

THE ELEMENT OF SURPRISE IN COHERENCE THERAPY WITH TEENS

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“Stop cutting school and start doing your homework!”

“You’re so disrespectful, I can’t believe you talk to me that way!”

“Pick up your room! It looks like a disaster area!”

“Lies, lies, lies! That’s all I hear coming out of your mouth! When are you going to start telling the truth?”

These parental proclamations probably sound familiar to all clinicians who work with teens and their families. These and other parental admonitions are so frequently expressed that it is hardly surprising that they often fall on deaf ears when it actually comes to motivating teens to change their behavior. In Coherence Therapy terms, these types of statements are the declaration of an anti-symptom position: parents hope that by using the counteractive “techniques” of criticizing their teens and complaining, they will be able to get the “problem” behaviors to cease.

In the first section of this chapter, I summarize the relevance of several Coherence Therapy principles for working with teens. I focus especially on Edgette’s (2002, 2006) model of teen therapy, which dovetails extremely well with the spirit of Coherence Therapy. Her work converges with Coherence Therapy’s view of psychological symptoms as serving important unconscious purposes, or pro-symptom positions, that the therapist should first appreciate from the inside out and never require or direct the patient to change. Edgette appears to have developed her perspective without being aware of Ecker & Hulley’s (1996) book or subsequent publications (Ecker & Hulley 1999, 2000, 2002, 2003) – a fact I regard as bolstering the credibility of Coherence Therapy’s rationale.

In the second section of the chapter, I present a case study to illustrate the application of Coherence Therapy to a fifteen-year-old boy’s procrastination regarding his schoolwork. An endless struggle with procrastination is a very common complaint from the perspective of both teens and their parents. By the time they get to high school, teenagers have already heard numerous warnings about the perils of putting off their schoolwork and leaving it to the last minute. For a host of reasons, parental injunctions to change, whether they concern procrastination or other teen behaviors, usually do not work. One reason, from a Coherence Therapy perspective, is that teenagers are motivated by a variety of pro-symptom positions that are immune to the logic presented by their parents and other adults. In addition, there is nothing new for teens in hearing the familiar litany of statements and speeches. They have heard these statements countless times and may even think some of these things themselves.

To have a chance at influencing teens to change their behavior, therapists and parents alike must be mindful of these three questions:

- 1) What are the pro-symptom positions that motivate a teenager's problem behaviors – in other words, how are those visible behaviors connected to the teenager's hidden needs, intentions, and desires?
- 2) For whom are the behaviors a problem? Often it is only a parent or another adult, and not the teen in question, who regards the behavior as a significant problem.
- 3) How can therapists and parents address a teen's pro-symptom positions in a way that gets the teen's attention without alienating him or her?

Edgette is particularly adept at describing these dilemmas for both parents and therapists who try to help teenagers. As in her suggestions for parents (2002), Edgette cautions therapists to speak to teens in ways that do *not* include injunctions to change. Counteracting, as in Coherence Therapy, is to be strictly avoided. She is very clear on this point:

Clinicians practice thief therapy every time they are more in a hurry for the client to give up her symptom or problem than is the client. Fearful of being “robbed” of a behavior or attitude to which they have wedded their identity, some adolescent clients will hold ever more tightly onto a way of being that they sense the therapist has marked for removal (2006, p. 59).

Edgette instead encourages therapists to speak with *candor* about their reactions and observations. Later in this chapter, I will connect Edgette's concept of therapist candor with the feeling of *surprise* that teens can experience when, in Coherence Therapy, their pro-symptom emotional truth is brought to light and articulated in a way that is respectful and does not contain any injunction to change. As we will see, the therapist's appreciation and acceptance of pro-symptom positions are among the most surprising and useful interventions possible in the spirit of candor.

The logic of adolescent symptoms: The pro-symptom position

Ecker & Hulley (1996) define a pro-symptom position as “an unconscious model of reality in which the symptom seems necessary to have, and it is from this position that the client produces or implements the symptom” (p. 16). Edgette (2006) understands adolescent symptoms along similar lines, describing how “adolescents may make choices and decisions based upon a logic that appears unsound at first blush but is understandable when viewed in light of their psychology and personal experience” (p. 33).

Here is a sample pro-symptom position highlighted by Edgette (2006, p. 70):

It's important for me to be seen as helpless so not much is expected of me.

This pro-symptom position often also includes a commitment to hopelessness and feeling incompetent. Working with a teen harboring this type of position is especially challenging for the therapist who is stuck in trying too hard to be helpful and to instill hope. Edgette (2006) describes this dilemma in terms that clearly converge with the core Coherence Therapy principles:

A therapist who wishes to resuscitate her young client's sense of hope or competence had better check first to make sure that the client is ready to be viewed as wanting to feel hopeful or competent. Maybe hopelessness and incompetence are *exactly* the ideals he wishes to represent. The therapy session is better spent talking about why hopelessness and incompetence have so much appeal to the client than on trying to help him get over a problem he doesn't want to get over. Prying clients away from where they want to align themselves psychologically is always an uphill battle, and any progress that is made only backslides as soon as the external pressure is removed (p. 69).

What Coherence Therapy adds to Edgette's wise words are specific ways for the therapist to engage teens in articulating their pro-symptom positions. Coherence Therapy's range of experiential interventions allows the therapist to guide teens in discovering and speaking their emotional truths in a livelier way than simply "talking about" their possible pro-symptom positions. Later in this chapter, when I present the case example involving a fifteen-year-old boy, I will illustrate some of the Coherence Therapy methods that I have found useful in working with teens.

Clearly, the therapist must avoid speaking in ways that are rehashes of statements and "wisdom" that teens have already heard repeatedly from parents and other adults. For example, a common complaint is poor school attendance. Edgette discusses how the therapist might feel tempted to use the usual adult *qua* parental logic to motivate the teen to start attending school again, offering bromides such as: "*If you want something, you have to work for it.*" However, what if the teen's refusal to resume attending school regularly is supported by a pro-symptom position such as, "*If you go back to school, they'll think you did it only because they told you to*"? In this case, the pro-symptom position is created by the normative teen drive for autonomy coupled with the avoidance of shame. Edgette captures this dynamic when she describes how "contaminated by adult imperatives, the return to school would feel like a humiliated defeat" (2006, p. 94). The teen's compelling need to avoid that imminent shame and diminishment of selfhood easily outweighs the abstract value of working consistently toward a goal.

Indeed, it is worth emphasizing how the defense against shame is a powerful and common engine for many teen pro-symptom positions. Edgette (2006) is especially appreciative of how teens' need to "save face" complicates their ability to let go of symptoms they otherwise might feel ready to resolve. Furthermore, there is sometimes a distinction between the pro-symptom positions that originally produce a teen's symptom and the pro-symptom positions that maintain it or make it difficult for the teen to relinquish the symptom. In the latter category of adolescent pro-symptom positions, it appears that "saving face" is an extremely common rationale.

This should not be surprising, given that in many ways shame and its variants, which range from mild embarrassment to mortification, can make adolescence into an emotional minefield. Indeed, Schave & Schave (1989) have viewed shame as "the main disruptive affect of early adolescence" (p. 4); and I would add that this affect remains a challenge throughout the teen years. Vulnerability to shame is an inescapable consequence of adolescents' self-consciousness, exposure to peer scrutiny, disrupted relationships, and attempts to measure up to adult ideals. Thrane (1979) has noted how some degree of shame is intrinsic to the adolescent experience insofar as the autonomy ideal is always, to some extent, unrealizable. He notes that "as long as autonomy is not yet fully achieved, as long as identity is not fully defined, as long as ambition outstrips actual performance. . . a liability to shame is inevitable" (p. 338).

Edgette (2006) notes how teens' need to save face also accounts for general attitudes toward therapy and ambivalence about benefiting from it. For example, she describes how:

Many adolescents who do want to resolve their problems can't make that known directly and choose instead to absorb the benefits of therapy on the sly; they make the first changes outside of session time, out of the therapist's or parent's eye, without public acknowledgement. It's their way of saving face, and we need to let them do it that way (p. 4).

Even more so than in therapy with adults, therapists who work with teens need to be very sensitive to the dynamics of shame, both within the therapeutic relationship itself and as an affect powering teen pro-symptom positions. In Coherence Therapy, the absence of counteracting and the respect and validity accorded the client's pro-symptom themes and purposes help create a relationship that minimizes shame. Edgette (2006) is again helpful in illuminating these challenges, emphasizing how the therapist's relationship with the teen should not be defined by injunctions to change – which tend to evoke shame and its close defensive cousin, anger:

It appears to me that the further the therapist's overture or comment strays from directly relating to the relationship, and the more it approximates an injunction to change, the less it facilitates the teenager's engagement in therapy. (. . .) When the therapist's remark is stripped of any frank injunction to change, the teenager tolerates – and also becomes interested in – listening to things about his person without defensiveness or protest (pp. 9-10).

It is in this context that Edgette recommends *candor* as a guiding principle for therapists' interactions with adolescents. This is in contrast to the traditional training of many therapists to strive for "neutrality" in their work. Candor does not mean being sarcastic or saying whatever comes to mind without regard for how it affects the teen. Therapeutic candor expresses a spirit of honesty that is disarming to the adolescent. Here Edgette (2006) elaborates on this principle:

When expressed appropriately, candor defuses more than it agitates or alienates. I find its most valuable property is that it suspends defensiveness and captures attention. Many adolescents will let you tell them things about themselves in this way that they would never tolerate hearing in the form of interpretation, confrontation, or educational enlightenment. . . . Impatiently confronting them with the illogic of their ways cultivates an adversarial relationship. I've found candor to do a better job of pressing – same message, but you don't lose the kid. As a matter of fact, being spoken to candidly is so *astonishing* [my emphasis] to some that they forget they were just “confronted” (pp. 91-92).

I am particularly struck by Edgette's description of the potential for teens to be “astonished” by the therapist's candor. Emotion theorist Izard (1991) named this affect “surprise-astonishment” (also see Nathanson, 1992). Omaha (2004) describes how the affect of surprise momentarily clears or blanks the mind and allows new information to register. There is often a brief feeling of confusion and disorientation as this new information clashes with already established affective-cognitive schemata and constructions. Indeed, research has suggested that “surprise or the capacity to admit being surprised by life would appear to be essential to personality development in adulthood” (King & Hicks, 2007, p. 632).

In Coherence Therapy terms, the *discovery* phase of the work includes such moments of surprise, where the initial recognition and articulation of a pro-symptom position contradict the client's often longstanding view of the symptom as entirely negative and unwanted – the anti-symptom position. Along these lines, Ecker & Toomey (2008) have described how “this initial, subjective experiencing of a pro-symptom position is an altered state, a state-specific knowing, that involves inhabiting a personal reality quite different from that of the everyday conscious personality” (p. 95). The challenge for the therapist is to assist teens in repeatedly reconnecting with the surprising perspective provided by the articulation of their pro-symptom positions. Ecker & Toomey (2008) describe how the initial emergence of pro-symptom positions often rapidly evaporates back into the subcortical, limbic pathways that store this information in a non-cognitive, affectively coded form. Therefore, the Coherence Therapist must be gently persistent in guiding teens to reconnect with their pro-symptom positions, not just within a session but across the course of multiple sessions – as illustrated in the following example.

In this case presentation, I describe the application of Coherence Therapy principles in psychotherapeutic work with a teenage boy. Highlighted are the themes I have summarized so far, such as the therapist's not making injunctions to change, the element of surprise that I see in Coherence Therapy's discovery phase, the management of embarrassment, and the repeated articulation of symptom coherence in the service of *integration* and *transformation* – the second and third phases of Coherence Therapy.

Case study: Transforming the “problem” of procrastination

The following case summarizes my work with a fifteen-year-old boy who complained about his habit of procrastinating at home when he had schoolwork to do. I illustrate the

consistent application of a non-counteractive approach to addressing this problem. I applied Coherence Therapy principles to achieve what ended up being a partial transformation of the symptom, thus falling short of the complete symptom dissolution possible when Coherence Therapy succeeds in accessing the deepest feelings and meanings that motivate the symptom's production. Despite the limited results of this course of therapy, the case demonstrates how even the early phases of Coherence Therapy can illuminate meanings that would remain hidden if the clinician were to employ a counteractive or problem-solving approach.

I had worked with Jim for four months on his distress about an antagonistic relationship with his father. Our work included two sessions with Jim and his father, and these proved to be very helpful in improving their relationship. In the next session after our second meeting with his father, when Jim reported that things were much better between them, I asked him if there was any other issue he wanted to work on that day. At this point he said he wanted to work on "procrastinating less." Jim was in his first year of high school and, although he had always been a good student, he now felt challenged by the increased volume of work compared with the workload during middle school.

Procrastination is a terrifically common complaint among parents of teens who are in therapy. Parents certainly do more than their fair share of lecturing about it, giving their teens repeated speeches about developing time-management skills and becoming more organized. Teens themselves often report distress about their own procrastination habits, bemoaning how it lowers their grades and results in their parents' applying punitive measures.

In response to Jim's request to work on procrastination, I guided him into the discovery phase of Coherence Therapy. During this phase, the therapist acts as an anthropologist, trying to learn in detail how the problem is experienced and produced – including where, when, how long, with whom, and so on. To that end, working in the scene of a recent, representative instance is important. In this spirit, I first had Jim picture himself at his computer in his bedroom (since this was where he typically engaged in actions he considered "procrastination") with a school project that he needed to complete. I then asked him to give a speech about his intention *not* to work on the assignment at that time – an invitation and an opening for his normally implicit pro-symptom position(s) to come into explicit expression.

Jim appeared amused and surprised by my request for him to declare openly his reasons and needs for procrastinating. He smiled and acknowledged that he had expected me to take a problem-solving (counteractive) approach to his procrastination habit. As discussed in the first half of this chapter, a surprised or amused reaction is common in Coherence Therapy with teens. Such a reaction indicates that we have momentarily gained the teen's attention and created a window for recognition of new information.

Despite his initial amusement and surprise, Jim nonetheless cooperated with my request. Using Coherence Therapy's method of sentence completion,* I suggested the opening

words, “Even though I have three hours to do the assignment, I am not going to do it because. . . .” Jim then gave the following incipient PSP (pro-symptom position) speech:

Even though I have three hours to do the assignment, I am not going to do it because I feel like playing games, checking my e-mail and Facebook, and getting some music for my mp3 player.

Then I encouraged Jim to picture himself doing these other activities and to notice what came up after he imagined having done them for one hour. He then added to his PSP speech by stating:

Even though I have done these fun things, I am not going to start working on this; it's not due tomorrow, and I have all this time in the next three weeks to get it done and I have the weekend.

I next had Jim picture himself during the upcoming weekend and facing the assignment. At this point Jim added the following to his expanded PSP speech:

I don't plan on working on this until one week before it's due, and I'll do most of it the night before. Even that night I will procrastinate. In the middle [of working on the project] I'll get distracted, it's only 6 PM, I have a long time, I'll do computer things until dinner.

Jim then acknowledged that he probably would not start work on the assignment until around 11:30 PM. Even then he might not complete it that night; in fact, he might have to finish it in school the next day, when he was exhausted from lack of sleep.

In this first foray into discovery work with Jim, several basic Coherence Therapy principles are evident. There was no attempt whatsoever on my part to engage in any kind of problem solving or give Jim suggestions about how to counteract and decrease his procrastination. Rather, I was curious from the outset to appreciate, from Jim's perspective, exactly what he was experiencing and doing when he was “procrastinating.” To accomplish this, we did not just “talk about” the problem; rather, I encouraged Jim to connect imaginally with a typical procrastination scene and to speak out loud his thoughts, feelings, and intentions within this scene and over time.

At the end of this session, I offered Jim the verbal PSP summary that his procrastination policy included the rule: “*What matters is now, not before or later.*” He confirmed that this fit and felt true. As a between-session task, I suggested to Jim that he continue to speak his procrastination policy and decisions out loud each time he became aware that he was making a choice between doing and not doing homework. I encouraged him to notice any new meanings or motivations that emerged in speaking his feelings and considerations out loud. I mentioned that, if he wanted, Jim could write down these additional discoveries so that we could include them in a fuller appreciation of his purposes for procrastination (PSPs).

I next met with Jim two weeks later. He reported that he had spoken his PSPs out loud on

several occasions, but said that he had not discovered anything new and that his habits had not changed. He did express an interest in continuing to work on his procrastination habit. I decided at the outset of the session that I would make sure to leave time to write a PSP card summarizing what we had learned by the end of that meeting. I was concerned that through not having a PSP card to read, Jim was losing touch with some of what we discovered and that his between-session Coherence Therapy work would not be as fruitful.

In this second Coherence Therapy session, I had Jim resume the type of experiential discovery work we had done during the previous session. I had him focus on a specific series of homework decisions from two days ago, when he had decided against starting an assignment before dinner. Here is Jim's in-session PSP speech for that scene:

Even though I have two hours to dinner and could go to bed earlier if I do this now, I'm used to going to bed that late, I'm used to being tired, and right now it doesn't matter to me that I'll be tired tomorrow; what matters is right now.

Jim acknowledged that he in fact could have completed all his homework before dinner; instead, though, he had waited until after dinner to do most of it, gone to bed late, and felt tired the next day. In addition, he noted that he regretted his procrastination policy only when it resulted in his saving his homework until the day it was due. I asked him to speak his voice of regret out loud, in the second person (a technique adapted from "voice therapy"; see Firestone, 1997). He said:

You should have done it last night, you'll turn it in late, you could get a bad grade!

It turned out that Jim's grades so far during his first year of high school had not suffered much, and that he therefore did not have sufficient internal incentive to change his procrastination policy. In Coherence Therapy terms, it was worth it to continue procrastinating! To Jim, the benefits still seemed bigger than the costs.

I added this theme to what we had learned during our first Coherence Therapy session on procrastination. Toward the conclusion of this second session, I wrote the following PSP card for Jim. This statement ended up being the first paragraph of what would later evolve into a three-part procrastination PSP series:

Procrastination PSP – Part 1

I will not do this schoolwork now; I will put it off until later. I would rather sleep or do something fun or relaxing right now. I will still get good enough grades. So it is worth it to procrastinate even if I end up feeling more tired the next day. What matters most is now, not what has happened before or may happen tomorrow.

As suggested in Coherence Therapy guidelines, I had Jim read this card out loud to verify its accuracy and to connect with it experientially again. I encouraged him to read the card between sessions, at a minimum whenever he was making a decision about whether or not to do homework.

When we next met, two weeks later, Jim reported that he had read the card one time during a four-day holiday break. After doing so, he had decided at least to start a project, since he was “sick of being up late.” He had then worked on the project for an hour before deciding to stop. Here we see the beginning of a shift from compulsive avoidance to choiceful non-avoidance of the task. According to Coherence Therapy, this shift is a result of Jim’s sustained practice of taking ownership of his purposeful refusal to do schoolwork tasks well ahead of time. Whereas the refusal had been a rigid compulsion previously, Jim’s taking ownership of that refusal made it subject to conscious choice.

In this third Coherence Therapy session on procrastination, I asked Jim to reread his PSP card as a way to stay connected with it and foster integration of it. After reading it, Jim laughed and said, “It’s kind of funny.” Spontaneous laughter upon closely revisiting the previously very serious-feeling PSP, now experienced as “funny,” “silly,” or “absurd,” is taken in Coherence Therapy as a marker of at least a partial dissolution of the PSP (see Ecker & Toomey, 2008, p. 130). This kind of laughter stems from the surprise of suddenly recognizing with delight that what had long been so troubling no longer is. Jim, though, was not able to say much about what amused him, other than to allude to the fact that his previously private procrastination policy had been formalized and spelled out on an index card.

His amused surprise was also a sign that he was taking in and integrating new information, consistent with the perspective on surprise reviewed earlier. I was mindful as well that his amused laugh could also be an indicator of feeling ever so mildly embarrassed about hearing himself speak his PSP out loud. Therefore, when Jim said that he did not want to do any more work that session on procrastination, I did not question his preference, and we moved on to other concerns he had that day. As I discussed previously in summarizing Edgette’s (2006) work, therapists should be respectful of teens’ need to “save face” and not belabor a point that has been sufficiently conveyed and received. Before moving on in this session, I did encourage Jim to try reading his PSP card twice a day.

Two weeks later, Jim opened our fourth Coherence Therapy session by noting that he had a lot of schoolwork due the next week, prior to an extended holiday break. He also reported that he had read his procrastination PSP card at least once a day, sometimes twice, especially when he arrived home from sports practice and realized he had less time than usual to do homework. Jim said that reading the PSP card seemed to increase by 50% the probability that he would choose to do schoolwork first and defer relaxation until later. He did not quite know how or why reading the card increased his chances of choosing schoolwork first, and I did not press this question. This significant, sustained shift in Jim’s procrastination pattern illustrates, again, one of Coherence Therapy’s principles of change, which is that people can change positions that they consciously experience having, but cannot change an unconscious position that they don’t know they have (Ecker & Hulley, 2007, p. 5).

It was promising that Jim’s procrastination was diminishing even though our discovery work had not yet gone into the deeper substance of his pro-symptom positions. “The

deeper makeup of the task distress is the real substance of the PSP in procrastination,” according to Ecker and Bridges (2008, New Clinical Note 5). So far, I had guided Jim to embrace his PSP’s refusal to do schoolwork tasks ahead of time, but had not yet brought him into facing the *unconscious* emotional truth of what he would suffer in *doing* the schoolwork that made *not* doing it urgently necessary. I hoped that this deeper emotional truth would emerge spontaneously as we repeatedly engaged in experiential work designed to discover additional meanings and motivations for Jim’s procrastination. I wondered whether the task distress he was avoiding consisted of such possible meanings as a shameful loss of autonomy and a sense of being dad’s obedient little boy, perhaps along with reactivation of early suffering of aloneness and desolation. It remained to be seen whether Jim could tolerate facing and feeling such vulnerable core themes and acknowledging them to me, as required for full retrieval of PSPs and full effectiveness of Coherence Therapy; but even with the partial degree of PSP work that we had now done, progress seemed good.

At this point in our fourth Coherence Therapy session, I encouraged Jim to continue reading the card and to remain open to learning more about his procrastination policy and procedures. We then shifted to discussing other matters. My decision to move on at this point in the session was informed by Edgette’s (2006) description of how “asking the client for a response when it’s not being freely offered puts too fine a point on the fact (or possibility) that he or she is considering another perspective. Let him alone to change his mind. *Change the subject*” (p. 55).

During our fifth Coherence Therapy session, again two weeks later, we continued our work on procrastination. Jim reported that, over the recent holiday break, he had begun studying for his midterms even though he still had two weeks until the exams. I wondered how he had been able to motivate himself to do this. Jim reported that a teacher had warned him that sleep deprivation could affect performance on exams and had said that he should be sure to get enough sleep the night before his tests. It seemed that this threat of diminished exam performance was enough to change Jim’s procrastination habits in this one area (that is, studying for midterm exams). For Jim, the possibility of performing poorly on his exams apparently conflicted with his procrastination PSP enough to neutralize it. Specifically, the threat of poor exam performance due to sleep deprivation was a construct that refuted his PSP’s contention: “*I will still get good enough grades. So it is worth it to procrastinate even if I end up feeling more tired the next day. What matters most is now, not what has happened before or may happen tomorrow.*”

Jim had, in fact, experienced some difficulties during his midterms the previous quarter. He attributed his problems in this case to staying up too late cramming the night before. So, in this instance, he could not deny that past or future realities were relevant to his present decisions about doing homework. Life appears to have provided exactly what, according to Coherence Therapy, transforms PSPs: a disconfirming *juxtaposition* of a now-conscious PSP construct with some other, contradictory knowledge that feels very real.

However, Jim reported that he had *not* read his PSP card during his holiday break, and he denied that the card had played any conscious role in his deciding to start studying weeks in advance for his midterms. In fact, he reported that he had forgotten about the card and had not read it at any point since our previous session. At this point, to help Jim reconnect with and reassess the emotional truth of the card, I suggested that he read the card out loud in the session. I did not want to assume that Jim's studying considerably in advance of his midterms was evidence of transformation of his PSP.

After rereading the card, Jim said it still sounded true and accurate: *"I will not do this schoolwork now; I will put it off until later. I would rather sleep or do something fun or relaxing right now. I will still get good enough grades. So it is worth it to procrastinate even if I end up feeling more tired the next day. What matters most is now, not what has happened before or may happen tomorrow."* Jim then expressed concern that the PSP card was intended to make him change his procrastination habits. I reassured him that this was not the purpose of the card, and that we were simply trying to help him become as clear and honest as possible about his full range of reasons for procrastinating. I told Jim that after reading the card at home it was still his choice whether to do his schoolwork or postpone it, and that either choice was fine with me – my only interest was in his appreciating the reasons for his choices. Here we see an excellent example of what Edgette (2002, 2006) means when she discusses the importance, in working with adolescents, of *not* making injunctions to change. Jim was concerned that I was making such an injunction by encouraging him to stay connected with his PSP card, and it was important for me to reassure him that this was not my intention or interest. As I noted in the first half of this chapter, when a teen changes a behavior in response to adult injunctions, the change can feel like an embarrassing acquiescence and is likely to be short-lived.

Once Jim had accepted my reassurance that I was not requiring him to change, he was able to continue discussing current school assignments that he needed to complete. I then had Jim picture himself at home during the upcoming weekend, facing an assignment where he needed to make some progress. I again had him state out loud his objection to doing the schoolwork. Here is a transcript of Jim's speech at this point in the session:

I don't want to do this; there's lots of time left in the day. I don't have anything alternative to do (such as video games or other diversions), but I'll put the work off anyway – because I just don't feel like it, it's boring, I have a lot of it to do, it won't feel that good, I'll still have ten more of these boring things to do.

Here Jim acknowledged that, even when there was nothing else to do, he would still search for something else to help him postpone doing his schoolwork. In discussing this, he added the phrase *"tedious and boring"* to describe his experience of this particular homework assignment, and he agreed with my phrasing that *"anything is better than this; even doing nothing is preferable."*

At this stage, I decided to write a second paragraph to add to Jim's procrastination PSP card, incorporating some of his phrases and accentuating the emotional intensity of specific words (which are underlined below):

Procrastination PSP – Part 2

Even if there is nothing fun to do, I will still postpone starting the schoolwork and I will go looking for something else to do – anything! I am so bored by most homework that doing nothing is better than being bored by tedious schoolwork. There's always more anyway, so I don't feel that rewarded.

I then had Jim read this second PSP paragraph out loud, and he had a very interesting reaction. When I asked him what he had felt or thought while he was reading the statement and directly afterwards, Jim replied: “*It sounds funny, kind of ridiculous; I'll go to great lengths to avoid homework.*” Here again we witness the element of surprise in Coherence Therapy work. Once more, Jim's experience of his own PSP as “funny” and “kind of ridiculous” could be a marker of a transformational shift underway. I subsequently reviewed my session notes and asked Jim directly about his reaction. I clarified that when he reread his second PSP paragraph he felt amused and *not* embarrassed. In this session, there were no verbal or nonverbal cues indicative of embarrassment, such as fidgeting, blushing, avoidance of eye contact, or a sudden decrease in verbal interaction.

At this point, I decided to incorporate Jim's amused reaction to reading Part 2 of his PSP into a third PSP paragraph. My aim was to deepen further his present experience of his urgent emotional need to avoid the distress that came with doing his schoolwork. Jim called it “boredom” and “tedium,” which was true enough, but presumably this was also a verbal gloss for an underlying, unresolved distress of a more personally meaningful nature, not yet discovered (such as loneliness). I wrote the following statement and then asked Jim to read it out loud:

Procrastination PSP – Part 3

I will go to great lengths to avoid homework and spare myself the suffering of being bored. Even though I am amused by this and it is ridiculous how far I go, it is well worth it to postpone the tedious boredom!

Jim had another reaction of surprise to reading this PSP paragraph. He expressed curiosity, almost suspicious speculation, about what I was trying to do by including his in-session experience in this iteration of his procrastination policy. As he had indicated after reading Part 2 of his PSP, Jim was again concerned that I was trying to persuade him to change his habits – that is, making an injunction for him to change. I reassured him once more that my only intent was to transcribe accurately his experience and mirror it back to him through the summaries written on the PSP cards. Jim acknowledged that, even though he did not feel amusement when he was procrastinating, it was reasonable to add this reaction to his PSP statements. He agreed to read all three PSP paragraphs when he was choosing whether or not to do homework. I photocopied this three-part PSP onto a single sheet of paper so that it flowed as follows:

1. I will not do this schoolwork now; I will put it off until later (or tomorrow, next week, etc.). I would rather sleep or do something fun or relaxing right now. I will still get good enough grades. So it is worth it to procrastinate even if I end up feeling more tired the next day. What matters most is now, not what has happened before or may happen tomorrow.

2. Even if there is nothing fun to do, I will still postpone starting the schoolwork and I will go looking for something else to do – anything! I am so bored by most homework that doing nothing is better than being bored by tedious schoolwork. There's always more anyway, so I don't feel that rewarded.

3. I will go to great lengths to avoid homework and spare myself the suffering of being bored. Even though I am amused by this and it is ridiculous how far I go, it is well worth it to postpone the tedious boredom!

At the beginning of our sixth Coherence Therapy session, Jim announced that “the procrastination [had] won in the past two weeks.” He admitted this with a sheepish smile, and again said he was amused by how “ridiculous” his procrastination habit seemed to him after the fact. “I realize, now that I am not ‘in the moment,’ how dumb it was not to use my free time,” he told me. As we embarked on discussing the details of the past two weeks, Jim could not help but smile on numerous occasions, as he continued to be amused by his procrastination policy. He appeared to be genuinely tickled by recognizing the absurdity of his PSP's urgent need to avoid doing schoolwork. My reaction was to share a laugh with him and express appreciation for how consistent and dedicated he was in enacting his procrastination policy. I truly felt this way. If I had instead expressed disappointment and frustration with Jim, then his amusement most likely would have turned into embarrassment and he probably would not have been as honest during the rest of the session. Through sharing a laugh and having a sense of humor about his procrastination habits, Jim and I maintained a tone of curiosity and proceeded to have a very productive discussion of one specific recent procrastination incident.

Jim also reported that he had looked at the three-part PSP sheet only once since our previous session, and added that he was not conscious of choosing *not* to look at it. Yet he did admit that he probably had avoided looking at the sheet because he sensed that if he read it, then he might choose to do work – and this would violate the procrastination policy! We were both amused by this admission. It seemed another indication that his PSP was on the verge of losing force, albeit with resistance that was at least partially conscious.

I focused on the one time that Jim had decided to look at the PSP sheet. This had occurred in the context of a particularly prolonged procrastination episode. He recalled that, one week earlier, he had been up late trying to finish a long-term project he had put off; it was due the next day. He hadn't managed to finish it that night, and the next day he convinced his mother to allow him to stay home from school and take a sick day to finish the project. Once his parents had left for the day, Jim had spent the morning *not*

working on the project and instead engaged in his usual computer and video game diversions! Here we see Jim pushing his procrastination policy to its limit. Even after being given the day off from school and having a reprieve from handing in his project late, Jim remained committed to his procrastination.

As he was eating lunch and watching the news on TV, Jim realized that his parents would be home in a few hours and that they would want to know what he had accomplished during his day off. It was at this point that Jim decided to read his PSP policy sheet, hoping that it would help reinforce the necessity of resuming work on his project. After reading the PSP sheet, Jim decided to turn off the computer and instead do his work in the kitchen, where there were no fun distractions. He proceeded to work on the project the rest of the day and finished it that night. Jim recalled that reading Part 1 of his PSP policy had been the most meaningful and helpful that day. He summarized the situation by saying, "I already had my fun in the morning so I might as well work." Since the "doing something fun" part of his PSP policy was sufficiently satisfied, and the prospect of a poor grade was undeniable, Jim was now both motivated and willing to complete his project despite its "tedious boredom."

At this point in the session, I decided to have Jim reread his PSP sheet in order to reassess his relationship to it. He read his three-part PSP in a loud voice, with conviction, and afterwards noted once again how he was "always amused" by reading it and found it "ridiculous." Now even more than in previous sessions, his reactions seemed to stem from juxtaposition and transformation, rather than from embarrassment. Furthermore, Jim reported that he had not stayed up late studying for his recent midterm exams, since he had felt concerned that being tired the next day would adversely affect his test performance and grade. This report was consistent with what he had stated in the previous session.

I next asked Jim if he was satisfied with the work we had done on his procrastination habit, and he indicated that he was. After pausing to think about whether there were any additional Coherence Therapy steps I could offer to bring some closure to this portion of our work together, I decided to guide Jim through another series of sentence completions. I wanted to design these to be a summary of what he had learned and what this meant to him with regard to his future procrastination plans.

The first sentence stem I suggested to Jim was: "*Even though I now know. . .*" In response he said, "*Even though I now know the way and the "why" I procrastinate, I am still going to do it because it has worked for me a long time, I get good grades. . .*" Jim paused at this point, so I encouraged him to continue. I suggested that he add the word "*and*" to the statement and then to see what came to mind next without thinking about it. After I repeated his first sentence, Jim continued with: "*and the only consequence is that I'm really tired and it's not going to kill me!*"

Although I was privately amused by the life-or-death drama of this declaration, I stayed focused on seeing if Jim could connect with any other part of his previously articulated PSP policy. I suggested the sentence stem "*Furthermore. . .*" as a way for him to retrieve

and restate the meanings that were emotionally relevant to his plan to maintain his procrastination policy. Jim completed the statement by saying, *“Furthermore, another reward is that I get to have a good time. I get the work done rather than sitting down and tediously doing the work. When I use procrastination, work becomes fun!”*

This last bit of emotional truth made it apparent that our work was arriving at the type of outcome that Ecker and Hulley (1996) call “reverse resolution.” This means simply that the client, after recognizing and embracing the positive value of both the symptom and its underlying PSP, wants to retain them and feels satisfied with that outcome. This is accompanied by a qualitative shift of the symptom from being an involuntary, mystifying compulsion (before therapy) to being a practical coping strategy subject to choice in a given situation. This outcome is in contrast to that of “direct resolution,” in which the PSP truly gets dissolved and the symptom, as a result, ceases to occur at all. In my work with Jim, we had not succeeded in accessing the deeper layers of his PSP, so dissolution of it could not occur, but reverse resolution was taking shape nicely.

At the end of this session, there was not time to transcribe this PSP summary neatly, so I typed it up afterwards and e-mailed it to Jim. (He had given me permission to share it with him in that way.) Here is the text of the e-mail I sent him:

Hi Jim,

As we discussed on Friday, here is the summary you gave of your procrastination policy:

“Even though I now know the way and the why I procrastinate, I am still going to do it because it has worked for me a long time, I get good grades – and the only consequence is that I’m really tired and it’s not going to kill me! Furthermore, another reward is that I get to have a good time. I get the work done rather than sitting down and tediously doing the work. When I use procrastination, work becomes fun!”

After reading this, please let me know if there is anything you would add, subtract, or change about the wording to make it more accurate. You can then print it out and keep it with your other statements. You might try reading it out loud the next time you are deciding whether or not to procrastinate, and just notice how it sounds and what else comes up that is interesting, amusing, or surprising. You can then rewrite the statement to include what you have learned and share it with me via e-mail or the next time we meet. I am okay with whatever you decide to do or not do with all of this!

Take care,

Dr. Bonner

I felt it was important for me to end this e-mail by stating clearly that it was entirely up to Jim to decide how he wanted to use the PSP summary, that he was the expert on its accuracy, and that whatever he chose to do was fine with me. Ecker and Hulley (1996) speak to this point in describing how “the therapist’s willingness to be corrected is very important to clients, because it signals respect for the fact that only the client could possibly be the final authority as to what is true for him or her” (p. 144).

Jim did not reply to the e-mail, but when I saw him two weeks later he said that he had printed out the PSP summary and read it that weekend, which marked the start of work for the new academic quarter. Jim reported that his grades had declined slightly for the previous quarter, and that he therefore was feeling motivated to procrastinate less and “get a fresh start.” With this decline in his grades, Jim’s procrastination policy had again been partially breached. Specifically, he had violated the statement from Part 1 of his PSP: “*I will still get good enough grades.*”

Jim also told me that he had read the PSP summary the previous weekend when deciding whether to do schoolwork, initially stating, “I read it and did my work.” To clarify how this had helped him get going on his schoolwork, I had Jim reread his PSP summary out loud in the session. After rereading it, Jim recalled that, while reading it on the previous weekend, he had thought to himself, “I could get rewarded after the work and I don’t have that much.” He then went on to work for one and a half hours before taking a break. He said specifically that the work was not particularly tedious, although it was boring.

I next asked Jim how he imagined he would have proceeded that previous weekend if he had *not* read the PSP summary when he was making his decision about whether to start on his schoolwork. Jim speculated that, without the awareness provided by the PSP summary, he probably would have “done the work slower and cheated away time, and done the work in spurts rather than a flow.”

Interestingly, Jim also reported that over the past two weeks he had *not* procrastinated on a science fair project that involved completion of multiple components. He worked on this project mainly at school with a team of peers, supervised by a teacher. Jim reported that under these conditions he was able to have fun at the same time that he was doing the work, and thus had found a way to embody the last three words of his procrastination PSP summary: “*work becomes fun!*”

It appears that the more Jim experienced agreeable exceptions to his procrastination policy, the more he felt motivated and willing to work first and have fun later – which was essentially a reversal of his previous rule of “fun first, work later.” In Coherence Therapy terms (Ecker & Toomey, 2008), Jim seemed to experience a series of disconfirming juxtapositions of his procrastination PSP with several incompatible realities. Such juxtapositions are essential to the *transformation* phase of Coherence Therapy, and in Jim’s case they occurred as a spontaneous result of our discovery and integration work.

During our last session focusing on Jim's procrastination progress, he reported that he continued to read the first part of his PSP as a way to start doing homework and defer having fun. Jim described how he was already "halfway there" at these times in terms of his motivation to start work, and that reading Part 1 of his PSP reminded him that he would later have free time for fun. In that way, on a situation-by-situation basis, Jim brought himself back into reverse resolution and refound his capacity to choose not to procrastinate. He regularly revisited the PSP statement whenever he sensed he had strayed off track and taken a detour into a prolonged period of fun distractions.

In this last session, I was also struck by how Jim spoke about his time management intentions for an upcoming long weekend. He essentially predicted that he would first procrastinate during the morning by doing his usual fun things, and that after lunch he would read the first part of his PSP to motivate himself to start doing his homework. In essence, he was planning his procrastination period in advance, confident that he would limit its duration by calling upon Part 1 of his PSP, thereby reassuring himself that fun was not lost, that he would find it again after he had done the necessary homework. Over the course of our Coherence Therapy work, Jim's procrastination had been converted from an uncontrollable affliction to a choiceful prioritizing that he actively utilized to balance his multiple needs and motivations.

References

- Ecker, B. & Hulley, L. (1996). *Depth oriented brief therapy: How to be brief when you were trained to be deep and vice versa*. San Francisco, CA: Jossey-Bass.
- Ecker, B. & Hulley, L. (1999). *Briefer and deeper: Addressing the unconscious in short-term treatment*. In R. Simon, L. Markowitz, C. Barrilleaux, & B. Topping (Eds.), *The art of psychotherapy: Case studies from the Family Therapy Networker* (pp. 32-41). New York: Wiley.
- Ecker, B. & Hulley, L. (2000). *The order in clinical "disorder": Symptom coherence in depth oriented brief therapy*. In R. A. Neimeyer & J. Raskin (Eds.), *Constructions of disorder* (pp. 63-89). Washington, DC: American Psychological Association Press.
- Ecker, B. & Hulley, L. (2002). *Deep from the start: Profound change in brief therapy*. *Psychotherapy Networker*, 26(1), 46-51, 64.
- Ecker, B. & Hulley, L. (2003). *The hidden logic of anxiety: Look for the emotional truth behind the symptom*. *Psychotherapy Networker*, 27(6), 38-43, 58.
- Ecker, B. & Hulley, L. (2007). *Coherence therapy practice manual & training guide*. Oakland, CA: Pacific Seminars.

- Ecker, B. & Toomey, B. (2008). *Depotiation of symptom-producing implicit memory in coherence therapy*. *Journal of Constructivist Psychology*, 21, 87–150.
- Edgette, J.S. (2002). *Stop negotiating with your teen: Strategies for parenting your angry, manipulative, moody, or depressed adolescent*. New York: Perigee Trade (Penguin).
- Edgette, J.S. (2006). *Adolescent therapy that really works: Helping kids who never asked for help in the first place*. New York: W.W. Norton (originally published by Norton in 2001 as *Candor, connection, and enterprise in adolescent therapy*).
- Firestone, R. (1997). *Combating destructive thought processes: Voice therapy and separation theory*. Thousand Oaks, CA: Sage Publications.
- Izard, C.E. (1991). *The psychology of emotions*. New York: Plenum.
- King, L.A. & Hicks, J.A. (2007). Whatever happened to “What might have been”?: Regrets, happiness and maturity. *American Psychologist*, 62, 625-636.
- Nathanson, D.L. (1992). *Shame and pride: Affect, sex, and the birth of the self*. New York: W.W. Norton.
- Omaha, J. (2004). *Psychotherapeutic Interventions for Emotion Regulation*. New York: W.W. Norton.
- Schave, D. & Schave, B. (1989). *Early adolescence and the search for self: A developmental perspective*. New York: Praeger.
- Thrane, G. (1979). *Shame and the construction of the self*. *The Annual of Psychoanalysis*, 8, 321-341.