

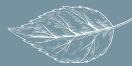
Psychotherapy Unification: A New Approach Views All Therapeutic Action As Specific Types of Memory Modification

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It is widely recognized that an illuminating and useful framework of psychotherapy unification is needed to alleviate a number of dilemmas of the clinical field. Hundreds of quite different systems of psychotherapy vie for therapists' attention and use. This kaleidoscopic situation is very rich but also very taxing, unwieldy, and confusing for us therapists. Adequately comprehending such widely differing approaches and wisely choosing between them for best helping a given therapy client are sizable challenges. Being puzzled by how seemingly irreconcilable therapeutic concepts and methods can sometimes be equally effective is in itself a chronic dissatisfaction for many therapists. Furthermore, the profusion of competing therapeutic systems has colored the entire field with an uneasy parochialism as well as the awkward predicament of having no uniform, objective, scientific basis for understanding and comparing their therapeutic action.

I contributed to that situation by co-creating Coherence Therapy, which I was actively promoting in the therapeutic marketplace until 2005, when I learned of neuroscience research findings on the newly identified phenomenon that had been named memory reconsolidation. For me, that changed everything, because it was the beginning of my understanding all



therapeutic action as modification of the state of personal knowledge held in memory. Nearly all of my writing and teaching for two decades now has been focused on developing this unifying mnemonic perspective, including presentations at SEPI annual conferences in 2013, 2018, 2019, and 2021 (with the latter two viewable online [here](#) and [here](#)).

This work has now developed further in my article published recently online in SEPI's *Journal of Psychotherapy Integration* titled, "A proposal for the unification of psychotherapeutic action understood as memory modification processes" (<https://doi.org/10.1037/int0000330>). This article will be part of a forthcoming special issue on psychotherapy unification edited by Andre Marquis, which will serve as an important compendium of the various approaches to unification. I'm grateful to this magazine's editor for inviting me to provide an initial glimpse of the new article here.

The article maintains that, thanks to empirical research on memory by neuroscientists, our current knowledge of how new experiences can modify personal knowledge held in memory is now sufficient for us to identify objectively and specifically how any form of psychotherapy does that. This illuminates all forms of psychotherapy in terms of the same conceptual framework and mechanism of change, unifying our understanding of their action and accounting for the full range of observed therapeutic effects, from incremental, relapse-prone, partial symptom reduction to the total, enduring, decisive cessation of symptoms in transformational change.

Viewed in this atheoretical, empirically grounded way, diverse therapy systems no longer seem to belong to different worlds. Rather, their distinctive techniques and methodologies become a rich palette of options for adjusting the contents of memory to produce therapeutic change. This viewpoint enables psychotherapists to understand, respect, and utilize a far larger range of therapy systems than has typically been feasible previously, and to thereby select and apply forms of therapy that are more optimally tailored and effective for each unique person in therapy. It also allows each theoretical camp to explain the therapeutic action of its particular system in objective, universal terms that are readily understandable and meaningful to other camps, dissolving the walls of therapeutic parochialism.

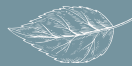
The article defines two fundamentally different processes or mechanisms by which therapeutic processes can change personal knowledge held in memory to cause reduction or cessation of unwanted patterns of behavior, mood, emotion, cognition, and somatic disturbances: *competitive change* and *core change*.

In competitive change, the person in therapy acquires (installs in memory) new knowledge of a practice that diminishes or prevents the occurrence of an unwanted response or state. The



internal source of the unwanted pattern is unchanged and remains intact and operational, but the competitive practice interferes with the triggering and/or expression of the unwanted pattern, for symptom reduction. The therapeutic action consists of modifying the contents of memory by installing the knowledge of the use of the interfering practice. Competitive change is essentially the learning and strengthening of a preferred response or state intended to counteract, override, and prevent an unwanted response or state. Strengthening occurs via Hebb's law (neurons that fire together, wire together) through making the ongoing effort of many deliberate repetitions over time. That learned, preferred response or state then competes against the production of the unwanted response or state. Symptom reduction tends to be partial and uneven, and a relapse occurs when the unwanted response or state is unexpectedly and strongly triggered by current conditions. A truly vast array of therapeutic techniques have this competitive design, such as relaxation techniques to reduce anxiety, exercising, positive thinking, and actively maintaining contact with others to reduce depression, and attending to the breath to reduce distressing or negative thoughts.





In core change, the brain's mechanism of memory reconsolidation (MR) is utilized to make a fundamental, permanent modification in the memory contents that produce the unwanted response or state, at the level of their neural encoding. Symptom reduction produced in that way persists effortlessly. A person's "memory" is the stored form of acquired personal knowledge of all types, conscious and nonconscious, verbal and nonverbal. This includes both knowledge of personal experiences (episodic memory) and knowledge of patterns perceived in the world (semantic memory), such as the knowledge that if anyone forms a negative opinion of you, they will communicate it to others and soon everyone you know will turn against you. Both episodic and semantic memory can generate clinical symptoms of behavior, mood, emotion, cognition, and somatic disturbances. Of course, some symptoms are definitely not based in memory (such as the features of Asperger's syndrome or depression due to hypothyroidism), but memory can be shown to underlie the vast majority of symptoms encountered by therapists in general practice. Therefore, core change via MR is a viable option in nearly all cases.

Facilitating therapeutic MR requires creating a specific set of experiences that have been identified and demonstrated in numerous laboratory studies, and are mapped out in the JPI article. The MR process occurs through a rapid type of neuroplasticity that does not involve Hebb's law. It allows much latitude for tailoring and creativity, just as, if you were required to induce in a subject the experience of laughter, you could do so in myriad different ways. Importantly, the type of core change produced in the target memory depends on the particular experiences created. In psychotherapeutic application, there are two main types of resulting core change: one that permanently *reduces* symptoms by grafting or conjoining interfering positive memory contents into the negative target memory, and one that completely *eliminates* symptoms by experientially disconfirming the underlying target memory so decisively that it is truly unlearned, nullified, and untriggerable because it no longer exists as personal knowledge.

The latter type of core change is the highest possible therapeutic effectiveness, so the article focuses in some detail on this process of profound unlearning and transformational change via MR, including its occurrence in a wide range of therapy systems that seem radically different on the level of technique, yet they all can fulfill this distinct, potent process. (Transformational change via MR is the main focus of the recently published second edition of *Unlocking the Emotional Brain: Memory Reconsolidation and the Psychotherapy of Transformational Change*, which I coauthored with Robin Ticic and Laurel Hulley.)

The JPI article gives a case vignette illustrating the facilitation of each main type of memory modification—competitive, core interference, and core unlearning. Then, having shown that the full range of therapeutic outcomes can be accounted for by known mechanisms of memory modification, the article's final main section addresses how viewing therapeutic action as memory modification naturally forms a unifying account of the psychotherapy field and



positions therapists to more fully understand and optimally utilize the entirety of the field's systems and methods. This section defines the main function of this psychotherapy unification framework as being "to identify the mnemonic effects of any given therapeutic process, technique, or methodology in universal, phenomenological terms, completely independently of the theoretical conceptualizations of the various schools of psychotherapy, and without challenging or critiquing those theoretical conceptualizations." An example consists of the important therapeutic process of facilitating a direct experience of emotion that was previously kept suppressed out of awareness, and shows how to identify the type of memory modification caused by that process. Also, it is proposed that the many mechanisms of therapeutic change that have been identified, studied, and described in the clinical literature all achieve their therapeutic effect by feeding into the mechanisms of memory modification.

The article (and this one too) ends with this paragraph: "Out of intense complexities intense simplicities emerge' wrote Winston Churchill. From Oliver Wendell Holmes, Sr.: 'For the simplicity on this side of complexity, I wouldn't give you a fig. But for the simplicity on the other side of complexity, for that I would give you anything I have.' Whether Holmes—not being a psychotherapist—would have been inclined to give anything in exchange for [this unification] framework seems unlikely, but I am hopeful that its value for psychotherapists will be significant."

