

COHERENCE IN ACTION

GLOSSARY

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.

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*.

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, 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.

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.

juxtaposition experience: simultaneous experiencing, in the same field of awareness, of two sharply incompatible personal knowledges, each of which feels emotionally real.

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 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 according to new learning experiences during a time period of several hours, 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.

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

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 are either 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.

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.

transformational change: change in which problematic emotional learnings are actually nullified and dissolved, so that symptoms based on those learnings 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.