

## Bruce Ecker: Coherence Therapy

Bruce Ecker, M.A., L.M.F.T. is co-director of the Coherence Psychology Institute, co-originator of Coherence Therapy, and coauthor of *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation*; *Depth Oriented Brief Therapy: How To Be Brief When You Were Trained To Be Deep and Vice Versa*; and the *Coherence Therapy Practice Manual & Training Guide*.

Clarifying how deep, transformational change takes place is the theme of Bruce Ecker's clinical career, and he has contributed extensive innovations in concepts and methods of experiential psychotherapy. He has also driven the clinical field's recognition of memory reconsolidation research and how this breakthrough in brain science translates into a new domain of therapeutic know-how, consistent effectiveness, and psychotherapy integration. He is a frequent presenter at conferences and workshops internationally, has taught in clinical graduate programs for many years, and is in private practice near San Francisco, California.

The following is a transcript of the original audio, which is part of the Somatic Perspectives series ([SomaticPerspectives.com](http://SomaticPerspectives.com)). Please note that this conversation was meant to be a spontaneous exchange, not an edited piece. For better or worse, the transcript retains the unedited quality of the conversation.

*Serge: Hi, Bruce.*

Bruce: Hello, Serge.

*Serge: So Bruce, what is important for you these days? What are you working on?*

Bruce: Well, the focus of my work and the focus of the Coherent Psychology Institute, which I co-direct, is on how transformational change comes about in psychotherapy. What is it that produces deep, lasting, liberating change? You know, the kind of change that permanently ends unwanted patterns or symptoms, and which the therapy client feels as a very deep meaningful shift. That's a very different kind of change than incremental change, which of course is relapse prone and reduces symptoms only partially. What is very exciting to us is that there has been a major development suddenly since 2004. We have a new and what I think of as a decisive understanding of the process that is required by the brain for profound, lasting change to occur. Actually it's a process that was first detected clinically by examining many breakthrough therapy sessions [as described in the 1995 book *Depth Oriented Brief Therapy*]. Then, what happened in 2004 is that the process was detected completely independently by neuroscientists in their rigorous controlled studies, first with animals and then with people. Neuroscientists call the process memory reconsolidation.

*Serge: So obviously we are going to talk more about this process but in a nutshell the setting of this conversation is about a focus on how is it that people can achieve lasting change as seen through your clinical experience as well as the findings of neuroscience—the mechanism that is going to allow for this lasting change to happen.*

Bruce: Yes, exactly. That is well put. We've been studying the research and how it translates into use in therapy sessions. It is beginning to look to us very much like this may be a core process

that is actually always operating whenever this kind of transformational change takes place in therapy sessions. In fact, one of the chapters in our new book, *Unlocking the Emotional Brain*, is completely dedicated to examining previously published case examples from four different therapies, AEDP (Diana Fosha's approach), Emotion Focused Therapy, EMDR and Interpersonal Neurobiology (IPNB, Daniel Siegel's approach). We show that the specific steps that the brain requires for memory reconsolidation are unambiguously identifiable and detectable in these previously published case examples, even though the authors of the case studies did not point out these specific steps that are visible in the work. Each therapy tends to have its own set of theoretical concepts and metaphors. We are developing this project of showing that behind the concepts and metaphors specific to each therapy it is possible to identify the steps of memory reconsolidation whenever deep lasting, transformation change is observed in therapy sessions.

*Serge: So, the underlying process is memory reconsolidation, and it can happen and take different forms in these various therapies, but you can show it in detail.*

Bruce: Exactly. Memory reconsolidation is a very special type of neuroplasticity that was not known to exist until around 2000. Then in 2004 the research reached a point where the very specific rules of the brain or steps required by the brain were identified. The process takes a specific piece of emotional learning or emotional conditioning and unlearns it so thoroughly that it is erased. By erased I mean that both as neural circuitry and as a behavioral or subjective response. That is really the ideal form of change because the unwanted pattern or symptom is truly eliminated right down to its emotional and neural roots. We've been using this process in our own practices and teaching it to therapists all around the world. Its effectiveness is unmistakable because when transformational change happens, it's pretty obvious. It's not subtle. It has become really clear to us that using this process greatly increases a therapist's consistency in achieving real breakthroughs, whatever particular methods or system of therapy a therapist may be using.

*Serge: Right. That is an interesting part because you are talking about the unlearning. Obviously the unlearning means that there has been a learning. You are not talking about some sense of 'this person has this nature or that nature,' but really there has been a process of you learning something, and here's a way in which you can so completely unlearn it that you are transformed.*

Bruce: Yes. Exactly, exactly. There are many different models of causality or causation in our field at present. The notion of psychological causation and in particular emotional learning—symptoms caused by underlying emotional learnings—has been diminishing over the past several decades as the pharmacological or the biochemical, genetic causation models have been ascending, on the rise. What we find—we use methods that start from a specific presenting pattern or symptom, whether it is mood, emotion, behaviors, thought patterns, somatic symptoms. The first step in our approach is to identify, in very specific terms, what the person's problem is. Then, we use methods we've developed that can find and bring into explicit awareness the implicit emotional learnings that are underlying and generating that specific symptom. That is the first half of the methodology, the discovery or retrieval of the underlying emotional learnings. Then we use the memory reconsolidation process to dissolve or profoundly unlearn and erase that specific emotional learning, and we see the symptoms abruptly disappear and remain gone. To us, this is an indication that a tremendously wide range of presenting symptoms and problems are actually formed or generated and maintained by these implicit, longstanding emotional learnings, rather than genetics or neurotransmitter imbalances or other models of causation—because if those were the cause, we wouldn't see the kind of results we are getting with our methods.

*Serge: Yes, so that the fact that it works shows why it is needed. It's about emotional learning.*

Bruce: Yes, it is about emotional learning. I can begin to give you an example. That might be a good way to ground these ideas. The example I have in mind right now is very recent in my practice, just several weeks ago. It was a really lovely moment for me. This is something that happened in couples therapy. It's a married man and woman. The 50-year-old woman as a girl was molested by her grandfather. After I guided her through the memory reconsolidation process, she described the falling away of her lifelong feeling, a mood of angry resentment, a sort of bitter, angry resentment that she was very prone to going into, especially in her couple relationship with her husband. What she said to me in the next session after this shift took place – and these are her exact words; I was very quick to write them down, they were music to my ears of course – she said, “I've been angry and resentful my whole life. It's like something has just turned to dust. It's not alive any more. Before something felt like cords and cables strangling me. I feel so freed up.” Those are her exact words. Well, I want to get into the steps of the reconsolidation process that I followed with her. But before I do that, I feel like I'd like to mention why this new knowledge of memory consolidation is a very big thing for psychotherapy in several different ways. Does that make sense to you?

*Serge: Yes, yes, yes. Let's go there.*

Bruce: Alright. And, when I describe more about her we will get to these specific emotional learning that was underlying her mood. The first way I'd like to point out the significance of this for psychotherapy is that negative, core emotional learnings and conditionings, as I mentioned a few minutes ago, are so prevalent. They underlie and drive most of the problems and symptoms that people seek therapy for, so this process is applicable with most of the clients that therapists work with. One of the more common and important examples is attachment patterns, right? Attachment patterns are emotional learnings that can be transformed and dissolved through this memory reconsolidation process. We've seen the process dispel in an extremely wide range of symptoms—mood problems, emotional reactions, like I've mentioned, thoughts, body symptoms.

Another way this has big potential for psychotherapy is that the process fits in so nicely with many different psychotherapy systems. Once a therapist understands the steps to this process, once you know what the brain requires for this kind of change to occur, you can use your preferred methods to make sure those steps happen. This isn't about having to learn a whole new system of therapy.

The other point I'd like to emphasize is that these underlying emotional learnings, I think we all know as therapists, are extremely tenacious. They simply do not fade out over time and they aren't *supposed* to fade out. The emotional brain does a super job of locking these things in to last indefinitely. That is a result of natural selection. It was survival positive for emotional learnings to get locked in to last a lifetime. In fact, that is what gets locked by the emotional brain, these learnings that we form in the course of our development. I think it is almost an everyday experience for us therapists to encounter this remarkable tenacity of emotional learnings that formed decades ago for many of our clients, but still endlessly retrigger and maintain so many painful symptoms.

*Serge: So, as you are saying, in a way the context is we are who we are in a wonderful way, in a positive way, thanks to the strength of emotional learning, and we have every reason to be happy about most of it. Unfortunately, a side effects of being so good at emotional learning is that we also retain in a very, very grounded way, the negative emotional learning.*

Bruce: Yeah, exactly. The positive benefits are tremendous. There are so many things we know,

and we can respond so quickly to so many situations with sophisticated, subtle knowings guiding us that we don't even have to think about. So of course, emotional learning has been tremendously beneficial in our adaptation and survival. But as you've said, there is quite an underbelly to the emotional memory system, a dark side, which is that we are all in effect prisoners of our negative emotional learnings. Because our most distress-laden emotional learnings from earlier in life persist and keep us experiencing as present emotional realities all the worst things we have ever experienced in the past. That's what makes this discovery of memory reconsolidation so significant. The key to that prison of emotional memory is built into the brain, and it is this process of memory reconsolidation.

Researchers throughout the 20th century had come to the conclusion that there *is* no such key. They explicitly came to the conclusion that the brain does not have a mechanism for erasing emotional learnings, and that the best that can be done is the suppression or regulation of negative emotional learnings, through a process such as, well, the prototype is extinction training. There was a vast amount of extinction research done throughout the 20th century and none of it ever succeeded in erasing, decisively and permanently, any target learning.

*Serge: Do you want to mention a bit of that research that shows that it actually can be done?*

Bruce: The memory reconsolidation research? I don't want to get too technical here because the research is highly technical. I've been studying the original research papers, since I first came across this in 2005. And let me tell you, each one takes a lot of work to fathom and really master what is going on and what it means. When we get more into the case example, and I spell out the concrete steps, that will be a good way to describe what the research has shown, both with animals and with humans.

*Serge: That would be a great transition to go to the concrete case.*

Bruce: Alright, good, let's do that. Now, this was a couple that was seeing me for a number of different problems that they were having. Of course, there were issues and patterns contributing to the problems from both partners, but what I am going to describe here is about the woman because it gives a very concise example of memory reconsolidation taking place.

Now, the process has very well defined steps, and to apply the process in therapy requires a couple of preparation steps to get to where the steps of the actual erasure sequence can be guided. The preparation steps actually take most of the time. Once you have all the necessary ingredients and can guide the erasure sequence, that literally takes 5 or 10 minutes. The first preparation step is to identify the client's unwanted pattern or symptom very specifically. What does he or she experience that is the problem? And for this woman it was this chronic and frequent mood of angry resentment which would leak out, or project out, or vent at her husband quite a lot over the years. With her that was fairly easy to identify. There are some clients who have a lower level of awareness or difficulty articulating their experience, and then it might take 2 or 3 sessions to arrive at this kind of specificity that is needed about the symptom. But with many clients it can happen quite quickly in the first session.

*Serge: So we're talking about, not just a question of what the original complaint is, but having a degree of specificity, that you have a sense, this is really where the action is.*

Bruce: Yes, exactly. I will ask my client in the first session, 'Can you bring to mind a good recent example? Something that you feel is a strong example, and walk me through it happening, moment by moment.' And as we walk through, I will ask questions like 'What is it you're feeling

at that moment?' 'What is it you're thinking at that moment?' 'What is it that jumped out to at you that you just heard him or her say, just before you felt that?' So we will get to the experiential particulars of what the problem is. Because often people use very broad, blurry nominalizations when they describe their problem at the start of therapy. 'I have a communication problem,' or 'I want to I feel better.' So we go through this process of getting to the phenomenological particulars of what makes up the problem.

Once I feel I have enough specificity to begin—well, enough specificity is the moment where I feel I can now begin to look for an underlying emotional learning driving that symptom or problem. And that's the next step: guiding an experiential process of discovery of what's underneath. What is the emotional learning there? And we have developed a wide range of ways for doing that in a focused and very efficient manner. This is very deep work that goes into very vulnerable areas, because we have to bring the non-conscious, vulnerable, negative implicit emotional learning or schema into explicit experience and integrated awareness. So it goes to a core of emotional meaning that the client feels with their whole body. This isn't just cognitive insights, up in the head.

And what happened with this woman is the following. I figured that her resentment was probably based in something that was big in her life but not conscious. You know these emotional learnings, these schemas, tend to be an abstraction or generalization from original specific experiences and the schema does not refer back to the original experience. So when people go into these reactivated emotional learnings, it does not bring awareness of either the learning or the original experiences that formed it. So I headed for that with her by trying out my assumption that her resentment was based on something very big and important in her life that was not an awareness. To get to that, I said to her this, "I am going to ask you a question, and please don't try to answer it right away. In fact, I don't imagine you really know the answer to it. So, I will ask the question and let's just let the question hang in the air. Let's sit with it and you see if an answer might come by itself. The question is, in your whole life, what is it that you resent the most?" And I basically accompanied her in allowing her own implicit memory to bring forth some initial particulars. And when we work in this way, we never know what will be the first element or ingredient of the implicit material to show up. It might just be a body sensation, it might an image, it might be a whole memory. And she rather quickly—

*Serge: Before going there, I want to linger a little bit on this. It is a very powerful thing. It's like, if you were just asking that question, for instance, without the person being primed, you would obviously get totally different results. So there is something about the setting and that sense of prompting the person to say you are not going to find the answer and inviting the pause and creating that space. Inviting people to pay attention to the implicit as opposed to something that they already know, that is a big part. And then you have obviously been attuned to the client through the understanding the issue, not just in an abstract way but in an experiential way. So at this point, you have a pretty good idea of what would be a meaningful question. So we are very much in something that is about mindfulness, meaning—it is a very special space that is created at that moment.*

Bruce: That's right. I am guiding the client to bring attention to where attention never goes. And I'm empathizing. My tone of voice and my manner has a softness and a warmth that is establishing emotional safety, for this to happen. So yes, there are many ingredients here that allow this to develop effectively.

*Serge: I really like phrase you used a moment ago, helping the client to bring attention to where attention never goes. Which I think is a very, very powerful thing. Attention never goes there and*

*we are creating a space to make it happen.*

Bruce: Exactly. This material may be fully unconscious, never showing up in awareness in a whole lifetime, and yet it is in the room. It is within arm's reach, so to speak, if only the client's attention is guided to go there. We're assuming coherence. I'll probably touch on this more as we continue to talk. The underlying material has full coherence: It makes total sense given what the person actually experienced and suffered in life. These are emotional learnings. They make sense. They are adaptive and coherent and they are full of personal meaning. The methods we use to guide attention are really utilizing the coherence of the material and speaking to the coherence. And with some clients, at some times, there is resistance that might block the process. Then we have to work with the resistance very respectfully and sensitively, because sometimes the material is something that the person isn't ready to encounter directly.

*Serge: Since you use the word coherence here it makes sense to, very briefly, explain what you mean by that. In a way, as you said briefly, the symptom makes sense given what happened in the person's life.*

Bruce: Probably the best way for me to clarify what we mean by coherence, is for me to tell you what she found. The example will probably describe coherence better than I can do it in an abstract idea. What she found in really just a few minutes was—she had already mentioned in a factual manner, in the course of the couple's therapy, and in the past with her husband, that she had suffered being molested as a girl. This was already known. What began to arise in response to my question and invitation was that experience. And she became teary and we hovered with that. We dwelled together in the experience, and I said, "There is something in that experience that has come up in response to us wondering what you resent most." And I said, "*Of course* it makes sense that you would resent that this was done to you. That is so easy to understand, but tell me more." You see, there is great specificity, unique specificity, in each person's emotional learnings, and we mustn't quickly assume we know what this is made of. So I always keep going further for more and more specificity. "What is it that you suffered in this that you resent more than everything about what happened?" I kept sticking with the question, the inquiry, layer by layer. And what emerged, rather quickly for her, was this. She resents—and this surprised me, and I'm often surprised by what comes out, and I've learned not to trust my own notions or hypotheses but to keep learning from the client what's there. What emerged—and this surprised her as well—was that this core of resentment was not even at her grandfather who molested her. Of course she resented him for what he did. But this strongest core of resentment that I was asking her to zero in on, she began to sense it's not even about him, which was momentarily baffling to us in the room. As we sat with that, what clarified—and there's a beautiful built-in the process that I'm sure you've experienced too. When you sit through whatever material is already present and available, the next underlying layer begins to show up, just by being present to what is already in awareness. And sure enough, what she became aware of is that and this was so unfamiliar to her—as a girl and ever since, she had been holding the ordeal of the molestation as something that had cruelly happened only to her and not to anyone else in the world. Because that is how it seemed to her as a little girl. Such a thing seemed not to exist anywhere else. No one ever talked of it. She never heard of it. And it happened to her and it was *huge*, it filled her world. And yet it's not something anyone else ever talks about. So this was the wordless meaning-making of a child, that this happened only to me. So the world seemed horribly cruel to have this happen only to her and not to anyone else. And that construct—that is the emotional learning. That's a very specific schema or construct that she formed without realizing it, and without words. And that was planted in her implicit memory and had dominated her mood in relation to life, ever since, from outside of awareness.

*Serge: So I just want to come back a little bit to what you were just describing. You keep coming back to it. There is a sense of you using the word specificity, but it's about staying with that experience. Not just letting people come up with a few words or something, but staying with that experience, so that little by little there is more of a chance to grasp the implicit that's there.*

Bruce: Exactly. There is a subjective guide that we teach therapists to use as they do this discovery or retrieval process. I think you might be able to see from what we discovered for her: "This happened only to me." As soon as that is put into words and recognized, I experience a shift myself. And the shift is, suddenly there is no more *mystery* about her mood of resentment—her bitter, angry mood of resentment that she's had all her life. There's no more mystery because the coherence is now fully in view. So, how to define coherence? We can say that the underlying learning, once it's brought into explicit awareness and words, fully makes sense of the symptom. And that's true as a definition as far as it goes, but it doesn't capture the feeling in the room.

*Serge: At that moment the world makes sense again. Instead of being a senseless world, it makes sense.*

Bruce: Yes, the deep, personal sense of how the symptom is *emotionally necessary* is suddenly lucid. And the client feels it and also the therapist feels it. That's how you know as the therapist when you've gone far enough in this discovery work. The world makes sense, the symptom makes sense and always, because emotional learnings are adaptive and coherent, the content of the emotional learning reveals how the symptom is actually emotionally necessary to have. And that's a phrase we use in training therapists to work this way. You are looking for the emotional necessity of the symptom, and once it's out in the open, you feel it. There's that sudden disappearance of all mystery. These things are such dark mysteries before it's made explicit and you're wondering, what is there, underneath, that's maintaining this? Big mystery and suddenly the mystery is gone and the atmosphere in the room shifts in a very unmistakable way.

So, now we had most of the ingredients we need to do the erasure sequence, because now we know what the target learning is. This construct, "this happened only to me," is now, from the therapist's viewpoint, the target for unlearning and dissolving and erasing using the memory reconsolidation process. But one more major ingredient is needed before that process can be guided. This can be thought of as the third and final preparation step, and it consists of finding an experience that's available to the client that sharply and vividly contradicts what the target learning knows about the world, or expects about how the world functions. So for this woman, the contradictory knowledge is going to be something, anything really, that brings her into vividly knowing and feeling, "it did *not* happen only to me." Now this is necessarily going to be her own vivid knowledge of this. You see, it won't do for the therapist to cognitively explain that it did not happen only to her, because that is factual, conceptual knowledge that won't necessarily have the kind of experiential realness that the contradictory knowledge needs to have for this process to be successful. We have to engage in a process of finding something that has that realness for her.

We have a number of different techniques that we've developed for finding the needed contradictory knowledge. There's actually many ways to do this. But there's one that is the simplest of all and it's the one we usually start with because it works with maybe half to two-thirds of all clients. Half to two-thirds of all clients already are in possession of a vivid contradictory knowledge that will disconfirm the target learning. And you'll see what I mean when I describe how I guided her to find her contradictory knowledge.

I figured that it was likely that it was already very real to her, as an adult woman who is familiar with all kinds of readings and social knowledge and psychological knowledge. She already knew,

I was quite sure, that this kind of experience, a molestation, sadly happens to many girls and children. But I needed her to bump into this knowledge in a vivid manner, so here's what I did. It was really very simple. Once this had become clear and verbalized in the room and we had sat with it and honored the existence of this emotional truth—it happened only to me I am so resentful at the world for this—when I sensed that we had sat with that emotional truth for long enough, I asked her to *say* it to me—"It happened only to me." This was a deliberate beginning of the search for contradictory knowledge. And she said it. And it had for her—it still felt real. It simply felt true. This was a freshly retrieved piece of emotional truth and when she said it first, it had that same ring of truth, and it brought with it this resentment and that whole—you can call it an ego state, or an emotional schema, fully intact. I then asked her to say it to me again. Same words, "It happened only to me." This time, when she said it, right after she said it, I saw her facial expression change into a look of something like surprised confusion. And that's a good sign, we've learned, for this step. So I invited her to say it again. "Please say it one more time, 'It happened only to me.'" She says it one more time, a third time, and this time I saw her eyes start blinking and darting around as her own contradictory adult knowing sort of lit up. Because this already was vividly clear to her.

*Serge: Right. That feels very elegant in a sense that, instead of being in a position of arguing with her, in a cognitive debate, which doesn't touch experience, the process of articulating this implicit learning is allowing her to progressively confront it to her own learning as an adult. And then you have experiential learning versus experiential learning and inside her. So that she can then make the leap.*

Bruce: That's precisely it. When we train therapists in guiding this process we are very explicit and emphatic that the therapist must never come across as correcting or refuting or invalidating the target learning. Not one bit of that. That's a very different process. This is very different than cognitive behavioral therapy. Quite different. Fundamentally different. The moment you start to invalidate the target learning by correcting it or suggesting that it's irrational or incorrect or should be let go of, you're launching a very different process, emotionally and neurologically. You're cueing the client's emotional mind to re-suppress and cut off from the target learning which had been successfully accessed and brought forth. And that will turn out to be the suppressive or regulatory process. Whereas by fully welcoming and empathizing with both the target learning and this very contradictory knowledge, you're setting up a very different process.

In fact, maybe it's right here that I can map this onto the reconsolidation research. That's what they have found and it has been very well replicated many times. What happens is this: When an implicit emotional learning is retriggered and brought into the front of awareness, that in itself doesn't launch the reconsolidation process, but it is the necessary first step of it: the reactivation of the target learning. It is the next step, the second step, that does the remarkable neurological process. It is the creation of what the researchers call a mismatch experience or prediction error experience. It is anything that, concurrent with the reactivation of the target learning, has the vivid meaning that the target learning has it wrong.

Now, I'm simplifying here. The actual reconsolidation research is subtle and complex. It turns out that anything *unfamiliar* to the target learning happening simultaneously with the target learning can induce this process. But for the sake of therapy, what we want is something that fully *contradicts* the target learning, because that's what will be used to erase the target learning. When there is this mismatch experience or predication error experience, where the target learning is activated and then something happens that disconfirms what that learning knows or expects, very rapidly the synapses that encode the target learning unlock. These are synapses that are meant to last a lifetime, because anything learned in the presence of strong emotion forms with special



synapses that are ultra-durable. Strong emotion releases hormones that directly effect synapse formation. So emotional learnings have these ultra-durable synapses, and that's why they last a lifetime. That is the locking mechanism.

But the brain—evolution being the amazing, brilliant process that it is—the brain is equipped with this very special process that unlocks synapses. And when I say unlock the synapses, that's not just a metaphor. The synapses are actually physically changed. They shift from this ultra-durable permanent state into a state that the neuroscientists call labile or destabilized. And they remain in that state for several hours, during which a new learning can directly re-write and re-encode those synapses according to the new learning.

This experience that I was guiding her through is an example of how this works in therapy, where the target learning is reactivated and simultaneously we guide the client into a vivid contradictory knowledge. We call that in coherence therapy, a juxtaposition experience. And it turns out that the entire memory reconsolidation process of unlocking, rewriting and erasing the target learning is carried out by guiding a juxtaposition experience and maintaining it for 5 or 10 minutes, with two or three re-visitings or repetitions of that juxtaposition.

*Serge: Right, so that there is an emotional relearning, it's not a conceptual relearning, but essentially something that the person is in a state of attention where she can realize that the model doesn't correspond to the experiential reality, and then there is an opening for a re-conceptualization.*

Bruce: That's right. This juxtaposition experience from the client's angle is a very odd experience because she is in touch with two different emotional truths, both of which feel emotionally real to her, and yet, both cannot possibly be true at the same time.

*Serge: What's interesting is that experience already existed, so it was a sense that the previous emotional learning was a filter through which some experience was excluded. And suddenly by the juxtaposition there's a possibility of confronting and integrating that new experience. So that you then build new learning instead of the old one, which is now proved inadequate.*

Bruce: Yes, these two different learnings that are encountering each other or colliding during the juxtaposition experience, these two different learnings have existed within completely different memory systems until now. The target learning being an implicit emotional learning is in presumably the limbic system, the sub-cortical emotional memory system, and has never shown up in the conscious, cortical knowledge library memory system, which is where her knowledge that this kind of thing happens, tragically, to many children existed. So I was simply guiding her to connect those two pieces of personal knowledge.

*Serge: Great, so that was a very beautiful example. I'm glad you used it as a way to make this come to life.*

Bruce: Well, I hope it clarified the process to some degree, at least initially for your listeners. One thing I want to mention, to add onto that, is simply this. When we talk about erasure—how memory reconsolidation accomplishes erasure of an emotional learning—some therapists feel concerned about the loss of autobiographical memory, events in one's life. So I just want to mention that what's erased is not memory of the events in one's life. What's erased are the emotional meanings and models and schemas and core beliefs that were formed by the person *based* on events. This woman still remembered everything that happened, you see? So people don't lose memory of what happened in their lives, but these negative emotional meanings and

self-protective tactics that arise from these emotional learnings are what dissolve and fall away.

*Serge: Yeah, we are talking about learning faulty conclusions.*

Bruce: Right. Faulty conclusions in the implicit system. Yeah, the conclusions the person doesn't even realize that they come to.

*Serge: Thanks, Bruce!*

Bruce: You're very welcome, Serge.

*This is part of the "Somatic Perspectives on Psychotherapy" series.  
This conversation was transcribed by Dawn Bhat and Dorothy Luczak.*

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