the long-term persistence of emotional learnings is actually the *proper functioning* of the emotional learning and memory system. The brain evolved through natural selection in such a way that whatever we learn while feeling strong emotion does not fade out over time.

Emotional learnings are not *supposed* to fade out over time. And clearly, they are fully adaptive in their original formation. So, to call them pathogenic is to call natural selection itself pathogenic.

Therefore, according to the framework of Coherence Therapy, living in the spell and in the grip of emotional learnings is completely normal and is truly an existential condition of life. In some ways, it is a very *strange* existential condition, as compared to the *other* existential conditions of life. Other existential conditions are quite *apparent* to people, such as the fact that life always ends in death, or our vulnerability to suffering of many kinds, or the inherent uncertainty of what will happen in our lives. Those existential conditions are obvious and well known to everyone.

But emotional learnings are *not* obvious and well known to everyone because they form outside of awareness and they shape our perception and our experience from outside of awareness. So most people are *not conscious* of *being* under the spell of specific emotional learnings, and yet, their emotional learnings: strongly shape how they perceive reality and compel certain behaviors and generate certain feelings or thoughts. So, being ruled by emotional learnings is an existential condition that is *not apparent* to most people. And there is *another* aspect of emotional learnings that is *even more* strange.

The other, familiar existential conditions are very real. For example, each life really does end in death. Each emotional learning *appears* to be similarly very real. It *appears* to be the solid truth of the world itself, but actually each emotional learning is an illusion. It is a very realistic mirage created by one's one mind.

For example, consider the emotional learning that *making any mistake* is shameful and makes me unlovable. This emotional learning generates the continual expectation that others will form extreme negative judgments if I say or do *anything* wrong. And it doesn't matter how many things I have previously done correctly or done well. One mistake erases all of that. That view of how others will respond feels like a solid reality of the world, so the person feels intense social anxiety and he or she is perfectionistically careful in every way.

But that view of how people will respond is a *mirage* created and maintained by the emotional learning and memory system, which is mainly in the subcortical brain. The felt realness of that view of people can easily persist for a whole lifetime. Emotional learning locks the person into the prison of an imaginary tableau that appears to be reality. As I said, that prison *can remain locked* for a lifetime – but the brain also has the key that can *unlock* each prison cell of emotional memory. The key is a well-defined process that the brain uses for deeply unlearning and nullifying a specific emotional learning, and then its realness disappears immediately. What seemed horribly real and true for decades suddenly is clearly *not* real or true at all. Its subjective power is gone. That is a transformational change, not an incremental improvement.

The brain's process for that profound unlearning was detected by neuroscientists. The unlearning process happens through a special type of neuroplasticity called Memory Reconsolidation, which brain researchers discovered about 20 years ago. Whenever such tr change occurs in any type of psychotherapy, it means the Memory Reconsolidation process has occurred. In Coherence Therapy, the methodology is designed to induce tr change through Memory Reconsolidation as efficiently as possible. In the moments when the unlearning is happening, the person realizes that what had seemed so real about the world was actually only a mirage created by their own construing, their own mental model, their own attributed meanings and assumptions. To me, the power of the emotional brain to create the qualities of the world with such realness is a great mystery. And then the emotional brain can very quickly dissolve completely what seemed so real.

Here in our present context, the point is that the prison of emotional memory is an existential condition *that we can free ourselves from, unlike* the other existential conditions that are inescapable. Brain science has supplied us with empirical knowledge of how that unlearning and dissolving process works, and perhaps for the first time in

human history, this knowledge makes it possible for people to be freed from the prison cells of emotional memory on a large scale. In my opinion, this new knowledge is now the most important development for the psychotherapy field.

Which concepts guide your clinical intervention encountering the client? (Eg: the role of the past / present and future; deficits / resources; defenses / protections; real relationship / transference and countertransference).

Ok, I'll review the top-level concepts of Coherence Therapy .

First, symptom production is understood in terms of the concept I mentioned earlier, the concept of acquired emotional learning. This means that a given symptom exists because it is emotionally necessary according to at least one emotional learning that is outside of conscious awareness. We call that the principle of symptom coherence. Symptoms are revealed to be a coherent expression of coherent emotional learnings. And learnings are revealed to be the person's own unique constructs. People adaptively form and learn meanings, mental models and schemas outside of awareness. And these are the person's emotional learnings. This is a constructivist view of emotional learning and symptom production. Plus, as I mentioned earlier, the long-term persistence of emotional learnings is the proper functioning of the implicit memory system, not some kind of pathology or dysfunction. Our phrase "symptom coherence" is intended to denote all of that. I realize that this view of symptom production might seem counter-intuitive. In other words, it might be difficult to imagine how a symptom that really does cause great suffering could be emotionally necessary in some coherent way.

So here is a short example: One of my clients was a woman who had a full, physiological panic attack almost every day while she was at her new job as a manager. We looked into and underneath her panic,

and found an emotional learning that she had formed in childhood in response to her parents frequently warning her that if she causes her mother to feel any stress, her mother could die from it. Her mother had a very serious heart condition. But in her mind as a child, the meaning of her parents' warnings was that *she is lethal* in some mysterious way. She learned that she is a lethal presence, so she must always avoid expressing herself directly, because doing that could kill the person. But this learning was completely implicit and outside of awareness. The emotional learning consisted of both the problem of being lethal and her solution of never directly expressing herself or impinging, and all of that had been completely outside of awareness. In her new job as a manager, for the first time in her life she was required to make decisions that *did* directly affect several other people. So she was panicking at work because her lethality was not safely contained and was coming out onto others. But she had no conscious awareness of this until now in therapy it came into awareness as her own emotional truth. So that's an example to show that even a symptom that is an intense suffering for the client is generated coherently because the symptom is necessary according to some emotional learning.

Next I'll describe concepts defining the two main activities carried out in Coherence Therapy: The first phase of activity is defined by the concept of *direct, experiential accessing* of the symptom's underlying emotional learnings. The specific emotional learnings are brought into direct, lucid, subjective experience. The client is guided to *feel* the underlying learning affectively and somatically, and to express in words this felt experience of what has been learned. That is the retrieval of the underlying emotional learning from implicit knowledge into explicit knowledge through direct, experiential accessing. Then comes the second phase of activity in Coherence Therapy . It is defined by the concept of *profound unlearning* of those particular emotional learnings.

Profound unlearning happens through the process of Memory Reconsolidation, which actually depotentiates and nullifies the target emotional learning. Its potent subjective realness goes down to 0. Then the client's symptom disappears permanently, because the symptom was being produced only because it was necessary according to that emotional learning.

I'll describe briefly the unlearning process for the woman who had learned she was lethal. After she became aware of believing and feeling that she is lethal, the unlearning process involved closely re-examining her parents' messages that she could kill her mother, and also re-examining her own actual behavior all along. Her parents had often communicated, "you could kill your mother," and they said it in various ways, but they never actually said "you are lethal." Her lethality was how she had *construed the meaning* of her parents' messages, as a child. Very often, the underlying emotional learning consists of the client's own attributed meanings. Not always, but quite often. Her attributed meaning that she is lethal had formed in a child ego state. I was now guiding her to view from an *adult* ego state in re-examining that meaning of her parents' messages. But this was not a merely intellectual re-examining.

It was a deep *revisiting* of the original experience, with her adult ego state attending to this material for the first time in her life. Very soon she was struck by her own powerful realization, the realization that her parents' scary vigilance did not mean anything about herself at all. She saw that her parents' fear had completely blinded them from seeing what a *kind and caring* person she actually was and is. This was not an interpretation from *me*. It was her own lucid, experiential knowing from re-examining her parents' behavior and her own behavior. This new knowing immediately juxtaposed with her lethality construct and *disconfirmed* it. Her identity of lethality immediately lost all of its realness. Profound unlearning happens in that way, through the target learning having a direct encounter with a highly specific disconfirmation. Her panic attacks immediately disappeared,

completely and permanently. They disappeared because the emotional learning that had been generating panic no longer existed. Again, that is a transformational change, as distinct from incremental improvement.

So those are the top-level concepts that structure Coherence Therapy. I could also comment briefly on how this conceptual framework relates to some of the other familiar conceptual frameworks that you mentioned. Regarding the role of the past versus the role of the present and future: The client's symptoms are generated by emotional learnings that exist in the present, after being formed in the past; and they can be accessed and brought into awareness even without memory of the past. For example, my client's implicit emotional learning of being a lethal presence who could kill others was operating in the present and that could have been brought into awareness even if she could not remember her childhood experiences. What's needed for guiding tr change is the content of the emotional learning that's operating in the present, not the original experiences in which that learning was formed.

The autobiographical, episodic memory of those original experiences is useful if it is available, but it is not necessary or essential to the unlearning process of disconfirmation. Next let's consider therapy conceptualized in terms of deficits and resources. Building up resources to strengthen deficits is a strategy that usually produces incremental change, not transformational change. It's a strategy that is mainly not compatible with our framework of emotional learning and unlearning. To see why, let's compare. Imagine that at the start of therapy I was viewing my client's panic attacks at work as being caused by deficits, so I then work to build up her resources. I am completely unaware that actually her panic is due to her unconscious belief that she is lethally dangerous to others at her new job.

So I work to build up resources such as reading about workplace skills, and making an inventory of her own actual skills so that she

recognizes how capable she is, and also talking with her supervisor to clarify what's expected of her, and various other helpful resources. But would any of that have any effect on her unconscious belief in her lethality and the terror it generates? I do not think so. Her emotional learning of her lethality is in a child ego state that is not paying any attention to those new adult resources we're building up.

In general, building up resources is not likely to specifically disconfirm the underlying, unrecognized emotional learning. Disconfirmation can happen accidentally during resource development, but it is not likely to happen, so it's not a reliable strategy for transformational change. It tends to produce incremental change that is always susceptible to relapse because the emotional learning underlying the symptom still exists.

Another major concept of psychotherapy is the role of the client-therapist relationship. I could mention briefly how that figures in our framework: I have explained that what matters in our framework is the profound unlearning of the symptom's underlying emotional learning. And I've mentioned that unlearning happens through disconfirmation that is *specific* and *experiential*. So now the question is this: Does *the client's experience of the therapist* specifically disconfirm the emotional learning underlying the symptom? And the answer is: It depends on the specific content of the target emotional learning. Some emotional learnings cannot possibly be disconfirmed and nullified by the client's experience of the therapist. But some emotional learnings *can be* disconfirmed that way. Whether or not disconfirmation can be achieved by the client's experience of the therapist becomes apparent only after the target emotional learning has become explicit and the therapist is now familiar with its specific content. In our framework, the client-therapist relationship is one of many different possible ways for creating the crucial disconfirmation. And I should also mention this: The client-therapist relationship is usually conceptualized as a set of non-specific common factors, such as alliance, empathy, trust, and other factors.

And among therapists and researchers there is widespread belief in non-specific common factors *theory*, which states that nearly all therapeutic efficacy is due to the non-specific common factors, and also that a *specific* therapeutic process can never be a major cause of strong therapeutic effectiveness.

However, the process of unlearning *IS* a well-defined, *specific* process that was revealed by Memory Reconsolidation research, and in therapy we observe daily that this specific process produces transformational change, and *that* is a strong challenge to non-specific common factors theory.

Ok, I'll stop there regarding concepts.

Safeguarding the richness of the humanistic-existential approach: what future? (what do you consider relevant for the future?)

The humanistic-existential framework is safeguarded very well by the findings of Memory Reconsolidation research, because some of the main pillars of the humanistic-existential framework receive strong empirical support from that research. One of those pillars is the core principle that each person inherently possesses the capability for psychological growth and liberating therapeutic change, and the job of the therapist is only to facilitate skillfully that innate capability of each person. Well, the discovery of Memory Reconsolidation is exactly the discovery that the mind and brain inherently possess a process for powerful therapeutic change, *transformational* change that completely and permanently eliminates the problem pattern.

Psychotherapy outcome researchers have all along regarded merely a partial, modest, *incremental* improvement as successful therapy, so for us to now suddenly have empirical proof of a built-in mechanism of *tr* change is a *fundamental* reshaping of the landscape of the psychotherapy field. It could even be considered a *revolutionary* ad-

vance, and it directly puts empirical solid ground underneath the humanistic-existential framework.

Another pillar of that framework is this: The therapist regards the client as the person in the room who is the real expert regarding the client's inner process and inner content. In other words, the therapist knows very well that she or he must *learn from the client* about the client's inner process and inner content, and *only then* proceed to guide change in that process and that content. Memory Reconsolidation research directly supports *that* pillar also, because the research shows that the process of profound change requires having an experience that disconfirms the client's existing emotional learning *very specifically*. That necessary specificity *requires* the therapist to *sensitively learn from the client* the unique content of the client's underlying emotional learning. That phenomenological, respectful approach is the only *reliable* way to carry out the process of profound change. If the therapist instead relies on his or her own theorizing or interpreting about the client's inner material, the process will usually wander ineffectively, because each person's emotional learnings are unique and are not reliably deduced or inferred from the manifested symptoms. So that's a quick glimpse of how the humanistic-existential framework is nicely safeguarded by the findings of Memory Reconsolidation research.

And it's probably obvious from my comments that I also envision that the findings of reconsolidation research will help refine future humanistic-existential therapy methods for achieving tr change more consistently than was ever believed possible.

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