

Whole Person Healthcare, Volumes 1, 2, & 3 (2007). Edited by *I. A. Serlin* (Series Editor), *M. A. DiCowden* (Vol. 1), *K. Rockefeller*, *S. Brown* (Vol. 2), *J. Sonke-Henderson*, *R. Brandman*, & *J. Graham-Pole* (Vol. 3).

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To some varying degree, people who seek services for psychological problems also feel dehumanized (p. 171) [and] . . . to find even small positive aspects of negative outcomes, can increase their resilience and help them to feel empowered and hopeful even if faced with very negative outcomes. (p. 177)

J. Riskind (2006)

With the more-than-1,000-page tour de force titled *Whole Person Healthcare*, Ilene Serlin, current president of the San Francisco Psychological Association, has purposefully edited a three-volume series aimed at humanizing the fields of psychotherapy and health care. The work grew from Serlin's efforts with the American Psychological Association, Division 32, initiative for "Promoting Health Care for the Whole Person." For many years, Serlin (2007) has advocated the importance of integrating alternative and complementary health practices into various clinical settings. Throughout the series, all of the authors carry the message that integrative treatment strategies in psychotherapy and health care are more valuable than reductionist "treat the symptom rather than the person" approaches as a way to humanize patient–client interaction.

Whole Person Healthcare persuasively presents the principle reasons for integrating human-centered strategies into psychotherapeutic and health care practices. Volume 1 of the series, *Humanizing Healthcare*, sets the tone for the other two volumes, providing a conceptual scaffold for framing humanistic and positive psychological theories within an applied health care setting. The chapters in Volume 1 address topics such as loving care in therapeutic settings, healing environments in the age of sterile, white-walled clinics, strategies for protecting marginalized patients, training new professionals with interdisciplinary skills, and provide insights about the politics and financing of applying integrative techniques at institutional sites. One of the most useful parts of the series is the collection of segments of each chapter called a "Tool Kit for Change." The tool kits detail the roles and perspectives of the health care professional and the patient as well as present an interconnected and "global" perspective of the chapter topics, and they make the series worth the premium purchase price.

Volume 2 of the series, *Psychology, Spirituality, and Health*, focuses on presenting concrete, evidence-based examples of integrative therapeutic techniques such as imagery and visualization, meditation, meaning finding, prayer and psychospiritual practices, yoga, tai chi, and qi gong. There are other integrative, holistic, alternative, and complimentary health practices that are underrepresented in the series, such as autogenic training or biofeedback techniques; however, future editions may expand on these and other therapeutic modalities. Volume 2 is similar to books such as *What Works for Whom? A Critical Review of Psychotherapy Research* (Roth & Fonagy, 2005), which describes the effectiveness of techniques such as psychodynamic psychotherapy for borderline personality disorder, or eye movement desensitization and retraining (EMDR) for treating posttraumatic stress disorder (PTSD). The strength of Volume 2, unlike the text of Roth and Fonagy (2005), is that Volume 2 avoids a potentially dehumanizing conclusion that one treatment fits all patients.

Whole Person Healthcare contributes to the fields of psychotherapy and health care by providing a variety of humanizing treatment options. People from diverse cultures with individual histories come to therapy with personal motives for addressing their symptoms. Therefore, interdisciplinary approaches acknowledging cultural, developmental, and motivational factors are essential for humanizing patient care. For example, whereas returning war veterans may benefit somewhat from a given medical (i.e., medications such as selective serotonin reuptake inhibitors) or psychological therapy (e.g., EMDR), Benish, Imel, and Wampold (2008) have asserted that there is no evidence for the inferiority of one versus another PTSD therapy and that a comparative approach to treatment strategies is essential.

Volume 3 of the series, *The Arts and Health*, provides a critically important contribution to the field because the art therapies are so often forgotten in the world of managed health care. Volume 3 gives evidence-based examples of the valuable contributions of artistic interactions within therapeutic contexts. Specifically, Volume 3 presents information relating to art, dance, drama, music, poetry, and writing therapies, with supporting chapters about the history of the arts in psychotherapy, international views on the arts in health care, the science of creativity, and about "bringing the arts into clinical training."

Whole Person Healthcare moves the field of psychology forward by building bridges with other disciplinary perspectives and highlighting ways of integrating well-defined, specific sets of effective techniques across health care disciplines. For example, a psychologist who is also trained as a body worker, dancer, nurse, occupational

therapist, or yoga practitioner, to name a few disciplines, may integrate specifically selected sets of prior knowledge into their practice. As is the case with nonphysicians such as nurse practitioners, dentists, optometrists, and psychologists in New Mexico, who have a limited scope of practice regarding pharmacotherapies, psychology as a field will grow by integrating all of the nonpharmacological therapies available to us. Wiggins (1994) wrote:

The diversity of psychological interests will open new markets for its researchers and practitioners The interdisciplinary exchange of ideas and treatments among biological, psychological, and social spheres can . . . enhance the importance of psychology in public policy and will influence social outcomes. (p. 490)

By providing both theoretical contexts and practical instructions for immediately using integrative and holistic health approaches in psychotherapy and health care, *Whole Person Healthcare* successfully educates about humanizing the field of psychotherapy and health care. Each volume of *Whole Person Healthcare* presents insightful and accessible chapters for broadening the perspective as well as deepening the understanding of practitioners about alternative and complementary health practices. *Whole Person Healthcare* provides a coherent map for navigating a variety of humanistic therapies and would be an invaluable resource for anyone seeking to humanize their practice. *Whole Person Healthcare* also brings us one step closer to what Allen (2007) referred to as an “integrated psychotherapy.”

The collection of readings in *Whole Person Healthcare* covers a wide spectrum of modern healing approaches, and this series is a must for any practitioner of integrative, holistic therapies. However, there are two practical barriers of note. First is cost: The price is too steep for most readers, especially students and new professionals who are still in the process of training. Second is accessibility: In the age of instant Internet access and hyperlink text, the content could be more available to both clients and therapists as a Web-based resource. Those two reservations aside, I would urge serious consideration of *Whole Person Healthcare*.

References

- ALLEN, D. (2007). The search for a unified metatheory of personality, psychopathology, and psychotherapy: Grand or grand illusion? A book review essay. *Journal of Psychotherapy Integration, 17*, 274–286.
- BENISH, S. G., IMEL, Z. E., & WAMPOLD, B. E. (2008). The relative efficacy of bona fide psychotherapies for treating post-traumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review, 28*, 746–758.
- RISKIND, J. H. (2006). Links between cognitive-behavioral hope-building and positive psychology: Applications to a psychotic patient. *Journal of Cognitive Psychotherapy, 20*, 171–182.
- ROTH, A., & FONAGY, P. (2005). *What works for whom: A critical review of psychotherapy research* (2nd ed.). New York: Guilford Press.
- SERLIN, I. A. (2007). Theory and practices of art therapies: Whole person integrative approaches to healthcare. In I. A. Serlin, J. Sonke-Henderson, R. Brandman, & J. Graham-Pole (Eds.), *Whole person healthcare. Vol. 3: The arts and health* (pp. 107–120). Westport, CT: Praeger.
- WIGGINS, J. (1994). Would you want your child to be a psychologist? *American Psychologist, 49*, 485–492.