

Book Review for *Body, Movement and Dance in Psychotherapy*  
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**Title:** *Integrated Care for the Traumatized: A Whole-Person Approach*

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Eminent traumatologist Charles Figley sets out the function of this book in the foreword, stating that “to fully embrace the whole-person approach requires integrated care” (p. viiii). *Integrated Care for the Traumatized: A Whole-Person Approach* undertakes to define, explore and ultimately promote integrated care for those traumatized by various forms of violence and life circumstances, with an emphasis on war-related trauma. This is not a traditional trauma textbook but a deep view of trauma in its cultural and social contexts, informed by decades of practice in militarized zones as well as civilian communities of practice. A complex mix of philosophical and methodological approaches makes this book excellent but heavy reading suited to trauma experts and experienced practitioners rather than a popular audience. As trauma research the volume reflects current scientific rationale about the origins of trauma in embodied experiences, often issuing from childhood and recurrent in later life. Each chapter details a different paradigm or path of treatment, supported by contemporary traumatology, model-specific research, and empirical case studies. The index is clear and well organized. Chapter-specific bibliographies follow each chapter and short author biographies can be found in the book’s final pages. This book makes a dynamic contribution to the field of trauma in relationship to whole-person treatment.

Whole-person treatment is a concept of care drawn on holistic theory. This is sometimes called “wholistic,” although the two theories are historically different. Holism traditionally includes the “mind, body, emotions, and spirit and their interconnection” (Dunn, 2019, p.14), with the individual participating in her own treatment. In conventional allopathic care, an individual is placed in a doctor-patient relationship, a fairly passive, static system of patronization (in many senses) and medicalization. In holistic care this terminology gives way to the concept of a client, more or less actively contributing to her own wellness, and a notion of a person living among others in diverse and changing environments (home, family, community, nation, etc.); therefore the client’s “societal impacts” (*op cit.*, p. 91) must be considered if not addressed. The notion of wellness is central to the perspective of holism in medicine, psychology, nutrition, and other disciplines, and the whole person is perceived as someone who comes from and returns to wellness—as an individual and as a person in community. Because this foundational truth differs so sharply from the medical model, the largest medicalized bodies (in the United States, the American Psychiatric Association, American Medical Association and American Psychological Associations) are not represented in this volume. Instead, readers will find models and paradigms that

do not rely upon the package of diagnosis and medication, but point towards more individualistic, personal and growth-oriented ways of being.

Case studies are complicated by the consideration of the person in society, both as a reason for and a means to treatment. This is most evident in chapters that detail the activities of social services. This is positive criticism, and the stunning chapter on NATAL is a case in point. From its outset in 1996 the Israel Trauma and Resiliency Center (NATAL) has offered trauma care to people across Israel. Its website states that “*NATAL* is an apolitical nonprofit organization that specializes in the field of war and terror related *trauma*. NATAL aims to advance the resiliency of Israeli society...” (<http://www.natal.org.il>). Israel is at the forefront of psychotherapy worldwide, especially in relationship to trauma, with over 70 years of continuous conflict and resultant intergenerational trauma. To maintain a non-political NGO that treats civilians of war anywhere is a monumental task—how much more so in a country continually at war. One of the two original founders provides insight into NATAL’s work, its tragic beginnings, inspiring aims and continuing achievements over two decades.

The volume’s three editors own professional research profiles make it difficult to describe them in a few sentences. In addition to study, work and university teaching in psychology and cognate fields, Ilene A. Serlin is a registered dance/movement therapist, Stanley Krippner an authority on war trauma, and Kirwan Rockefeller an expert in men’s health. Framing the book are the three editors’ collaborative Chapters 1 and 13. Chapter 1 is essential reading. But the short recapitulation of Chapter 13 is unnecessary and could be included in the opening chapter or omitted. There is no need for apologetics. The more often I pick up this book—and I had to read it multiple times to write this review—the more I admire its accomplishment. Chapters are intensively researched and thoughtfully written by experiential psychotherapists with a wide range of expertise and years of practice in their disciplines. The volume capably and sensitively introduces readers to modalities with which they might be unfamiliar, while offering insightful, practical directions to experienced psychotherapists.

There are some assumptions. First among these is an understanding of trauma in context rather than as a literary or theoretical construction. Thus this book helps to break the monolithic view of “Trauma” I find most exasperating. Rotter and Wertz point to this trend in scholarship when they comment that “‘trauma’ and ‘resilience’ are studied as decontextualized variables that hold no meaning within the life-world of participants” (p. 11). In contrast, they argue for “methodological diversity” while focusing on a phenomenological paradigm in which existential meaning is significant to treatment. Their study of Israeli army conscripts (and pre-scripts) is particularly powerful in its recognition of trauma and resilience as unfixed, culture-specific and value-laden. Just as military life and combat experience cannot be summarized in binary fashion, but are “marked by the simultaneous presence of both positive and negative sequelae” (p. 12), the book as a unit continually reminds readers that trauma is part, not all, of a person. For the writers, trauma is not an object to be removed or an experience to be witnessed, but individual and collective worlds of suffering to be specifically and compassionately mediated.

The book is divided into four sections, namely, Foundations, Whole-person Group Therapy Models, Interventions for Communities, and Future of Integrative Care for the Traumatized. The third and largest section (Models) may be of most immediate value to this journal’s readership. It

encompasses six therapeutic models, including expressive arts (actually art therapy), dance/movement (and music) therapy, animal-assisted care, psychodrama, time-perspective, and the “mind-body-ecospirit” model of “Meaningfulworld” (p. 29). “Meaningfulworld” quickly covers a “seven-step integrative healing model” that appears to be highly individualistic, sited in a combination of psychodynamic and existential therapy, complementary medicines, meditation, and personal release engendered by “forgiveness” (based in Viktor Frankl’s logotherapy); there are no case studies. Despite its anomaly in this section I understand how a more popular form of integrative care could be effective, particularly as monthly workshops in urban isolation (p. 30).

The rest of the section seems more conventionally robust. A chapter on art and play therapy assists in helping children. Art therapist Judy Kuriansky draws on decades of personal work—literally around the world—with exercises developed for large groups of children as well as adults (“train the trainer), interspersed with interpretative comments and number of highly compressed photographs. Kuriansky notes how “basic principles of art and play therapy, along with the constructs of resilience, empowerment, and connection” are “universally experienced as fun” (p. 53). This is a grim reminder that without effective intervention traumatized children grow into traumatized adults—and that therapy works without appearing to be “work.”

A chapter on dance/movement therapy reiterates this, describing programs for Syrian children in Turkey and Rohingya girls and women (from Myanmar, previously Burma) in Bangladesh, with an emphasis on the latter. Despite symptoms of post-traumatic stress disorder (PTSD), the DMTs incorporate asylum seekers’ “family background, personal history, motivations, hopes, and dreams” (p. 60). Crucial in psychodynamic treatment, especially with survivors of war and torture, the DMTs began by creating “physical safe-space:” the photograph shows a chain link enclosure in a refugee camp. In a very short time this transforms into creative, shared space and even “play room” (pp. 62-63). Expressive art therapies are highly portable.

Suzanne Engelman writes about animal-assisted interventions (AAI), principally canine and equine but also “smaller farm animals, like cats” (p. 75), noting the “bonding neurochemistry” and energetic connections between animals and humans. She states: “AAI is effective in integrating bio-psycho-social-spiritual aspects of well-being for the traumatized person through a spiritual model of change” (p. 73), adding that “for the traumatized person, this neurobiology of interrelatedness begins again with an animal, as it eases suffering within the person and then extends to relationship with other human beings” (p. 74). This chapter is refreshingly theoretical and neuroscientific, citing Jung, Porges, Furst and a host of AAI studies, many with military veterans.

Drama therapist and psychodramatist Sylvia Israel presents the Therapeutic Spiral Model (TSM) concept and management of containment, the Trauma Triangle (pp. 99-100) with its discrete (and pathological) roles, and psychodrama’s rich utility of role replication and expression. Citations abound for readers wanting to explore these exciting and effective models. This clear, concise chapter is among my favorite reads. I was also drawn by a chapter on time perspective therapy, derived from the temporal theories of Zimbardo and clinically developed by Rosemary and Richard Sword. This method advocates an emphasis on positive remembering, and resembles the reframing techniques of narrative therapist Michael White. Half the chapter covers testing and session plans for the time-focussed model (pp. 116-124).

There are tenets of research with which to argue, for instance the notion that healing from disasters is accelerated by the ability to (like Frankl) find meaning in the event or that forgiveness “improves physical health and spiritual connectedness” (p. 31). Surely these are expressions of religious values? Yet that is why they feature in individuals’ healing journeys. As a totality, the book does not advocate for any particular system of spirituality or religion; a whole-person approach validates these elements, and integrative care involves them in treatment.

In *Community Interventions*, Myron Eshowsky’s chapter on indigenous psychotherapy problematizes the meaning and conduct of indigenous psychotherapy. Eshowsky writes about “the power of the circle...inherent in indigenous beliefs, through which we come to know ourselves and our wholeness. By extension, the wisdom of indigenous psychotherapies and the use of healing restorative circles and community ceremonies address the consequences of shared historical, multigenerational, and communal trauma” (p. 147).

This important subject offers new/old paradigms. How does the “first psychology” of indigenous psychotherapy differ from non-indigenous psychotherapy? Can or should “indigenous psychotherapies” be generalized together? Indigeneity is generally ascribed to First Nations, the original or early peoples of each continent—for instance, Australia, North America and Africa. Contemporary focus on “restorative justice” as currently practiced arises within indigenous communities, such as the Talking Circle process first taught by the Canadian First Nations to non-Natives in the 1990s (although this is not the sole model available). Exemplifying the restorative value of healing circles for community trauma, Eshowsky presents a case study of two gang families in Wisconsin war refugees from Southeast Asia and African-Americans from Chicago. Application of the restorative justice model to other populations is encouraging: through an intensive process of street negotiation, talking circles are introduced and eventually become “places of nondisruptive deep listening” (p. 155)—and healing.

Humanistic psychologist Steve Olweean’s chapter on “whole-person approaches in individual and communal healing of trauma” theorizes trauma as a life event that shatters every dimension of personhood. “On a communal level,” he states, trauma “can become embedded in the group ethos to create shared and socially reinforced legacies of unresolved communal trauma and victim identities that extend into future generations” (pp. 165-166). A nation’s genocidal policies can be traced to its own intergenerational trauma. Because of the interrelatedness of individual and community, the Common Bond Institute (an NGO for trauma recovery) addresses both dimensions simultaneously, while promoting “social healing and conflict transformation” (<https://cbiworld.org/>). Olweean also explains the Catastrophic Trauma Recovery Model, premised on decades of work with transgenerational trauma, and the understanding that “if trauma permeated every level of a society, healing capacity needed to be present at every level as well” (p. 171). This chapter is packed with theory, practice and recommendations.

The penultimate chapter, evocatively written by clinical psychologist Eleanor Pardess, suggests how to prevent compassion fatigue (elsewhere, vicarious trauma) while “promoting caregiver satisfaction and regeneration” (p. 189). This chapter is perfectly placed in the book’s challenging march of trauma modalities and case studies, soothing in its call to “mindful observation of (one’s own) emotions” (p. 200), nature-based workshops, the power of metaphors, and the advice to cycle former participants into the role of caregivers in the manner of Jung’s “wounded

healer.” The image of an uprooted tree in the forest speaks of the depth of trauma and how the individual becomes severed from society, and self. Pardess brings comfort to the subject of caregiver care, and resolution to the volume.

## References

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