

**Redefining Resilience in Children:
A Story of Strength and Survival**

by

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"The oak fought the wind and was broken, the willow bent when it must and survived."

— Robert Jordan

Abstract

Resilience is often defined by an individual's ability to bounce back. This concept has been heavily researched and has become an important social construct in our society. Due to specific dynamics of child sexual abuse, resiliency is often difficult to measure and has vast implications for the survivors of abuse, their family, as well as the clinician working with the survivor of abuse. The label of resilience fails to take into consideration the biological impact of trauma, as well as the adaptive mechanisms inherent in human beings during times of trauma. Utilizing a case of a teenager who was sexually abused by a family member from the age of 5 through 12, this case study explores common beliefs regarding resilience, as well as a new understanding of covering one's body, cutting, and other self-injurious behaviors as acts of resilience. Finally, this case study examines how a reconceptualization of resilience will impact the clinical interventions utilized and will greatly enhance the therapeutic experience of both the client and the clinician.

Keywords: Resilience, sexual abuse, trauma, self-injurious behaviors, trauma treatment

Tonyah and her five siblings were seated together on a small, worn couch, watching television in their apartment, an apartment that could barely accommodate the large family. Not far from where the children were sitting mesmerized by the glare of the television, Tonyah's parents were behind a closed, thin door. She didn't hear any yelling; thus a nervous reprieve from her nearly constant worry that her parents would choose to separate again. Yet, before long, the sound of her parents' yelling became her focal point as everything else disappeared into the background. Her heart began to race in anticipation of what would happen next. The sound of a slamming door startled Tonyah and her siblings as their parents moved the argument into the kitchen. Without conscious thought, without any true awareness, Tonyah lifted herself to the hallway near the front entrance of the home. All she could hear was the sound of her heart echoing her quick, shallow breaths. All other noise was miles away, and the space around her was in full spin. She fell into a fetal position, rocking back and forth into her frequently visited numb reality. The rocking, the numbness, became Tonyah's only escape from pain. Without feeling in her legs, she made her way into the bathroom, as if someone or something else was controlling her body. There was no thought, just movement and pain, incalculable pain, and then an opportunity for relief; a razor slowly sliding across her scarred skin. Release. Calmness. Pervasive silence, save the echo of her heartbeat, and a warm sensation spread throughout her body. Tonyah fell to the floor, finally in control of her body again, finally feeling in control of her thoughts.

The local Regional Diagnostic and Treatment Center referred Tonyah to my private practice following a disclosure of sexual abuse by her maternal uncle. In my private practice, I specialize in working with trauma victims, specifically victims of child sexual abuse. Tonyah's abuse started when she was about five-years-old, and continued until she revealed her secret at the age of 12. When she was ready to disclose, she chose to tell her father, who ultimately left it up to Tonyah as to whether or not they would call the police. His only request was that Tonyah keep this a secret from her mother until a decision had been

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made. He feared how she would react, and the influence she would have on Tonyah's decision to tell her story of abuse to others. After a few days (and without speaking to her mother), Tonyah decided that she wanted to speak to the authorities. Tonyah's father escorted her to the police station, where she was interviewed and encouraged to divulge every humiliating, intimate detail of her abuse. Tonyah's uncle confessed, and for all the pain and trauma he caused, he was sentenced to 10 years in prison.

Common Beliefs about Resilience

"Children are resilient. They always bounce back, right?" A question I have heard over and over again in my clinical practice. This time, the question came from Tonyah's father, Richard, when he called to inquire about therapeutic services for his daughter. Richard needed to hear from me that his daughter was going to be all right; it echoed in every statement and question posed during our initial phone conversation and subsequent intake session. During that time, I acknowledged the trauma that Tonyah had endured, and validated his need to be reassured that his daughter would, in time, take steps toward healing. But I warned him that it would be a long process, with many ups and downs. Richard's questions regarding his expectations of Tonyah being able to bounce back, as well as my subsequent work with Tonyah, forced me to reconsider my own understanding and beliefs about resiliency. After a great deal of thought, reflection, and research, I came to my own conclusions. First, I saw how my beliefs (and those commonly held by society) not only impacted my clients' sense of self-worth and efficacy, but how these beliefs influenced the interventions that I utilized. The socially constructed view of resiliency also impacts how victims of trauma view their own traumatic response and coping mechanisms utilized to overcome the trauma. When working with victims of child sexual abuse, resiliency needs to be looked at differently. It cannot be measured by one's ability to bounce back, but rather the ability to adapt in order to meet the psychological demands of continuous trauma. In addition, the definition of resiliency also creates an interesting discussion of the mind/body connection. When seeking to understand resiliency, are we (researchers and clinicians) trying to understand the concept as part of the physical brain, or the metaphysical mind? How we choose to understand resilience

within these confines will also determine how and when we define someone as resilient. When working with survivors of sexual abuse, resiliency must be conceptualized as a function of both the mind and the brain, for both are directly impacted when exposed to trauma, and the clinical interventions that are utilized must follow accordingly.

Tonyah's story is not one that most would associate with the term "resilience." She crumbles in the face of conflict, dissociates when she is put in a position to feel something, mutilates her body when life becomes too unbearable, and covers herself completely as a means of protection. Tonyah survived horrific abuse by a man who was supposed to love and protect her. Her coping skills provided her with the emotional protection that she needed. Tonyah did not break, and when those coping skills no longer sufficed, she found the courage to expose her most intimate and shameful life experiences.

Many researchers have spent a considerable amount of time trying to define, concretize, and quantify the definition of resilience. Resilience comes from the Latin word *resiliens*, which means to rebound or recoil (McAslan, 2010). Thomas Tredgold, an English engineer, introduced the term when describing how wood was able to accommodate sudden weight without breaking (McAslan, 2010). According to McAslan (2010), Mallet, another engineer, continued to develop this notion of resilience when discussing how certain materials were able to withstand poor conditions. Resilience soon became a term used not only in the world of engineering, but in the social and behavioral science realm as well. Many definitions of resilience focus on the bouncing-back quality, as well as the use of adaptive functions. When the adaptive functions are considered, there is a focus on what many deem positive adaptations. But what constitutes a positive adaptation, and how do we measure the absence of symptoms? Many victims of trauma will not immediately show post-traumatic symptoms (Finkelhor & Berliner, 1995). While many would classify symptoms commonly displayed by Tonyah and other sexual abuse survivors, such as cutting, covering, and dissociation, as maladaptive, they are quite the opposite. These behaviors, while maladaptive at the time of therapy, were adaptive at the time of the abuse, and provided Tonyah with the ability to ultimately disclose and move toward taking some significant steps toward emotional healing.

The meaning of resiliency is not only a heavily researched topic, it has also become a socially constructed term that carries a great deal of meaning (Gray, 2011). Over and over again, in various forms, I have heard the phrase “children bounce back.” This belief impacts not only how clinicians work with clients, but also how clients and their families view their post-trauma experience and therapeutic journey. Many victims of trauma have been exposed to, and adopt, this belief about resilience, and begin to look at themselves as dysfunctional or weak in nature. If society believes that children should bounce back after a traumatic event, surely those who do not bounce back will be looked upon as less than and weaker than those who do. Gray (2001), a social work researcher, asserts, “The most important interpretations create ‘useful realities’ that derive from client interpretations and meanings, stories and narratives” (p. 7). However, it is not just the interpretations of the client that impact the client’s narrative of trauma and healing, but also those of the clinician. Clinicians who have little experience working with this population can fall prey, as I once did, to the socially accepted meaning of resilience. Dennis Saleebey, promoter of the strength-based model of social work, states, “Any approach to practice, in the end, is based on interpretation of the experiences of practitioners and clients and is composed of assumptions, rhetoric, ethics, and a set of methods” (Gray, 2011, pg. 7). Clinicians are directly impacted by their own experiences and belief systems.

The moment I adopted a new way of defining resilience and adaptive coping skills, and introduced this idea to Tonyah, is the moment when true healing was able to come about. That moment is very clear in my mind, as it forever changed the way I worked with every client. On that particular day, about six months into treatment, Tonyah seemed very down and extremely frustrated. When I asked to explore her feelings of frustration, this is the dialogue that ensued:

Tonyah: “I should be better by now.”

Me: “According to whom?”

Tonyah: “Everyone! My dad thinks I shouldn’t have to go to therapy anymore. He thinks I’m using this as an excuse to be bad or whatever. He thinks I’m milking this. I don’t even know what that means.”

Me: “Well, for now, let’s focus on what you think. What does it mean to be better?”

Tonyah: “I don’t know. I guess it means that I don’t do stupid things, like cutting myself or sleeping with every guy who pays attention to me. I wish I could pay attention in school, and I wish I didn’t hate myself so much. I wish I wasn’t so angry. I thought kids were supposed to be strong. There are other kids in my school who were abused, and they don’t have any of these problems.”

Tonyah was beginning to exhibit a rare display of emotions. She often felt as though allowing herself to feel something and, worse yet, show it, would ultimately lead to a loss of control over herself. But there was no holding back at this moment. She knew exactly what her parents thought of her, and how society viewed her, and she spent a good deal of time wondering why she could not just get better like she was supposed to. Tonyah knew that everyone was giving up on her.

I could feel Tonyah’s pain as she sat in the chair across from me. Rarely was I able to pick up on Tonyah’s true emotions, but there was no mistaking how she felt in that moment. Tears flowed down her face uncontrollably, and she did nothing to stop them or wipe them away. At that point, it dawned on me that the way others viewed her reaction to years of sexual abuse was impacting her ability to heal. Was I also playing a part in her inability to understand why she engaged in these behaviors? I had spent so much time trying to get her to stop cutting, and to be open to the experience of feelings. Was I inadvertently creating an image of failure? What if I helped Tonyah find a different way to understand her cutting, sexualized behaviors, and dissociation?

Me: “Those are all good wishes. But what if there is a reason why you are doing all those things? What if doing those things helps you survive what happened with your uncle? What if you did exactly what your brain and body were supposed to do after so much trauma?”

Tonyah: “What do you mean?”

Me: “Your brain was impacted by the abuse. After people have been through a trauma, their brains actually change in order to survive. That is why you are having such a hard time concentrating in school, and why it is so difficult for you to manage when you feel such strong emotions.”

Tonyah: “So I didn’t have a choice?”

Me: "Not really. Our bodies were created to adapt to our environment."

Tonyah: "We learned about that in science class."

Me: "Exactly. The problem is that your parents, your family, and everyone else out there who thinks you should be better don't really understand all of this. So they are going to say things to you that will make you feel like you should be better already, and that you shouldn't need to be in therapy. They are just saying that because they don't really get it. But we now know differently. Right?"

Tonyah: "It kinda makes sense. But he isn't abusing me anymore. So why am I still having all of these problems? When will it stop?"

Me: "Well, it took a while for you to adapt to the abuse. And now that it has stopped, it is going to take a while for you to adapt to a world where you aren't being abused. We have to help your brain learn that it is safe to change. It is going to take time. But the problems you are having now are not weakness. You are a very strong girl, and your very strong brain helped you survive something very bad."

Tonyah suddenly stopped crying and her whole demeanor changed. She rolled up her sleeves for the first time, displaying an arm's length of cuts. This was the first time I had ever seen any part of Tonyah's body besides the skin on her face. Tonyah suddenly seemed lighter and less burdened, and for the first time I saw a glimmer of hope in her eyes. It took my own understanding of Tonyah's "maladaptive" behaviors, as well as my own reconceptualization of resilience, before I was able to provide her with a safe place to start the healing process.

It is my belief that human beings are inherently resilient. The appearance of this concept, however, is not always easily identified. Resilience is often masked under a cloak of what many would term dysfunction or maladaptive behaviors. To truly understand resilience, one must look back to a social worker's fundamental belief in the term "goodness of fit," a balance between a person and their environment (Miley, 2013). The social work profession conceptualizes individuals, and their subsequent problems, with an ecological lens. Heinz Hartmann, an ego psychologist, asserts that an ego can be seen as an "adaptive organ" (Germain, 1978, p. 539). Hartmann believes that through "autoplastic changes," the ego adapts in order to meet the

demands of the environment. In this particular case, Tonyah had to find a way to adapt to years of sexual abuse that began at a young age. When her environment was no longer physically or emotionally safe, she used cutting, covering, and dissociation as means of creating an environment that met her needs at that time.

There is research and literature available that helps explain why children who have endured trauma will experience post-traumatic symptoms, and why this is not a reflection of resilience, or lack thereof. Much of this research takes a child's development into consideration. According to Garbarino and Bruyere (2013),

A traumatic experience that is cognitively and emotionally overwhelming may stimulate conditions in which the process required to 'understand' these experiences itself has pathogenic side effects. That is, in coping with a traumatic event, the child may be forced into patterns of behavior, thought, and affect that are themselves 'abnormal' when contrasted with patterns prior to the event as well as when compared with patterns characterized by the untraumatized child. (p. 253)

The mere experience of coping with trauma can, to the untrained therapist, appear pathogenic in nature, and can lead to a label of dysfunction. From a developmental perspective, Garbarino and Bruyere (2013) argue that trauma requires a child to make "developmental adjustments... [that] result from the inability of the child to assimilate traumatic experiences into existing schema (conceptual frameworks)" (p. 254). A child's experience of post-traumatic symptoms is an expected outcome when development is taken into consideration. Behaviors related to developmental trauma are unavoidable, and by nature cannot be related to the idea of resilience or lack thereof.

No one is immune to the effects of chronic trauma, and all children have a point where they will be impacted by a traumatic experience (Garbarino, 2014). Garbarino defines children as "malleable rather than resilient" (p. 1367). He states that each "threat costs them something - and if the demands are too heavy, the child may experience a kind of psychological bankruptcy. What is more, in some environments, virtually all children demonstrate negative effects of highly stressful and threatening environments" (p. 1367). Garbarino makes the argument that every child

who experiences trauma will experience some kind of trauma symptom, which is not always clear and measurable. For example, some children may be able to thrive in school and be functioning members of society, but have little ability to engage in healthy interpersonal relationships (Garbarino, 2014). One way that individuals of trauma may adapt is to play the part of a highly functioning individual. They do well in most measurable facets of social functioning, but suffer in silence. Many clients have come to my practice with no signs of trauma after disclosing years of abuse. Due to the high levels of secrecy inherent in sexual abuse, their adaptive coping mechanism was to pretend that everything was going well. They excelled in school and denied any deficits in their interpersonal relationships, and this façade continued well after they disclosed that abuse was occurring. These children would be labeled resilient, and often be discharged from counseling due to their ability to quickly bounce back. These children were often lauded for their ability to be so high functioning considering everything they had been through, and they were rewarded for not showing signs of trauma. This often makes it very difficult for the children when they do begin to experience distress. They often suffer in silence, or develop further feelings of shame when they can't continue to display a façade of normalcy. Child sexual abuse brings about a confusing array of dynamics that make the measurement of resilience so difficult. Typically, these children begin to show signs of distress within 18 months of disclosure (Finkelhor & Berliner, 1995). Garbarino and Bruyere (2013) argue that it is important not to measure torment from an outside perspective; traumatized individuals can "[fall] prey to existential despair later in life" (p. 259). The lack of post-traumatic symptoms immediately following a disclosure of abuse, as well as how we measure trauma symptoms, is yet another reason why defining and identifying resilience is no easy feat.

When determining whether a child who is a victim of child sexual abuse is resilient, it is vital that the clinician consider the particular dynamics involved in such a trauma. Child sexual abuse typically involves a normal child in an abnormal abusive relationship. When a healthy, normal child learns to "accommodate" for, or adapt to, the sexual abuse, his/her symptoms will be defined as abnormal, but are actually "natural reactions of a healthy child to a profoundly unhealthy" environment (Summit, 1992, pg. 180). Child sexual abuse typically occurs more than once.

When a child has no way to stop the abuse, he or she must find psychological ways to cope with the repeated trauma. Ultimately, the child learns to accept and adapt. Often, in abusive situations, child victims begin to blame themselves for the abuse, because it is safer to think of themselves as "bad," rather than thinking badly of the trusted and loved family member who inflicts the abuse. Due to this splitting effect, children also develop a distorted sense of how they can be "good," and they often cooperate with the adult abuser's sexual requests. The perpetrator may give messages to reinforce this belief, offering that by cooperating they are saving their siblings from abuse, or other statements of that nature. Children may also come to genuinely believe that by disclosing the abuse, they will cause their family harm. The accommodation also allows the child to step out of the role of the victim in order to achieve a sense of "power and control" (p. 184). However, by doing this, the child also takes on the responsibility for the abuse occurring, thus leading to feelings of shame and guilt. The benefits of staying quiet – protecting siblings, sparing parent(s) from pain, and preserving the family system – outweigh the harms of staying quiet.

During one particularly powerful session, Tonyah began to open up about how she managed to survive the abuse. Of course, Tonyah could not yet see this as means of survival and adaptation. That would not come for quite some time, and I noticed that Tonyah took a great deal of responsibility for the abuse occurring. To further assess this, I asked Tonyah to create a pie chart of responsibility related to the abuse, and to share it with me once she was finished. Tonyah quickly scribbled on the pie chart. It took her no more than one minute to fill it out, indicating that that this was either forefront on her mind, or that she knew immediately who bore the most responsibility for the abuse. Tonyah turned the paper so I could see what she drew. She split the pie into two sections. She wrote 75 percent and 25 percent on her paper, with her uncle's name and her name written on the side.

Me: "So your uncle is 75 percent responsible for sexually abusing you?"

Tonyah: "No! I am 75 percent responsible for my uncle sexually abusing me."

Me: "What made you 75 percent responsible for the abuse?"

Tonyah: "I cried."

Me: "How does crying make you responsible?"

Tonyah: "I cried in front of him. So he must have thought that I was weak, and that it was OK to do this to me."

Me: "What else?"

Tonyah: "I wore a bathing suit in front of him."

Me: "And how does that make you responsible?"

Tonyah: "My uncle must have thought that I was flirting with him, or that this was something I wanted to happen."

Me: "Anything else?"

Tonyah: "I never told anyone. I never stopped him. I must have wanted it. I must have liked it or something. I never told him to stop. I just took it."

Tonyah believed that by crying in front of her uncle, she sent the message that she was weak and an easy target. So Tonyah stopped crying. In fact, Tonyah stopped feeling any emotion other than anger. She went through her life isolated from any feelings, even happiness or joy. Feelings became the ultimate threat, and any indication that the sensation of emotion was imminent caused dissociation and avoidance.

Tonyah refused to come to therapy for weeks at a time after a discussion related to the abuse caused her to feel emotion, which resulted in crying. Allowing herself to feel emotion became more dangerous than the abuse she endured. Tonyah's belief that by wearing a bathing suit, she invited the abuse resulted in her completely covering her body, no matter the temperature. After all, she had to make sure not to send the same message to someone else. She protected herself in the only way she knew how, and took control in any way that she could. Throughout my work with Tonyah, I made sure to recognize the inherent strength and resilience in her ability to adapt in this way.

Through the current resiliency lens, the physiological impact of trauma is not always considered, and the label of dysfunctional, in my experience, often goes hand-in-hand with a prescription for psychotropic medication. The belief that children are inherently resilient, especially after traumatic experiences, seems to suggest that there is something about children that makes them immune to the effects of trauma and abuse. However, due to the significant brain development that occurs during early childhood, the truth is that children are even more vulnerable to the effect of trauma (Perry & Pollard, 1998). Bessel van der Kolk (1994), a psychiatrist who specializes in the research and treatment of

trauma victims, points out that when a trauma victim is triggered, "the central nervous system (CNS) regions involved in integration of sensory input, motor output, attention, memory, memory consolidation, modulation of physiological arousal, and the ability to communicate with words" fail to operate properly (p. 34). In essence, victims of repeated trauma tend to exist in a constant state of survival, and this state of being interferes with all aspects of functioning. The brain is too busy surviving; it does not have time to tend to anything else.

Existing in a constant state of survival has emotional and biological implications. van der Kolk (2006) finds that almost two-thirds of children who have endured trauma have symptoms reflective of this survival response, such as increased cardiac activity, high blood pressure, increased respiration, anxiety, and hyper-vigilance. These responses make it difficult for children to remain emotionally present, and to regulate their own emotions and behaviors (Gaskill & Perry, 2002). In addition, when trauma is caused within the family system, the child is at greater risk for chronic affect dysregulation, destructive behavior against self and others, learning disabilities, dissociative problems, somatization, and distortions in concepts about self and others (Gaskill & Perry, 2002).

Tonyah was an adolescent who, through no fault of her own, experienced intense and often paralyzing post-traumatic symptoms. The extensive research done on trauma teaches us that her adaptive behaviors are expected and unavoidable, given the circumstances. As such, these behaviors should be recognized as acts of strength and resilience. In addition, it creates an interesting discussion about what the aim of trauma treatment should be – the brain or the mind, or perhaps a combination of the two.

Covering, Cutting, Sex, and Dissociation as Acts of Resilience

During my first meeting with Tonyah, I was a bit taken aback by her appearance. It was the middle of August on an incredibly hot and humid day, and Tonyah's body was completely covered. Her jeans fell way beyond her feet and draped heavily on the floor. She wore a long-sleeved shirt, with the sleeves too long for her arms pulled strategically beyond her fingertips. Tonyah wore a hat that was pulled down to partly cover her eyes. I had many clients who covered their bodies following a sexual assault, but this took covering to a different

level. Typically, my clients covered so as not to send the wrong sexual message or to avoid being noticed. Tonyah's level of covering simultaneously screamed the words, "I am in danger" and "protection," providing me with insight into how Tonyah had adapted to her ongoing abuse. She was protecting herself not only from her uncle, but also from any other possible perpetrators. For Tonyah, the protection seemed to go beyond the physical. It was a protection against the vast, overpowering emotions that she kept locked for so long.

Clothing, or body covering, began as a form of physical protection. In fact, some primary purposes of clothing include protection, warmth, decoration, modesty, and symbolism (Gilman, 2002). Clothing first came about as a protective measure from the elements; shoes were protection for the feet and hats shielded the head. With clothing, we have the ability to adapt to changing or often harsh elements. Charlotte Gilman (2002), a feminist sociologist and writer, states, "Our clothing is as literally evolved to meet our needs as the scales of a fish or the feathers of a bird. It grows on us, socially, as theirs grow on them individually" (p. 4). Tonyah's need for adaptation was not only physical (protecting herself from further abuse), but psychological as well. It stands to reason that clothing could also provide a sense of psychological protection and barrier.

Me: "I can't help but notice that you keep yourself completely covered from head to toe. Do you know why you do that?"

Tonyah: "It just feels better. It feels right. I feel more in control. I know that makes no sense. I don't know how to explain it."

Me: "Actually it makes perfect sense. You get to decide how much of your body people get to see. Am I correct?"

Tonyah: "Kinda. I feel safe like this. I feel like I can disappear into the background, which is kinda funny because at the same time I totally stick out like this. I don't know. No one will think that I am coming onto them or anything like that. You know when it's cold out, and you put on your favorite pajamas, and you put your hair in a ponytail, and then you put on your favorite robe, even though the robe is kinda old and icky? But there's something about that robe that makes you feel so good and comfortable, and it doesn't matter how crazy you look? That's how I feel when I wear

stuff like this. Otherwise, there's no way I could go to school. I feel like I would go crazy."

Clothing represents much more than just protection for our current society; it has become a form of nonverbal communication. We tell the world who we are by our choice of clothing. We communicate gender, class, and culture without saying a word. "Clothing and other personal artifacts nonverbally communicate information about individuals, the nature of their interpersonal relationships, and the overall context in which interpersonal interactions occur" (Reece, 1996, p. 36). According to Julie Seaman (2013), an author and lawyer, evolutionary theorists and sociologists have also linked one's state of dress with sexual selection. They assert that the clothing we pick is driven by "sexual attraction and mating behaviors" (p. 418). In many cultures, how a woman chooses to dress reflects her marital status. It is an outward sign to the community that this particular female is available. By this reasoning, Tonyah was not available, and her choice of dress clearly communicated this. Tonyah was not interested in mating behaviors. Her past experiences paired sex with violence, vulnerability, and abuse. Without using language, Tonyah let the world know that her body was closed, and not to be entered without her explicit permission.

Tonyah asserted her control by choosing not to decorate her body or to make her body visible to the opposite sex. Seaman (2013) suggests that clothing has become a way to control a female's sexuality, and that clothing choice is a societal norm passed down as a form of social control. Tonyah was rebelling against these societal norms. Interestingly, evolutionary scientists suggest that the "most constrained sex is the most decorated," a reflection of a power differential (Seaman, 2013, p. 418). Men assert their control over women by dictating how they will present their bodies when selecting a mate. In western society, females are often expected to dress fancily, do their hair, and apply makeup in order to attract the opposite sex for mating. In her own way, and without consciously knowing it, Tonyah was stepping outside the control of men.

The covering of one's body is not a new phenomenon. In the Islamic society, covering one's body is directly linked with purity and modesty (Reece, 1996). In modern times, the use of covering or veiling in certain religious and cultural groups is viewed as oppressive and discriminatory. However, it is important to look at

the protective measure utilized in such decisions of dress. The term “hijab” is translated to mean “a curtain,” and serves as a way to separate men from women. In analyzing the use of veiling, Efrat Tseelon, a cultural theorist, suggests that women are “always on stage, always observed, always visible” (Reece, 1996, pg. 39). Women have no right to privacy as they are subjected to stares, comments, and whistles. Women in the Islamic tradition are thus protected from these invasions by the use of veiling; this body covering is a shield and ensures privacy and protection. Reese (1996) discusses how Mernissi (1991) further identified the origins of the term hijab. The hijab,

...has a three-dimensional nature, including the visual, hiding something from sight; the spatial, separating and establishing boundaries; and the ethical, stating that something is forbidden. In addition, the term is used in anatomy to suggest separation and protections. Definitions of the eyebrows (eyes), diaphragm (stomach), and hymen (virginity) all contain the term hijab to indicate protection of a vital organ or condition. (p. 40)

When looking at its origins, the veil was often used as a way to protect women from violence. In an attempt to protect his wives from the violence of men on the street, Muhammad required them to veil themselves as a means of separating them from common women. It signaled to the men that these women were not to be touched (Reese, 1996). While many protest the concept of veiling, the veil is “liberating,” according to El-Guindi (1983, p. 82). He states, “dressing in attractive feminine style exposes a woman’s body to the lust of strange men who derive pleasure from looking at her as a sex object. Dressing Islamic style is dignifying to women and humanizing” (p. 82). For some, the option to veil allows the woman to not only detract attention, but to “visually withdraw from public space” (Wagner et al., 2012, p. 530). According to Lil Abu-Lughod (2002), the veil also offers women “portable seclusion” (Papanek, 1982, p. 785). Abu-Lughod went so far as to describe the burqa as a “mobile home” (2002, p. 785).

While many can argue the oppressive measure of covering one’s body, it is hard to argue against the idea that clothing has become a way to provide women a means of protection, safety, and autonomy. The Islamic tradition is only one example of how clothing is utilized as a protective, yet prohibitive, measure. Clothing continues to

evolve as a source of protection, but creates a sad commentary that woman exist in a world where such measures are necessary. It is important for the clinician to understand the role of clothing. Tonyah’s decision to cover up allowed her the ability to be mobile in a society that no longer felt safe. It also allowed her the freedom to sit in my office and feel safe while we slowly peeled away the layer of hurt and betrayal. Not only was Tonyah’s need to cover an indication of her pain, it was also, eventually, a sign of healing as she slowly allowed herself to experience emotions.

When Tonyah allowed the emotions, or when the emotions were forced to the surface, she had little means of managing them. As a way of adapting, Tonyah had learned how to shut off all feeling. She often described feeling numb, or a sensation of leaving her body, a type of dissociation. This was apparent from the beginning of my work with her.

Tonyah’s first therapy session brought a wealth of information regarding how she managed to adapt to long-term abuse and trauma. I had already met Tonyah’s father at the intake session, but this was my first time meeting her. She sat in her chair, eyes fixated on the floor. I noticed Tonyah playing with a string on her pants; she seemed nervous as she slightly rocked back and forth in the chair, a chair that she suddenly clung to as if it was her only protection from me. I softly introduced myself, and opted to refrain from trying to shake her hand, assuming that touching of any sort was not an option for Tonyah. I asked her if she would like to join me in my office, but also offered her the option of going for a walk or just sitting together in the waiting room. I wanted Tonyah to have some sense of control. I also knew that she was not coming to therapy voluntarily. Tonyah quietly stated that she was ready to come into my office. Without looking up from the floor, she stood and walked slowly behind me.

My office is fairly large, and strategically arranged to provide seating choices. My chair is placed in the middle of the room. Across from my chair is an oversized couch, with another chair diagonal from mine that is much farther away than the couch, as well as a beanbag chair placed haphazardly near a small child’s table. Tonyah chose the chair farthest from mine. She sat down and continued to play with the string on her pants. Tonyah’s body language sent the message: “I am not safe here.” She held everything so tightly inside, it was almost painful to watch. She held her hands tightly in her lap, her eyes were fixated on the floor, and her body appeared stiff. I tried to

engage her in conversation regarding school and family life, but when I brought up the topic of the abuse, she quickly grew quiet and stared off into space, unable to easily ground herself in the present.

Me: "OK. Are you comfortable standing up? I want to try something."

Tonyah: "I guess so. What do you want me to do?"

Me: "I have this big rubber ball. I just want to throw it back and forth with you as we talk. Are you comfortable with that? You can remain exactly where you are."

Tonyah: "Umm. OK. What's the point?"

Me: "Well I noticed that when you talk about things that make you sad, you go somewhere else. My guess is that your mind takes you somewhere else to keep you safe when you talk or think about unpleasant stuff. But I also want to give you a way to stay here if and when you want to. Make sense?"

Tonyah: "I guess so. But what if I am scared to stay here? What if I don't want to stay here?"

Me: "Well, my job is to create a place where you feel safe enough to stay and talk, and feel supported and comforted. You only have to stay in this space when you want to. I simply want to give you another option. For right now, we can just get used to throwing the ball and getting to know each other. Is that OK?"

Tonyah nodded and continued to throw the ball back and forth with me as she gradually began to share some information about her life. The goal of throwing the ball back and forth was to keep Tonyah in the present. The simple motion of catching and throwing forced her brain to stay in the moment, to be more mindful. During this time, Tonyah shared that she lived with her mother, father, and two siblings. She also had three half siblings on her father's side; these siblings were conceived when Tonyah's parents were separated. During that separation, Tonyah lived with her maternal uncle for several years, and moved back in with her father about one year earlier. While living at her uncle's home, he sexually abused her. At this point in her story, Tonyah stopped throwing the ball. Her eyes glazed over and her body began to shake as she crushed the rubber ball in her right hand. I softly called her name, and Tonyah blinked as she regained some of her awareness. I gently told Tonyah that she could share her story at her own pace, whenever she was comfortable doing so.

The details of the abuse took some time for Tonyah to openly discuss. She spoke about it in small doses, then quickly withdrew or refused to come to counseling after she revealed a particularly hard detail. In time, Tonyah shared that the abuse included vaginal and anal penetration, as well as oral sex. She shared that the abuse started with innocent touching, and progressed as time went on. Tonyah was made to "practice" on other boys so that she was more "skilled" when she engaged in those activities with her uncle. As time went on, in order to spare her siblings from abuse, Tonyah would stay awake at night to make sure her uncle was not going into their rooms. If she suspected that her uncle was up, she would distract him by offering her body.

Tonyah continued to present with a blank stare that became even more distinct when my questions threatened this very purposeful fortress. Tonyah's dissociation began with the sexual abuse. Like many other sexual abuse survivors, Tonyah learned how to separate from her body during the abuse in a way that allowed her to disconnect from the emotional and physical anguish of the traumatic experience. Tonyah reported that she often created a fantasy-based environment to escape to, or saw herself floating over her body, while the abuse was occurring. Unfortunately, Tonyah's means of protection against the abuse became the way she handled any emotionally difficult experience. As explained earlier, due to constant reminders of the abuse, Tonyah was easily triggered and often experienced flashbacks. One of Tonyah's biggest triggers was watching her parents fight. Every time Tonyah's parents fought, she entered a state of panic, followed by a state of dissociation, self-injurious behaviors, and then relief and comfort. This was a typical pattern of behavior for Tonyah. She often described her general experience of living as numb, distracted, unfocused, and unclear.

Me: "You seem like you are off in another world today."

Tonyah: "I know [*eyes cast down to the floor*]. I can't seem to keep myself here."

Me: "What does that mean for you?"

Tonyah: "Like when I am in school... [*long pause*]. My grades are starting to drop. I can't seem to pay attention anymore. I just kind of go somewhere else."

Me: "Where do you go?"

Tonyah: "That's the thing. I don't even know. It's not like I'm going to this awesome place in my mind that is fun and exciting. It is like I

just stop being me. I don't know where I go. I mean, I know I am there. I don't have that split personality thingy everyone talks about. But it's like I am not there. And I try the stuff you taught me about, but it keeps happening."

Me: "Does it happen any other time?"

Tonyah: "When I am having sex. But I do that on purpose. It is the only way I can get through it."

Me: "Do you want to be more present? Or do you like going away?"

Tonyah: "I don't know. Sometimes I feel like it is a good thing. But sometimes I feel like I am missing out on stuff. I just wish I had more control over it. Like getting to pick when I go away. And I am worried about school. School is my way out of here, and I can't mess that up. But I don't think I will ever want to be in my body when it comes to sex."

The process of separating one's self during a traumatic event is not a new phenomenon in trauma victims. British psychiatrist Charles Samuel Myers (van der Kolk, van der Hart, & Marmar, 1996) first introduced the term "shell shock," referring to the process in which traumatic memories are kept separately from other memories. The term shell shock has been replaced by the term dissociation, which occurs on three levels: primary, secondary, and tertiary (van der Hart, van der Kolk, & Boon, 1998). Primary dissociation is the disintegration of traumatic memories that are commonly associated with one of the primary elements of Post-Traumatic Stress Disorder (PTSD), which causes the intrusive flashbacks. Secondary dissociation is the experience of a trauma victim leaving his/her body during the event and actually observing the trauma. According to van der Kolk, van der Hart & Marmar (1996), "this dissociation allows the individuals to observe their traumatic experience as spectators, and to limit their pain or distress; they are protected from awareness of the full impact of the event" (p. 307). The successful use of dissociation after a traumatic event can lead an individual to overuse this adaptive mechanism as his/her first line of defense (Nash, M.R., Hulse, T.L., Sexton, M.C., Harralson, T.L., & Lambert, W., 1993). This was especially true for Tonyah, who seemed to exist in a constant state of dissociation. Tonyah often felt that life in general was too overwhelming, and it was safer for her to remain in her own bubble of safety. She constantly fluctuated between feeling numb and feeling anger; any other sensation was overwhelming and

unsafe. To continue to maintain her secret and her sanity, Tonyah learned to withdraw from the experience of emotional pain.

When it was impossible to withdraw from the world, or when the emotions became too powerful and overwhelming, Tonyah turned toward self-injurious behaviors. Her two methods of choice were sex and cutting. The choice to engage in sexual relationships following a history of sexual abuse often creates a lot of confusion for the client, his/her family, and even clinicians working with victims of sexual abuse. For Tonyah, sex was about control. For years, her uncle made all the decisions regarding her sexual experiences, including when they would occur, how often, the specific sexual acts that would be performed, and if any use of threat would be involved. At the age of 14, Tonyah now had a say as to with whom she would have sex, and under what terms and conditions. Tonyah is not alone in this means of coping. Briere and Elliot (1994) found that many victims of child sexual abuse use sex as a means of "closeness and intimacy" (p. 61). Indiscriminate sex may also,

Provide distraction and avoidance of distress... Sexual arousal and positive sexual attention can temporarily mask or dispel chronic abuse-related emotional pain by providing more pleasurable or distress-incompatible experiences. For such individuals, frequent sexual activity may represent a consciously or unconsciously chosen coping mechanism, invoked specifically to control painful internal experience. (p. 61)

For Tonyah, sex was also a very purposeful and immediate way to dissociate.

Me: "I'm not going to beat around the bush here. I am confused. You tell me that you don't enjoy sex. You tell me that you go to another place in your head when you are having sex. Yet you continue to engage in this behavior. Can you help me to understand?"

Tonyah: "It's not that I don't like it. Actually, I don't know that I will ever like it. But it's not a big deal really. I don't even know it's happening when it's happening. It is just what I am used to. And I like the attention I get from him. This is just what I know. I don't know how to explain it."

Me: "Does your boyfriend know what happened with your uncle?"

Tonyah: "No. What difference does it make?"

Me: "Perhaps there is a future for you where sex can be an enjoyable experience. And for that to happen, your partner will need to understand your emotional needs."

Tonyah: I don't think sex will ever be enjoyable for me, but I don't plan on not doing it either.

For Tonyah and other victims of sexual abuse, sex is often confused for love and affection. Tonyah used sex as her way of connecting and disconnecting in a manner that felt safe for her. Tonyah was able to gain control over her sexual experiences, and while it did not always make sense to me, it seemed to make complete sense to her.

Tonyah also engaged in a fair amount of cutting behaviors, which has also been linked with behaviors common to victims of child sexual abuse (Putnam, 1993). Tonyah truly gained a sense of relief, comfort, and balance after she cut herself. She felt no pain when she took the blade (or anything she could find) to her wrists, her thighs, her breasts, and her stomach. Euphoric is the only word that comes to mind when thinking back to how Tonyah looked when she explained to me how cutting helped her. Cutting allowed Tonyah to regain her composure when everything around her seemed to be falling apart. The only thing that made anything better was the physical sensation of a blade moving along her skin, and the warm flow of blood dripping from her veins. Tonyah could not tell me how she was feeling on a daily basis, but she could explain to me every sensation associated with cutting herself. Cutting afforded her a clarity that she was not used to, in a world that was "messed up" and "dirty." Cutting was her way of feeling alive when her own means of coping forced her into a world of dullness. By cutting herself, Tonyah was able to stop the chaos (dissociation); and, at the same time, it helped her feel alive and present.

Cutting behaviors seem to have an adaptive function in victims of child sexual abuse. According to Putnam (1993), self-mutilating behavior "serves to temporarily reduce the psychic tension associated with extremely negative affect, guilt, intense depersonalization, feelings of helplessness, and/or painfully fragmented thought processes – states all too common among survivors of severe sexual abuse" (p. 61). Acts such as cutting should not be confused with suicidal behaviors, as the intent is quite different. Self-mutilation is often associated with dissociation, as individuals engaging in these

behaviors often report a feeling of numbness, and deny feeling pain during these encounters (Van der Kolk, B., Perry, J., & Herman, J., 1991). While this was not always the case for Tonyah, individuals may use self-mutilating behaviors as a form of "antidissociation" (Klonsky & Muehlenkamp, 2007, p. 1050). Feelings of dissociation can be frightening, and self-mutilating behaviors can interrupt the sensation of feeling numb by introducing the feeling of pain. Cutting can also be used as a means of affect-regulation, an aspect of human functioning that is often severely impacted after prolonged exposure to trauma. Cutting behaviors are often followed by a sense of relief, and calm an individual's emotional state when they are unable to do that on their own.

Unfortunately for Tonyah, and for many of the child sexual abuse victims that I have worked with, she had little support in her life following her disclosure. She came from a chaotic family system, and her parents struggled to meet Tonyah's emotional needs, even before the abuse occurred. This is common because the family often goes through a crisis of its own after a disclosure of sexual abuse, and is viewed as the secondary victim. Tonyah's mother, Alicia, stopped talking to her after she disclosed the abuse by her uncle. Alicia stopped functioning, and spent most of the day and night in her room alone, crying. Tonyah wanted to talk to her mom about the abuse, but was scared that it would send her "over the edge." She worried that her mother blamed her for the abuse, and refused to talk about it with her mom. While I had no concrete proof, I suspected that Alicia was also a victim of sexual abuse, which was something that Tonyah had also surmised, though it took years before Tonyah would admit that in therapy. In addition to her mother's emotional withdrawal from her life, Tonyah's father, who was once supportive of Tonyah and her healing process, grew tired of waiting for Tonyah to "bounce back." He felt that Tonyah should be back to her "normal self" by now, and could not understand why the process was taking so long. Tonyah's father now believed that Tonyah was using her victimization as an excuse to act out and get attention, and he wanted her to "snap out of it." Despite my own frustration with Tonyah's father, I was able to recognize that he needed Tonyah to "get better." In essence, Richard became a single father after the disclosure. He was forced to work two jobs in order to pay all the bills, and somehow had to find the time to be emotionally and physically present in order to meet the needs of all his children because his wife was no longer able to

function as a wife or mother. She could not tend to her own emotional needs, or to the needs of her children. Due to Alicia's unwillingness to speak to Tonyah, or to work with me, and due to Richard's lack of engagement, Tonyah felt very alone after her disclosure. She could not count on her parents for emotional support, and knew that she had to do this on her own because most of her family (including her siblings) did not know of the abuse, and those who did know were not overly supportive. In fact, many family members continued to have a relationship with the uncle, and would frequently visit him in jail. Tonyah suffered in silence... again. Despite an unsupportive family environment that did not meet her emotional needs, despite the pain and discomfort of working through multiple traumas, and despite the fact that she was fighting this battle alone, Tonyah continues to come to therapy. This is yet another sign of Tonyah's resilience.

Therapeutic Intervention

How one chooses to define resilience will have a profound impact on how therapeutic interventions are utilized. It will create a very different experience not only for the client, but for the clinician as well. If the clinician believes that the client's behaviors of cutting, covering, or dissociating (or whatever adaptive mechanism the client has developed in response to the trauma) are dysfunctional and unhealthy, the clinician's interventions will often reflect that belief. Too often, I hear about a clinician's goal of stopping these "dysfunctional" behaviors, or replacing them with "less dysfunctional methods," rather than understanding their adaptive function. These clinicians often get frustrated when the behaviors do not stop within a short period of time, failing to realize that adaptation does not happen overnight. Tonyah's adaptive responses to abuse occurred over time as she recognized that her environment was not conducive to survival. Now that the abuse has ceased, Tonyah's adaptation to a healthier environment will take a good deal of time. When the clinician fails to respect the true nature of these behaviors, he/she runs the risk of sending a message to the client that they are, as one of my clients proclaimed, "bad at therapy," a message that has already been cultivated and ingrained into our general consciousness of what it means to be resilient. Think about how different the session will feel for both the client and the clinician if the adaptive behaviors are truly recognized as strength and resilience.

"I lost all my rights when I was five years old." This was a statement Tonyah made after approximately one year of therapy. A statement that still haunts me. Tonyah, still a child, learned at the age of five that she had no control over her body, and for that matter, her thoughts. She was forced to reimagine her reality in order to allow for her emotional survival. While the abuse was occurring, Tonyah lost her right to childhood ignorance and innocence. Once she disclosed, she gave up her right to anonymity, silence, and secrecy. This statement was a turning point for her. She became more comfortable, and subsequently began to open up in ways she never could in previous sessions. We worked on ways to help her transform her current coping skills into more adaptive methods. This was a slow process that needed to be handled with care, compassion, and a new understanding of resilience.

The therapy sessions began to afford Tonyah not only the opportunity to control her body and her thoughts, but also taught her the skills needed to do so. In assessing Tonyah's capacity to manage and cope with her feelings, it became clear that she continued to have limited ways of managing her emotions and intrusive thoughts. Tonyah's traumatic experiences resulted in a persistent fear response, and a constant state of hyper-arousal. She continued to be easily triggered by smells, sounds, and objects that reminded her of the abuse. One particular trigger was her uncle's home, where she was forced to go to visit her grandmother.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) tends to be the model of choice when working with child victims of sexual abuse. As with Cognitive Behavior Therapy (CBT), TF-CBT is a concrete, theoretical approach that provides both child clients and their parents with structured and measurable techniques and outcomes. The TF-CBT model involves psycho-education; parent education; relaxation techniques; management of affect expression; understanding the connection between thoughts, feelings, and behavior; developing the trauma narrative; processing the traumatic experience; personal safety skills training; and coping with future trauma reminders (Deblinger, Cohen, & Mannarino, 2006). One main goal of the TF-CBT approach is to have the client create, and then process, their trauma narrative. Typically, trauma clients spend a great deal of time avoiding the thoughts and conversation of the actual trauma. The primary focus of this task is to allow the client to separate the trauma event from the negative

cognitions and emotions that they have developed as a result of the trauma. This also serves as a way to desensitize the trauma, and to decrease avoidance and hyper-arousal.

While TF-CBT is a popular model that is evidence-based, it mostly focuses on higher level processing, which is often not being utilized due to the brain's response to trauma. It is important that "low brain regulation" be established before anything else can be effective (Gaskill & Perry, 2002, p. 40). Research suggests that, "establishing a sense of safety and self-regulation (lower brain mediated) must supersede insightful reflection, trauma experience integration, relational engagement, or positive affect (Gaskill & Perry, 2002, p. 40). Further, research shows that non-traditional methods that utilize a body-oriented approach prove to be quite useful as opposed to traditional talk therapy (Gaskill & Perry, 2002). One such method that has been helpful in the treatment of trauma victims is the use of yoga. Yoga provides clients with the skills to help regulate their arousal system, find comfort with their bodily sensations, and gain a sense of presence and mindfulness (Gaskill & Perry, 2002).

The most helpful intervention was the use of Tonyah's own body. A majority of the therapy sessions utilized yoga techniques, mindfulness, and essential oils, as well as other forms of movement, music, and breathing exercises. These tools helped Tonyah become more aware of and connected to her body, enabling her to gain more control over her ability to calm her body in times of stress. One of Tonyah's favorite interventions was the use of essential oils. Tonyah experimented with a variety of scents. She found that scents such as lavender helped her to calm her body, while scents such as lemon and pine helped her become more mindful. Movement was also very effective for Tonyah. There were times during our sessions when we would just walk around the room. I carefully adapted my own pace of walking and moving to mirror hers, and I was sure to keep a comfortable distance. Tonyah began feeling more comfortable in her own skin. She learned how to identify her emotional states by the sensations of her own body. And, by identifying those sensations and emotional states, she ultimately learned how to regulate her own body. Of course this took time, and a lot of practice on Tonyah's part.

Tonyah relearned how to experience and regulate her emotions. She had to learn how to keep her body calm, and recognize actual signs of threat, rather than viewing the whole world as

unsafe. I utilized a variety of tools to help Tonyah with this process. She was so disconnected from her body that most of the time she reported feeling "numb." To help Tonyah begin to process her own feelings, we began to utilize exercises that helped her first identify various feelings, and then connect those feelings with bodily states. Gradually, with a lot of work and patience, Tonyah was able to identify certain feelings that she was experiencing. Interestingly, as the other emotions surfaced, her anger began to dissipate. While Tonyah was able to identify the actual feeling, it still seemed as though she remained disconnected from that feeling. There seemed to be a disconnection between the cognitive thought and the actual bodily experience of the emotion. However, she was able to identify the thoughts, feelings, and bodily experiences, which was a step in the right direction.

Slowly we began to work on Tonyah's ability to contain some of the intense feelings she experienced, which ultimately led to her dissociation. Tonyah shared that the feelings that incapacitated her most were fear and shame. Her fear seemed to come about most while her parents were fighting, and shame seemed to permeate her life at all times. Tonyah walked around consistently believing that she single-handedly broke up her family, and that there was something about her that invited the abuse. She continued to cover most of her body with clothing after one year of therapy, though we made some improvement in this area. At this point in counseling, I asked Tonyah to draw a container for all the overwhelming thoughts and emotions that kept her from functioning in her everyday life. Before we began, Tonyah identified the following as thoughts and emotions that required a container: the sexual abuse by her uncle, her mother not speaking to her, her parents fighting, and feeling responsible for the abuse. We then discussed what her container would look like in fine detail. I asked her to consider how the container would be constructed, what material it would be built from, how sturdy it would be, how accessible, and where it would be located. I then asked Tonyah to draw her container so that she could have a concrete representation of it.

Me: "Tell me what I am looking at."

Tonyah: "You told me to draw a container for my thoughts" (annoyance noted).

Me: "Yes. Tell me in your own words about your container."

Tonyah: "It's a chest. It is made out of steel. The kind you can't cut through. And the chest has a lot of locks on it."

Me: "How many locks?"

Tonyah: "Would 1,000 seem silly?"

Me: "It's your container. It's anything you want and need it to be."

Tonyah: "OK, 1,000 locks and there is no key. And it's trapped behind a jail cell that no one can ever get to. And the jail cell has a dozen more locks to make sure no one can get in."

As Tonyah began creating the container, not just physically, but in her mind, I saw a sense of calmness come over her, and she seemed more at ease. It was as if she could imagine herself having some control, even if just a little bit, over her feelings. She was sensing the possibility, and experiencing a sense of hope. As Tonyah gained mastery over her thoughts and feelings, she became much more comfortable discussing them, and spent less time running away from them. I noticed a marked difference in how often Tonyah would dissociate when discussing the abuse and all associated feelings. Tonyah began to use the container exercise when her parents were fighting, and when she had the urge to cut herself. When paired with other cognitive behavioral approaches and relaxation exercises, Tonyah saw a reduction in how often she needed to cut herself, and found herself able to walk away from the fighting rather than freezing in the moment.

At the age of 15, Tonyah expressed a desire to stop cutting herself. I purposely did not ask whether she cut that week because the behavior caused a great deal of shame. I allowed Tonyah to bring it up only when it was something that she wanted to discuss. This proved to be very useful, because Tonyah stopped seeing the behavior as something she needed to report on and be chastised for. To help reduce feelings of shame, I chose not to do a safety contract because I knew that Tonyah would cut again, and breaking the contract would only continue her feelings of emotional distress. I also chose not to have a countdown of how much time elapsed before she cut herself again. Instead, we spent a great deal of time understanding the behavior, the triggers, and the function of the self-injurious behaviors. We explored the idea that cutting provided relief, and she was feeding her emotional need. However, we also explored how this behavior was no longer helpful, and discussed the need to explore healthier ways of healing and managing her feelings. This technique successfully created a safe

environment for Tonyah to explore and understand, without the fear of being judged and shamed. Eventually, through the help of yoga, breathing, and willpower, Tonyah found ways to comfort herself that did not include cutting. Primarily, she found her voice. She found a way to not only sit with her emotions, but to talk about and understand them. The ability to remain present through these untraditional methods, coupled with her ability to regulate her emotions, made cutting an unnecessary coping mechanism. Tonyah had relearned how to be in her own body, and her brain relearned how to function in an environment that no longer consisted of trauma.

Until there is a sense of safety within the therapeutic relationship, not much can be accomplished in therapy. The client must genuinely know that the clinician respects them, and believes in their inherent ability to move forward and heal. Tonyah came to therapy seeing herself as damaged and incapable of healing, which played out over and over again in therapy as I approached each topic with the misguided belief that her post-traumatic symptoms were maladaptive. Once I developed a new way of conceptualizing resilience and adaptive behaviors, and changed my approach, Tonyah was able to truly begin her journey of growth and healing. Tonyah felt valued and understood. For the first time, she saw herself as a strong individual who was capable of protecting herself, and subsequently found healthier ways of coping in the absence of abuse and trauma.

Tonyah is not the only one who benefited from this new understanding of resilience and adaptation. Working primarily with victims of trauma can be daunting and exhausting. Therefore, it is easy to become weighed down by the stories of abuse, pain, and loss. As a clinician, viewing your clients as dysfunctional, weak, and hopeless will impact your emotional well being, as well as your effectiveness with clients. My new understanding of resilience not only changed how Tonyah saw herself, but also how I viewed Tonyah's adaptive behaviors and the interventions that I chose to address these behaviors.

Conclusion: Far From Over

Tonyah's journey of healing is far from over. She slowly worked toward creating her narrative of the abuse. It was a very painful process, and one that Tonyah continues to struggle with. While Tonyah is able to talk about the details of the

abuse, often without dissociation, her narrative is riddled with the theme of shame and guilt. While she knows, on some level, that the abuse was not her fault, she continues to blame herself. This is especially complicated by her relationship, or lack thereof, with her mother and her constant worry that her mother blames her. Tonyah's progress and emotional development has been awe-inspiring. She is now in a healthy relationship with a young man who treats her with respect. She has been able to discuss her abuse with her boyfriend, and he understands her need to abstain from sexual activities. Tonyah is starting to look into colleges, and has decided that she would like to major in criminal justice to pursue a career as a detective who works with abused children. Her family continues to be a source of stress and disappointment, but Tonyah is now able to separate their narrative from her own, and their voices no longer occupy much space in her mind.

Each time that Tonyah decided to come to therapy, to ignore her family's hurtful words, and to resist the urge to cut herself when life became unbearable, she demonstrated signs of resilience. Even more impressive was her ability to form a therapeutic relationship with me, despite her abusive past. While Tonyah has a long way to go and many battles to fight, she continues to do the hard work necessary to obtain emotional health.

Clinicians, and frankly, society, owe it to survivors of trauma to find a new way to understand resiliency and to be careful how that term is applied. The labeling of one as resilient or not resilient carries a tremendous weight. The label of resilience fails to take into consideration the biological impact of trauma, as well as the adaptive mechanisms inherent in human beings. It also forces the clinician to make a choice between the mind and the brain, rather than creating an intervention that acknowledges the individual as a whole.

Tonyah has forever changed my work with clients, and for that I owe her a debt of gratitude. Tonyah helped me to see strength in perceived weakness, and to appreciate the depths that an individual will go to in order to survive and thrive under the cruelest of circumstances. She not only provided me with an avenue to work with my clients more effectively, but she made the work more fulfilling and less of an emotional drain.

Resilience cannot be measured by the absence of symptoms, but rather by a child's ability to adapt in the face of an unsafe environment. The reconceptualization of resilience allows for an

element of hope and a celebration of every client's inherent strength.

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