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Commentary on: The Many Reasons Why Not to Commit Suicide: The Case of "Maggie"

**The Practical Value of a Big-Picture, Metatheoretical, Unified Psychotherapy:
Henriques' Unified Theory of Knowledge**

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ABSTRACT

This commentary begins with a brief overview of Henriques' ambitious, meta-theoretical Unified Theory of Knowledge (UTOK), Character Adaptation Systems Theory (CAST), and his psychological mindfulness practice "CALM-MO." It also contextualizes these within the Unification Pathway to psychotherapy integration. It then proceeds to highlight key aspects of "The Case of Maggie," with particular attention to how Henriques both "zoomed out" to see the complex multidimensionality of Maggie, as well as "zoomed in" to attend to specific dysfunctional processes with specific interventions consistent with the UTOK. Among the many noteworthy aspects of this case, I highlight (1) the differential roles of cognitive approaches to thinking and reasoning in contrast to the roles of emotional experience and expression in the work of psychotherapy (corrective experiences in contrast to corrective *emotional* experiences); and (2) the question of the nature of changes in psychotherapy: whether they persist permanently and effortlessly, as some claim, or, in contrast, if they are more complex, non-linear, and dynamic.

Keywords: Unified Theory of Knowledge (UTOK); Character Adaptation Systems Theory (CAST); CALM-MO; Unification Pathway; Unified Psychotherapy; Psychotherapy Integration: Corrective Emotional Experience; Non-Linear Change Dynamics; Case Study; Clinical Case Study

INTRODUCTION

Henriques' (2022) "Unified Theory of Knowledge" is an ambitious, scientifically-grounded, complex, coherent, meta-theoretical system that integrates key insights from not only all of the major psychology traditions, but also from physics, neuroscience, evolutionary theory, developmental and complex systems theories, and cognitive and behavioral sciences. It consists of eight primary ideas: (1) the Tree of Knowledge System, (2) Justification Systems Theory, (3) Behavioral Investment Theory, (4) the Influence Matrix, (5) Character Adaptation Systems Theory, (6) the Wheel of Development, (7) the Nested Model of Well-Being, and (8) CALM-

A. Marquis

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Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

MO. The ideas most relevant in the Case of Maggie are numbers five and eight, while the sixth and seventh ideas were not directly discussed in the Case of Maggie (Henriques, 2023).

The Case of Maggie details the treatment of a freshman college student suffering from trauma, depression, and suicidality. It is an excellent example of the value of a unified approach to psychotherapy—one that “zooms out” to see the multiple domains of human functioning and the utilization of all the major therapy approaches while also “zooming in” to meet Maggie where she is and facilitating the specific psychological processes she needed to heal. Although there are other examples of case studies involving the unification pathway of psychotherapy integration (i.e., Marquis et al., 2015), The Case of Maggie is the most detailed example of such and is well-deserving of the attention it is receiving in *Pragmatic Case Studies in Psychotherapy*. Due to the complexities of Henriques' UTOK and unification in general, this commentary will begin with some context of the unification pathway, which is the general psychotherapy approach that his work is an example of. The commentary will then proceed sequentially through different phases of Henriques' work with Maggie, and notable aspects of it will be discussed.

CONTEXT: THE UNIFICATION PATHWAY (UP) OF PSYCHOTHERAPY INTEGRATION

Unified psychotherapies are an emerging trend in contemporary psychotherapy and are formally recognized as the fifth “pathway” to psychotherapy integration by the *Journal of Psychotherapy Integration* (JPI is the official journal of the Society for the Exploration of Psychotherapy Integration; Marquis et al. 2021). Henriques' “Unified Theory of Knowledge” (UTOK) is one of the exemplars of the unification pathway of psychotherapy integration; the other two metatheoretical, “metamodern,” unified approaches are Integral Psychotherapy (Marquis, 2008, 2018) and the Dynamical Biopsychosocial Systems View (Magnavita & Anchin, 2014). Metatheory is the defining feature of the unification pathway, and a primary advantage of such metatheoretical frameworks is that they exhort our taking as many perspectives on a given phenomenon as we can, and thus, assess and treat our clients in as comprehensively integrated and holistic a manner as possible. Keeping all perspectives in mind requires dialectical “both/and” thinking that “makes room” for all the major psychotherapy approaches. If you agree that our clients are affected by a broad array of domains and processes (including neurobiology, intimate relationships, developmental dynamics, cultural meaning-making to trauma, social systems that may be inequitable, behavioral principles, and the individual choices people make), then shouldn't we try to take all those variables into account when we assess and treat our clients? The answer seems obvious, and this is what unified psychotherapies attempt to do. Without such metatheoretical perspectives, therapists and researchers are likely to view clients in fragmented ways that fail to honor clients' complexity and multidimensionality. If therapists systematically devalue, deny, or ignore some aspect of human experience, they will be seriously limited in their effectiveness with the full diversity of clients who seek their help.

A. Marquis

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Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

As Goldfried (2018) has noted, the field of psychotherapy—despite being more than 100 years old—is still pre-paradigmatic and lacks a core of consensually agreed upon knowledge. Unificationists contend that meta-theoretical frameworks can potentially remedy this problem—in part, because they can help the field develop more effective relationships among (a) disparate theories and the multitude of assessments and interventions; (b) practitioners and researchers of psychotherapy; and (c) the science of human psychology and the practice of psychotherapy. The unification pathway (UP) differs from the other four pathways to psychotherapy integration previously developed (technical eclecticism, assimilative integration, common factors, theoretical integration; Marquis et al. 2021) in that these other four tend to remain at the paradigm level of analysis, whereas the UP delineates how the traditional paradigms exist in relationship to one another, incorporating all four of them. To use a metaphor, the first four are concerned with developing connections and exploring interrelationships among various mountains in a mountain range, whereas the UP “zooms out” with meta-theoretical frameworks to view the entirety of the mountain range. One of the therapist-participants in the *Integral Psychotherapy in Practice* study (Marquis & Elliot, 2015) described this zooming out as “listening on many different channels” – channels ranging from behavioral, psychodynamic, and existential to diversity, family systems and cognitive. Those in the UP then “zoom in” to understand specific phenomena pertaining to the practice of psychotherapy. The Case of Maggie demonstrates this zooming out and zooming in very clearly.

As mentioned above, along with Henriques' Unified Theory of Psychology, there are two other metatheoretical, “metamodern,” unified approaches: Integral Psychotherapy (Marquis, 2008, 2018) and the Dynamical Biopsychosocial Systems View (Magnavita & Anchin, 2014). For a comparison of these, see Marquis et al. (2021). Regarding the goal of unification, Marquis et al. (2021) note that while there are differences among these approaches,

all three metatheories zoom out in somewhat different ways to see different facets of the whole. By recognizing that the different metatheories emphasize different lenses (i.e., general systems theory, epistemology, and aligning the science of psychology with the practice of psychotherapy), we can see that there is more complementarity in these approaches than might be initially apparent. In this manner, they represent an integrated pluralism, in contrast to a fragmented pluralism. This suggests that additional progress can be made as the various unifying visions are contrasted and compared, and potential synergies are explored. These are some of the reasons why we argue that the unification pathway will contribute productively to Goldfried's (2018) call to advance a core of consensus in the field. (Marquis et al., 2021, p. 290)

In line with the complementarity among the three unification metamodels, core principles of the unification pathway have been derived and include: a) the central importance of the therapeutic relationship; b) viewing psychotherapy as a developmental process that involves

A. Marquis

Pragmatic Case Studies in Psychotherapy, <http://pcsp.nationalregister.org/>
Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

processes of awareness, understanding, acceptance, and active change that often occur nonlinearly; c) client and therapist having a shared understanding of the nature of the work; d) emotions as crucially important to human change processes; e) affectively-driven avoidance/defensive tactics as central to the development and maintenance of psychopathology; and f) much of the work of psychotherapy entailing identifying and remedying maladaptive cycles and feedback loops that involve maladaptive cognitions, behaviors, emotions, relationships, and self-identity (Marquis et al., 2021). To close this overview, unificationists have embraced the following statement of identity:

Rather than being anchored to a traditional paradigm, we identify as professionals who are trained broadly in the science of human psychology, and especially in personality dynamics, psychopathology, and human change processes in the context of therapy to foster psychological adjustment and more optimal psychological functioning for people in need of psychological care. As practitioners, we engage in an assessment that examines key domains of psychological adaptation and functioning and place those domains in biological, learning and developmental, and social and cultural contexts to delineate a clear case conceptualization and problem formulation in a way that leads to a treatment plan. This plan is developed from the spectrum of interventions that might be appropriate based on psychological theory and empirical research, and it is constructed in collaboration with clients, taking into consideration their values, culture, systems, stage of change, level of functioning, available resources, the treatment context, and the expertise of the clinician. Thus, the practice of unified psychotherapies is highly consonant with APA's (2006) definition of evidence-based practice. (Marquis et al., 2021, pp. 291-292)

TWO MAIN CONCEPTS APPLIED IN THE CASE OF MAGGIE

There are many aspects of The Case of Maggie that I could comment on, such as how UTOK frames the dynamics of triple negative neurotic loops as the core to entrenched maladaptive patterns and how the ABCs of avoidance, blame, and control maintain them. Instead, I have chosen to focus primarily on Character Adaptation Systems Theory (CAST; Henriques, 2017) and the mindfulness-based intervention, "CALM-MO."

Character Adaptation Systems Theory (CAST)

Henriques uses CAST to provide a conceptual bridge from the larger UTOK framework to psychotherapy. CAST parsimoniously reveals the relationship between humans' primary systems of adaptation and the major approaches of psychotherapy: the Habit System is addressed by behavior therapy; the Experiential System is addressed by experiential-humanistic approaches; the Relationship and Defensive systems are addressed by psychodynamic therapy; and the Justification System is addressed by cognitive therapy. One of the aspects of CAST that I find particularly valuable is its emphasis on the significance of emotions and the relational and defensive systems. When Henriques' states that our core psychosocial need—and the foundation

A. Marquis

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Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

upon which our psychosocial systems operate—is being seen, known, and valued by important others, he is clearly demonstrating agreement with Mahoney (2003), Magnavita (2006), McCullough (1997), Fosha (2000), and Marquis (2018). These authors view relationships as the primary process of human adaptation, function, and dysfunction—and various forms of emotional dysregulation as central to most forms of psychopathology. It follows that he views corrective emotional experiences as a core mechanism of change in psychotherapy.

“CALM-MO”

“CALM-MO” offers specific psychological mindfulness practices to cultivate a “witness” or observing-ego perspective that reorients one’s mode of relating to negative situations and one’s subsequent painful feelings.

Henriques’ original and elaborate description of the Justification System is extremely important to a theory of *human nature*, and he properly links it to Beck’s Cognitive Therapy. However, from the perspective of Experiential Dynamic Therapies (EDTs, Davanloo, 1990; McCullough, 1997; Fosha, 2000), it is important to recognize that our clients’ thinking and reasoning (even though they are completely necessary to create meaning in one’s life) are often used defensively—in Henriques’ words, “to give reasons for one’s behavior” (or feelings)—especially via rationalization and intellectualization. Kuhn (2014) gives the following example of how to respond to a client’s rationalization: “You act as though you immediately need to provide a *justification* for every feeling” (p. 238; italics added). Kuhn also points out that one form of rationalization “is to ‘explain away’ a feeling by giving an intellectual *justification*” (p. 238; italics added).

It is also within the Justification System that an inner CRITIC forms that judges and blames oneself. The acronym “CRITIC” stands for maladaptive reactions that are critical, resistant, irritable, tense, insistent, and can’t cope with the situation. Henriques’ primary interventions to counteract the CRITIC involve the acronym (yes, Henriques is an acronym master) CALM-MO: “a psychological mindfulness tool aimed at reorienting the manner with which one relates to negative situations and subsequent negative feelings... ‘CALM’ stands for curiosity, aceptance, loving compassion, and motivation toward valued states, and ‘MO’ stands for metacognitive observer” (2023, p. 196). The metacognitive observer takes a reflective (in contrast to reactive) perspective on one’s situations, thoughts, and affective states and practices de-identifying from the egoic structure with which one identifies; this is highly consonant with the integral psychotherapy intervention of “making subject object.” In other words,

by bringing conscious awareness to that in which one was previously embedded (the sundry schemas, thoughts, feelings, values, and behaviors that were non-consciously and reflexively enacted, and thus served as the “subject” driving mentation, emotion, and action), these phenomena become “objects” of attention and awareness, with the subject then becoming the

A. Marquis

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Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

more encompassing, witnessing self that can more objectively evaluate them and more consciously determine one's response. (Marquis & Elliott, 2015, p. 17)

The goal of the “MO” is to develop a “sage mode” of being that manifests a “CALM” attitude and response in the midst of life's vicissitudes. Cultivating a “sage mode” involves clients asking themselves “how would a wise person respond to this situation?” in a manner reminiscent of Adler's (1956) technique of “acting as if”—acting *as if* one were truly wise even if one does not fully believe they are currently wise.

COMMENTARY ON THE PROCESS OF MAGGIE'S TREATMENT

Phase 1 of Treatment, Sessions 1 to 4:

Hope That There Might Be a Map Out of the Darkness

Phase 1 of treatment involved not only assessment but the fostering of hope that therapy might actually be helpful; the latter is one of Goldfried's (2018) core change principles. In this phase, Henriques tells Maggie that she has what he calls a “shame-based depression” and describes it to her as a process of a person “turning against themselves”—presumably turning anger against themselves à la Freud's (1917) formulation of depression as “anger turned inward” (i.e., self-attack, self-criticism, self-sabotage, self-reproach). Leslie Greenberg's (forthcoming) *Shame and Anger in Psychotherapy* reviews a large body of literature that demonstrates the high correlation between shame and depression. He also discusses how different interventions are needed for different forms of shame—from primary adaptive shame to primary maladaptive shame to secondary (defensive) shame. Both Greenberg and Henriques also highlight that both shame and depression often involve individuals turning anger inward/against themselves, in contrast to directing their anger toward the appropriate (external) object; although many people still enjoy “Freud-bashing,” there is no denying that he offered powerful insights regarding many significant psychological dynamics. It is clear that Maggie's shame was maladaptive—she had not committed any horrible act that would appropriately warrant adaptive shame.

Phase 2 of Treatment, Sessions 5 to 9:

Working Toward and Then Through the Trauma Via Exposure

Phase 2 of treatment involved processing the trauma of Maggie's rape, including the use of exposure methods. In the earlier parts of this work, Maggie was too fragile to be able to directly experience what had happened to her, so Henriques empathized with how painful and frightening things seemed to her, while also explicitly reminding her that despite how dark things seemed, she was actually safe. Moreover, if she could experience and express her emotions about the rape in the context of a safe, validating relationship—rather than continue to avoid them with various defenses—she could heal. Although the following is likely known to readers of this journal, I repeatedly emphasize to my students the important distinction between discomfort or pain and a genuine lack of safety that Henriques was pointing out here: one can be

A. Marquis

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Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

uncomfortable (in psychological pain) and still be safe, and although nothing takes precedence over clients' safety, they should not expect therapy to be comfortable much of the time.

The watershed in phase 2 was the corrective emotional experience that Maggie had with her mother – with Henriques present. Such “corrective experience” is another one of Goldfried's (2018) core change principles. Rather than receive the blame, disapproval, punishment, and rejection that Maggie had imagined, her mother—her most important attachment figure—gave her love and validation not only of her experience of being raped, but for who she was as a person. As a result, her sense of worth and value, which had previously been dismal, were transformed.

At this point in discussing the case, Henriques emphasizes that “Being known and valued by important others is the core psychosocial need...It is the foundation upon which our psychosocial systems operate” (2023, p. 210). In my view, this is one of so many aspects of UTOK and the Unified Approach to psychotherapy that Henriques gets exactly right. With the power of this corrective emotional experience for Maggie in mind, I am led to pose this question: what is a “corrective experience” (Goldfried, 2018, p. 5) that results in significant, lasting change in psychotherapy that is not a corrective *emotional* experience? Obviously, any person can have some new (cognitive) learning or behavior change that is not saturated with emotion, but what evidence is there that those lead to enduring change of chronic psychological disturbance? I am not aware of such evidence, and I am reminded of what Mahoney, arguably one of the authorities of “human change processes,” wrote: “One of the primary facts about change is that it is emotional” (2003, p. 181). I am curious to know if Henriques would agree with me that experiential work (corrective *emotional* experience) is usually needed to change chronic, long-standing psychological dysfunction (i.e., character neuroses), whereas strictly cognitive approaches are more effective in addressing acute, situational problems, such as how best to respond to a significant loss (i.e., symptom neuroses) (Sorabji, 2000; Mahoney, 2003).

I do not know how rigorously the following idea has been studied, but I pose it here: are experiential methods that result in “emotional insight” (i.e., insight that is accompanied by a deeply-felt, visceral experience)—in contrast to more purely cognitive insight—necessary or more effective in producing long-lasting change of chronic psychological dysfunction?

In my experience, cognitive insight alone does not seem sufficient with characterological disorders. Corroborating my experience, Wachtel wrote, “emotional insight is needed” (2008, p. 223). Likewise, Prochaska and Norcross wrote that “insight alone does not necessarily bring about behavior change” (2003, p 534). As I write this, I am aware of the important distinction between “evidence-based practice” and “eminence-based practice.” I hope that Henriques—in his response to my commentary—will shed some light on this matter.

A. Marquis

Pragmatic Case Studies in Psychotherapy, <http://pcsp.nationalregister.org/>
Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

Maggie's corrective emotional experience with her mother might also be an example of Memory Reconsolidation (MR): she re-experienced and shared a memory of her feeling unworthy, blameworthy, and unacceptably flawed, and received the opposite message (experience of mismatch or "prediction error") from her mother while that target schema was activated (Ecker & Bridges, 2020). Whereas I am confident that this contradictory experience was deeply experiential (which is a requirement of MR), I am not sure whether it was repeated at least a few times, which Ecker and Bridges (2020) posit as necessary for the "permanent" reconsolidation of the memory (more on this when I address Phase 4 of treatment).

***Phase 3 and Treatment, Sessions 10 to 16:
Learning CALM-MO to Deal with Conflict and Distress***

Phase 3 involved Henriques' helping Maggie cultivate a CALM-MO perspective in which she could live more of her life in what he describes as her emotional "sweet spot"—the ability to experience, accept, and integrate emotions without being overwhelmed by them. Although he points out that this fits well with Greenberg's emotion-focused therapy, it seems to me even more closely aligned with Fosha's notion of "affective competence"—the "capacity to feel and deal while relating" (2000, p. 6)—that is, fully experiencing emotion yet not so overwhelmed by it that it renders one unable to function. Maggie's CALM-MO work was clearly effective, as demonstrated by how she dealt with her reaction to her father's saying he would no longer pay her college tuition. Referring to Maggie's implementing CALM-MO in a very difficult situation, Henriques wrote

Gaining mastery in moments of intense emotional activation are the crucial learning events that lead to lasting change. And indeed, this event allowed Maggie a profound sense of mastery of her intrapsychic and interpersonal world. And it set the stage for two months of continued growth....Her improvement was so significant that I thought we were basically ready to move to a more maintenance phase (2023, p. 213).

***Phase 4 of Treatment, Sessions 17 to 23:
The Vicious Return of PTSD Nightmares***

Phase 4 vividly illustrates the non-linearity of most courses of psychotherapy. In the context of feeling confident that most of her troubles were a thing of the past, Maggie decided to attend a sexual awareness event. Despite her best efforts to maintain a CALM-MO perspective, the event triggered a vicious, three-week return of PTSD nightmares. I here want to raise a point that Mahoney (1991, 2003) repeatedly emphasized: that significant change (especially of one's "core ordering processes"—one's sense of self/identity, reality/worldview, values/emotions, and power/agency) is rarely linear; more frequently, there are regressions, oscillations, and a host of non-linear dynamics (Thelen & Smith, 1994). This appears to be at odds with what proponents of Memory Reconsolidation (MR) state. In the context of describing the "target learning disconfirmation experience" component of MR, Vaz and Ecker write that "behavioral and

A. Marquis

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Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

emotional responses produced by the target learning no longer occur; and those changes persist *permanently and effortlessly*” (2020, p. 3, italics added). Similarly, Ecker and Bridges state: “Successful erasure of the target learning is then verified by observing the markers of transformational change beginning to appear immediately: the symptom(s) driven by the target learning cease to occur...and those changes persist *effortlessly and permanently*” (2020, p. 289, italics added).

This also reminds of me of the extreme claims that Davanloo often made. Although I find many of the principles of Davanloo’s Intensive Short-Term Dynamic Therapy to be of *immense* importance in the development of the field of psychotherapy (see Marquis, 2018; Kieding & Marquis, under review), I am skeptical of language such as “Now the defensive mechanism has been completely and permanently *restructured...*” (Davanloo, 1990, p. 77). Am I the only therapist whose work with clients rarely, if ever, results in significant changes that are “complete,” “effortless,” and “permanent”? To return to the case, it appeared to Henriques at this point that Maggie still had some unfinished emotional business related to her rape.

Phase 5 of Treatment, Sessions 24 to 28: Learning Effective Self-Talk in the Moment

Henriques described Phase 5 as helping Maggie learn “how to direct her cognitive system of justification toward effective self-talk” (2023, p. 214), and he implemented a fairly standard Beckian cognitive approach here, which he is highly familiar with, as he worked with Beck for several years at the University of Pennsylvania. Henriques described his work with Maggie regarding her catastrophic thoughts about a Chemistry final exam she had that day, which she felt certain she would fail. His description of this session is quite detailed (spanning five pages) and in it, Henriques states “The Beckian cognitive approach teaches folks to separate the known, empirical facts from one’s interpretations and expectations” (2023, p. 214). Henriques uses both traditional cognitive methods as well as CALM-MO work, and by the end of the session, Maggie described herself as being in a “pretty good” mindset. In fact, she was able to stay quite regulated during the exam and ended up not failing it, despite her initial confidence that she would.

Before I raise an issue similar to the last question I posed, it is imperative for me to emphasize that Gregg Henriques literally saved Maggie’s life. In Maggie’s own words:

The treatment that I received from Dr. Gregg Henriques was lifesaving...Years later I am not only glad that I did not end my life, but I am very happy to be living the life I am, as I am feeling hopeful and fulfilled in a way that I would have never guessed possible when I entered therapy” (Henriques, 2023, p. 224).

We cannot and should not have the same goals for all of our clients. The more severely impaired and dysfunctional a client is, the less ambitious our goals typically should be. Whereas working towards self-actualization may be a reasonable goal for some clients, simply keeping others alive and functional is no small task. Nonetheless, I want to raise the issue of the

A. Marquis

Pragmatic Case Studies in Psychotherapy, <http://pcsp.nationalregister.org/>
Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

difference between cognitive self-talk methods and experiential approaches that aim for deeper characterological change.

Given that Maggie's self-talk was so negative, and her anxiety was so high that it would likely have impaired her ability to perform well on her Chemistry final, it was completely fitting that Henriques used cognitive interventions that can produce immediate results: whereas Maggie began the session with catastrophic thoughts that fused reality and facts with her expectations and interpretations of what future events might mean about her (to the point that she imagined that her parents would "kill" her), she left the session with a much more rational, calm, adaptive mindset. That, to me, was the most appropriate approach he could have taken with her in that moment. It also appears, however, that Maggie's problems, dating back to when she was 13, were not simply a function of the maladaptive thinking that is the central target of cognitive therapy. According to Henriques, Maggie had significant identity confusion; her emotions were predominantly of negative valence; her relational world was impoverished and she was highly relationally insecure; and she was highly critical of herself. In my opinion, this all points to a characterological problem that is more likely to change via experiential rather than purely cognitive work. Approaches such as Young's (2006) schema therapy or other integrative cognitive approaches that are deeply experiential are not what I am referring to. I am specifically referring to cognitive work that does not directly work to change maladaptive schemas. In fact, back in 2017, Henriques agreed with me that

cognitive therapists far more often work to help patients with coping skills than with the deeper schema work that is required to remedy more chronic depression, anxiety, or personality disorders... This is not to suggest that helping patients cope is unimportant, but equally important is acknowledging what type of interventions are best suited to what types of patient problems (coping or deeper characterological change). In the case of patients with chronic problems, more deeply experiential work... appears to be needed. (Henriques, personal communication, as cited in Marquis, 2018, p. 36)

The distinction I am highlighting is "in the moment relief" (i.e., coping) in contrast to more long-lasting relief (more sustained change of chronic problems). I again am curious if Henriques thinks non-experiential cognitive interventions—in contrast to Young's (2006) schema therapy etc.—will change schemas such that long-standing, chronic problems with depression, anxiety, and personality disorders are significantly—if not effortlessly, completely, and permanently—ameliorated.

CONCLUSION

To summarize, Henriques utilized three primary sets of interventions to overcome Maggie's PTSD, depression, anxiety, and suicidality—all of which derive from his larger UTOK framework.

A. Marquis

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Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

First, he helped Maggie reverse her neurotic loops by helping her understand her inner CRITIC and how it harmed her, and to replace it with a CALM-MO perspective. This can be thought of as a form of psychoeducation within the 3rd-wave CBT tradition (Hayes & Hofmann, 2017), and its effectiveness depends not only on how well the therapist teaches and models a CALM-MO attitude, but also the diligence with which clients practice CALM-MO in the midst of their life difficulties, as they are occurring.

Second, he attended to Maggie's lack of social support in several ways, but most significantly, by having a joint session with her and her mother, which resulted in a profound corrective emotional experience for Maggie that was truly transformative. This can be thought of as work primarily from the interpersonal/psychodynamic tradition.

Finally, when CALM-MO work was not sufficient to help Maggie's intense anxiety regarding her Chemistry final exam, Henriques utilized more traditional cognitive therapy techniques to de-catastrophize, engage in adaptive self-talk, and employ reality testing in the moment.

While the trauma exposure work Henriques did with Maggie technically derives from the behavioral tradition, in fact exposure to emotionally challenging situations is associated with the experiential tradition, and much of this therapy process was generally experiential—from Maggie doing exposure work to her practicing CALM-MO in the midst of her father telling her he would no longer pay her college tuition. It should also be emphasized that all of this work took place within the context of a warm, empathic, safe relationship characterized by a strong working alliance. As should be evident, Henriques' work with Maggie followed directly from his UTOK framework, and addressed all the major domains of function and dysfunction that were relevant to Maggie's suffering.

IMPLICATIONS FOR UNIFICATION IN PSYCHOTHERAPY AND BEYOND

Unlike other unified psychotherapies, UTOK unifies not only psychotherapy but the entire field of psychology. It is very boldly ambitious in its head-on tackling of foundational problems and fractures in psychology, and it has implications for knowledge systems in general. I am not exaggerating when I say that if the field of psychology were to pay deep attention to Henriques' Unified Theory of Knowledge, the field of psychology would never be the same.

But to return to the Case of Maggie: everything that Henriques did with her derives directly from his UTOK model and his unified approach to psychotherapy. It would in no way be incongruent with UTOK to have utilized more experiential dynamic interventions with Maggie,

A. Marquis

Pragmatic Case Studies in Psychotherapy, <http://pcsp.nationalregister.org/>
Volume 19, Module 3, Article 3, pp. 257-269, 08-09-2023 [copyright by author]

but this point pertains to all meta-theoretical, unified therapies. I have stressed this point in my own work: I do not utilize with any single client all of the domains, processes, and interventions that are subsumed under my Integral Psychotherapy umbrella; likewise, there was no clinical need for Henriques to have done so with Maggie working within his UTOK model. After all, he did save Maggie's life.

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A. Marquis

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