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Trauma and Resilience

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SECTON FOUR: ECOLOGICALLY INFORMED INTERVENTION

Trauma and Resilience: A Case of Individual Psychotherapy in a Multicultural Context

Pratyusha Tummala-Narra

SUMMARY. The decision to seek professional help and the efficacy of such help are influenced by several factors, including individual and cultural definitions of trauma, access to services, and social support. This paper is focused on psychotherapy as one avenue of recovery for trauma survivors. A case of a biracial woman coping with a history of traumatic experience, working in the context of weekly individual psychotherapy

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is presented. The case is conceptualized from a culturally informed, ecological perspective that considers the relevance of individual, interpersonal, and cultural factors in determining the trajectory of trauma recovery. The psychotherapeutic relationship is seen as a significant force in helping the client to mobilize and make use of her resilient capacities.
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Individuals and communities heal from traumatic experiences in multiple ways. Supportive family relationships and friendships, psychotherapy, group intervention, and social movements are examples of contexts through which healing occurs. It is well established in the research and clinical literature that recovery from trauma encompasses a multidimensional and dynamic process (Harvey, 1996; Herman, 1992). Research on help-seeking behavior among trauma survivors indicates that both formal (i.e., police, legal advocates, psychotherapists) and informal (i.e., family, friends, clergy) supports are critical to the recovery process (Goodkind, Gillum, Bybee, & Sullivan, 2003; Goodman, Dutton, Weinfurt, & Cook, 2003). The decision to seek professional help (i.e., crisis intervention, psychotherapy, legal advocacy), often pivotal in the recovery from trauma, is influenced by several factors, including individual and cultural definitions of trauma, access to services, and social support (Bui, 2003; Harvey, 1996; Liang, Goodman, Tummala-Narra, & Weintraub, 2005). These same factors almost certainly help to determine the relevance and the efficacy of professional interventions post-trauma (Harvey, 1996, this volume; Koss & Harvey, 1991; Mollica & Son, 1989).

This paper is focused on psychotherapeutic intervention as one avenue of recovery for trauma survivors. Specifically, the author presents a case of a biracial woman coping with a history of traumatic experience with whom she has worked in individual psychotherapy. The case is conceptualized from an ecological perspective that considers the relevance of individual, interpersonal, and cultural factors in determining the trajectory of trauma recovery. This case highlights the psychothera-

peutic relationship as a context for recovery and a force capable of mobilizing resilience in the lives of trauma survivors.

A THEORETICAL FRAMEWORK FOR PSYCHOTHERAPY WITH TRAUMA SURVIVORS

Several perspectives in the treatment of trauma have been discussed extensively in the psychotherapy literature. These approaches focus on biological, intrapsychic, interpersonal, and community influences in individual responses to traumatic experience (Davies & Frawley, 1994; van der Kolk, McFarlane, & Weisaeth, 1996). While each of these perspectives addresses important aspects of trauma recovery, none provides an integrated understanding of individual, community, and cultural factors affecting recovery (Harvey, 1996). Furthermore, traditional approaches to psychotherapy, which emphasize values of individual achievement and autonomy and are based on European and North American white middle class contexts without consideration for one's racial, ethnic, and socioeconomic history, can exacerbate the effects of traumatic experience. For instance, many ethnic minority individuals who cope with the intergenerational effects of historical trauma (i.e., slavery, genocide) are vulnerable to further violation of their sense of dignity in a treatment setting that minimizes a connection to social and historical context (Daniel, 2000; Tummala-Narra, this volume; Whitbeck, Adams, Hoyt, & Chen, 2004). If they are to be helpful and effective, psychotherapeutic approaches need to consider the cultural, economic, and sociopolitical realities that traumatized individuals often face on an ongoing basis. In light of the impact of one's cultural context on the individual's processing of and healing from trauma, it is critical that therapists address both internal (i.e., intrapsychic) experience and external (i.e., family, community) ramifications of individual and collective traumatic experience.

Herman (1992) has defined trauma recovery as a process occurring across three stages, including establishment of safety, remembrance and mourning, and reconnection. According to this model, a central goal of trauma recovery is "the empowerment of the survivor and the creation of new connections" (p. 133), a recovery goal that occurs in the context of relationships. This view of trauma recovery emphasizes the impact of the relational context on the individual's understanding of and recovery from traumatic experience.

The integration of individual and contextual elements in the treatment of trauma is further elaborated by the ecological perspective. An ecological approach to trauma recovery attempts to bridge some of the gaps between traditional psychotherapy with its focus on intrapsychic processes with awareness of the larger ecosystem of the individual (Harvey, 1996). A central feature of the ecological framework is its emphasis on the resilient capacities of individuals and communities (Harney, in press; Harvey, this volume). An individual's sources of resilience are considered to be critical in determining the nature and helpfulness of clinical interventions, in the individual's search for understanding and in her/his reframing the experiences of trauma across life transitions (Harvey, this volume; Harvey, Mishler, Koenen, & Harney, 2000).

Harvey (1996) outlined eight different dimensions or outcome criteria, including authority over the remembering process, integration of memory and affect, affect tolerance, symptom mastery, self-esteem, self-cohesion, safe attachment, and meaning-making, which encompass recovery from trauma. According to Harvey, each of these criteria reflects a specific domain of functioning that may be impacted by one or more traumatic events. The utility of this multidimensional approach to assessing trauma recovery, as defined by these eight domains of functioning, has been documented in psychometric studies of the Multidimensional Trauma Recovery and Resiliency Scale (i.e., the MTRR-135 and the MTRR-99; Bradley & Davino, this volume; Harvey, Liang, Tummala-Narra, Harney, & Lebowitz, 2003; Liang, Tummala-Narra, Bradley, & Harvey, this volume). These measures have also been used to study recovery and resiliency in culturally diverse populations of trauma survivors. A number of these studies are included in this volume (see, e.g., Bradley & Davino, this issue; Daigneault, Cyr, & Tourigny, this volume; Lynch, Keasler, Reaves, Channer, & Bukowski, this volume; Peddle, this volume; Radan, this volume, and Sorsoli, this volume).

In recent years, various researchers and clinicians have confirmed the value of the ecological perspective by exploring the experience of trauma in diverse contexts. Specifically, the question of how cultural and racial context shape one's psychological life has been explored in the psychotherapy literature (Akhtar, 1999; Foster, 1996; Roland, 1996). Other authors have focused on the effects of racial trauma, political trauma, and ethnic strife (Aron & Corne, 1994; Daniel, 2000; Keinan-Kon, 1998; Radan, this volume; Peddle, this volume). There has also been an increasing interest in the role of racial, ethnic, and socioeconomic factors in the client-therapist relationship (Altman, 1995; Leary, 2000).

While there is empirical evidence for the effectiveness of several psychotherapeutic approaches for certain psychological problems, such as phobias and depression, empirical evidence that any of these is effective with ethnic minority populations is sorely lacking (Alvidrez, Azocar, & Miranda, 1996; Hall, 2001). This is in sharp contrast with the reality of the increasing demand for psychotherapy services that are culturally sensitive. Several culturally sensitive theoretical models of psychotherapy have been developed for specific ethnic minority groups, some of which emphasize worldview differences between ethnic groups, and some that emphasize racial identity development (Hall, 2001; Helms & Cook, 1999; Sue et al., 1998). Hall (2001), for example, identified three major constructs including interdependence, spirituality, and discrimination that broadly differentiate ethnic minority from majority individuals in the U.S. in these cross-cultural models. The three constructs define areas of central value to ethnic minority groups (African American, American Indian, Asian American, and Latino American), which may help guide treatment planning. For instance, several cross-cultural researchers and clinicians, noting the centrality of group identity and interdependence in the lives of ethnic minorities, suggest the use of family and interpersonal therapies for ethnic minorities (Leyendecker & Lamb, 1999; Romero, Cuellar, & Roberts, 2000; Rosello & Bernal, 1999). While cross-cultural models provide a useful framework for understanding broad differences among different racial and cultural groups, it is important that psychotherapy with ethnic minorities also involve a fine tuned approach attending to the heterogeneity among individuals within each ethnic group.

As an elaboration of the ecological perspective of trauma recovery, this paper uses a single case study to illustrate and explore the impact of racial, cultural, and economic contexts on the experience of and recovery from trauma. The treatment with trauma survivors from a culturally informed, ecological perspective begins with the assessment of several factors, in addition to individual psychopathology, including cultural definitions of recovery and resilience, culturally salient expressions of resilience, and cultural and racial identity. Each of these aspects of experience has significant impact on resiliency and impairment in the eight domains of functioning described by Harvey (1996). The case discussion highlights the interplay of cultural context and individual psychology in a survivor's recovery from trauma along these eight domains.

THE CASE OF LISA

The following case illustration involves my work with Lisa who sought treatment with the encouragement from a friend. I worked with her for 10 months in weekly individual psychotherapy.[1]

Presenting Problem

Lisa is a 30-year-old biracial (African American and white) woman who complained of headaches and anxiety. She sought treatment after being physically assaulted by a female stranger at a local night club. Lisa left the club with bruises on her arms and chest, and stayed at her friend's home. Her friends discouraged her from seeking help from the police, and told her that the incident would be dismissed as a "brawl between black people." After several days, Lisa sought medical help from her primary care provider who questioned her about why she had not come in sooner for treatment. Lisa told her physician that she worried that the incident would be reported to the police, whom she did not trust. In her follow up visit with this physician, Lisa told her that she had trouble sleeping and seemed to be "hyper-aware" of her surroundings. Her physician suggested that she meet with a psychotherapist to discuss her condition. Initially, Lisa responded with some suspicion and trepidation about the idea of talking with a therapist. After four months of coping with frequent nightmares, however, she confided in a colleague at work, who also suggested that Lisa consider psychotherapy. Reluctantly, she made the decision to meet with a therapist and received a referral from her physician.

History and Background

Lisa was born and raised in an urban, working class neighborhood in the northeastern part of the United States. Her mother and father both died in a car accident when she was seven years old, after which she lived with her younger sister and her maternal aunt and uncle. Her father was white and her mother was African American, as were her maternal aunt and uncle. Lisa reported having had a close relationship with her mother and that she felt devastated when her mother died. Although she had felt more distant from her father, who had spent less time with her in her childhood, she had missed his presence, too, following his death.

After her parents' deaths, Lisa had a difficult time readjusting to school and interacting with her friends. She described her childhood as

"lonely and depressing." She also recalled that she would pray everyday for her parents to heal her sadness. While she loved her sister, she also felt that she carried a great deal of responsibility for taking care of her, as her aunt and uncle worked long hours in their business. She also remembered that her aunt and uncle had not encouraged either Lisa or her sister to talk about their parents.

Lisa reported that she had been sexually abused from ages 8 to 10 by her uncle's brother, who periodically visited their home during this time. He had stopped molesting her when he moved to another state. Lisa recalled that she did not reveal the abuse to her aunt and uncle because she feared that they would not believe her and that she and her sister would lose yet another set of parents. Following the physical assault that predated her entry into therapy with me, she had begun to have increasingly intrusive memories of her sexual abuse.

During her elementary and high school years, Lisa had pursued her interest in art and music. She also had developed a few close friendships through her church, which she attended regularly. She felt that these friends had helped her to gain "an inner strength" to cope with her emotional pain. She also reported that her high school experiences had been mostly positive, with the exception of a group of white kids who had teased her for being biracial. Although she does not recall specific instances of racism at her primarily African American church, she mentioned that she always "felt different" there. After high school graduation, she lost contact with most of her friends as they moved to different parts of the state. In college, she studied graphic design, and after graduating, she obtained a job in a large company where she still works.

Today, Lisa maintains infrequent contact with her sister and with her aunt and uncle, and she has a small group of African American friends most of whom she knows from her workplace. She stated that she confides in her friends about her childhood history, including the sexual abuse. She described her friends as "stable and supportive." Lisa attends her church every Sunday, and reported that prayer gives her a "sense of peace." When she began therapy, she had been dating a man whom she met through a friend for approximately four years, and was considering ending the relationship. She described her boyfriend as a "self-pitying black man who is silently controlling." Lisa had difficulty being sexually intimate with him, and felt used by him whenever they had sex. She increasingly found herself withdrawing from him, although she felt extremely lonely in his absence.

Course of Treatment

Lisa began individual psychotherapy a week before the anniversary of her parents' deaths. In our initial session, Lisa expressed her reluctance to work with a therapist. When I questioned her about what she hoped to gain in psychotherapy, she stated that she felt that she had "no choice at this point," as she had been unable to cope with her nightmares and traumatic memories. Lisa stated that her goals for her treatment involved reducing her anxiety and becoming more effective in coping with her traumatic experiences. She had discussed her sexual abuse with her friends, but worried that she would "burden them" with her problems. She reported that she had been assaulted and that she had a history of sexual abuse, but she did so with little emotion connected with her words.

Lisa also stated that she wanted the therapy to last no more than a couple of months. She stated, "I don't want to delve into all of my past. I need solutions for dealing with what happened to me. It's weird for me to be doing this, being black. We're not supposed to go to therapy when we have these kinds of problems." Lisa explained that seeking therapy, particularly in light of her religious beliefs, felt alien to her. From the church's perspective, the conventional approach to dealing with psychological distress was to seek counseling from members of the clergy. Although her relationship with the church had helped her in grieving the loss of her parents, she felt that her church ignored issues of trauma, particularly the sexual violation of girls and women. Lisa felt that she would not be able to discuss her sexual abuse with the clergy, and worried that she would be blamed for the abuse.

In the initial three months of treatment, Lisa focused on practicing some relaxation techniques (i.e., breathing, listening to music) at home, particularly before sleeping at night. She also talked in therapy about her relationship with her boyfriend. She stated that he was indifferent to her assault and that he cared only for himself. Lisa had refused his offer to move in with him, after which he had verbally abused her and threatened to end their relationship. She expressed feeling confused about why she continued dating him, despite her unhappiness.

In our eighth session, she stated, "I don't know if I can delve further with you . . . I mean it's helping to talk about Jim (boyfriend), but I don't know if I can get into all of my problems." I responded, "I wonder what might be making it difficult for you to tell me more." Lisa then discussed how hard it was for her to talk about the fear of losing people in

her life. This issue, interestingly, arose in the context of my impending two-week long vacation. We discussed her continuing to use relaxation techniques to help reduce her anxiety and improve her sleep during our separation.

After my return from vacation, Lisa expressed her curiosity about me. She stated, "Are you from India? I feel like I need to know something about you to feel more comfortable in here." I replied, "Yes, I am originally from India. I am wondering how knowing more about me would help you feel more comfortable." She revealed that she held an image of therapists as people who "just repeat what you say," and she worried that I would evaluate her negatively or not understand her African American background. She also mentioned that it was difficult for her to have such a long break from therapy.

Her transference to me reflected her fear of attaching to someone and then losing him/her, as she found it difficult to express any anger toward me or toward other significant people in her life (i.e., her boyfriend) for not fulfilling her need for emotional closeness. In an attempt to protect herself from further loss, she also treaded carefully in therapy and tried not to "delve" too much into her past. My countertransference involved both curiosity and some anxiety about learning more about the deaths of Lisa's parents and her sexual abuse. I was concerned with helping her to maintain her progress in stabilizing her sleep and ameliorating her anxiety, while helping her to better understand her long-standing relational conflicts.

As we continued to discuss her fear of separation and loss from others, she began to talk about her feelings of shame and anger about being assaulted, and how this had shattered her self-image as a strong and self-reliant woman. In Lisa's view, being strong and self-reliant was related to her racial identity. In one session, she stated, "I am a strong African American woman, and I don't get seen that way." She explained that her aunt, uncle, and peers at school had treated Lisa differently than they had treated her sister. Lisa has a light skin complexion and light brown hair, while her sister has darker skin and darker hair. Growing up, Lisa was frequently identified as a white person, which she saw as an invalidation of her true racial identity as a black woman. She felt as though her family had treated her as a more sensitive and needy child than her sister and she thought the difference was connected to her "whiteness." She also attributed to her "whiteness" her inability to ward off her uncle's brother, who "chose" her as his victim. She also believed

that being seen as white had led to the conflict with the woman who had assaulted her.

In the fourth month of treatment, Lisa began to talk more about her uncle's brother. She talked about how she had initially admired and trusted him, and then feared him and felt disgusted by his molestation of her. During this phase of our work, she frequently interrupted our discussion of her abuse, indicating to me that it felt too overwhelming, but at later points in the session, would resume our discussion. She noted that she had more difficulty with sleeping at night following these sessions. Our focus would then turn to practical strategies to cope with her anxiety, including some breathing exercises in session.

In one session, Lisa mentioned that she hated her perpetrator's light skin, and that she wished that she had dark skin like her sister, imagining that he would not have hurt her had she not been "so white." Lisa also stated, "I wish my skin was as dark as yours. I bet nobody ever thinks you are anything other than what you are. You probably know what it's like to be discriminated against." I stated, "You are still working on figuring out all of the things that make you who you are. Being black is one of them, and so is being white." Lisa then expressed, "I know I am part white, but I always felt closer to my mother than to anyone else, and she is who I want to be like. . . . I wish that my mother was there. She would have protected me. I loved the way she took care of us. She knew who I really was and how I really felt."

With respect to our relationship, Lisa's perceptions of me involved both a sense of connection and disconnection. While she felt that she could identify with me as an ethnic minority and as a potential dark skinned mother figure, she also felt as though I would not be able to identify with her conflicts about being biracial. As an Indian-American, I empathized with her attempt to make sense of two different cultural contexts, and at the same time, I felt anxious about not being able to identify with her conflict with her black and white racial identities. I also realized that her racial identity conflicts reflected her sense of deep loss and her struggle with defining herself as a whole person. Her sexual abuse had further broken her trust in the ability of parental figures to take care of her, and her racial identifications became symbolic of the "good" and "bad" people in her life, as well as the parts of herself that felt competent or inadequate. These identifications also shaped the way she saw herself as "weak" for having been victimized, first by her uncle's brother and later by the stranger who assaulted her.

In the following weeks, Lisa was able to speak about her sexual abuse in more detail and with fewer disruptions to her sleep and less anxiety.

This eventually led to more discussion about her feelings of sadness about losing her parents, and her longing to connect with someone she could trust. She also contemplated how to approach her relationship with her boyfriend. She decided to "take a break" from him and asked him not to call her for a few weeks, so that she could think further about her decision. She eventually ended the relationship, and spent more time with friends from her workplace and her church where she felt supported and accepted.

Toward the end of the eighth month of treatment, Lisa decided to accept a position in a company in a different part of the state. As we prepared to end the treatment, Lisa expressed her ambivalence about ending therapy and feeling "on my own again." We discussed ways in which she could continue to maintain her safety in her relationships, and to feel more connected to her feelings about herself and others in her life. In the last month of our work together, she had begun to draw pictures of herself and her family. She planned to continue creating her art, which also helped her to connect with her feelings about different events in her life. She also met with a priest in a church that was more racially diverse (i.e., white, black, Latino) near her new home. She hoped to someday be able to talk with the priest about the church's perspective on sexual abuse. Lisa also stated that therapy, in a different way than being at church or talking with friends, had given her a place to connect with her innermost thoughts and feelings. In our last few sessions, she expressed that she would miss me, and also that she would consider working in therapy in the future.

CASE DISCUSSION

Lisa's ability to cope with her traumatic experiences and her decision to seek psychotherapy were shaped by individual, family, and cultural factors, and her treatment was guided by a culturally informed approach that examined these factors. While the goals of her treatment focused on reducing her trauma-related stress, an ecological perspective allowed for a more expansive understanding of her cultural and religious contexts, which influenced her recovery. For instance, Lisa's changing connection with her church played a significant role in her healing from trauma, as did her decision to seek psychotherapy. Her recovery involved the examination of and resolution of psychological distress (i.e., nightmares, anxiety, depression) as well as the mobilization of multiple sources of resilience (i.e., friendships, creativity).

Eight Domains of Functioning

Harvey's (1996) ecological model of trauma recovery and resilience provides a useful framework in which the various aspects of Lisa's traumatic history and her current functioning can be conceptualized. This case illustrates Lisa's resilience as well as her impairment in eight domains of functioning identified in this model. In considering the first three domains (i.e., authority over the remembering process, integration of memory and affect, and affect tolerance and regulation), for example, it is worth noting Lisa's ability to remember the circumstances around the death of her parents and her history of childhood sexual abuse with clarity and detail. She recounted the sadness of her parents' death and her feelings of fear and disgust when she was abused by her uncle's brother. However, when she first entered treatment, she had a difficult time with connecting any emotions with her factual report of these events.

One of the initial goals of individual psychotherapy with Lisa involved creating a safe space for her to discuss not only her history but also her emotional life. As she felt increasingly safe in our relationship, she began to take more risks by revealing her feelings about her abuse. For instance, when she stated that she wished that her mother was there to protect her, she was able to connect her loss with the abuse in the present tense. In other words, she was no longer recounting a past longing for her mother, but felt her loss in the moment as she described the abuse in our session. In a similar vein, as Lisa experimented with expressing her emotions in session, her ability to tolerate her sometimes intense affect improved over time. Outside of therapy, with her friends at work she became less defensive in guarding her emotional pain.

The fourth domain of functioning, symptom mastery, refers to one's mastery over certain symptoms related to or produced by traumatic experience. Relaxation techniques were used as a therapeutic mechanism for reducing stress, anxiety, and nightmares. Lisa continued to struggle with sleep throughout our work together, and as she practiced her stress management techniques more regularly, she felt more relieved. Her openness to creating artwork in the context of healing from trauma further served a purpose of relieving stress and anxiety.

With respect to the impact of trauma on her self-esteem and self-cohesion, Lisa experienced significant shifts in her sense of competence, self-reliance, and her racial identity. Her experience of being assaulted triggered her long-standing fear of being "weak" and of not being seen as a strong African American woman. She felt shamed by the assault as

she had by her sexual abuse. Her negative view of herself was apparent in her relationship with her boyfriend, in which she felt emotionally and sexually unsafe. Her understanding of the effects of her abuse and the loss of her parents on her sense of self was critical to her decision to establish safety in her intimate relationships. Furthermore, her therapeutic work aimed to help her to mobilize existing resources, such as her friends and her church, in order to gain a more realistic, positive view of herself. Her friends were instrumental in helping her to connect with her strengths and abilities and in accepting her vulnerability. They verbally praised her ability to survive terrible loss and encouraged her to consider seeking help from a therapist when she felt overwhelmed by her traumatic memories.

The seventh domain of recovery has to do with building safe attachments with others. The process of building safe, intimate relationships requires the grieving of loss (Harvey, 1996; Herman, 1992). As she discussed the loss of her parents and the fragmentation of her family, Lisa became increasingly aware of her feelings toward significant others. Lisa had struggled with her feelings of isolation since the time of her parents' deaths. Her sense of loneliness coupled with her fear of losing significant people in her life pervaded her choices regarding intimate relationships. She did enjoy memories of being close with her mother and had positive experiences with friends from her church as an adolescent, and carried these feelings with her as an adult. She was able to form close friendships with her colleagues at work. Her ambivalence about emotional intimacy was explored in the context of the psychotherapeutic relationship, and Lisa's gains in the therapy eventually made possible her decision to end a relationship that felt unsafe and to strengthen her positive relationships with friends.

The last domain of recovery involves a process whereby a survivor gives new meaning to her traumatic experiences. While this is a highly personal and complicated task, often evolving over a long period of time, it was clear as Lisa prepared to leave psychotherapy that she had begun to question her conceptualization of what her trauma meant in her life. For instance, when she first entered therapy, she was convinced that a "strong black woman" should not "delve into" or reveal her vulnerabilities. By actually sharing her experiences with a therapist, she began to move toward a different perspective on what had happened to her. Specifically, Lisa wondered about what might have been different if her mother had been alive at the time of her abuse. She also thought about whether or not she would have been sexually abused if she had had darker skin color. Outside of therapy, Lisa had begun to explore

these questions in the context of her religious beliefs. She considered talking to a priest about why terrible things like sexual abuse happen, the nature of accountability of the perpetrator, and the process of healing. Another way in which she tried to form meaning of her experiences was to bring together her artistic and relational worlds. These types of inquiry were critical to Lisa's understanding of what had happened in her life, and to determining the course of her recovery.

Cultural Definition of Trauma Recovery and Resilience

The ecological perspective emphasizes that recovery from trauma and expressions of resilience are multidetermined, influenced by various individual, interpersonal, and cultural factors (Harvey, 1996, this volume; Tummala-Narrra, this volume). It is also important to note that resiliency is a dynamic process with effects that vary with changing circumstances and developmental transitions (Ashford, Le-Croy, & Lortie, 2001; Harney, in press). The contextual nature of resilience is evident in Lisa's recovery process. Lisa expressed her unfamiliarity with psychotherapy in light of her background as an African American woman raised in a working class environment. The effects of culture and context can be profound in the help-seeking process, from the challenge of defining an experience as traumatic to that of choosing a provider (Cauce et al., 2002; Haeri, this volume; Liang et al., 2005). Initially, Lisa viewed psychotherapy as an "alien" resource for dealing with stress. Her reluctance to reveal her personal experiences to individuals outside of her community was reinforced by some of her African American friends, who cautioned her against reporting the assault to the police or any other white people. She was concerned that she would either be dismissed or pathologized by a therapist, feelings that are not uncommon among African Americans who seek mental health services (Daniel, 2000; Jordan, Bogat, & Smith, 2001).

Several studies emphasize the role of social support from friends, clergy, and community members in coping with trauma within African American communities (Fraser, McNutt, Clark, Williams-Muhammed, & Lee, 2002; Snowden, 2001). Lisa had survived significant loss and both child and adult trauma prior to seeking psychotherapy. Her connection with her church, her friends, and her art were important sources of resilience congruent with her cultural and religious contexts. It is clear that Lisa's recovery from trauma began long before she sought psychotherapy. Harvey et al. (2000) discuss the importance of "turning points" that allow for new ways of understanding and coping with past traumas. The

decision to seek psychotherapy was one such turning point for Lisa, providing her with a new and unfamiliar means of connecting with her fears, her vulnerabilities, and her strengths. Critical features of the psychotherapeutic process were (a) that it provided Lisa with new resources for coping with her post-traumatic stress, and (b) that it simultaneously sought to strengthen her sense of connection to her community. In this way, Lisa was able to access not only increased support, but more options for defining herself and making sense of her experiences.

Racial and Cultural Context and the Psychotherapeutic Relationship

Lisa's case highlights several aspects of the client's transference and the therapist's countertransference that can help guide a culturally informed, ecological approach to the treatment of trauma. Herman (1992) discussed the relevance of "traumatic transference," where the client's responses to the therapist are shaped at least in part by his/her experience of terror, and "traumatic countertransference," which includes the therapist's reactions both to the traumatized client and to the traumatic event itself. In this case, both Lisa and I experienced some degree of helplessness in the face of a complex and long-standing history of trauma. When we felt ourselves locked into this position, it became more difficult to identify those sources of resilience that could prove critical to her confronting her trauma and moving beyond with her life. Therefore, it was necessary to attend both to the areas of difficulty that Lisa experienced and to her strengths.

The therapeutic dyad reflects larger societal structuring of socioeconomic class, race, culture, gender, and sexual orientation. A critical component of Lisa's identity involved race. Her strong sense of identification as an African American woman influenced her view of her traumatic experience and the recovery process. It also shaped the nature of our therapeutic relationship. Her fear of being pathologized by a therapist was evident in her transference. Lisa indicated that it was important for her to know something more personal about me. Several researchers and clinicians have noted the ability of therapists to take risks in race-related disclosures as helpful in creating a trusting interpersonal space when working with ethnic minority clients (Constantine & Kwan, 2003; Helms & Cook, 1999; Sue & Sue, 2003). One reason for why this may be particularly salient to the establishment of safety and trust is that some race-related disclosure by the therapist is affirming of the interdependent context valued by many ethnic minorities. For Lisa, my attempt

to engage her around our cultural differences and similarities was also essential to communicating my openness to the discussion of racism and conflicts with racial identity.

In the transferential relationship, Lisa and I experienced ourselves as both similar and different from each other. While she viewed me as a fellow member of a minority group, she expressed her concern about me not fully understanding or appreciating black and white racial conflicts. From her perspective, I was in a position of power as a therapist, and as an immigrant, less prone to discrimination than she or other African American and biracial people. With respect to my countertransference, I felt anxious, at times, with her seemingly conflicted choice of denouncing her white racial identity, and wondered about how she felt about her father, of whom she spoke only rarely during our work together. I also wondered if she spoke less about the parts of her that are more identified with being white, because she feared that this identification would diminish our shared connection as ethnic minorities. Our discussion of racial identity led to these questions about her relational life that were left unexplored in the treatment. I hoped that Lisa would have the opportunity to address these questions in another context of healing.

An area that is often overlooked in addressing culture and race in clients' lives involves the heterogeneity in the experiences of individuals within a particular ethnic group. Stereotyping derived from distorted images of individuals from diverse contexts can contribute to the therapist's countertransference, typically in the direction of the therapist viewing the client as less able or at "higher risk" for maladjustment due to his/her minority status. In these instances, the therapist may approach a client with excessive curiosity about his/her culture as the sole force in shaping the client's traumatic experience and subsequent recovery. At other moments, the therapist and the client may avoid the discussion of race and culture altogether in the attempt to take a universalistic approach to the impact of trauma on the client's life, by focusing solely on behavioral symptoms without considering the client's relationships with his/her family and/or cultural contexts (Gorkin, 1996). The paucity of public images of ethnic minorities as both vulnerable and resilient can exacerbate the therapist's misnomers about the client's full range of emotional experiences. Contradictory messages about ethnic minorities, such as the ones implied in television images of African Americans as competent, successful musicians and athletes, and other images as intellectually inferior and disadvantaged, create confusion and misconstruals of any individual African American's experience (Daniel, 2000).

These images internalized by both therapist and patient, if left unexamined, can create obstructions in building a genuine and effective therapeutic relationship.

While race and culture shape individual development and traumatic experience, it is also true that within all racial, cultural, and ethnic groups there is significant variation among individuals in how trauma is processed. Within given racial, ethnic, and cultural groups, individual recovery trajectories are influenced by those cultural and religious beliefs the individual adheres to, the nature and quality of relationships with family members, and the quality of his/her interactions with various elements of mainstream U.S. society. In Lisa's treatment, she expressed her concern about being seen as a white instead of as an African American woman. Her connection with her African American community was a central source of strength in her life, but at the same time, she was aware of her "feeling different" within the African American community because of her biracial status. The psychotherapy process needed to respect her unique path to recovery, in light of her different racial identifications. One way in which this was made possible was through an active and non-evaluative discussion of what dark and light skin meant to her (i.e., good vs. bad), where she maintained her sense of control in defining herself. This was particularly important in light of her past abusive interactions with her perpetrator, and her current relationship with her boyfriend, both in which she felt controlled and helpless.

CONCLUSION

Psychotherapy is a powerful means of helping trauma survivors mobilize their resilient capacities and secure recovery from trauma. An ecological perspective that attends to cultural differences in defining recovery and resilience, cultural and racial identity, and the impact of social context on the psychotherapeutic relationship is critical in providing psychotherapy that is effective across diverse contexts. In particular, the therapist's recognition of culturally congruent sources of resilience lays the foundation for a therapeutic process that respects the unique recovery pathway of the individual client.

As the applications of ecological and multicultural perspectives continue to expand into the treatment of trauma, several lines of inquiry are worth exploring in the future. First, psychotherapy outcome research

with ethnic minorities coping with traumatic experience is imperative in order to better understand the unique trajectories of survivors from various backgrounds. Second, the attention to within group differences (i.e., heterogeneity within ethnic groups) with respect to the experience of trauma and expressions of resilience needs to be further explored. Finally, it would be interesting to study aspects of the therapeutic relationship (i.e., transference, countertransference), and specifically intercultural dynamics, that contribute to the recovery process. These areas of inquiry would help establish a better understanding of the nuances of the trauma recovery process and expressions of resilience across diverse racial, cultural, and economic contexts.

NOTES

1. Lisa gave her consent to the author to include relevant information from her treatment.

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