

REVIEW OF:

“INTEGRATED CARE FOR THE TRAUMATIZED. A WHOLE PERSON APPROACH”

Edited by Ilene Serlin, Stanley Krippner and Kirwan Rockefeller

200 pages

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“Witnessing human suffering can take a toll on one’s resources, but it can also lead to a renewed sense of purpose.” p.9.

I am writing this review during the heart of the COVID 19 pandemic. It has been a major source of traumatic stress for many of us. Within a few weeks, almost every aspect of our everyday life has gone through a dramatic change. Not only living with the threat of the virus has been stressful, but some of us have been ill or have lost a loved one and have experienced and dealt with traumatic stress. The health workers on the frontlines at hospitals are significant risk groups for developing PTSD. Of course, the pandemic is only one of the sources of traumatic stress. It is almost impossible to separate trauma and human existence from one another. As the meta-analysis suggests “most people are exposed to at least one violent or life-threatening situation during the course of their lives” (Ozer, Best, Lipsey, & Weiss, 2003¹), therefore, new research, theory and interventions on trauma will always have a significance to our lives, personally and collectively. This significance dictates mental health practitioners to be updated about the recent studies and perspectives on traumatology to be efficient and ethical professionals. “Integrated Care for the Traumatized: A Whole-Person Approach” edited by Ilene Serlin, Stanley Krippner and Kirwan Rockefeller is, in this sense, one of the must-read books about trauma and healing. The book focuses on neurological, psychological, spiritual, social and cultural dimensions of trauma where *prevention, resilience and self-care* stand at the core of the book.

Charles Figley’s statement in the forward section of the book summarizes the main intention very clearly; *“just as human beings are multifaceted, multidimensional, multilingual, and multiskilled, their treatment should be multimodal, interdisciplinary, multiskilled, multilingual, and multiskilled.”*

¹ Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta- analysis. *Psychological Bulletin*, 129, 52–71.

The book underlines both the verbal and non-verbal quality of traumatic experience where the theory, research and methodologies are in parallel with this premise. I found it useful to start with the research chapter that emphasizes the phenomenological aspect of trauma. The authors set a good foundation that introduces the philosophy of this book where embodiment and subjective experiences are crucial to the approach to trauma. Phenomenological questions like “what is the experience of trauma and resiliency like” and “how is it lived and experienced” show how much the main concern is not about diagnosing but understanding the depth of this human experience.

The whole person integrated approach guides the reader to explore effective clinical pathways such as expressive arts, symbolic movement, dance-movement therapy, psychodrama, mindfulness, meditation and animal assisted interventions to re-establish the distorted connections within the body after trauma with one’s own creative resources. One of the strengths of this book is that we witness the experiences of different groups such as refugees, children, veterans and caregivers where community and families are in focus. We are able to see how different approaches can be applied in various cultural settings and different contexts. For example, in chapter four, we learn how art can act as a mediator for trauma healing after disasters, as had happened after the earthquakes in Japan, China, Sri Lanka and Haiti, with Ebola in Sierra Leone, and the hurricanes in Saint Martin and Louisiana. Unfortunately, trauma or loss of our basic sense of safety is not only connected to natural disasters but also very much related to “human made” actions such as wars and poverty. The book presents works done for Syrian refugees and orphans in Tanzania that help to build *resilience*, *empowerment*, and *connectivity* which can be very inspiring for those who are involved in or plan to be part of similar projects.

The book consists of 13 chapters which are divided into 4 sections as follows:

(1) Foundations (2) Whole-person Group Therapy Models (3) Interventions for Communities, and (4) Future of Integrative Care for the Traumatized.

I think this book is perfect for experienced practitioners who want to learn more about the growth and meaning-enhancing aspects of trauma healing. Young colleagues would benefit from this book as well. Expressive Arts Institute Istanbul’s intern **Eda Cakaloz**² shares her view about the book:

² Eda Cakaloz recently completed her BA in Psychology at Bahcesehir University, Istanbul with honors degree. She is keen on learning more about trauma psychology and art therapy. Contact: eda@beyazkeci.com

“I feel like I am informed about the protective factors in trauma and prevention programs. Interventions focusing on psychosocial and psychoeducational aspects broadened my view beyond clinical interventions that focus on the ‘treatment’ of symptoms. I didn’t know that there can be that many creative and humanistic ways to approach trauma. For example, I was surprised to learn about the utilization of animal-assisted interventions. After I read this book, I had a better understanding of how creativity, spontaneity, trauma psychology, and neuroscience interact with each other. The authors emphasized so well how trauma can leave specific symptomology but underneath these symptoms traumatized individuals have unique scars and subjective/special experiences.”

The chapters flow in such a way that the reader feels the beautiful dance among them. There is an attunement among the authors that reflects the “wholistic and integrated” quality of the editors. Diverse themes are presented in a harmonious and cohesive way which makes it easier to read.

“Integrated Care for the Traumatized a Whole Person Approach” also presents a self-help tool called “Time-focused Therapy” by Rosemary Sword which gives insight into lifelong coping skills instead of just being a temporary intervention with a list of generous references. The book acknowledges the issue of secondary trauma that practitioners can experience. Eleanor Pardess offers a multimodal model for the prevention of compassion fatigue and the regeneration of compassion satisfaction. Now, let’s end with this reminder by Jack Kornfield in these difficult times:

“If your compassion does not include yourself, it is incomplete.”

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