

Commentary on Combining Expressive Writing with an Affect- and Attachment-Focused Psychotherapeutic Approach in the Treatment of a Single-Incident Trauma Survivor: The Case of "Grace"

**Assimilative and Theoretical Integration
in the Treatment of a Trauma Survivor**

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ABSTRACT

This commentary discusses the therapy of a trauma survivor from the perspective of psychotherapy integration. The case of Grace (Pass, 2012) illustrates the concept of assimilative integration in so far as it incorporates an expressive writing technique into Accelerated Experiential Dynamic Psychotherapy, which is itself a theoretical integration of psychodynamic and experiential approaches.

Key words: psychotherapy integration; assimilative integration; PTSD case study; case study; clinical case study

The purpose of this commentary is to illustrate the use of integrative techniques and concepts in action, although they were not necessarily labeled as such in Pass's (2012) case study. I note two major kinds of psychotherapy integration in the treatment of Grace for single-incident trauma/PTSD:

- *Assimilative integration*, which incorporated expressive writing (EW) into Fosha's (2000) Accelerated Experiential Dynamic Psychotherapy (AEDP);
- *Theoretical integration*, in that AEDP itself combines theoretical and technical features of psychodynamic and experiential orientations.

Of the two, the main integrative mode is the *assimilative integration* of expressive writing (EW) into AEDP. The definition of assimilative integration (Messer, 1992) is the incorporation of a technique or construct from one therapy into the major therapy in which one is grounded and within which one practices. This is best accomplished where one approach, technique or perspective flows relatively smoothly or seamlessly (Wachtel, 1991) into another, rather than the abrupt introduction of what will be experienced as a foreign element to the client.

I posited that the imported technique takes on the coloring of the context into which it was assimilated. For example, a two-chair technique imported into CBT will look and feel differently to the client than when it is used within its original home of Gestalt therapy (Messer, in Lazarus & Messer, 1991). In this connection, I referred to the hermeneutic circle which emphasizes the contextual nature of knowledge—that is, a fact does not stand on its own, separate from its larger context or its interpreter. Extrapolating to psychotherapy, I argued that a technique does not stand alone separate from the therapy within which it is practiced.

As an aside, according to a survey by Norcross, Karpiak and Lister (2005), assimilative integration is now one of the four major kinds of integration to which integrative and eclectic practitioners most often subscribe. Out of this group, roughly 27% describe themselves as preferring assimilative integration, and a similar percentage theoretical integration and common factors, in which one emphasizes the commonalities across two or more therapies. Technical eclecticism in which empirically-supported techniques are selectively applied according to individual client needs in a presumably theory-free way lagged behind at 19%.

Turning to the case, Pass has conducted a well-executed therapy in an assimilative mode. Her grounding or home therapy is AEDP and the imported technique is that of Expressive Writing, as described by Pennebaker (2004), Jacobs (2004) and others. To the extent that the imported approach is empirically supported and geared towards this particular patient, one may argue that Pass was being technically eclectic as well, but the latter does not involve as much conceptual consideration as was true in Pass's treatment of Grace.

What did Pass do that can be considered assimilative? She started with AEDP for almost 14 sessions, emphasizing the establishment of client trust in and comfort with the therapist, building attachment and a solid therapeutic alliance. The idea was that without there being a strong bond formed between Pass and Grace, and some psycho-education about the intended course of therapy, the expressive writing component may not have been acceptable to the client and would have been less likely to succeed. Would others proceed without this kind of an introduction? Apparently so. For example, in the cognitive processing therapy approach to PTSD (Resick, Monson & Rizvi, 2008), writing is introduced in the first session.

Here are some of the treatment features of *the first four sessions*: Creating safety, familiarizing Grace with the process of therapy, and educating her about posttraumatic reactions. The therapist was deliberately empathic and engaged her client both verbally and non-verbally. In line with a defined, short-term therapy, she set a rough time limit of 20-24 sessions.

In *sessions 5-10*, she firmed up the therapy relationship, building trust and helping Grace access her affect. Grace discussed her relationship to her family and to her own self as someone who needed to make herself more the focus in her life than her family, as the latter had been too much the case. All this while the therapist was helping her move towards processing the affect surrounding the trauma, which was introduced gradually during *sessions 10-14*. It was not surprising that Grace's ambivalence and resistance came into the picture at this juncture. Pass let Grace know that she could help Grace gauge her readiness to deal with those affects. At some point Grace said that she wanted "to put the story together and close the book," (p. 84), which

suggested that she felt prepared to engage more directly and intensively with her brother's suicide. It was at this juncture that Pass introduced the writing component of the treatment.

The therapist had, in fact, introduced the general idea of writing at an earlier stage, helping to make the assimilation of the Expressive Writing more palatable to Grace. She had also asked Grace to talk in more depth about her brother and the aftermath of the suicide, images that she had not shared previously. Pass emphasized that Grace had had to deal with the suicide on her own, but now, by talking about this difficult and tragic event in the therapist's presence, Grace had a partner with whom to share it. "You are not alone with me," Erica said. We might say that this opened the door for a corrective emotional experience (Alexander & French, 1946) in which the client experiences the therapeutic relationship as different from other relationships in a way that is potentially transformative.

In keeping with the broader outlook of AEDP as a blend of psychodynamic and experiential therapies, the introduction of expressive writing in Grace's therapy had several purposes beyond what is captured by the behavioral technique, "graded or gradual exposure," whose purpose was to desensitize her to the trauma. These included Grace being able to take time for herself, which she rarely had done, to do the writing; to develop her own voice; and to tap into what Fosha (2006) refers to as core state and the self at its best. In other words, this was not merely a writing assignment or a rote recitation of Grace's writings. They were used to further the broader purposes of the treatment as a psychodynamic/experiential therapy and thus were truly assimilative. Here is a passage from Pass's case, which bears this out:

I should mention that while the writing activities became an integral part of the treatment, they were not always the focus of sessions (although they often served as a springboard to important areas and deeper exploration). ... I remained flexible in the application of the writings and used them as a tool to enhance Grace's process and therapeutic growth as opposed to following them as if from a manual. (2012, p. 85)

Processing of affect was more consistent, and Grace's ability to spontaneously present with authentic affect was notable. (2012, p. 85)

The expressive writing encouraged deep reflection, accessing of core affect and increased self-awareness, all in line with AEDP's purpose. In other words, it helped deepen the therapy. The client later said that, "one of the best and positive experiences I can take away is the writing" (Pass, 2012, p. 96). It aided her in identifying the source of her feelings. In line with assimilative integration, this is a practically seamless incorporation of a secondary technique into the primary, grounding therapy. Clearly the expressive writing task took on the coloring of the broader context in which it was embedded. It is worth repeating that this was not simply a focused, graded exposure. Even after the writing assignments were over, Pass continued within the AEDP mode, including discussing and processing the client-therapist relationship, which contributed to making the therapy an integrated one.

This case also illustrates the use of assimilative integration within an even broader integrative structure. Fosha's AEDP is highly integrative and probably is best described as a blended, *theoretical integration* of psychodynamic and experiential approaches. Here are some elements of each that characterizes AEDP as employed by Pass in the case of Grace:

Psychodynamic:

- Attention to and clarification of defenses, such as *repression* of affective elements of the suicide; *rationalization and idealization* of Grace's parents; and her *psychic avoidance* of sadness, longing and anger.
- Acknowledging *conflict* regarding a mixture of feelings toward her brother and family.
- The goal of *self-understanding and achievement of insight*. Grace carried this mode into her life outside therapy in a very new way by asking herself, for example, what am I really upset about?
- Working within the therapist-client relationship, especially *attachment*, e.g., around what it means to trust someone and feel comfortable enough to share one's shameful secrets.
- Achieving a healthy balance between *relinquishing and maintaining control*

Experiential:

- A focus on experiencing affect in the moment.
- Attention to positive and healing affects such as joy, pleasure, and a sense of empowerment.
- Greater focus on physical, bodily, and somatic experiencing, thereby helping to bring out affects.
- Considerable therapist self-disclosure and friendliness.
- Aspiring to the ideal self.

Stated differently, in the case of Grace we have a deliberate bringing together of traditional psychodynamic elements with those from the humanistically derived, person/centered, experiential therapies (Bohart & Watson, 2011; Russell & Fosha, 2008). There is a theoretical blending of affect theory from the process/experiential tradition and attachment theory from the modern relational/psychodynamic model. Beyond this, Pass skillfully brought together AEDP and expressive writing in a clear and helpful example of assimilative integration.

Coda

It is worth noting that the format of the dissertation (Pass, 2010) on which Pass's article is based is especially appropriate for doctoral students in practitioner-oriented programs in clinical and counseling psychology to consider. It combines quantitative and qualitative method, clinical and research features, and a structured and well-defined presentation format (Fishman, 2005a, 2005b). These features should ultimately lead to a cumulative and generalizable literature based on similarly presented case studies.

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