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COMMENTARY

Refreshing, Necessary Exposure to the Problem With Exposure Therapies for Trauma: Commentary on Rubenstein et al. (2024)

Laura S. Brown
Seattle, Washington, United States

In this invited commentary, I address what I see as the major contributions Rubenstein et al. (2024) have made to challenging the hegemony of exposure therapies for trauma-exposed persons. These include a thorough review of the history of the rise of exposure therapies, the identification of posttrauma responses as forms of anxiety disorders, and an extensive discussion of the neurobiology of the trauma response. Additionally, Rubenstein et al. expose the very high dropout rates in studies of exposure therapies and ways in which many traumatized people have not found them helpful. This article brings the so-called "gold standard" back to its rightful position as one possible, occasionally helpful way of assisting some, but not all, traumatized people.

Keywords: trauma, exposure therapy, evidence-based psychotherapy relationships

There are many reasons why I find the article "To Expose or Not to Expose: A Comprehensive Perspective on Treatment for Posttraumatic Stress Disorder" (Rubenstein et al., 2024) so important and such necessary reading for psychologists working with traumatized persons. This article's coverage of the importance of the therapy relationship as integral to creating a safe space for traumatized individuals echoes critiques of trauma treatment that I have been publishing and participating in for the past 4 decades, and seeing my opinion empirically supported is invigorating intellectually. In this commentary, I identify those components of Rubenstein et al.'s (2024) article that were most striking to me, a person who has worked with variously traumatized people, first by accident, then on purpose, from the early 1970s through the present time.

The first striking and, to me, necessary component of Rubenstein et al.'s (2024) article is its careful review of the history of the exposure model in its various forms, a history that arose from the misidentification of a trauma response as a type of anxiety disorder. Such disorders were increasingly found to be effectively treated with exposure therapies. Thus, exposure therapies for this other anxiety disorder made theoretical sense, so long as the erroneous categorization of the trauma response was never questioned.

When a treatment modality has become as canonical as exposure therapies have in the past 3 decades, it is rarely the case that those being taught this problematic "gold standard" are ever exposed to this historical material regarding the confusion of trauma response for anxiety. Rubenstein et al. (2024) do an immense service by exploring and exposing this history. To make clear to readers that trauma response includes, but is not limited to, a fear response is particularly relevant given the persistent elephant in the room of exposure therapy research. That unaddressed and persistent problems with these approaches to working with a traumatized person include the high dropout rates from randomized clinical trials, as well the difficulties that many people who have been traumatized repeatedly, especially during early developmental stages, have with tolerating its protocols.

I note the importance of this historical exploration because without an understanding of how and why exposure is now often uncritically presented to new therapists as "the thing that must be done" with traumatized people, it is difficult for therapists to think critically about what they are being taught. As Courtois and I noted in our critiques of the American Psychological Association Guidelines for the treatment of posttraumatic stress disorder (PTSD) in adults (Courtois & Brown, 2019), the overreliance on the findings of randomized clinical trials in the development of that document and the resistance among most members of the panel to consider what

Correspondence concerning this article should be addressed to Laura S. Brown. Email: laurabrownphd@gmail.com

those high dropout rates might mean were emblematic of the almost biblical manner in which the prolonged exposure literature has come to be regarded among many trauma experts.

Belief in exposure as the sine qua non of trauma treatment would be acceptable should it be presented as a religious or spiritual experience, both of which are founded on belief. Critical thought and careful exploration of the rationales for a trauma treatment methodology are, however, more consistent with the norms of a science-based practice, which is what psychology endeavors to be. Rubenstein et al. (2024) are willing to be heretics, reminding the reader that "these foundational theories [regarding the value of exposure in trauma treatment] also presaged the difficulties still encountered in exposure treatment: patient avoidance, dropout, and residual symptoms" (p. 335).

The next striking and valuable aspect of Rubenstein et al.'s (2024) article may be found in its exploration of the early misidentification of a trauma response as a form of anxiety disorder. As noted above, the conceptualization of trauma response as fear-based made the place of PTSD in the anxiety disorder section make conceptual sense. The concept, however, was flawed. Because exposure therapies were becoming the standard of care in work with highly anxious people, this early, less-than-critical formulation of PTSD and other trauma responses as simply one more anxiety "disorder" served both as a misdirection from the complex nature of trauma responses and an invitation to simply apply to the trauma-exposed population therapeutic approaches that were known to work with nontraumatized anxious people.

The above is not a critique of the researchers who explored the trauma response-as-anxiety paradigm, given the long history of the assumption that exposure was a necessary component of recovery from the distress associated with trauma exposure. What Rubenstein et al. (2024) invite readers to do is to engage in their own thoughtful reconsideration of what is traumatic, setting aside the orthodoxy of the diagnostic manuals in favor of a careful review of the past half-century of data regarding the variety of experiences that the human neurobiology responds to as if traumatized.

This last is essential if the "one-size-fits-all" definition of trauma, and the equally undifferentiated prescriptions for how to respond to traumatized people are to be critically examined. The ever-expanding data on the many complex neurobiological systems implicated in the range of trauma exposures, be they threat-to-life, betrayal, microaggression, continuous exposure to systemic and structural forms of oppression and subjugation, persistent neglect, or other types of early disruption of the attachment necessary for human infants to thrive emotionally, requires critical thinkers in the field to reexamine all formerly accepted truths, including those regarding exposure. Reading Rubenstein et al.'s (2024) article thoughtfully and nondefensively ought to result in that sort of critical examination of *beliefs* about what helps traumatized people, to be replaced with a complex and sophisticated multidimensional matrix for understanding trauma, its various effects on people with different intersectional identities, and the range of experiences that will be healing, no longer limited to, although not excluding, some kind of exposure.

This leads to the third component of Rubenstein et al.'s (2024) article that I find so critical to good trauma practice, the discussion of the neurobiology of trauma exposure. Rubenstein et al. review a very complex and wide-ranging literature in a manner making it accessible and inviting to the readers of a generalist journal, which is a trait of an article that might transform a field. I cannot imagine that those reading this section will not want to learn more about neurobiological underpinnings of the trauma response. For me, both as a clinician and in the arena of forensic expert testimony, my own familiarity with this material has been invaluable in making the trauma response both more "real" to those experiencing it and more clearly not feigned by those claiming its presence in a legal context. As van der Kolk (1994) famously said in his early article, "the body keeps the score" for trauma; in this case, the neurobiology of trauma, developed during human evolution by our proto-hominid ancestors, who were a prey species, must be taken into account by anyone working with traumatized people. I am grateful to Rubenstein et al. for opening this door to the larger audience of psychologists.

Let me end with a quote from Rubenstein et al. (2024) that I found particularly striking:

> Moreover, the efficacy of non-exposure-based treatments may be a special case of the more general finding that bona fide treatments do not differ in their efficacy, and that common factors account for a greater proportion of treatment gains than specific therapy techniques (Norcross & Wampold, 2019). In fact, PTSD patients whose sense of safety has been shaken may be especially sensitive to common factors such as warmth and trustworthiness in the therapist, and responsiveness to patient needs may be particularly crucial in the delicate art of approaching aversive memories (Norcross & Wampold, 2019). (p. 340)

This quote is striking because so much of the official trauma treatment literature seems to ignore a century of research about what, in general, makes psychotherapy effective. The evidence-based psychotherapy relationship variables (Norcross & Lambert, 2019), too frequently dismissed as "common factors," in fact appear to account for 400%–500% more of the outcome variance than does any specific intervention. Courtois and Brown (2019), who attempted to interpolate these data into the American Psychological Association Guidelines, met with that same kind of dismissal.

To dismiss the centrality of evidence-based psychotherapy relationship variables to work with trauma-exposed people is to entirely miss the point of the work, which is not solely

symptom reduction. Trauma is an insult to one's existential structures. It is often not a singular event; it is frequently, for members of marginalized and subjugated groups of people, an ongoing experience, not one that is ever "posted." Rubenstein et al.'s (2024) call to "conceptualize a broader set of interventions that may engage the patient's innate capacity for reconsolidating traumatic memories" (p. 340) is a necessary corrective. Psychologists base our work on science, continuously challenging and reconsidering our prior conceptual frameworks. This article is an important corrective to the "trauma treatment" orthodoxy. It is my expectation that it will not be well-received by true believers but should be welcomed by those who value critical thinking, even when it leads to the abandonment of their own most overvalued conceptual frameworks.

References

Courtois, C. A., & Brown, L. S. (2019). Guideline orthodoxy and resulting limitations of the American Psychological Association's clinical practice guideline for the treatment of PTSD in adults. *Psychotherapy: Theory, Research, & Practice*, *56*(3), 329–339. https://doi.org/10.1037/pst0000239

Norcross, J. C., & Lambert, M. J. (Eds.). (2019). *Psychotherapy relationships that work: Vol. 1: Evidence-based therapist contributions* (3rd ed.). Oxford University Press.

Norcross, J. C., & Wampold, B. E. (2019). Relationships and responsiveness in the psychological treatment of trauma: The tragedy of the APA clinical practice guideline. *Psychotherapy: Theory, Research, & Practice*, *56*(3), 391–399. https://doi.org/10.1037/pst0000228

Rubenstein, A., Duek, O., Doran, J., & Harpaz-Rotem, I. (2024). To expose or not to expose: A comprehensive perspective on treatment for posttraumatic stress disorder. *American Psychologist*, *79*(3), 331–343. https://doi.org/10.1037/amp0001121

van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry*, *1*(5), 253–265. https://doi.org/10.3109/10673229409017088

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