Using writing assignments with families managing legacies of extreme traumas

Alfred Lange

It is taken for granted that disclosure can be beneficial to both the victims of extreme traumatic events and to their next of kin on the assumption that the past traumatic events must be the main cause of any current dysfunction. There is a danger that other sources of dysfunction, whether or not related to the original trauma, will thereby be neglected. This paper argues for a careful evaluation of the source of dysfunction and for the usefulness of structured writing assignments in the process of therapy. Two case studies of families including survivors of the Holocaust are presented to illustrate the technique of structured writing assignments and its theoretical underpinning.

Introduction

This paper discusses the use of writing assignments in processing grief, rancour and symptoms of post-traumatic stress and also addresses the impact of past traumas on current problems within families, especially the attributional processes that may influence the process of problem-solving.

Writing assignments

Research on processing grief and traumatic experiences consistently shows the importance of habituation (Emmelkamp, 1982; Lange, 1994a; Wilson and O’Leary, 1980) and cognitive reappraisal (Janis, 1958; Lazarus et al., 1980; Rachman, 1980). Exposure by means of systematic self-confrontation with the emotionally painful stimuli is a necessary element in both of these. The required degree of self-confrontation is usually not achieved by merely talking about events because the most painful aspects are often avoided. Structured writing, where the therapist instructs the family member(s) to write letters to the most significant people who are the object of the grief,

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Rancour or traumatic event provides an elegant and powerful method of self-confrontation (see Lange, 1994a). Precise instructions are given concerning the subject matter, the manner of writing, the frequency, the amount of time spent and the location. During each session, the experience and the effects of the assignment are discussed. An effort is made to identify the most painful aspects, i.e. aspects that are usually avoided or suppressed, and these are then included and elaborated in the next assignment. Structured writing helps patients to face their most frightening images and past experiences (Schoutrop et al., forthcoming) and provides them and their families with an opportunity to disclose their feelings in their own time and to share their thoughts with each other on suitable occasions.

Writing letters as a means of addressing past experiences was first described in a brilliant essay by Murray Bowen (Anonymous, 1972). Here the emphasis was more on restoring relationships within the family than on self-confrontation and it was important that the letters were sent. In the 1980s, ritualized writing described by van der Hart (1983) and by Lange and van der Hart (1983) emphasised that self-confrontation rather than sending the letter was important. Subsequently, several case studies demonstrated the effectiveness of this writing technique with patients with pathological grief or with other symptoms of post-traumatic stress disorder (Lange, 1988). Many experimental studies have also confirmed the effectiveness of structured writing as a therapeutic intervention (Davidovich and Salomon, 1993; Harber and Pennebaker, 1992; Murray et al., 1989; Pennebaker, 1996; Pennebaker and Beall, 1986; Pennebaker et al., 1990; Schoutrop et al., forthcoming).

The significance of past trauma

Since the Second World War, the effects of extreme trauma such as the Holocaust on survivors and family members have been the subject of a good deal of attention. Many publications emphasize that the survivors of such long-term catastrophic events are prone to serious emotional instability and psychopathology. Keeping silent about such experiences is thought to increase emotional instability in both the survivors and their next of kin, notably their children (Harari, 1995; Lang, 1995). While this is true in many cases, there is a danger in the rigid and automatic attribution of present problems to past traumatic experiences. Such attributions may encourage inappropriate and unproductive ideas concerning the origin of present problems.
Because attention is drawn away from the other causes, underlying feelings may be suppressed and the problems within the family exacerbated.

Seeking explanations of behaviour, both one's own and that of others, is a common psychological mechanism (Fiske and Taylor, 1991; Försterling, 1988). However, if such attributions increase helplessness, undermine self-esteem and prevent the use of personal resources, they may have detrimental consequences. For example, research has demonstrated an association between psychiatric disorders in women, such as eating disorders and depression, and recurrent sexual abuse in childhood (Brown and Anderson, 1991; Cahill et al., 1991; Lange, Kooiman et al., 1995). Consequently, a history of sexual abuse is often viewed as the major, or even the only, cause of current psychiatric disorders. Although this explanation will be valid in many cases, recent work- or family-related problems may be more contributory to the development and maintenance of current symptoms. In explaining psychological problems, over-reliance on the significance of past experiences to the exclusion of more recent experiences can seriously compromise the effectiveness of treatment.

Similar attributions are often encountered in treating families of survivors of the Holocaust. Healthcare professionals tend to view current problems within such families as a consequence of past experiences and treatment relies strongly on talking about the traumas (Chigier, 1988; Lange, 1988; Solkoff, 1992). Here again, it is important to be alert for less obvious causes of psychological dysfunction. (It is significant that Leon et al. (1981), in comparing a sample of Holocaust survivors and a matched control group, found that members of the former group had in fact more favourable scores than the latter on various measures of personality and psychopathology.) The survivors of the Holocaust and their next of kin should be assisted in determining whether their psychological problems are mainly attributable to the trauma they suffered in the past and, even if this is the case, therapeutic interventions relating to the trauma should not preclude other interventions addressing other, more recent causes of current problems.

In summary, many families require professional help in overcoming past traumatic experiences. In dealing with the past, careful consideration of what to disclose and how to disclose is essential. Disclosure should be carried out in a way that permits habituation to painful elements, cognitive reappraisal and constructive sharing with
other family members. Sometimes, however, psychological problems are due to causes that are not directly related to the original trauma (if at all). In families with members who have survived catastrophes it is very tempting for both the family members and the therapist to view the past trauma as the main cause of current family problems. This attribution may fulfil a need on the part of the family to arrive at a clear and unthreatening explanation of present problems. In treating such families, therapists face the difficult task of maintaining an appropriate degree of sensitivity to the ordeal that patients or relatives have gone through in the past and, simultaneously, keeping an open mind about other non-related causes.

Case studies

Two case studies involving victims of the Holocaust and their families are presented to demonstrate the technique of structured writing. The first concerns a depressed grandfather, whose family attributed his problems to the Holocaust. The second is a mother of two adolescents who suffered from social anxiety and had marital conflicts. In the analysis of both examples attention is paid to the attributional processes and the timing of the interventions.

The family with the depressed father

Background

Mrs Katz came for help because of her sixty-three year-old husband's depression: he did nothing all day except sit at home brooding, the symptoms having emerged following his retirement one year before. In contrast, Mrs Katz was an energetic women. She had worked in a beauty parlour, but she left her job when the children were born. The children were now grown up, and the eldest had a son of whom Mr and Mrs Katz were very fond. Mr Katz had been in three concentration camps and lost nearly all his relatives. His wife had spent the war in hiding in the north of Holland in relatively comfortable circumstances. They were quite young when they met and subsequently married and the marriage had been stable without any serious crises.

In the first therapy sessions, however, a pattern was identified that had contributed to the current problems. From the beginning, Mrs Katz had been very protective of her husband. The atrocities he had
Writing assignments and families with extreme traumas

suffered were so terrible that she felt the need to shield him from any unpleasant or stressful situation including those arising from everyday family life. She had felt obliged to manage all contact with the children, as they could behave quite badly. In any case, according to Mrs Katz, her husband had experienced such terrible things that he would not be able to understand the children and would be of no help in raising them. Mr Katz had not resisted his wife’s protectiveness; in a way, it had suited him as he could devote himself to his professional work. Furthermore, it helped to maintain peace and quiet in the family and so obviated any need for difficult discussions about relationships within the family.

In fact, it seemed that Mr Katz had managed to come to terms with the atrocities he had suffered during the war and the loss of his family rather well. He had often talked about these things with his wife and had shared with her his grief and sorrow. With his retirement, however, he entered a new phase in family life and this had contributed greatly to his problems (Carter and McGoldrick, 1980). He felt useless in not working and contact with his children and grandchildren was minimal. Dissension started to grow between him and his wife. The latter devoted herself more and more to their grandson while discouraging any contact between him and her husband, as she had done previously between their children and him.

Treatment

In the therapist’s view the family (in particular the wife) could not accept that Mr Katz had successfully overcome his past experiences and losses. Each act of tactlessness by Mr Katz towards others was immediately attributed to his ordeal. This attitude had isolated him from the family and had resulted in much rancour. During the sessions, it became apparent that the situation bothered him immensely.

The therapist asked Mr Katz to write a letter to his wife. He was to work on the letter three times a week at fixed times and in a fixed place in the house. Such strict specifications contribute to the ritual nature of the assignment. The themes Mr Katz decided to address were:

- How his wife had belittled him by treating him as though his past experiences had rendered him incompetent.
The damage that this had done to him in the past.

The damage that this had done since his retirement.

His wife was present when he was given the assignment. As her intentions had always been good and she genuinely considered him incompetent in matters of child-rearing, she found it difficult to understand why he had to write any such letters. The therapist reassured her at length, praising her role in the family and her good intentions with respect to her husband, but noted that her overprotectiveness may have had unwanted consequences, Mrs Katz promised to co-operate.

Over a period of two months, Mr Katz wrote letters three times a week for three-quarters of an hour. He was required to write an uncensored ongoing letter, i.e. no attempt would be made to either produce a neat or well-written letter or to hold back or censure any feeling he had with respect to his wife. At the beginning of each writing session, he read what he had written previously and then wrote for a further forty-five minutes. He was asked to write about everything that had hurt or angered him. It was made clear that his wife would not read this letter, so he could feel free to write whatever he wanted. Over the period of the assignment, Mr Katz was free to show the letter to the therapist, but only if he chose to do so of his own accord; otherwise nobody else would read the letter.

After two months Mr Katz said that the letter-writing was no longer having much effect. Sadness and anger, which had been quite intense initially, were less strong now. The therapist suggested that he write a new letter, a graceful and worthy letter, which his wife would be allowed to read. It was to convey his respect for his wife but it also had to express clearly that, in spite of his wife’s good intentions, her attitude had prevented him from developing certain aspects of his personal life and that he was now going to make up for lost time.

The therapist read this letter and offered some advice on how to improve it. Mr Katz gave the final letter to his wife, which resulted in the couple communicating more adequately about the past and about how they could correct the present situation. To redress the balance, Mr Katz would increase contact with his children and with his grandchild. He also wrote a letter to both his children, summarizing what he had written to his wife. They were deeply impressed by his letter and important and constructive discussions followed. Mr Katz’s symptoms of depression disappeared and he was full of plans for the future.

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What lessons can be drawn from the Katz case study?

The therapy with the Katz family demonstrates the importance of attributional processes. Before therapy, Mrs Katz attributed her husband's shortcomings and problems to his war experiences. The discussions that followed Mrs Katz's reading of her husband's letter opened her eyes to the idea that other causes were involved in Mr Katz's presumed incompetence.

Although the Holocaust had been discussed by Mr and Mrs Katz, these discussions never touched on what was really bothering Mr Katz, namely his wife's attitude and her treatment of him as if he were both frail and incompetent. Clearly, talking about a subject does not necessarily result in a confrontation with the most painful aspects of a subject; avoidance can be too difficult to overcome in face-to-face communication. Writing, in contrast, may provide easier access to painful feelings and thoughts which have been suppressed and kept at bay.

Mr Katz's treatment underlines the importance of cognitive reappraisal. His writing assignment induced him to think differently about himself and his family and he realized that there was still ample opportunity to change his situation. He stopped his doom-mongering and addressed his ineffectiveness as a father and grandfather. In the sessions with his wife, he drew up a list of activities he could undertake with his children and grandchild, such as travelling.

Undertaking activities which he had hitherto avoided reinforced Mr Katz's growing feelings of competence and encouraged a reappraisal of himself. This is consistent with self-perception theory (Bem, 1972; Lange et al., submitted), but it is also a well-known principle in the Talmudic philosophy: 'Na-asheh We-nisjma', which means that in order to act, one does not have to believe. Act first and belief will follow.

The family with the frightened mother

Background

Margaret Jones was thirty-eight years old, Jewish and married to a gentile husband. She worked as a receptionist in a hotel and her husband ran a flower shop. They had two children, a son of fifteen and a daughter of seventeen. Following a breakdown, Margaret sought therapy because she was depressed and suffering from agoraphobia and other anxieties which prevented her from working.
During the first session in which her husband was present, she related how her mother and her mother’s husband had been married before the war and were deported together. Margaret’s mother survived the concentration camps, but lost her husband and nearly all her next of kin. She soon married again, a Jewish man who had spent the war in hiding, and Margaret was the eldest child of this marriage.

After the war, Margaret’s parents had chosen to avoid any affiliation with the Jewish community and discussions of the war were taboo in the family. Her parent’s marriage deteriorated quickly. Their energy was spent on surviving the past atrocities. They did not devote much attention to the psychological needs of their two children who consequently had to fend for themselves. Margaret especially had been emotionally neglected in her youth which had led to various problems. Although intelligent, she had experienced difficulties at school, had been shy and her self-esteem poor. The first positive thing that happened to her had been getting a job at the hotel, where the staff were friendly towards her.

Soon after this, she met her present husband and married at an early age. This marriage also had its problems. Mr Jones was a very active, smooth-talking person. Margaret, in her shyness and meekness, found it difficult to stand up to him. He easily dominated her, not because he liked to do so, but because her lack of response angered him. Though she did not resist her husband’s domination directly she did so indirectly, consistently undermining the things he stood for. This angered him even more. She also refrained from sex to indirectly punish her husband. They were caught in a vicious circle; her behaviour exacerbated his dominance which in turn reinforced her passivity and her resistance towards him.

In all of this, the Holocaust was a complicating factor. Margaret viewed her parents as victims of the Holocaust who, unable to cope adequately, had ruined her development as a child and thus her present life. Her husband shared her views, and agreed that her parents (the father had died by this time) had neglected her terribly with devastating consequences.

Treatment

In the conjoint sessions the therapist came to a view that attributing the present problems to past experiences would not be productive. The current pattern of dominance and submission was what depressed Margaret most, but this would not change by focusing on
Writing assignments and families with extreme traumas

the past. Accordingly, improvement of the marital relationship became the first goal. To allow his wife to stand up to him in a constructive manner, Mr Jones was asked if he could take a less dominant stance. For example, he had the habit of talking so much and so forcefully that his wife did not have a chance to respond. Mr Jones expressed a sincere wish to change and consented enthusiastically to a task aimed at changing these habits.

A program of monitoring and self-control was implemented (Lange, 1994b). Every time her husband said something which Margaret found overbearing or irritating, she would immediately make a note of it in a little booklet she had bought especially for this purpose. In the evening she would read her notes and think about the best way of discussing them with her husband. This she would write down and subsequently she would inform her husband of what she had written. He was required to listen, but not to respond. Mr Jones was also required to do the same when he felt that his wife was undermining him. He was to resist his habit of lecturing her at length and instead to express his thoughts in writing. In this way they informed each other about their feelings in a manner that prevented the usual one-sided discussions and futile arguments.

After several weeks, the pattern changed and Margaret developed more capacity to stand up for herself. Although at times her husband found it hard to cope with her newly acquired ability to oppose him, he generally welcomed it. The therapist, however, did not want them to communicate by means of written notes for ever. He therefore encouraged them to make use of the so-called mood-meter. Each evening, at a fixed time, the couple would express their feelings on a scale from 1 to 10 (1 = very negative, 10 = very positive). Subsequently, they were required to interview each other. While interviewing his wife, Mr Jones encouraged her to tell him what events and thoughts had contributed to her score on the scale, whether they were positive, negative or both. He himself was not allowed to counter what she said in any way, which was difficult for him. If, for example, she had rated her mood as negative because of the way he had treated the children, it was quite difficult for him to restrict himself to a response such as: 'Oh yes, and were there other things which have contributed to your mood?' Mrs Jones was asked to interview her husband in the same way.

Important topics on which they differed strongly, such as child-rearing, could not be discussed in this manner. To enable the couple to address these subjects and to help Mr Jones not to lapse into his
dominant behaviour, the following device was agreed upon: once a week, the couple was to discuss a serious subject and to videotape this discussion, which was to be no longer than one hour. Subsequently, both were to view the videotape individually, Mr Jones paying special attention to the instances in which he had been too dominant and to think about how he could have behaved differently, Mrs Jones was required to focus on the occasions that she had been too submissive, or behaved in an overly dependent or indirectly aggressive manner.

Concentrating first on the present instead of the traumatic past proved to be a sound strategy. The relationship improved and Mrs Jones now felt secure enough to address issues from the past that still bothered her. To address these issues she wrote letters to her deceased father and to her mother who was still alive. The actual writing was done in a similar way as described in the case of Mr Katz – as a ritual involving fixed times and location. Like Mr Katz, she was asked to write about the most sensitive and painful themes (the emotional neglect, the coldness of her father and the lack of her mother’s protection).

As a result of her letter-writing, it became clear to Mrs Jones what had gone wrong between her and her parents – the discovering function of writing. The concentration on her past during her letter-writing also resulted in a steady abatement of the emotional pain associated with some of her memories, which helped her to put the past behind her – the reprocessing function of writing. Finally, like Mr Katz, she wrote two worthy letters that conveyed her feelings accurately without offending her parents, which she could send to them. She put the letter to her father in a pretty bottle which she sealed and buried, as a symbol of the end of a period in which her father had neglected her. The letter she sent to her mother resulted in a number of mutually satisfying talks as well as in her mother finally telling her grandchildren what had happened to her during the Second World War.

What lessons can be drawn from the case of the Jones family?

The direct cause of Margaret’s shyness and timidity seemed to be the emotional neglect she suffered as a girl, her parents having been victims of the Holocaust making it even more difficult to deal with. From an intergenerational point of view (Boszormenyi-Nagy et al., 1991), it is likely that loyalty to her parents, who suffered such ordeals, contributed to the suppression of her feelings and made her inhibited and timid. In the first phase of therapy this was discussed
and acknowledged and it was agreed that eventually she would have
come to terms with her painful memories by systematically focusing
on this aspect of her past. However, gathering strength by improve-
ment of the relationship between Margaret and her husband was a
necessary condition that had to be fulfilled first.

This case illustrates that it is not always the best strategy to address
past traumatic experiences directly. Timing and preparation are
crucial. Frequently, patients need help to address their present
problems (in this case the dysfunctional interactional pattern between
Margaret and her husband) before they can confront their past.
Coming to terms with the past may require more confidence and
security about the present. This is a similar argument to that used in
the treatment of adult victims of childhood sexual abuse when it is
advocated that therapists should take care in inviting patients to
recount their traumatic experiences too soon (Busby et al., 1994;
Lange, 1994b).

The second part of Margaret’s treatment demonstrates the import-
ance of self-confrontation and sharing in reprocessing traumas.
Increasingly facing up to the most painful aspects by means of
structured writing leads to a reduction of the associated pain.
Patients’ initial assessment of the most painful aspects of their
past may change during treatment. In Margaret’s case, it emerged
during the process of writing that the most painful aspects were the
shame she felt about the way her parents had treated her and her
suppressed anger towards them. The structured writing assignment
induced her to face these painful elements and helped her to put her
experiences behind her and the energy she had wasted in avoiding
frightening situations could now be used more constructively.
Margaret’s writing also laid the basis for constructive discussions with
her husband, children and her mother and indirectly enabled the
mother to finally speak about her past.

When there are relationship difficulties between people managing
legacies of extreme traumas and their partners, therapists are
sometimes tempted to confront the partners. Partners are often
entangled in the problems of the patients, but their behaviour is
usually caused by powerlessness rather than by ill will or malice. The
considerable effort Mr Jones made to change his dominant behaviour
was possible because he had felt that the therapist had accepted him
the way he was rather than confronting him with being destructive
and unhelpful.
Discussion

Our case examples illustrate that clients' past traumatic experiences are not necessarily the main or only cause of current problems and that it is not always useful to focus exclusively on them. In the treatment of survivors of the Holocaust and in the treatment of patients who were emotionally or physically abused in their youth, this is often overlooked.

In the literature, structured writing is identified as a useful tool in reprocessing traumatic events from the past (Lange, 1994a; Pennebaker, 1996; Pennebaker and Beall, 1986). It allows the patient to determine the speed of the reprocessing process (self-confrontation), it helps to share the trauma with others and it leads to cognitive reappraisal. Our examples focus on how structured writing may also be used with patients who do not have to deal so much with traumas from the past but more with rancour about people and events in the present.

Note

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Writing assignments and families with extreme traumas


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