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Commentary on*: *The Role of Exposure Therapy in Accelerated Experiential-Dynamic Psychotherapy: The Case of "Chris"

Maximizing Exposure's Benefit: Making it Possible, Bearable and Fruitful

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ABSTRACT

Exposure is hypothesized to be a key active ingredient in several approaches to psychotherapy. Dr. Irada Yunusova (2023) explores this as a common element in both Accelerated Experiential Dynamic Psychotherapy (AEDP) and behavioral exposure therapy. The current commentary elaborates on other important factors that contribute to maximizing the effectiveness of interventions in both these models. These include titrating the level of challenge, memory consolidation, common factors, and neuroplasticity. Dr. Yunusova's detailed case review is an example of assimilative integration, where one can see her incorporation of a model new to her (AEDP) into her home base of Behavior Therapy, as well as the factors noted above that enhance its effectiveness.

Key words: Accelerated Experiential Dynamic Psychotherapy (AEDP); Exposure Therapy; Memory Consolidation; Common Factors; neuroplasticity; Assimilative Integration; case studies; clinical case studies

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THE CONTEXT OF MY COMMENTARY

To provide context to my comments about Dr. Irada Yunusova's (2023) psychotherapy case study of "Chris," I was the supervisor of this case. I was also the instructor for the Clinical Psy.D. class in Short-Term Dynamic Psychotherapy in which the author was enrolled at the time and for which the case of Chris was assigned. My supervision of the case was therefore enhanced by taking place within the additional setting of scholarly and clinical reviews of short-term dynamic psychotherapies.

More specifically, the class introduced students to the theory and practice of several models of Short-Term Dynamic Psychotherapy, and Dr. Yunusova applied a judicious and well-integrated mixture of them, though most heavily relying on Diana Fosha's Accelerated Experiential Dynamic Psychotherapy (AEDP) (Fosha, 2021a, 2021b, 2013, 2006).

In the supervision I was able to view the progress of the case session by session, and later chaired the dissertation committee which followed methods and guidelines established for case studies by Dr. Dan Fishman, *PCSP*'s editor. The result is a rich description of a successful case brought to life in a structured and systematic way. It is notable for Dr. Yunusova's willingness, coming to the work as a behaviorally oriented clinician, to immerse herself wholeheartedly in a different paradigm, while experiencing it simultaneously through the lens of her "home base" orientation in the integrative approach described by Messer as "assimilative integration" (2019a). This led her to reflect deeply on a possible common active ingredient in both approaches, that of exposure, and to note the ways in which her prior training in and grasp of behavioral principles of exposure illuminated and corresponded in significant ways to the work of exposure to feared relational emotions undertaken in her primarily dynamic work with her client Chris.

A FOCUS ON THE PRACTICE AND THEORY OF EXPOSURE

Dr. Yunusova's case study of Chris, which describes a successful eight-session therapy that led to important benefits, focuses on exposure as an underlying mechanism of change. Exposure to a fear, whether that is fear of spiders, of flying, or of one's own painful and avoided emotions, is seen as critical to therapeutic change. She had worked primarily from a behavioral perspective before taking the class for which this client's treatment was, as described above, a part of a course of a course in short-term dynamic psychotherapy.

In her case study, Dr. Yunusova makes an excellent rationale for exposure as a key ingredient and agent of change. The usefulness of a theory lies in its power to predict an outcome. She points out that both AEDP and exposure therapy would predict that steady exposure to Chris' own feared emotions and those of others, previously avoided, could provide him with a new experience that would challenge longstanding ways of acting and thinking, showing him that being vulnerable and revealing self could have a different outcome than in the past, one that would allow him to feel warm and intimate connection with others.

Dr. Yunusova gives us a detailed view of this emotional exposure in context, with reference both to her behavioral training and the psychodynamic models she employed. I want to further explore exposure as a key active ingredient, looking at the facilitative conditions that .allow the exposure to succeed. Her work with Chris illuminates not just exposure per se, but the specific conditions that make exposure possible, bearable, and fruitful. I will argue that what does make it possible, when it is effective as an intervention, is not mere exposure, but the pressure that exposure provides to engage in something challenging and effortful that is at the edge of what we can do. This pressure forces us to create new mental models of the world, and this is what leads to growth, to an increase in our capacities. Without new experiences, we will use our old mental models, even if they lead to distress. What makes such exposure bearable is the power of the therapeutic relationship. When we create conditions of safety, we give the

client a trusted other on the journey (Geller & Porges, 2014). When the disturbing past is brought to mind, they are not, as Fosha (2019a) says, left "unbearably alone" with it.

When Chris revisits lonely and painful times, Dr. Yunusova is there with him. This gives him a different kind of space in which to view what happened. The compassion she feels and shows for the lonely child enters Chris's memory of those times, thereby changing it. This leads to what makes the process truly fruitful, that is, promoting a lasting and integrated change, not just a temporary act of will power.

The Role of Memory Consolidation

The concept of memory consolidation (e.g., Axmacher & Rasch, 2017; Lane, Ryan, Nadel, & Greenberg, 2015), a powerful concept from neuroscience, is the way in which old dysfunctional patterns are overwritten and these new experiences and the behavioral possibilities they generate become "installed." That is, in memory reconsolidation, once our stored memories are recalled and something happens to update or modify them before the memory goes back into "storage," it does not go back in the same way. Our clients are stuck because they are still applying old maps to new worlds. The experience of bringing an old pain back into consciousness is not just to gain data about "what happened." If we do this without change, we are simply reinforcing the old pain, and potentially retraumatizing clients.

Taking these points in turn, what makes lasting change possible? Exposure is a (perhaps) necessary but not sufficient condition for change. If one is flooded, simply put back into the traumatic moment, change will not occur and avoidance may even be strengthened. Cognitive behavioral therapy (CBT) approaches understand this when they create a hierarchy to manage and titrate challenge. Psychoanalyst Bromberg (2008) has talked about the need for therapy to be "safe but not too safe;" therapy derives its power from the "coexistence of safety and risk." A certain amount of challenge is required, the old place of pain activated, but something else needs to happen in order for there to be change. Vygotsky's (1978) "Zone of Proximal Development" reminds us that for new learning and growth to occur for a client, challenge needs to be at the edge of where one currently is so that their mental model is pushed to accommodate or assimilate, to expand to include what is not a part of their "procedural memory," the familiar operating system they use to guide them safely through the world. It is a risk to open this up. We do not easily shift out of using the mental models that we believe have kept us safe, or at least minimized the hurts and dangers of life. The experience Chris has with Dr. Yunusova pushes him to recognize the limits of the old pattern, take chances with new relational possibilities, *beginning with her*, and expand to other relationships.

The Role of Common Factors

How do we make this return to what has been too difficult to bear, something that we can face? How do we make this visit to the past tolerable, so that the client does not become stuck or

overwhelmed? Historically, we have placed more emphasis on the method or model of therapy than on the skill of the therapist or the core conditions of therapy. Outcome research has compared one articulated approach with another, often neglecting or setting aside the roles of therapeutic skill and the person of the therapist. An increasing body of evidence seems to indicate that among recognized treatments, there is no "winner," one approach that has superior outcomes. On the other hand, a large and growing body of research has substantiated the impact of the relationship on the treatment (Norcross & Lambert, 2018; Geller & Porges, 2014). A meta-analysis of what contributes to treatment outcome (Laska, et al., 2014) found that method or model came in well behind such common factors as goal consensus, empathy, the therapeutic alliance, positive regard, and genuineness.

A reading of Dr. Yunusova's work with Chris demonstrated the presence of those common factors in abundance. The AEDP approach that was a primary influence on the work gives a framework and language for those impactful factors, and specifics on how to language this in the therapy. Importantly, they are also very much a part of who Dr. Yunusova is as a clinician. The case has many moments where she strengthens the therapeutic alliance with her compassion and empathy, providing Chris a novel experience of being heard, seen, delighted in, and resonated with. For this client, his early experiences were lacking these crucial ingredients for developing a solid and joyful sense of self. Therapy provided an important "undoing of aloneness," allowing the revisiting of old pains with someone by his side. With a "true other" by our side, it becomes safer to experience previously avoided emotions of anger, grief, yearning and loss (Fosha, 2021a).

The Role of Neuroplasticity

Finally, what makes treatment fruitful is the neuroplasticity that has been increasingly studied and emphasized in modern neuroscience: our brains have the flexibility to rewire in response to new experiences, and to transform negative experiences into more positive ones (Frederick, 2021; Lipton and Fosha, 2011). The mechanism of memory consolidation is a key part of this (Lane, et al., 2015). We are continuously updating our memories, making changes that reflect new knowledge and experience. A memory is not a videotape that depicts the one objective reality of an experience. Instead, it is more like the singular subjective rendition of a past experience taken out of storage. If I retrieve a memory, just play that video and put it back intact, nothing happens. And if that retrieval happens under scary circumstances, as a flashback or as a too-intense emotionally dysregulated experience, it is not held in consciousness long enough to make changes and updates. It is pushed away as quickly as possible with its feared properties reinforced. But if I make changes to it before putting it back; if I have updated that file by incorporating something new, then when it goes back into storage, the changes go with it, now my new and only version of that memory. This mechanism accounts for the sometimes

powerful, transformative and lasting changes an important therapeutic moment can have, what Diana Fosha (2006) calls "quantum transformation."

AEDP does several things to enhance this process of memory reconsolidation. The relational elements that create safety and undo aloneness, as described above, are vital, and also used in the service of affect regulation. Keeping affect at the right level, present but not overwhelming, helps a client stay in their learning zone and at their growing edge, a place where disturbing memories can be brought safely to mind. AEDP also places a great deal of emphasis on metaprocessing, believing that it is not enough just to *have* an experience. We also need to reflect on it, unpack it, explore it relationally. Hence, a key query in AEDP is "What was it like to do this *with me*?" This brings the experience into the relational context. We are wounded in relationships and we heal in relationships. This metaprocessing allows the experience to be integrated into the sense of self and the experience of the other. It moves things from the implicit to the explicit, a key goal of AEDP.

BROADER IMPLICATIONS FOR INTEGRATIVE PRACTICE

The thoughtful and integrative way that Dr. Yunusova pursued this treatment gives me great hope for the future of the profession. Her openness, curiosity and willingness to incorporate new methods and models while exploring ways in which they were or were not a pattern match to her previous CBT training is an example of the kind of thinking that will move the field forward, toward greater flexibility and adaptability. Her work here is an example of both the assimilative integration (Messer, 2019) and the common factors (Laska, et al., 2014; Frank, 1973) approaches to psychotherapy integration. She incorporated the newer elements of AEDP into her existing behavioral framework, her home base, to the great benefit of the client. She drew upon the powerful therapeutic skills that have been seen by the common factors approach to integration as key to change across models of therapy. As she notes in her conclusion, our willingness to think and work in these transtheoretical ways has the potential to increase our cross-theoretical collaboration and our therapeutic effectiveness.

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