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

Summarizing and Clarifying the Unified Approach

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ABSTRACT

Unifying approaches to psychotherapy are gaining increasing traction. More theorists, researchers, and practitioners are seeing that it is plausible, useful, and feasible to be grounded in a broad, metatheoretical view of psychology and to use that to understand the person, problem, situation, and valued outcome we seek in psychotherapy. In this reaction to the commentaries of my target paper, I highlight emerging areas of consensus among us regarding the utility of a unified approach to psychotherapy. From that, I engage in Dubue and Harris' questions regarding the treatment I described, with a particular focus on why my approach to psychological mindfulness is a valuable addition and how the empirical literature on suicidal behavior and treatment can inform the unified approach to psychotherapy I adopt. I then turn to Marquis' thoughtful reflections and comment on why I agree that all corrective experiences in therapy are well-described as emotionally corrective and how my approach to treating Maggie could likely have benefited from incorporating more experientially grounded work that explicitly targeted the defensive system.

Key words: Unification; Integration; Depression; Suicide; Treatment; Case Study; Clinical Case Study

I thank Dubue and Harris (2023) and Marquis (2023) for their rich and thoughtful commentaries on the case study of "Maggie" (Henriques, 2023). I will begin my reply by noting that there were several points of agreement and convergence that are worth highlighting. First, both commentaries commented on the utility of operating from a metatheoretical frame that, in the words of Dubue and Harris (2003), "offers clients and clinicians a very broad compendium of knowledge in psychology to make sense of their issues and find interventions that fit with their conceptualization of change" (p. 243). Marquis (2023) noted that unification is now regarded as an established and viable pathway in the field of psychotherapy integration. He highlighted that "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" (p. 258). Unsurprisingly, I concur with these assertions and believe it is incumbent upon us as psychotherapists to incorporate as

many valid perspectives as possible, so long as we are able to maintain sufficient coherence and focus to be effective in our work.

Both commentators also highlighted the utility of UTOK's integrative approach to psychological mindfulness, CALM-MO, and how it can be contrasted with a negative, reactive mindset framed by the CRITIC. I was pleased to see this as it, placed in the crucible of a respectful healing relationship, is at the epicenter of UTOK's approach to psychotherapy. Specifically, UTOK frames the central driving factor for neurotic problems as a problematic loop that forms such that a negative situation elicits a negative feeling state that in turn triggers a negative reaction that drives maladaptive responding, both inside and out. The CRITIC represents a mindset that is critical, resistant, irritable, tense, insistent, and can't cope with the situation. This contrasts with developing a "sage mode" meta-observer stance that is curious, accepting, loving compassionate, and motivated toward valued states of being. The basic structure of a coaching or therapeutic stance that is informed by UTOK is to enter a high-quality relational space that affords safety and instills trust and hope and is then oriented to become aware of these neurotic loops, learn to accept both the situation and the feelings, and learn to shift to CALM attitude that cultivates active change toward valued states of being.

REPLY TO DUBUE AND HARRIS

Although Dubue and Harris comment positively on the use of CALM-MO, they also raise some questions about it. Specifically, they note that CALM-MO has roots in both ACT and Interpersonal Neurobiology, and each of these approaches have both acronyms and some similar structures for guiding the clinician. Given this, they wonder if CALM-MO is really needed, arguing that "our efforts may be better spent identifying commonalities among psychotherapies instead of re-tooling already described techniques" (p. 245). I agree with the notion that we should not simply reinvent the wheel, but that is not how I see CALM-MO. First, it incorporates the key aspects of both ACT and Interpersonal Neurobiology, but because it is grounded in UTOK, it also creates bridges between these approaches and to other domains. To give just one of many possible examples, by contrasting CALM with the CRITIC mode, it directly links to work on self-criticism, perfectionism, and self-compassion. CALM-MO also is broader than ACT, in that the "L" aspect, coupled to UTOK's Influence Matrix and map of the relationship and defensive systems, provides a bridge into interpersonal and psychodynamic approaches that are generally lacking in ACT. Indeed, by linking CALM-MO to Character Adaptation Systems Theory, which is anchored to the unified theory of psychology, the connections to theories, findings, and major traditions in the field of psychotherapy is both broad and deep. There is much more that could be said on this point, but the short reply is CALM-MO has significant heuristic utility and is grounded in a metatheoretical base, and thus it adds significant value to the literature.

Dubue and Harris also wonder about the empirical evidence base for CALM-MO, noting that ACT and Interpersonal Neurobiology have effectiveness data supporting them. I have mixed reactions to this claim. First, I agree that it would be of some value to conduct outcome research with CALM-MO as a central tool for individuals struggling with anxiety and depression. Indeed, I supervised several doctoral dissertations that developed case studies applying CALM and one that did a workshop that had pre-post data indicating that workshop participants valued the model and found themselves applying it to good effect during the week that followed the intervention (Quay, 2018). At the same time, as I argued in my SEPI Presidential Address (Henriques, 2022a), we have enormous evidence for the "common core" of psychotherapy, and I would place CALM-MO in this category. My contention is that we already know that if these principles and processes are applied skillfully, they generate positive outcomes. The key variables impacting outcome would be found in the specific patients, therapists, situational variables, and the quality of their relationship. Put differently, based on my read of the literature, if we ran outcome studies that compared ACT to Interpersonal Neurobiology to CALM-MO interventions, we very good reasons to believe that they would all generate reasonably good outcomes, and the overall results would be similar.

Although Dubue and Harris commended the therapy applied in Maggie's case overall, they also raise several important critiques and questions. One substantive critique was on how the ideas in UTOK informed the case. In particular, they noted that the article describes the many facets of UTOK (i.e., its metaphysical framing for psychology, its justification theory of human consciousness, its five-system model of character adaptations, the Influence Matrix model of the human relationship system and so on), but they did not see all of these elements addressed in the case. They were concerned that "this is a significant barrier to understanding UTOK, especially when we have not seen it fully applied to a case" (p. 245).

I have several responses here but will focus on three. First, it is the case that UTOK is a rich set of ideas, and if one really wants to learn it, it requires much study. Indeed, the name sounds like "you talk," which is in part a play on words to indicate that learning UTOK is like learning a new language. It is complex and to the extent that complexity is a barrier, Dupue and Harris have a point. It is certainly something I have grappled with, and I believe has been an impediment to advancing the system, although I do not see an easy fix. That said, UTOK carries a scope is not something I would expect a patient to learn, and I would not expect a clinician, even someone like myself who is well-versed in UTOK, to apply the entire system to a case. UTOK provides a metatheoretical framework for unifying psychological science and practice, and not every aspect of it comes into play in every case.

Two other points are important to keep in mind. UTOK has only been formulated as a fully articulated, named system since 2020, which is four years after this case was completed. It only emerged in the professional literature last year, with the publication of *A New Synthesis for Solving the Problem of Psychology: Addressing the Enlightenment Gap* (Henriques, 2022b).

Thus, I could not have shared UTOK with Maggie because it did not exist as a named entity. At the time of the treatment, I would have said I was using the unified approach to psychotherapy, grounded in the unified theory of psychology. With that point made, it nevertheless is the case that I am developing the core of UTOK to be applied in psychotherapy or similar venues, such as transformational life coaching, and it is quite similar to what emerges in the case of Maggie. Specifically, it is about building a positive therapeutic relationship that focuses on identifying neurotic loops based on UTOK's model of human consciousness and relationship functioning and systems of adaptation. The core of the practice is on increasing awareness, understanding and acceptance of neurotic loops and shining a CALM-MO light on the negative CRITIC reactions that complete the loop. From there, UTOK offers much richness that enables both clients and therapists a deep and broad framework for understanding.

An example of this richness is found in how the concept of "shame-based depression" informed my work with Maggie. Although Dubue and Harris noted this seemed to be a helpful frame for Maggie, they also wondered if it was a "singular conceptualization of Maggie's distress" (p. 248) and possibly created a narrowing of focus that is "antithetical" to the philosophy of unified psychotherapy (p. 248). They go on to wonder about other frameworks for depression that might be useful in helping Maggie conceptualize her distress. I think Dubue and Harris are being overly concrete in their interpretation of the write up and are failing so see the richness and fluidity of UTOK's frame for human psychology.

Consider, for example, that UTOK frames depression as a state of behavioral shutdown (Henriques & Panizo, 2018), such that there is a motivational-emotional shift that down regulates the positive affect system and hypersensitizes the negative affect system. This conceptualization of depression as a state of behavioral shutdown opens up many pathways for understanding depression that are by no means excluded from the focus on a shame-based depression. For example, the idea that there is a vicious cycle of shutting down, doing less, feeling worse and shutting down more is already in the concept. This directly aligns with key insights from the behavioral activation literature that could have been used by Maggie to understand her depression and ways she might adaptively adjust to how it impacted her actions and perspective (i.e., focus on increasing physical or pleasurable activities or goals that instill competence to charge the positive affect system). Ultimately, this is why I see much of the value of UTOK. It provides a common core for psychotherapy and then provides a coherent, comprehensive picture of psychological concepts, processes, and functioning that can then be tailored to a case through a rich, multiplicity of perspectives and considerations, all focused on healing the whole client. I see this as being at the heart of the philosophy of unified psychotherapy.

I appreciated Dubue and Harris' commentary regarding the treatment of trauma. Specifically, they mention that the concepts of grounding and the window of tolerance could have been more explicitly incorporated into the treatment. Although the intervention definitely adopted these principles implicitly, I concur that it would have been potentially helpful to more

explicitly include them in the work. They certainly are consistent with the metatheoretical framework provided by UTOK. Dupue and Harris also make a comment about my querying Maggie about her decision not to tell anyone about her rape. Tone is hard to read in a transcript, and I would like to think that my tone when I said, "You did not tell anyone?" (Henriques, 2023, p. 206) was not accusatory, but was said with empathy, with the message being she did not tell anyone out of her fear of how they would react.

Much of Dubue and Harris' focused on treatment considerations when dealing with suicidal behavior. They commended the care and resources that our system was able to devote to Maggie during her points of crisis and acknowledged that such resources are often both necessary for good outcomes but are usually limited or absent. They also noted the important role for instilling hope and thinking of suicidal behavior as being driven in response to psychosocial stressors, both of which are present in the case.

Dubue and Harris raise some important questions about the hospitalization and my assessment of Maggie and the decision-making processes associated with the hospitalization and the involvement with other individuals, such as her friend and her mother. First, I strongly agree with Dubue and Harris that hospitalization for suicidal ideation is potentially problematic in multiple ways, and have seen it do more harm than good many times in my career. As such, I am often critical of systems or practitioners who seem to prioritize physical safety and legal considerations over patient autonomy and psychosocial and mental health considerations, which are often negatively impacted during a hospitalization.

In reflecting on the issues of the assessment and management of suicidality, Dupue and Harris question my classification of Maggie as "high risk." They note that such a classification might inappropriately lead to unnecessary interventions like hospitalization. I agree with them in principle here, but I think they are missing the point I was making. First, I did not and would not have classified Maggie as being high risk for literally killing herself at any particular point (i.e., given the low likelihood of completed suicide, genuinely assessing high risk defined as a high likelihood of actually killing oneself in the foreseeable future can only take place in a particular context, such as someone who has a gun and a clear capacity and intent to use it in the immediate future). Instead, I classified her as high risk for suicidal behavior, which I think, given her history of suicidal ideation, and suicide attempts, is a reasonable claim. There was a significant likelihood that she would have made another suicide attempt, both during the initial meeting and during the crisis that led to the hospitalization. And, when we met for the initial session, it simply was the case that I would have been obligated to call the police if she had left the office prior to us establishing a therapeutic plan. I stated this not as a threat, but as a fact and constraint we were working within.

I also appreciated the questions Dupue and Harris asked about confidentiality and informed consent. In particular, they note that patients in a suicidal crisis might not be in a

position to give informed consent, and the treatment could have unfolded in a problematic way if she regretted sharing information with either her friend or her mother. This is, of course, a judgment call. However, even in retrospect, I do not think that the decisions I made were that difficult given the relatively limited landscape of options available to me. First, Maggie brought her friend with her, and I did not see any reason to question that decision. Consistent with the point Dubue and Harris are making, although I did not explicitly state this in the write up, I did ask the friend to leave briefly when I spoke with Maggie about talking with her mother and bringing up some more delicate aspects of her history and experience. In regards to talking with her mother, Maggie and I had been clear that this was a goal we were moving toward. And I was my strong sense that this was the right time and the right setting for it. Although one could imagine a situation where this went poorly, it always is the case that we need to make judgments between many different possible outcomes, and following this course of action was the proper one at the time. Thankfully, the outcome was extremely positive. But Dupue and Harris make an important point in raising these considerations.

A final point can be made relative to some of the themes Dupue and Harris raise and how it relates to UTOK. Specifically, we can ask about the relationship between UTOK and empirical research. We can see this theme at least implicitly in how Dupue and Harris raise questions about the handling of the suicidal aspects of the case and more explicitly when they ask for empirical evidence that CALM-MO is beneficial. In plain language, we can ask, "Is UTOK falsifiable? Can empirical findings refute claims that UTOK makes?" To answer these questions, we need to be clear about the kind of system UTOK is. As spelled out in Henriques (2022b), UTOK is both a descriptive metaphysical system and a metatheoretical framework. Descriptive metaphysical claims are not falsifiable in a straightforward sense, but rather refer to the way one labels and arranges concepts and categories. An example of this is the way UTOK frames "Mind." In UTOK, Mind is defined as the third dimension of complexification, and it consists of the set of minded behaviors that are characterized by the sensory motor loops of animals with brains and complex active bodies.

This is a shift in the grammar of our understanding, and it carries implications for how we frame concepts like "behavior" and claims whether and how we can observe "mental processes." However, these claims are "pre-empirical" in that they are not hypothetical claims that can be falsified but are ways of describing the territory. In this way the ToK System is a descriptive metaphysical system that gives us a new way to define Matter, Life, Mind, and Culture. The UTOK moves one level of abstraction down into the metatheoretical with Justification Systems Theory (JUST), Behavioral Investment Theory (BIT), and the Influence Matrix, reflecting the role of cognitive, behavioral, and social relational components respectively in human psychology. These ideas are supported by a large amount of empirical research and serve as overarching structures that place findings in relationship into a more coherent picture.

However, they do make claims that are testable, and thus are capable of being refuted. And if empirical data emerges that requires adjustments, then these would need to be made.

In sum, UTOK includes both a meta-theory, in that it provides a unified language with which to describe psychological and related phenomena in a unified way; and using this language, empirically testable theories can be generated.

REPLY TO MARQUIS

Marquis (2023) offers a rich and thoughtful summary of unified psychotherapy and has done much to contribute to the field. I appreciated how he described UTOK in that vein and that he highlighted both CAST and CALM-MO in his review of the case, as these are the two most central frameworks in my unified approach. After these summaries, Marquis raises a point about the nature of change processes. Specifically, he notes that Goldfried includes "corrective experiences" that are part of the psychotherapy process, but asks if it is not the case that longstanding change in psychotherapy requires a strong *emotional* component. I certainly concur with Marquis here, especially if we are using a fairly broad conception of emotion. That is, emotions can be framed in many different ways, but one of the most general is that they serve to orient us toward that which is important, and "energize motion" toward action that is relevant to our goals. Framed this way, it seems almost inevitable that significant moments that impact individuals engaged in the process of psychotherapy would have to involve a significant emotional component.

I also appreciated Marquis' reflections regarding the nonlinearity of therapy and his skeptical comments regarding some assertions that have been made about the core of change processes. Specifically, he notes that some authors have made arguments that seem to suggest that once a foundational process is addressed, then the individual is forever changed. Although I certainly have seen my fair share of major shifts in therapy, it also is the case that rarely, if ever, have I seen changes in a person so dramatic that they go through a single transformational phase shift and never have difficulties that had plagued them in the past.

The final aspect of Marquis' commentary that I would like to respond to pertains to his reflections regarding non-cognitive experiential therapies in doing deep structural work. He notes that, in Maggie's case, she "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" and that these dynamics point "to a characterological problem that is more likely to change via experiential than purely cognitive work" (p. 266). I very much agree with Marquis and will take some time to elaborate on why.

First, UTOK's model of human consciousness divides it up into three key areas: 1) the experiential self, which can be divided further into pure awareness of sensory-perceptual inputs and the motivational-emotional self-structure that grounds the "primate self"; 2) the ego or

private narrator that engages in "I-me" self-talk; and 3) the persona that manages the relational world and the impressions one makes in the "I-thou" field. The core of our "participatory identity," the felt sense of being in the world and in relation to others, is situated in the nonverbal primate self. This is the field of attachment, and of high or low relational value mapped by the Influence Matrix. And, developmentally, it gets structured into different self-other models that are implicit, intuitive, and shaped by habits, major life events, and core patterns. Although one can achieve insight into these structures through egoic reflection and justification, it is also the case that they operate in the world much more through perspectival, procedural and participatory knowing (see Henriques, 2022b for more on the different kinds of knowing).

The clear implication of this analysis is that the core participatory structures that emerge over the course of development do not operate on primarily on systems of justification, but on embodied and embedded systems of enactment, mediated by perception, motivation, and emotion (i.e., the primate stream of consciousness). In addition, UTOK suggests that there is a filtering layer of defensive regulation that manages the relationship between these core primate aspects of the experiential self and the egoic justifying self. The conclusion is that to change structures here would require the therapy to "speak the language" of the experiential self. That means it will not be via logical argument, collaborative empiricism, or teaching folks not to jump to conclusions. Rather, contact must be made experientially with the images, memories, feelings, and defenses and then confronted in a lived participatory experience for these deep structures to be significantly altered.

One of the areas that UTOK's approach to psychotherapy could definitely benefit from expanding into is an area Marquis has much expertise in: intensive short-term dynamic psychotherapy. As Marquis notes, the defensive system is part of CAST. However, this system was only indirectly targeted in my treatment with Maggie. A lens that focused explicitly on that system and for eliciting powerful "bottom up" experiences to allow for contact and transformation of deeply held schemas would absolutely have likely been a valuable approach to use in working with her.

CONCLUSION

Unified psychotherapy has emerged as a viable pathway in psychotherapy integration. All the contributors to this journal issue agree that having a broad, zoomed out, metatheoretical perspective that coherently assimilates and integrates key insights and allows us to treat the whole client is a highly valuable framework for practitioners. UTOK affords a unique line for the development of unified psychotherapies because it explicitly bridges from the field of psychotherapy into psychological science and offers a framework for shifting the ground of psychotherapy from the schools of thought to the science of psychology.

As shown by the commentaries, the case of Maggie highlights two major components that enable this bridge to be built. First, CAST frames human adaptation via five systems that

help to align the key insights from behavioral, humanistic/emotion focused, psychodynamic, and cognitive approaches. This shift gets us out of forming allegiances with specific schools of thought and puts psychotherapists in the shared business of identifying maladaptive patterns and interventions that either focus on a particular system, or set of systems or the interacting whole, but do so in a way that is complementary rather than competitive. Second, CALM-MO is an integrative approach to psychological mindfulness that can bridge interpersonal neurobiology with third wave CBT with a wide-ranging literature on self-criticism, perfectionism, and self-compassion. Grounded in UTOK, the stage is also set for it to bridge between Western approaches in psychotherapy and Eastern approaches to mediative and contemplative mindfulness.

The science of psychology and the practice of psychotherapy are much more than the theories we generate. Rather, we must constantly be engaged in testing our theories and expanding the boundaries of our practice. I appreciated how Dubue and Harris brought in emerging research trends in treating suicidal behavior to comment on how the treatment of Maggie might have been improved based on empirical findings. I also appreciated how Marquis oriented us to consider how an intervention focused on the experiential and defensive systems might have been a valuable addition to the work. Together, I believe the case and the commentaries show the promise and potential of a unified psychotherapy.

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