Coherence Therapy
Webinar Transcription
18 May 2011

Transcription: T.Alfama | B. Afonso | A. Santos

José Serra: My question is a very simple question I think. First of all I would like to remember the first book you co-authored with Ken Wilber.

Bruce Ecker: Oh my goodness. (laughs)

J.S.: Spiritual Choices (laughs), a long time ago.

B.E.: Oh, ok…

J.S.: But it's just to, to… serve as a… an eliciting idea. Because my point, and the main issue I want to ask you, is about the relationship between spirituality and psychotherapy, and in your case of course Coherence Therapy. And from your clinical point of view, do you think there's a space for this relationship between these two fields of human experience? Is it possible to integrate both fields when you, for example, have a client with the so called spiritual issues – let us say the meaning of life and death, religious problems, existence of God, problems of faith, grief and so on – how do you work from Coherence Therapy point of view? Thank you Bruce, thank you.

B.E.: Oh yes, yes thank you. The way I work in those areas with clients who let me know they want to go into those areas is through using largely the same set of Coherence Therapy skills and processes that I use with other clients. I help my client… um… make explicit and become conscious of levels of meaning, and themes of meaning, that are involved in the spiritual problem, in much the same way that there are unconscious, unrecognized, meanings and themes, and purposes and constructs in any other type of problem, that are so therapeutic and valuable to make conscious and bring into the conscious process of dealing with the problem. Now, how to make that abstract statement that I just made more specific and concrete and useful… I'm not sure that I can (laughs)… I wonder if that's enough of an answer?

J.S.: (laughs…)

B.E.: I also find it very, very important, for me - when I work with clients on spiritual issues or problems that they bring up - I happen to have familiarity with a wide range of spiritual traditions and spiritual frameworks around the world. And my familiarity with that often allows me to arrive at a very intimate understanding of my individual client's dilemma or problem, spiritual dilemma or problem, very very efficiently and swiftly, because I - almost always – I'm not a stranger to the particular type of spiritual problem they are having and I can join them within their framework and talk within the belief system, the terminology, the point of view of their particular spiritual framework, whether it is Christian or Buddhist, or Hindu, or Muslim, or Sufi, or… I'm familiar enough, so that just happens to be something I bring to spiritual problems that greatly

helps me with such problems but I think the same types of constructivist approach, very phenomenological approach, just actively and experientially carrying out discovery into the underlying structure of the person's problem. So in that sense spiritual problems really are no different than any other problem. I would guess that you and all the other participants here today would agree with me, I'm not certain of this but I would guess you would all agree, that a therapist does not, it is not necessary for a therapist to have experienced the client's problem himself or herself as the therapist previously in order to be able to be of real assistance to the client.

Aníbal Henriques: Yes, mm-hm.

B.E.: Why is that?

J.S.: Mm-hm.

B.E.: Well in Coherence Therapy it´s because the therapist's job is to carry out this experiential discovery like an anthropologist of the individual. So you don't have to already have experienced or have intimate knowledge of the persons problem to assist the person to unpack that problem, to bring into awareness the underlying unconscious structure of the problem, in such a way that the problem becomes profoundly solvable or transformable. And, really, I think spiritual problems are not fundamentally different in terms of the therapist helping the client come to terms with a given problem. So I think that is probably the end of my answer. (joyfully)

J.S.: Ok, thank you Bruce, thank you! (joyfully)

B.E.: You're welcome.

A.H.: Ok, thank you so much Bruce. If nobody else wants to put a question I will follow happily with some questions I have to share with Bruce. Is anybody else wanting to share a question

Teresa Alfama: Hi Bruce.

B.E.: Hello Teresa.

T.A.: I have a question and I didn't have any agreement with José but my question is more or less in the same area. Not with your first book but in DOBT book, in Deep Coherence, Deep Oriented Therapy.

B.E.: Mm-hm, yes.

T.A.: You speak of 1st, 2nd, 3rd and 4th order of constructs, and then you put the possibility of a 5th and a 6th order.

B.E.: Yes (amused). Oh I did not expect this today… (laughing)… yes. So what is your question?

T.A.: What are the… not what are that order of constructs but maybe you've answered my question… Like, the therapist doesn't have to be aware or take in consideration those orders of constructs in the therapeutic sessions, right?

B.E.: Yes, yes that's right. We mentioned the possibility of such 5th and 6th order of constructs only to give a hint at how the theoretical framework we were defining could possibly extend and be applied or, applied to or cover a range of experience beyond the personal Ego individual level into something beyond that.

T.A.: Mm-hm.

B.E.: But without really, without really meaning to imply that either that we understand those higher order constructs or how they would work and having no idea how one would use them or even understand them.

T.A.: Mm-hm, ok.

B.E.: Just a little hint is all that was meant to be. Yes, so correct, we don't imagine ever actually using such constructs within therapy that we can foresee or understand, yeah.

T.A.: Ok, I have another question then. It's particularly about your style in the videos we see, the way you talk with the clients seems almost like… I don't know how to put it but there's a particular kind of tone of voice and relationship with the client. Do you agree with that, that it's very important the way you interact verbally with the client?

B.E.: Yes, I do agree, I do agree and as you said that's my particular style and other therapists could use their own different style and be just as effective, but I think what matters is a style and a qualities of voice and qualities of presence that first of all make it safe for the person, for the client, to go into very vulnerable tender areas at a minimum. But also I feel I'm using my voice tones to communicate the message to the client that going into experiential process, that go into emotional experience, the actuality of experience, is what I am inviting and requesting.

T.A.: Ok.

B.E.: And I do that in other ways too, I do that with explicit words that I say, I'll be transparent about asking for, you know, 'so what are you actually feeling in your body right now?'.

T.A.: Mm-hm.

B.E.: But in addition the tone of voice is… I feel also very helpful and important for bringing the client to understand that we're working on a feeling level, on an experiential level, yeah.

T.A.: Ok thank you.

B.E.: You're welcome.

A.H.: Thank you Teresa. Bruce if you don't mind it's my turn, I want to have a turn too. (Laughs.)

B.E.: Good.

A.H.: I have some questions. One is around Coherence Therapy as a brief therapy. Coherence Therapy was once called by you and Laura Depth-Oriented Brief Therapy assuming a system that allows deep shifts in a small number of sessions, right?

B.E.: Yes.

A.H.: And as we all know, from our own practices, clients claim for fast changes as much as they claim for the change not happen or to happen in a slow and painless way. So my question is should we share this paradox, this conflict with our patients, could this transparency help clients to inhabit both the fast

position and the slow position saying that they want to change fast but they want to change slow and painless?

B.E.: Well I think, I think that kind of communication or conversation with a client can be very valuable especially when the client does have some concerns or even resistance to the process because of some feelings, or you can say a part of the client that feels guarded, feels too vulnerable, feels like it's important to make it very slow to avoid too much pain. So yes if the client actually has both sides of that, both points of view, I think it would be very helpful for the therapist to give an emphatic recognition and acceptance to both sides explicitly like that.

A.H.: Yes, I see you. So we should be able to step out of an expectation, of a fast expectation just to…

B.E.: Ahh… yes, yes.

A.H.: … help the patient to step out of a fast expectation. Mm-hm.

B.E.: Right, right. You know I with my clients I don't really assume or expect… Um… well this is tricky to discuss in a… just to make clear what I want to say in just a few sentences is difficult. I am always intending for each session to be very effective toward a real breakthrough.

A.H.: Ok.

B.E.: And I always assume that a breakthrough, profound shift, profound change, resolution can come anytime in any session and I'm doing my best to help that happen.

A.H.: Mm-hm.

B.E.: But I don't really hold that as an expectation because, you know, with lots of experience as a therapist with many years of experience we find that it really is impossible to predict how many sessions it will take with a given client.

A.H.: Mm-hm.

B.E.: Sometimes what looks like a familiar relatively simple presenting problem turns out to have quite a few big powerful pro-symptom positions or underlying emotional schemas maintaining it and all entangled with each other. So sometimes the complexity can be very great and that may not be apparent at the start and only becomes apparent as the sessions keep happening, and so with the humility that comes from experience I've learn not to… not to assume or expect anything and just simply to do my best to make every session effective in its own way. Which means, you know, in my thinking - in my approach to sessions – I want every session to result in a significant further step of either the discovery work or the integration work or the transformation work. And I feel I'm doing a good job as a therapist if I can keep every session creating definite recognizable progress of any of those three kinds and then it takes as many sessions as it takes. So I don't, I don't initially start with clients talking about how fast it will go or how few sessions it will take unless they need to talk about that. Some clients show-up having read about Depth-Oriented Brief Therapy and they have assumptions or expectations, or they want to know whether I will be rushing them too fast.

A.H.: Yes.

B.E.: Pressuring. So then of course if necessary these things get discussed but otherwise I don't bring it up and I just get to work.

A.H.: Ok. It was clear. It was pretty clear, thank you. Another one. This is about the frequency of the sessions. Taking so much work and effort from both client and therapist to access and discover relevant and conscious material, so often painful and conflicting emotionally material that is so hard for the one accessing it to keep it at a conscious and verbal level.

B.E.: Mm-hm.

A.H.: So my question is could this kind of work and sessions benefit from a more frequent and less spaced rhythm in order to avoid this kind of active dissociative amnesia. Do you look in your practice for the twice a week, the traditional *twice a week* or *as soon as possible* rhythm, as a way of keeping the material accessed closer and not dissociated?

B.E.: Mm-hm, ok. Well as you know we always use an index card to… well we always create a between session task or practice for the client.

A.H.: Yes the index card, of course, mm-hm.

B.E.: Yeah, yeah, based on whatever is…

A.H.: A bridge.

B.E.: yeah a bridge to the next session and to help the client stay in touch with whatever we agree together is the most important part or parts of the session we just have done. And so if the client is not doing the task, doing the homework or is not looking at the card between sessions, what I found is that more frequent sessions will not change that.

A.H.: Mm-hm, as a rule.

B.E.: As a rule, yeah. It´s not the length of time between sessions that is causing that, it is resistance of one kind or another. And when I say resistance what I mean purely is that there's something about the homework or the task that is too… as you said, you know, either too painful or too much change in other areas would result, or threatening in some way. And so the resistance is really self-protection that the client may not even be conscious of needing to do. So more frequent sessions won't change that, the same thing would happen as a rule. In fact, more frequent sessions could even increase this sense of threat, danger, too much to deal with. So… and usually once a week is – from my experience again with a wide range of clients – is that a session once a week, every week, is frequent enough for there to be good continuity, good momentum. And really only in situations where the client feels that he or she is in a crises or something urgent is happening that really this has to be going as fast as possible or a week feels like to long to be alone between sessions is more accompaniment in this situation. So to me it seems that… what I find is that the best solution, the necessary solution, when the client is not remembering the material or paying attention to the between session task, is to very empathically inquire together. For the therapist to basically say "Well, you know, I wonder if there may be a good reason that we don't understand yet, but a good reason that the between session task is being lost track of or forgotten. Maybe there is something in this task that I, um, that we set-up last session, maybe is too big a step, maybe there is something unwelcome or difficult, too difficult about what

we set-up for you that we didn't realize was too difficult. Let's see if there is and if we can find something that was too big, too much, too soon, too difficult then let's find how to make it a smaller step, a much smaller step and let's look at how to make sure is always a small enough step that it really feels workable to you. And so… was there any aspect of that last homework that had an unwelcome quality to any part of you?".

A.H.: Mm-hm, yes.

B.E.: So a very transparent inquiry, a very empathic accepting non-blaming inquiry.

A.H.: As a way of regulating this resistance and aligning to the resistance. And you don't use the frequency of session as an instrument to that, ok. Pretty clear, pretty clear, very helpful. Thank you so much.

B.E.: Right, that's right. Basically it's a matter of beginning Coherence Therapy on the resistance.

A.H.: Yes, mm-hm.

B.E.: And inviting this focus on… "well actually yes" and then client starts to describe some aspect of the task that was uncomfortable. And so starting from that point of entry whatever the client initially indicates was not so comfortable… um… doing discovery work right there and bringing out the emotional truth of how that task actually was significantly threatening or frightening, or dangerous, or had a consequence, would have had a consequence that is unwanted or whatever it is. So it's really discovery work and integration of whatever is found and then transformation of that, whatever it turns out to be. So really it's Coherence Therapy applied to the resistance, the therapist is viewing the resistance, for the time being, as the symptom, without ever of course using the word symptom, but… And so the whole process is applied to the resistance until it is dissolved or shifted and then be back to the main track. And now the client can do the task and stay with the material.

A.H.: It is very helpful. Um, can we turn into Coherence Therapy Training? Some questions around the training on Coherence Therapy, Bruce, please. It´s about supervision. From your experience how more effective it is for training purposes supervising based on the psychotherapist´s narrative of the client and the session versus supervising based on videotaped sessions. From a Coherence Therapy point of view, could this kind of supervision and training result in a much better and effective learning and training?

B.E.: Mm-hm, I see. Well again, just describing what I´ve, what my opinion is just based on my experience with that. Um, those two different approaches, working with the therapist´s, um, narrative, description of the session versus sitting down together and watching a videotape of the session from the beginning of the session. My experience is that very different results come from those two approaches. And they´re both very valuable and I don´t have an opinion about which is more valuable actually. Um, because they are different. And they are…it´s like, you know, comparing apples and oranges, naturally I know how to compare them, but I´ll describe what I see as the difference. When the therapist, um, without video, give me a narrative account, a description of the session and then we zero in on, I mean, when a therapist is consulting with me I fairly assume, if not right away ask "What is the problem or challenge you are having with this client that you want this consultation to be helpful for?" Because as

soon as I know what that is, early, if not immediately, then I know how to listen to everything the therapist tells me. Otherwise I´m, you know, there´s so much information and I, I could get all kinds of ideas that might not be very relevant to what the therapist needs. So I always start with "Tell me the problem you´re having and then let´s get into the details of the case", so I know how to listen.

And in that way certain kinds of, certain aspects of Coherence Therapy get the focus and and and become discussed. And we can zero in on whatever the, whatever difficulty the therapist is having either with his client or with Coherence Therapy methodology. Now, in contrast if we are watching a video from the beginning of the video the chances are I will see something that I could comment upon, to teach the therapist Coherence Therapy skill improvement within the first two or three minutes.

A.H.: Mm-hm.

B.E.: And what usually happens when the therapist comes in and plays a tape, whether it´s an audio tape or a video tape, is we don´t get farther than ten or fifteen minutes into the session by the end of the therapist´s, either the therapist´s hour or the therapist´s share of time in a consultation group. Because I keep spotting things that I can comment on, that I think will be useful to the therapist to improve Coherence Therapy skills every couple of minutes and so we only get ten or fifteen minutes into the session because there is a lot of rich useful discussion over these things I´m spotting. And we usually never get to the end the session. So if the therapist, if what the therapist really needs from the consultation is to discuss what happened by the end of the session and the overall shape of the session and the overall direction of the work, then we really should not sit down and listen to the tape or watch the tape. Then we should use the therapist´s narrative to select the aspects that the therapist needs focused on. But if the therapist does not have a specific problem or challenge that he or she wants assistance for and just wants general skill building of Coherence Therapy, then watching a tape and starting from the beginning of the session is good.

A.H.: Great, very helpful, thank you. Another topic on training; it´s about personal therapy. Having Coherence Psychology Institute Certificate training with an experiential part, where trainees are in the role of clients assuming real life problems, can we presume that Coherence Psychology Institute strongly recommends personal Coherence Therapy or other personal experiential therapy as a central part of the training? And in your opinion, is it possible to train good coherence therapists never experiencing themselves Coherence Therapy?

B.E.: Mm-hm. Well, let´s see.

A.H.: You know, it´s an old dilemma – personal therapy mandatory or just recommended…

B.E.: Yes, yes, yes. Well, the, there is…I´m trying to select between different ways of answering this that are competing in my mind and trying to keep the answer reasonably short enough. Um, there are, there are therapists…the answer depends on the therapist, um, into a large degree. In other words, some therapists, it´s more important for some therapists to experience it themselves as the client than it is for other therapists to. Such a wide range there, um, it

depends a lot on the therapist´s previous training in psychotherapy. Some therapists, when they´re new to Coherence Therapy have, um, are deeply, um, trained in ways of thinking about therapy that are very very different than Coherence Therapy. And if they want to learn Coherence Therapy if they´re attracted to, want to do Coherence Therapy there is very much that they have to unlearn in order to learn the ways of thinking and the processes involved in Coherence Therapy. Other therapists, um, their previous training was really very much already aligned with the principles and the concepts and methods of Coherence Therapy and they don´t have to unlearn very much, in fact, Coherence Therapy makes explicit, um, or adds clarity to why their previous base of working, um, extends to them and etcetera etcetera …so…let´s see here. I´m not satisfied yet with the answer I´m giving you. You know, within our program, as you probably know, um, the way progress in our program is structured, we have a long list, a grid or a set of categories, a list of categories,…

A.H.: Mm-hm.

B.E.: which are the very specific skills, yes. Um, we´ve broken down Coherence Therapy into a specific skills set, it´s a list of about, um, well, twenty or twenty-two or so, specific skills that a trainer can access or watch for or make some recording in our progress record for each trainee, of how the trainee is doing with each of those skill sets. And, when a trainee has demonstrated skill, um, consistent skill in each of those areas that is when that person can be given, um, you know, a certificate of competence or proficiency, at least at a basic level in Coherence Therapy. So, we don´t really care what a therapist has to do, to become able to show us…

A.H.: Ok.

B.E.: that they have skill in each area. If a therapist manages to demonstrate skill in each area without having had any personal experience (Laughs.) as the client in Coherence Therapy, they will still receive a certificate of proficiency, right? Um, but because we do believe that it is best for a therapist to truly know what Coherence Therapy is from the inside as the client from the subjective side of it, that is why in part of our training program or what we call our group practicum that consists of a group of four trainees who do actual sessions with each other guided by a trainer and they take turns being therapist and client. So it´s built in to the group practicum format that each trainee will be a client and have the experience as client. And that is, we take, we view that as an important aspect of the training so we built it in that way. But, like I said, if a therapist can demonstrate skill in all the areas without that, then that´s fine too. Oh yeah, so it´s flexible that, and it´s really a very individual matter how much of that is really needed.

A.H.: Bruce, crystal clear, thank you so much. Another one on training. Can I go further? Um, and maybe this one links…

B.E.: Yes.

A.H.: with what you said before. It´s also on Coherence Therapy training. From your training experience, are there Coherence Therapy principles or techniques that somehow are more difficult to learn or practice by beginning therapists? Beginning therapists meaning both young and senior. Is it the counteractive reflex, or to build and maintain an alliance with both pro-symptom and anti-

symptom positions, or to make the session experiential, or maintaining a not knowing position, just to name a few of the challenges that Coherence Therapy offers to therapists, to beginning therapists?

B.E.: Well, yes, as you said, my previous answer is involved in this question too. Um, different therapists, um, have a very different experience or different therapists will say, will identify different parts of Coherence Therapy as the most difficult for them. And yes, it´s a, that is very much influenced by their previous training or previous paradigm, their previous ways of conceptualizing therapy, their previous models of change. Um, whether they have experience working experientially; you know, therapists who have little or no previous experience working experientially typically find that the requirement to work experientially in Coherence Therapy may be the hardest part for them. Therapists who, um, work experientially but are not familiar with thinking in terms of coherence; but, after all there´re therapists who work experientially but do so in a counteractive manner. So, that kind of therapist might be very comfortable working experientially but it might be, um, it might take a while to get familiar with and comfortable with assuming coherence and, um, applying experiential work in the way we do in Coherence Therapy based on the coherence of, um, in other words that there is an underlying emotional truth or emotional schema to head toward and retrieve and bring forth, rather than trying to work experientially to build up, um, skills or resources or feelings to override the symptom, counteractively.

A.H.: Very different indeed.

B.E.: Very different types of approach. So yeah it´s completely, um, an idiosyncratic or individual matter which part of Coherence Therapy will seem to be the most difficult. And really I don´t think I can say which one is most often felt to be the most difficult. All the ones that you mentioned, um, I think are, it seems to me about, about equal in the frequency of therapists seeing them as the hard part of Coherence Therapy.

A.H.: Ok, clear. Thank you so much. I don´t want to take all your time, we have maybe still five to ten minutes. I would ask now anyone who wants to join us with another question, ok Bruce? (Pause). Hello everyone?

B.E.: Sure, gladly.

A.H.: Anyone who wants to share a question with us, please. (Pause). Hello, anyone who wants to share a question? If no one, I can share another one. Bruce, it´s my opportunity tonight (Laughs.), let´s see.

B.E.: Good, ok.

A.E.: Ok, while our colleagues think maybe I will share another one. This one is a little bit provocative, Bruce. When do you say, during the therapeutic process…

B.E.: Mm-hm.

A.H.: …or session that Coherence Therapy happened, has really happened; when all processes of discovery, integration and transformation took place, or when some discovery of emotional truths took place, or when just you applied some Coherence Therapy fundamentals and principles or orientations, or when some techniques were in place? Can you comment on this?

B.E.: Mm-mh, mm-hm, um what an interesting question. Let´s see, um. Well, the answer to that could possibly vary if you asked different practitioners of Coherence Therapy what they think about that. I can imagine there being a range of opinions about that. Myself, I think I hold it in two ways, two of those ways at the same time. Um, and this connects to something I said earlier in our discussion here today. Um, oh yes, it´s when I mentioned earlier that after each of my sessions, I feel that it was a good session if either discovery or integration or transformation was advanced in a clear, definite way in that session. And so, really that, in my mind, that is equal to saying that for me Coherence Therapy happened in that session.

A.H.: …of any phases…

B.E.: Yes. Yeah. Right, if one of those three processes…

A.H.: Ok.

B.E.: made..

A.H.: Mm-hm.

B.E.: progress. Yeah, but what really matters or counts in the end is that all three happen successfully and the client´s presenting symptom has, either has…

A.H.: Ok.

B.E.: stopped happening or the other type of resolution that sometimes resolves, um, the client realizes that what he or she thought was the symptom or problem, um, is not, um, according to his or her own evaluation, and evaluation has shifted. Well, what we call reverse resolution, but without getting into those details, um, if, you know, if that doesn´t happen, if a client´s presenting symptoms are not resolved, if, you know, if the work fails to achieve the relief or the change that the client wanted, then no, I cannot say Coherence Therapy happened. I can say parts of Coherence Therapy happened**,** but so what?.... You know. So, you know, so I want, I…

A.H.: Great.

B.E.: So for me it´s both.

A.H.: Makes very sense. (Talk simultaneously). Very clear.

B.E.: Yeah.

A.H.: Thank you again. Well, we are reaching an end. I believe we have a couple of minutes. I don´t know, again, if anyone wants to share, these two minutes, for any other question? Hello everyone, anyone wants to…yes Bruno, hello, go ahead.

Bruno Afonso: Hello Aníbal. Hi Bruce. Um, well, a question just came up for me, it´s a curiosity, I wonder how important may ongoing life experiences, um, of the client be to the process of psychotherapy.

B.E.: Mm-hm.

B.A.: In what ways may they be helpful, hindering or both possibly. And consequently, should we as therapists push or suggest, or rather refrain from doing that. I´m not sure if I´m clear…

B.E.: Mm-hm. Well, I´ll try to answer and let´s see if my answer is, um, reveals that I understand the question or not.

B.A.: Mm-hm.

B.E.: Um, very often in my experience working with my clients, um, ongoing life experiences, you mean the clients day to day week to week life experiences…

B.A.: Yes, exactly.

B.E.: while therapy is happening, yeah.

B.A.: Yeah, yeah.

B.E.: It´s often very very important to the therapy. Yeah. Yeah, sometimes pivotally important. Um, sometimes life cooperates with the therapy to an elegant amazing degree that you have to wonder what is really going on here (Laughs.), you know. Um, but other times, um, it can, there are times where the client has new experiences, that, um, in a way reinforce the old pro-symptom position and the old learnings that the therapy is trying to dissolve and shift. So, you know, it can go the other way too, but even then that can be what we call, you know, grist for the mill. That can still be fuel for the process, we can make good use of that too. And so, my overall answer to your question is that ongoing life experience is often a very important ingredient in the therapy.

B.A.: Mm-hm.

B.E.: And sometimes really unavoidably so. Um, if the client is working on something and then daily life experience, um, is, is, um, very involved in the problem that the therapy is addressing, then it´s almost inevitable that you have to be working actively with daily life experience as part of the therapy, so it´s very very common for me.

B.A.: Mm-mh. And would you suggest to clients, um, some kind of movement in real life or would you refrain from that, from doing that. What are the pitfalls, the risks of that?

B.E.: By movement in real life do you mean like giving a between session task that is a behavioral…

B.A.: Yeah, exactly.

B.E.: task about to have a certain situation or something to try out with someone.

B.A.: Mm-hm.

B.E.: Yeah. Yeah. Yeah, I do that a great deal. Um, of course whenever I am suggesting that as a between session task I ask my client if it feels workable, to him or her, to do that. And are there any drawbacks, are there any, what are the vulnerabilities, what´s the downside. Is there any, um, what´s the worst case scenario if you try this and is that acceptable. What are the risks in other words…

B.A.: Mm-hm.

B.E.: So we do a careful risk assessment and then agree, um, if it looks ok then we agree to go ahead with our task. So, yeah, that´s very frequent in the between session tasks. Um, I don´t know if I give more between session tasks that are behavioral in this sense or more that are entirely, um, internal processing tasks,

B.A.: Mm-hm.

B.E.: without a behavioral external aspect. I´m not sure I would, I would guess it´s about equal.

B.A.: Uau, ok.

B.E.: Yeah.

A.H.: Good.

B.A.: Thank you very much. I´m happy.

A.H.: Well it´s time to close this session. Bruce it was wonderful again to learn with you, to have this opportunity. We will have another consulting session in June, so, we will keep in touch and hopefully we will have a transcript of the session to share with all. So, wish you a wonderful day and night for the folks here in Lisbon and thank you everyone for attending and for so good contributions. Thank you so much Bruce, see you soon. Thank you so much, bye bye.

B.E.: Thank you Aníbal, thank you everyone. Good-bye. Bye bye.