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How Do I Embrace Cultural Humility?

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*Integrated Care for the Traumatized: A Whole
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Integrated Care for the Traumatized: A Whole Person Approach

by I. A. Serlin, S. Krippner, & K. Rockefeller, Eds.
Rowman & Littlefield, 2019, 222 pp.

Review by Andrew M. Bland

“The deepest roots of trauma cannot be talked about or explained away; they must be discovered, felt, and lived through.”
– Orah Krug (2019, p. 265)

Conceptualization and treatment of trauma have progressed rapidly during the last decade. The diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) have become regarded as too simplistic when applied to many clients, as complex trauma has become better understood and proposed as its own diagnostic category (Briere, 2019; Kinsler, 2018). In the meantime, whether PTSD should even be classified as a disorder also has been increasingly called into question, with PTSI (“Injury”) having been proposed as a more fitting term that is less pathologizing and that accounts for an emotional wound that is amenable to healing attention and transformation (Joseph, 2019; Levine, 2010; Sword, 2019). Furthermore, as it has become better recognized that therapies which emphasize rapid recovery and/or reliving past traumas can be overwhelming for clients (Levine, 1997) and can bring about negative outcomes (Serlin et al., 2019a), there has been increasing pushback against therapies based principally on exposure and/or on the goal of clients establishing habituation (Briere, 2019).

Moreover, the American Psychological Association’s (APA) recommendations for PTSD

treatment, as articulated in its *Clinical Practice Guideline* (APA Guideline Development Panel, 2019), have been critiqued by Dauphin (2019) and by Norcross and Wampold (2019) on theoretical/philosophical, methodological, and empirical grounds. For example, these authors have argued that the *Guideline* is overly biased toward medicalized, manualized therapeutic modalities centered around standardization and symptom reduction. Further, the *Guideline* also has been critiqued for ignoring the roles of the therapy relationship, of the helper-as-person, and of the therapist’s responsiveness and adaptiveness to individual clients—which decades of research suggest are the strongest determinants of sustainable psychotherapy outcome (Angus et al., 2015; Elkins, 2009, 2016; Rogers, 1961). Accordingly, as of this writing, over 57,290 clinicians, both in the United States and internationally, have petitioned against the *Guideline* (Alliance for the Inclusive Integration of Science and Practice in Psychology, n.d.).

Humanistic-Existential Approaches to Trauma Work

As an alternative to prescriptive, preordained



(Mølbak, 2012) trauma treatment models, approaches to trauma work that are grounded in and/or consistent with the humanistic-existential tradition in psychology have recently received renewed interest and support. These models emphasize the interdependence of: (a) the therapeutic relationship as the vehicle for sustainable change, (b) holistic and systemic conceptualization, (c) spirituality and mindfulness, and (d) personal growth and resilience.

First, regarding the value of the therapeutic relationship as the vehicle for sustainable change (Bland, 2013; Bland & DeRobertis, 2018, 2019; Cain et al., 2016; Elkins, 2009, 2016; Hoffman et al., 2015), humanistic-existential psychologists emphasize that therapeutic relationships provide corrective experiences (Bland, 2014; Castonguay & Hill, 2012) that catalyze second-order (transformative) change processes (Bland, 2013, 2019; Murray, 2002; Schneider & Krug, 2017) and that are conducive to the formulation of new narratives, new learning, and neural plasticity (Cozolino, 2010). Applied to trauma, relational damage is understood as the core of traumatic experience (Norcross & Wampold, 2019), and effective trauma work entails providing clients, on an individualized basis, with a relationship that “sends a message of how the current world is and can be safer” (Kinsler, 2018, p. 44) and that enables clients to engage deeply with questions of meaning in their suffering, rather than provide quick short-term solutions (Cameron, 2019; Merriman-Khanna, 2018). The therapeutic relationship requires ongoing cultivation and maintenance of therapeutic presence (Bland, 2013; Schneider & Krug, 2017) as an alternative to, as described by Cameron (2019), therapists’ fearfully employing standardized procedures as a defense against the inherent ambiguity, contradictions, and paradoxes in trauma work. These principles have been applied specifically to trauma by way of attachment-based models and methods for adults (Courtois, 2014; Kinsler, 2018; Soloman & Siegel, 2003), for children (Hughes, 2018), and for people with addiction (Maté, 2010), with medical problems (Maté, 2003; Harris, 2018), and with legal issues (Polizzi & Braswell, 2009) that tend to be attributable, directly or indirectly, to trauma.

Second, humanistic-existential theorizing is grounded in holistic and systemic conceptualization (Bland & DeRobertis, 2019) as an alternative to, as described by Joseph (2019), the linear, allopathic, and hedonistic assumptions of medicalized trauma treatment models built around symptom reduction. For example, Schneider (2008) proposed that nearly all clients’ presenting issues could be traced to some form of unresolved trauma—which includes not only acute or chronic trauma directly experienced by clients but also implicit (i.e., intergenerational, inherited) trauma that impedes optimal functioning via one’s inevitable involvement in toxic and stifling family (see also Firestone et al., 2013) and/or cultural (see also Schneider, 2013) dynamics. Thus, a primary task of therapy in general—but especially that focused on trauma—is to help clients assume and develop the role of a transitional character who serves to break vicious cycles of implicit trauma (Wolynn, 2016).

Third, spirituality and mindfulness have been part of the humanistic-existential movement (and especially its offshoot, transpersonal psychology) almost from the beginning (Bland & DeRobertis, 2019). Today, their influence can be found in (a) emerging literature on spiritual integration in psychotherapy (Jones, 2019), especially as applied to trauma work (Walker et al., 2015); and in (b) mindfulness-based approaches intended to enhance traumatized clients’ capacities for metacognition and emotional regulation (Briere, 2019) and for self-compassion (Neff, 2011). Spiritually-integrated therapy encourages clients to sit with discomfort and to develop a greater sense of connectivity with their suffering in order to transcend it.

Fourth, humanistic-existential psychologists regard traumatic experiences not as past events to be reckoned with and overcome, but rather as opportunities for personal growth and cultivation of awe as they are encountered fully in the present (Schneider, 2004). Joseph (2019) stressed that the phenomenon of post-traumatic growth, which recently has gained increasing attention in the trauma literature, offers an alternative focus for trauma treatment beyond the conventional assumptions of illness ide-

ology (i.e., working toward absence of observable symptoms) and of the necessity of change being motivated externally. Rather, change is assumed to come from within, and the role of the therapist is to cultivate conditions that promote inner change and that stimulate developmental movement in clients. Consistent with classic humanistic-existential theorizing (e.g., of Rogers, Horney, Maslow, Goldstein, and Erikson), post-traumatic growth refers to “increasing congruence between the self-structure and trauma-related experience” that is conducive to increased self-determination (Joseph, 2019, p. 14). As such, post-traumatic promotes greater self-knowledge and appreciation, self-integration and coherence, and increased senses of empathy and resilience (Merriman-Khanna, 2018). In this sense, resilience is understood not as an effort to bounce back to a time of better functioning, but rather as the ability to “struggle well” (Walsh, 2016, p. 5) by positively adapting “*despite* adversity” (Hostinar & Davis, 2019, p. 643, emphasis added) and actively pursuing a process of meaning-making in the face thereof (Frankl, 1988; May, 1967).

Despite this progress in conceptualization and implementation of these four areas in trauma work, additional underexplored humanistic-existential domains remain to be incorporated into conventional mainstream trauma treatment—in part, because they are sometimes dismissed as pseudo-scientific on the grounds that they have not been adequately researched. To counter this seemingly knee-jerk dismissal, in the early years of the new millennium, humanistic-existential psychologists (Criswell, 2003; DeRobertis, 2016; Fischer, 2003; Wong, 2017) have called for additional supporting research (versus philosophical argument alone) to prevent humanistic-existential contributions from becoming atrophied in an evidence-based zeitgeist. In turn, recent research has lent credence to the therapeutic value of, for example, expressive therapies for traumatized children (Klorer, 2017) and collective forms of healing (Saul, 2014; Walsh, 2016). The latter employ group techniques to enhance both community functioning *and* individuals’ lives by stressing the interdependence of relationships *among*

groups of people, not just *between* individuals. These forms of psychosocial healing come in response to a critique that trauma work tends to be limited to individual therapy which is based on “highly specialized, standardized, and culturally limited approaches [and] an overly narrow focus on types of recovery needs” (Olwean, 2019, p. 163).

Serlin et al.’s (2019) *Integrated Care for the Traumatized*

In *Integrated Care for the Traumatized: A Whole-Person Approach*, editors Ilene Serlin, Stanley Krippner, and Kirwan Rockefeller have compiled 11 papers by master therapists who have incorporated these underexplored humanistic-existential domains with current research in their therapeutic work with traumatized people. The book is comprised of four sections: (a) theoretical and methodological foundations, (b) whole-person models as employed in a group therapy context, (c) community-focused healing models, and (d) emerging directions in trauma work.

Following the Foreword, in which Figley (2019) applauds the book’s focus on a “kind of care [that] is extremely adaptable” to clients’ unique needs, experiences, and preferences (p. viii), theoretical and methodological foundations are laid out in Part 1. In Chapter 1, the editors outline the book’s theoretical and philosophical focus on a whole-person approach that represents a paradigm shift away from an illness orientation and toward a growth-oriented, genuinely bio-psycho-social-spiritual model that is built on the assumption that “struggle with adversity may lead to the discovery of strengths and enhancement of life’s meaning” as well as renewal of purpose (Serlin et al., 2019a, p. 1). With its emphasis on encouraging recovery, prevention, resilience, self-care, and growth, this whole-person approach (a) “incorporates intention, awareness, and mindfulness as the mediating variables between cognition and behavior”; (b) “includes the areas of meaning, beliefs, and existential choice” that are conducive to renewed will to live and to the active development of new narratives; and (c) “honors the spiritual dimension of life” (p. 1).

In Chapter 2, Rotter and Wertz (2019) critique the limitations of randomized-control trial research on trauma and resilience. The authors argue that, although symptom checklists and diagnostic criteria offer uniformity, they also run the risk of misdiagnosis and of “disempowering those [that helping professionals] seek to support” when isolated symptoms are approached out of their lived context (p. 13). Rotter and Wertz contend that by (a) “focusing on the abstract relationship between predictors and outcomes without addressing the fundamental psychological questions of why these relationships exist,” and (b) operationalizing and measuring resilience “by what it is not—the absence of clinical trauma symptomatology” (pp. 12-13), the assumptions of conventional empiricism fail to account for the contextual, cultural, and psychological significance trauma symptoms hold for individuals. As an alternative, the authors propose the phenomenological method—with its focus on describing and understanding the experience of trauma, rather than on diagnosing and intervening—and they provide examples from military trauma to illustrate their points.

Six whole-person models as employed in a group therapy context are presented in Part 2. For each model, the authors provide (a) narrative case vignettes that illustrate both their relevance and adaptation in various settings and cultural contexts (including numerous international examples); (b) discussion about practical strategies and considerations for implementing the models in practice, as well as training and credentialing requirements; and (c) a summary of supporting research for both its theoretical underpinnings and its practice effectiveness.

In Chapter 3, Kalayjian and Diakonova-Curtis (2019) present the first author’s seven-step Integrative Healing Model and its practical application in *Meaningfulworld’s* Humanitarian Outreach Programs, which provide a framework for assessing, exploring, releasing, and eventually reintegrating traumatic experiences via the cultivation of meaning-making and forgiveness. Next, Kuriansky (2019) demonstrates the value of employing art activities for the purposes of projective assessment and of play, projec-

tive expression, contact comfort, and offering transitional objects in the interest of promoting children’s resilience, empowerment, and connection to others—especially for those from cultural backgrounds in which conventional therapy is considered taboo (Chapter 4). Then the effectiveness of dance movement therapy is covered in Chapter 5 (Güney & Lundmark, 2019). Specifically, dance is explored as a tool for psychosocial support for refugee populations who have experienced displacement and are seeking asylum and who exhibit decreased self-esteem, physical detachment and psychosomatic symptoms, as well as difficulty appropriately using language to express and manage their emotions.

Engelman (2019) focuses on animal-assisted interventions that utilize the transpersonal, psychophysiological, and post-traumatic growth dimensions of the human-animal bond to heal emotional and interpersonal withdrawal that results from trauma (Chapter 6). In Chapter 7, Israel (2019) describes Toscani and Hudgins’ Therapeutic Spiral Model, a clinically-modified psychodramatic approach that promotes spontaneity and creativity, with the intent of expanding traumatized individuals’ windows of tolerance, developing self-compassion and emotional regulation, and overcoming dysfunctional social roles that re-enact traumatic interpersonal dynamics and assuming more transformative ones. Zimbardo et al.’s (2012) Time Perspective Therapy is summarized in Chapter 8 (Sword, 2019). This model emphasizes replacing traumatized individuals’ biases toward negative past experiences and fatalism with recollections of positive memories that occurred around the time of a traumatic event as well as working with them in the present, in the interests of creating a more affirming future and of spurring recognition of the choices they have in how they approach their experiences.

Three papers on community-focused healing both in and outside the U.S. comprise Part 3 (again, replete with case examples and discussions about practical applications and research considerations). The editors emphasize that their decision to include these papers is a delib-

erate response to a critique of American psychologists’ excessive focus on individuals at the expense of the impact of trauma on communities (Serlin et al., 2019a). In Chapter 9, Recanati and the Israel Trauma Center for Victims of Terror and War (NATAL) Professional Team (2019) reflect on the organization’s efforts to serve as a multidisciplinary therapeutic home for trauma casualties related to the Israeli-Arab conflict. Then Eshowsky (2019) explores the wisdom of indigenous healing restorative circles as applied to addressing and transforming suppressed and/or unrecognized trauma-based emotions that underlie youth and gang violence (Chapter 10). Further, the core principles of the Catastrophic Trauma Recovery Model and the Social Health Care training and treatment program are delineated in Chapter 11. Olweean (2019) demonstrates how these models serve to break cycles of transgenerational trauma that fuel polarization, war, and violence both within and between communities.

Finally, emerging directions in trauma work are addressed in Part 4. Chapter 12 offers an alternative to the almost exclusive focus in the literature on the negative outcomes of caregiving and on helpers’ own symptom relief and stress management (Serlin et al., 2019a; see also Kang & Yang, 2019; Merriman-Khanna, 2018). Pardess (2019) presents a strengths-based model that employs mindfulness training and creative modalities to not only prevent burnout and compassion fatigue, but also to promote caregiver satisfaction, regeneration, and renewed sense of purpose via vicarious post-traumatic growth. In the closing Chapter 13, Serlin et al. (2019b) emphasize that their volume is far from comprehensive, but rather provides a gateway to dialogue about “different aspects of a whole-person approach” that “make a unique contribution to the growing field of traumatology” (p. 203). After identifying and reflecting on the specific contributions of each chapter, they acknowledge that the magnitude of the whole-person approach can be daunting for some. On the other hand, the editors conclude that their intention was to spur awareness of “the complexity of trauma,” to cut through simplistic solutions and complacency, to promote humility, and to stimulate networking in the

interest of “sharing of compassion, empathy, and hope” as an antidote to a fractured world (p. 205).

Evaluation

By promoting humility in the face of the complexity of trauma, *Integrated Care for the Traumatized* appropriately challenges contemporary therapists to move outside of their comfort zones. The approaches outlined within this book can help therapists think about the possibility of evidence-based approaches that serve the greater goal of enhancing clients’ optimal functioning as described by humanistic-existential psychologists (Bland & DeRobertis, 2019) more than merely reducing clients’ symptoms. In addition, these approaches may stimulate therapists to consider extending their roles as healing presences into the community beyond the trappings of conventional office settings. In particular, the chapters on collective healing of trauma serve to disrupt fixed individualistic assumptions that characterize most therapy in the U.S. but that also can be perceived as threatening to people from/in a different cultural context (Robbins et al., 2019; Serlin et al., 2019a). Accordingly, this book has the potential to offer an indirect form of cross-cultural encounter (Adler, 1975; Montuori & Fahim, 2004) that promotes new learning conducive, in this case, to enhancing therapists’ abilities to handle complexity and ambiguous circumstances (DeRobertis, 2017; O’Hara, 2018) that often characterize trauma work.

Moreover, this certainly is not the first time that arts- and narrative-centered approaches to trauma work have been introduced in the literature. Indeed, for several decades, volumes by Capacchione (1980) and McNiff (1991) have spelled out means of systematically employing expressive modalities to promote healing of trauma. However, arguably because of their incompatibility with experimental methods that support medicalized treatments focused principally on symptom reduction (Joseph, 2019), until recently these therapeutic approaches have enjoyed only fringe support from the mainstream psychotherapy community. Serlin et al.’s book thus arrives at a timely moment.

Concurrently during the last decade, qualitative inquiry and single-subject design—both of which reflect the idiographic focus advocated by founding humanistic psychologists (Bühler & Allen, 1972; Maslow, 1966)—have received increased legitimization and/or refinement in psychology, as evidenced by their inclusion for the first time in the recently-published 7th edition of the *APA Publication Manual* (American Psychological Association, 2020). By way of this methodological progress, Serlin et al.'s book also serves to legitimize and demonstrate the effectiveness of narrative, expressive, and collective approaches to healing trauma by supporting their theoretical underpinnings with findings from both narrative case study and single-subject quantitative research.

In addition to therapeutic and methodological contributions, *Integrated Care for the Traumatized* also provides support for the practical application of numerous long-standing theoretical contributions of humanistic-existential psychologists that tend to be overlooked—or worse, dismissed—due to their problematic conflation with the worst of the “counterculture” associated with the 1960s-70s (Bland & DeRobertis, 2017, 2018, 2019). To validate these principles, the authors of the chapters of this book have integrated research findings from contemporary neuroscience as well as parallel constructs found in emerging literature on resilience (Southwick & Charney, 2018; Walsh, 2016) and on protective factors that promote it. These include access to secure attachment relationships, to other relevant social networks, and to quality community resources, as well as capacities for emotional regulation, executive functioning, self-efficacy, and meaning-making and the social conditions that foster them (Masten, 2014; see also Bland & DeRobertis, 2017). Doing so serves to continue overturning humanistic-existential psychology's reputation as a historical relic by demonstrating its contemporary and measurable relevance (Bland & DeRobertis, 2018; DeRobertis, 2013, 2016).

The authors of the chapters in *Integrated Care for the Traumatized* also present a solid case that sustainable trauma work involves much

more than conventional talk therapy. This is especially pertinent during an era in which, as Muller (2018) argued, orientation to process is increasingly endangered in a cultural climate characterized by misuse of short-term outcomes measurement. At the same time, the authors also make clear that expressive therapies involve much more than a kind of action therapy that, without adequate debriefing with and follow-up from an empathetically-attuned therapist, can serve to reinforce experiential avoidance (May, 1972).

As a book seemingly intended to provide introductory exposure to these therapeutic modalities, it lives out its aim admirably. Each chapter is appropriately concise and accessible in its presentation of both technique and empirical support. Although at times some of the summaries and descriptions could have offered even more detail to embellish the authors' points, each chapter also provides plenty of current references and other resources for follow-up exploration and evaluation. As such, the book serves well as a one-stop introduction to almost a dozen underacknowledged perspectives and under-researched methods for healing relational trauma and their practical applications in the current era and in variety of settings worldwide.

Conclusion

While perhaps not a stand-alone volume on trauma work, with its grounding in the humanistic-existential tradition, *Integrated Care for the Traumatized* fills, in Maslow's words, a “huge, big, gaping hole” in trauma psychology (Zweig & Bennis, 1968, 17:55). It serves as an excellent introductory resource for both students and seasoned professionals to supplement existing texts on relational, mindfulness-based, and mind-body healing of trauma at the individual level by surveying group approaches that involve narrative, expressive, and indigenous collective healing methods. As such, it fits neatly on a shelf alongside Kinsler's (2018) *Complex Psychological Trauma: The Centrality of Relationship* and Levine's (1997) *Waking the Tiger: Healing Trauma*. My hope is that, by virtue of their reach, these currently “alternative” modalities will eventually find

their way further into the mainstream in the same way that attachment, resilience, qualitative inquiry, and single-subject design—all once radical ideas proposed by founding humanistic psychologists (Bland & DeRobertis, 2017, 2019; Bühler & Allen, 1972)—have been embraced and incorporated into traumatology in the last decade. Accordingly, volumes like *Integrated Care for the Traumatized* may contribute to the continuing maturation of trauma work in a more humanized direction, paving the way for organic healing methods that offer the possibility of sustainable change and growth at both the individual and collective levels.

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