

This can only be done effectively by incorporating a holistic approach of the body-mind-spirit paradigm. “Resonance confirms well-being through healthy relationships with self, with others, within social worlds, and through professional practice” (p.210).

The book continually refers to the paucity of funds for research and the insufficiency of resources to address the problem of widespread intimate partner abuse in the community. Various authors point to the need for education for health care professionals (Chapter 4). “In addition to the need for acquiring new knowledge and skills, health professionals are faced with the task of confronting the feelings and social beliefs that shape their responses to patients “ (p 63).

The overwhelming experience of reading this book is that it challenges practices, well entrenched beliefs and prejudices. Scutt carries this to a further level with her scholarly presentation of the medico-legal issues involved with IPA (Chapter 10). She insists that for victims and survivors speaking up is not the problem. The obstacle is being heard:

Women subjected to male violence know that the problem of women’s silence is not oral but aural. Women speak, but no one listens. This aural failure is endemic. It exists at all levels of the legal system, to the highest reaches of the judiciary. It is replicated amongst other professionals – doctors, psychologists, psychiatrists, social workers, other health professionals, and priests and ministers of religion. (p.175)

As the final chapter indicates (Chapter 14) this most common presentation (IPA) in health settings continues seemingly unabated. Women do want health professionals to take them seriously and believe them. “Although health professionals subscribe to the ethical practice of ‘do no harm’, because of lack of training and knowledge some women are further victimized in health care systems” (p.231). Reading this book will help to overcome that ignorance. It is a multi disciplinary trauma issue, tackled with courage and sensitivity. I recommend *Intimate Partner Abuse and Health Professionals: New Approaches to Domestic Violence* to all ASTSS members.



PUTTING TOGETHER THE PIECES: RECOVERING AND REBUILDING AFTER TRAUMA

BY: FRANCES DAY

REVIEWED BY SANDRA ROE

Frances Day’s book has been described by Broadening Horizons as “one that can be given to many survivors to read as they get past the worst of their immediate trauma symptoms” (248). Sandra Roe reflects on her experience with this book in her own trauma recovery.

After nearly three decades of struggling with post traumatic stress, I discovered trauma therapist Frances Day and her books. For the first time following the car crash, which had been the major cause of my posttraumatic symptoms, I could give meaning to my experience.

In her workbook, “Put Together the Pieces – Recover and Rebuild Your Life After Trauma”, Frances addresses the complex, complicated and difficult nature of this disorder and offers “a smorgasbord of activities, processes and suggestions”.

She advises the reader to follow intuition in exploring the book, but to go through the initial chapters first. Because helplessness and fear are the central components of trauma, the traumatised person must first address his or her sense of safety. Traumatic stress often shakes up or destroys any sense of control we may have already developed in the course of our life, and we need a sense of relative safety, security and control in order to function.

Creating safety involves “managing the stress, reactivity and hyperarousal symptoms of post traumatic stress... this helps us measure our environment or identify what exacerbates things”. We must also address “the social alienation with social strategies beginning with mobilising our natural support system.” Then we can build a strong foundation for the development of a role which integrates our experiences and their effects.

During the experience of trauma, our “fight/flight response is activated and the reaction lingers for varying periods and in varying intensities because things like flashbacks, reliving and other trauma help keep the whole scenario going (like a DVD on replay)”. The author describes the different levels of post traumatic stress. In a simple acute traumatic stress situation, some people are able to counteract the damage with appropriate support and some quick reparative attention.

However, when things don’t go smoothly, further disintegration may occur, and the individual moves into a more chronic form of traumatic stress, and “more enduring emotions of guilt, shame, helplessness, anger and patterns of surrender (powerlessness) may emerge”. Chronically traumatised people “no longer have any baseline state of physical calm or comfort”, and show characteristics of ‘avoidance or constriction” as well

as other symptoms such as denial and psychic numbing, self hypnosis and dissociation.

Immediately after the car crash, which instantly killed my grandmother right beside me, I was placed next to the ambulance driver for the trip to the hospital. As I began to wail at the sight of another ambulance removing my grandmother's body, the ambulance driver said to me: "Oh, you're not going to do that to me, are you?" Francess sheds some light on the damaging nature of this remark:

A trauma survivor feels very vulnerable for varying periods afterward, and the sense of self has been shaken up or shattered... A supportive response from other people may mitigate the impact of the event, while a hostile or negative response may compound the damage and aggravate the traumatic syndrome.

In our small car, in which I had no seat belt, my body sustained three twisting jolts: the rear impact, the collision with the car a few metres ahead, and the rebounding swivel. In response to the ambulance driver's remark, I remained frozen in a mental and physical twist for nearly 30 years.

My situation was compounded by early childhood trauma. In the Spring 2004 edition of this journal, Marion Oke provides an understanding of the combined effect of early childhood trauma and later trauma. She explains that, through the linking of memories, traumatic events "virtually become fused into the one mental and bodily experience defying the linear concept of time".

My perilous psychic situation after the car crash was exacerbated by my physical injuries, which worsened over time and required many years of extensive surgery and physical rehabilitation. Determined to "rise above it", I returned to work with an effort of will. I tried to work through pain and fatigue, and I endured negative remarks from doctors and acquaintances. "Are you *still* in pain?" "You are *so* unfit". "Pull yourself together". "You will feel better when you get your compensation and/or you go back to work because you will have something else to think about". I attempted to return to work over and over again,

but the pain and exhaustion of my mental and physical injuries always brought me down. Looking back now, I see myself – sitting at my desk, trying to maintain a writing posture, trying to focus and concentrate, trying to relax, trying to remain composed and maintain appearances – while, unconsciously, my energy was used up maintaining the twist in my body and my mind. Although I accomplished a considerable amount – considering the circumstances – time only compounded the stress, and my panic and sense of helplessness increased to intolerable levels.

The workbook contains a plethora of activities – written exercises, questions and diagrams – which guide the reader in many areas such as: the celebration and acknowledgment of survival; exploring and developing inner resources; developing our observing ability; developing our sense of trust in ourself and others; identifying triggers; and gauging where we are in the journey towards recovery.

Francess taught me some therapies to "apply the brakes". One is an acupressure technique based on the body's meridians, which not only stops the spiralling stress symptoms, but also unwinds my twisted muscles. In her book she recommends other types of therapy to assist trauma resolution. Some of them are: Gestalt Therapy, Cognitive Behavioural Therapy, Eye Movement Desensitisation Reprocessing and Biodynamic Running Technique. One therapy which she doesn't mention but which I find invaluable is Rolfing, which is addressing the soft tissue damage and postural imbalance caused by the twisting injury.

By the time I found Francess, I had already progressed through several years of Jungian therapy to address childhood trauma and related adult issues. This meant that, having worked my way through the initial chapters about re-establishing a sense of safety and stopping symptoms of spiralling stress, much of her advised path concerning re-connecting with people, regaining my capacity to work, and belief in a future, happened automatically – although not without effort.

