

## Transforming Trauma

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### Understanding and Addressing the Unique Challenges of Traumatized Migrating Mothers

*Given the current state of upheaval in our world and the powerful forces of globalization at work within it, migration has reached extraordinarily high levels. For most the process of relocation, while demanding, is not psychologically overwhelming. For others, however, who have experienced atrocity, migration embodies enormous challenges for the mothers, their families, and for those working to provide support in the places of relocation. This paper argues that to effectively advocate for mothers who have fled their homes as a consequence of extraordinary violence, a sophisticated understanding of their experiences and the psychological impact of the events they endured is required. The focus of this paper is on the unique challenges traumatized mothers face in the process of migration. A life-cycle framework, in which dimensions of mothering connected to critical developmental milestones in the lives of families, is used to organize the first section of this paper. The second section discusses the use of narrative approaches to healing the trauma the mothers presented here have experienced during their migration and re-settlement and suggests that such psychological interventions are forms of advocacy that focus on the internal rather than the external environment of a traumatized mother.*

One clear impact of globalization within the economic, political, and cultural milieu of our times, is the increased movement of people, including mothers and their children, across national borders as they seek greater security and opportunity. Given the escalating intensity of globalizing forces migration has, in fact, reached extraordinarily high levels. Statistics reported in a United Nations press release, for example, indicated that in 2005 approximately three percent of all people alive were residing in countries other than the ones in which they were born.

While it is true that many who leave their home countries integrate into their new locations successfully and without extraordinary levels of stress, there is within any matrix of migrants those who have fled as a consequence of war or other forms of extreme violence. For these individuals the demands associated with migration are especially great. Given that in most cultures mothers embrace their assigned roles as the ones primarily responsible for the well-being of their children and as the carriers of family tradition and ties, this paper argues that migration for mothers, when the circumstances surrounding their leave-taking are difficult and dangerous, presents exceptional demands worthy of our attention. It also asserts that if we are to advocate effectively for migrant mothers and their families then a sophisticated understanding of the unique challenges they face and the psychological upheaval they may endure before, during, and after migration is crucial.

To achieve the goal of fostering informed advocacy for traumatized migrant mothers this paper will use a family lifecycle approach as an organizing principle. While most psychologists emphasize theoretical models focused on the processes or stages of individual development, family systems theorists, such as Elizabeth Carter and Monica McGoldrick, suggest that we think about psychological development as occurring within the context of the interactions of all family members. While recognizing that development is unique to each family, many systems theorists nevertheless use a loosely formulated stage-based model to facilitate the formation of insights about the kinds of challenges family members, particularly mothers, face as children are born, reared, and launched into their own lives. The first section of this paper, therefore, will apply this lifecycle model to the lives of mothers who have fled their homes as a consequence of extraordinary violence, while the second part will present some of the approaches used to reduce distress in this population of mothers. It will also present information on some of the psychological mechanisms presumed to underlie the effectiveness of these intervention approaches as this information also provides a context important for the development of appropriate services for traumatized migrant mothers and their families.

To advocate effectively for a cause, we must speak with authority, and the confidence to do so is built upon knowledge. It is the hope, therefore, that this paper provides some of the knowledge necessary to empower advocates to speak with conviction about the kinds of interventions migrating mothers who have experienced extraordinary circumstances require. In addition, it is hoped that in reading this paper our empathy for and appreciation of the resilience and courage of this subset of migrating mothers will be enhanced and that, as a consequence, our commitment to working for a more peaceful and just world for all families will be enlivened.

## Unique Challenges Mothers Face in the First Family Developmental Stage—Birthing

While it goes without saying that the lives of mothers differ greatly across cultures and circumstances, there are some aspects of motherhood that are shared in large measure by all. Becoming a mother by giving birth is one such experience and is therefore seen by many family systems theorists as the first stage in the family developmental process (see, for example, Carter and McGoldrick). For many mothers birth, despite its potential for pain and fear, is experienced as an incredibly joyful occurrence, while for other mothers, who have been unlucky enough to be in danger's way, birthing a child can be particularly terrifying or shameful. Amnesty International, for example, estimates that during the war in the Balkans, between 20,000 and 50,000 women were systematically and brutally raped, often multiple times, and many did conceive children who were carried to term despite the shame and despair experienced by their mothers (<[www.rferl.org](http://www.rferl.org)>). In the 1994 Rwandan genocide, mass rape of Tutsi women by Hutu men was also used as an explicit weapon of war and as a means to humiliate all of Tutsi heritage. The horrors of rape itself are often accompanied by HIV infection, severe and lasting physical injury and disfigurement, rejection by family members, and a loss of all hope for the future. One mother describes her social isolation when she states: "It is a big problem to be known as a rape survivor in the community. They didn't respect you, they isolated you, people said you were no different from prostitutes" (Mukamana and Brysiewicz 382).

In many situations where mass rape has been used as a weapon of war, mothers also face the nearly impossible situation of relating emotionally to their children, as the simple sight of the child reminds them of the circumstances in which the child was conceived. In a book of powerful photographs and testimony entitled *Intended Consequences: Rwandan Children Born of Rape*, Jonathan Torgovnik shows us the anguish of such mothers and their continuing struggles to face the future. One mother featured in Torgovnik's book and highlighted on the Foundation Rwanda website affirms this when she says: "After giving birth, I thought of killing it because I was bitter and didn't know who the father is ... it was painful but eventually I decided not to kill it. I have stayed with it and it is a cause of trauma every time I look at this boy."

First knowing that mothers from Rwanda or Bosnia-Herzegovina, and now the Congo where the levels of rape are nearly impossible to comprehend, and then understanding the intensity of the shame and grief associated with this way of becoming a mother, are crucial if appropriate measures to facilitate the integration of these mothers and their children into the countries to which they migrate are to be designed.

Another extraordinary form of social isolation is often imposed upon female child soldiers from Northern Uganda, abducted and impregnated by the militia men who originally kidnapped them. In a chapter criticizing the ways in which Western NGOs approach the question of child soldiers, only one paragraph addressed the situation of girl-child combatants and there the argument was made that female child soldiers who have given birth can never be successfully reunited with their original families because, in the patrilineal Ugandan culture, children belong to the father's clan. According to this chapter, such a mother is seen only as a wife to a man who killed many in the mother's home community and because she has given birth to a child fathered by a combatant from another group, she no longer belongs to the home clan. The chapter simply states: "the only prospect of reintegration for a female ex-combatant with children is the community of the father of her children" (Akello, Richters and Reis 202). While this analysis may be correct in a variety of respects, it ignores the fact that this young mother was originally kidnapped and in most cases did not give birth willingly. It also implies that she will be forever doomed to isolation from her own family or community of origin and in this way her psychological needs will remain forever unmet. A more nuanced and comprehensive assessment of the situation, however, requires that both an understanding of the political and cultural context in which this woman or girl gave birth, such as that put forth by Grace Akello, Annemiek Richters and Ria Reis and an appreciation of each mother's own desires regarding possible reconnection with her family of origin. Without both forms of knowledge advocates for girl combatants have little chance of designing effective interventions and relocation strategies.

Additional examples of extraordinary violence are reported by mothers who have suffered torture while they were pregnant and they frequently express the fear that the torture has affected the child inside them. One mother states: "I really believed I would give birth to a monster. The whole time I was in prison I was pregnant. That means he was tortured with me. I thought he would be an over-hysterical baby when he was born—or he would be sick. He was sick too when he was born" (Agger 78). This mother, who successfully made her way to Denmark and achieved asylum, found her isolation there to be profound as few knew of her torture nor the challenges it posed to her mothering of her son.

Even when becoming a mother is not steeped in the memory of horror, many displaced mothers give birth in circumstances very unlike those within their home countries, sometimes without even the benefit of understanding the language spoken in the hospital. One woman captures these feelings well when she says:

There's so much going on [in my country of origin, after a woman has a child] usually, that you don't have time to be depressed or sad!

And you get pampered quite a lot—for 45 days you don't leave the house, and a woman comes to give you a massage every day, and your relatives come and help you with the baby.... You don't realize it until you come here and miss it. (cited in Ahmed et al. 298)

In the birthing process mothers from diverse parts of the world who have migrated to the West may also present challenges to physicians who have not previously encountered genital cutting, which often complicates a mother's ability to deliver her child, or who lack sensitivity to a potential history of sexual violence or differing standards regarding whether a male, who is not the husband, may touch a woman's body under any circumstances, even during the birth process. Here again, advocates for mothers can have a highly positive impact, both because we appreciate the profound nature of the birthing process, and also because, once we become acquainted with the experiences of a migrant mother, we can effectively support her as she gives birth in circumstances entirely new to her and we can also help interpret for medical practitioners the resistance or confusion some mothers may manifest in unfamiliar Western medical settings.

While some displaced mothers struggle to accept their children who were born as a consequence of rape, worry about the impact of physical torture upon an unborn child, or experience acute isolation giving birth in a country unlike their prior home, other mothers suffer deeply because their children have been left behind when they were forced to flee their homelands. For many of these mothers, there is an ever-present longing for the child who was given up unwillingly (Agger 77).

The examples above, which represent only a small sample of the kinds of circumstances a migrant mother may have experienced, make it clear that to interact successfully and to advocate effectively, it is critical to cultivate knowledge of the complex political and social context of each migrating mother so that her needs and the precise circumstances relevant to her migration can be addressed with sensitivity and sophistication.

### **Unique Challenges Associated with Childrearing**

Once children are born the challenges of raising them emerge. This second stage in a family's developmental lifecycle also may be especially difficult for many migrant mothers as child rearing practices differ so much from culture to culture. Mothers from some Southeast Asian cultures, for example, require children to show great respect for parental authority and employ strict disciplinary approaches with their children which are not always well understood in their new communities of residence. Tuyet-Lan Pho and Anne Mulvey, for

example, in their study of immigrant families from Southeast Asia, found that such high demands on children were often at odds with the more permissive standards of child rearing espoused in the United States and that this conflict of values often proved problematic when mothers were called upon to interface with the schools in which their children were enrolled. Davis, in a study of a similar population, discussed an especially disruptive situation for families where a lack of understanding of maternal practices was at the core. She noted in this study that cases of child abuse were frequently brought against mothers who used traditional Southeast Asian methods of healing such as *cao gio* or “coining” and “cupping.” Because this practice often leaves marks on a child’s body which seem unusual and therefore suspicious to American child protection workers, it is especially critical for advocates working with migrants of Southeast Asian origin to know well the types of marking *cao gio* might cause and how to distinguish this from actual physical abuse.

Another demanding reality for migrant mothers during child rearing is the reversal of roles between children and parents that often occurs in immigrant families. Since children often acculturate and learn the language of a new homeland more quickly than their parents, they are frequently put in the awkward position of explaining every day occurrences to their mothers, which inherently undermines a mother’s authority and may cause her to feel inadequate or even demeaned. Children are also called upon to translate for their parents, often regarding private matters that traditionally would not be shared with a child. Frequently circumstances require children to accompany parents to events inappropriate to their developmental level and this too can result in problematic interactions between mothers and their children. One politically active mother commented on this difficulty by saying: “The children always had to be with us when they were little, at all our meetings, solidarity arrangements, etc. We didn’t have any family who could care for them while we were out. We were both active in political work. So the children saw films about torture and they heard about it” (cited in Agger 87). Understanding this dynamic, common in relocated families, can also be helpful in explaining to others, annoyed by the constant presence of children in adult settings, the reason for this occurrence.

Salvador Minuchin, a prominent family systems theorist, talks about the need for there to be strong boundaries around what he calls the “parental subsystem” and the “sibling subsystem” in order for healthy family functioning to occur, and yet, as each of these examples demonstrate, the maintenance of such boundaries in migrant families is nearly impossible to achieve. This, in turn, places more psychological challenges on these families, especially upon mothers who traditionally view themselves as the ones primarily responsible for the emotional wellbeing of their children. Even the very notion of bound-

aries between different subsystems within a family is a culturally constructed concept that could be understood in a variety of ways by immigrant families and yet the reality is that they are expected to comply with the accepted standards of the new country in which they live and in most cases mothers would be held accountable for the family achieving these culturally expected norms. Understanding this form of pressure is also important when advocating for newly arrived mothers contending with a multiplicity of new norms associated with institutions of significance in the lives of their children, such as schools and hospitals. Finding ways to explain subtle or hidden expectations, such as clear boundaries between parents and children, is one way advocates can be of concrete assistance to mothers struggling to understand what aspects of their parenting are viewed as problematic.

### **The Launching of Children May be Particularly Difficult**

As we move through the family developmental lifecycle, the next significant stage articulated by family systems theorists is the launching of children into adulthood. Family practices during this period of development may be especially open to misunderstanding as clashes between the culture of origin and new culture of residence are particularly intense. While mothers tend to be somewhat more accepting of change than fathers, partly because mothers see more directly the pressures for conformity their children face in the new country, mothers also see themselves as the carriers of the former culture and want their children to continue to embrace aspects of the culture of their origin even as they are moving actively out into the new culture (Pho and Mulvey). This is a very hard balance to achieve, especially for mothers struggling to fully comprehend the social dimensions of the new homeland themselves.

The relationships between mothers and daughters during this launching stage can often be especially complex as mothers from many traditional cultures fear that their daughters may “get in trouble” sexually within the generally more permissive Western countries to which they often migrate. One very powerful way in which the anxiety mothers have that their daughters may violate important cultural norms regarding sexuality was discussed in a study conducted in Lowell, Massachusetts. There the researchers, Pho and Mulvey, found a very high incidence of marriage among girls as young as 12 or 13 within the Southeast Asian immigrant population of that city. The explanation given was that although such early marriage was not common in the home countries of these families, mothers were so concerned about dating norms in the U.S. and so fearful of pregnancy outside of marriage, that they took the step of arranging these very early marriages for their daughters. Although this practice is one way of trying to adapt the cultural value of prohibiting sexual

activity before marriage to the greater permissiveness of the American culture, girls forced into such very early marriages in this study were at a significantly elevated risk for domestic violence within those marriages (Pho and Mulvey 117). A mother from Latin America, who found asylum in Denmark, also struggled with the impact of the more open standards for behavior and found her tendency toward permissiveness to be fraught with many problems just as the restrictiveness noted above was. She states:

My oldest daughter started to live rather wildly, according to our way of thinking, when she was 15 or 16. She had only Danish friends—and we didn't think anything could happen if she stayed overnight at their homes. I was actually permissive. But she started doing badly in school. That was difficult for me to accept. I saw it was having a bad effect on her. I saw it happening during all these years. (cited in Agger 86)

In understanding the complex dynamics embedded in issues of freedom and responsibility, respect for elders within highly child-centered Western cultures, and the consequences of permissiveness that many migrant mothers fear, advocates can help make more understandable to others not only the profound anxiety observed in many dislocated mothers but also some of the unexpected decisions they make during the launching stage.

### **Maintaining the Spousal Relationship**

In addition to seeing themselves as responsible for the wellbeing of children, many mothers in two-parent families also view themselves as the ones called upon to maintain the self-esteem of the spouse and the stability of the marital relationship. Family system theorists also see this as a central role for women that crosses all of the developmental stages described above. They recognize, however, as do many mothers themselves, the difficulty of this assignment. A husband's lack of access to employment further complicates the maintenance of the couple's relationship, especially in cultures where a man's sense of worth is derived nearly exclusively from his ability to provide financially for the family. If men feel diminished by a lack of meaningful work, which is not an unusual occurrence in many immigrant families, this further complicates mothers' attempts to maintain familial harmony because they must now deal with a depressed, angry, or distant husband. Problems can also escalate if mothers seek to protect the children from exposure to spousal conflict or when they consider breaking cultural norms by considering divorce. Compounding this problem is the fact that while men often experience diminished agency



in many countries of resettlement, women often feel a greater sense of empowerment, as they internalize the concepts of equal opportunity espoused in many of the countries they find themselves migrating to. While this feeling of greater independence often conflicts with traditional values and may cause ambivalence, many mothers enjoy this feeling of greater autonomy offered in the new homeland. Sadly, however, high rates of domestic violence have been reported in many immigrant communities, in part due to the changes in economic status for women and men and advocates working to prevent family violence can often have a positive impact by addressing issues of unemployment or under-employment not only in migrant mothers themselves, but in their husbands as well.

### **Mother Guilt and Mother Love**

Despite the enormity of the problems many mothers in migrant families face, it comes as no surprise that what they often struggle most intensely with are feelings of guilt about the hardships, both economic and psychological, that their children have faced due to relocation. One mother captures this frequently-occurring dynamic when she movingly states:

My oldest daughter was two when we came [here]. She was afraid all the time when she was a child. She was afraid of strangers, and she was afraid of men. She wouldn't let go of me, and when I was going to leave the room to go out and make food for her, she would scream. She always held on to me. I think it was because I failed her while my husband was in prison. (cited in Agger 90)

Another poignant example comes from lips of a mother trying to protect her children from an American attack on civilians seeking shelter under the No Gun Ri railroad bridge during the Korean War. Despite the extremely serious wounds she suffered while fleeing the American assault on her and her children, Park Sun-Yong, nevertheless, decades later, still blames herself for the deaths of her children. She says: "It was my fault. I killed them. If I were protecting them better, they wouldn't have died. It was my responsibility" (Choi 27). Both of these quotes are so powerful because these mothers, while acknowledging the enormous difficulties they faced at the time, nevertheless see themselves, and not the horrific circumstances surrounding them, as the cause of their losses.

Despite the many and unique challenges immigrant mothers face across the stages of family development, it is also important to note that in many ways the fact that these mothers survived the difficult transitions that characterized

their lives and that they demonstrated the ability to nurture their children despite these demanding circumstances are testaments to their resilience. Many mothers attribute their ability to continue on, despite the enormity of the obstacles they have faced, to the intensity of the love they feel for their children. Their dedication to the survival of the children is the source not only of their strength but also whatever elements of joy exist within their lives. This dynamic is echoed repeatedly in the accounts of their lives migrating mothers provide to researchers and is captured well by one such mother when she says: “But to be a mother—that’s really me. It is the best experience. I wouldn’t have missed it for anything. That’s where I get my strength and everything that is good” (cited in Agger 82).

As activists in today’s motherhood movements, we are especially well equipped to resonate with the joys and sorrows of migrant mothers because, in many ways their experiences mirror those all mothers encounter in the work of mothering. It is also important, however, to use our experiences as mothers and motherhood activists to identify the dimensions of mothering unique to migrant mothers, especially those who have fled overwhelming circumstances, so that our advocacy gives visibility to the odds they have had to overcome and the richness their presence among us provides.

### Therapeutic Intervention as a Specialized Form of Advocacy

Throughout this paper it has been argued that to advocate effectively for mothers who have faced traumatic circumstances prior to, during, and/or after migration it is important to gain knowledge about the political context surrounding their flight and to develop sophisticated understandings of the ways in which family developmental processes have been affected by these experiences. Learning about the methods psychologists use to help traumatized individuals move forward in their new homes also provides information that can not only help advocates to organize appropriate community-based services for migrant mothers struggling with overwhelming emotion, but it can also help them promote the view among these mothers that psychological interventions by therapists skilled in the treatment of trauma can improve their lives. Therapeutic intervention can actually be seen as a special form of advocacy where the work is done within the private intrapsychic sphere as opposed to the public domain where advocacy is most often done.

Finding effective ways to respond therapeutically to the experiences of displacement, loss, terror, and loneliness, common among mothers who flee their home countries in order to escape political and social upheaval, is not easy, but the literature on the treatment of what are often termed, *trauma-based disorders*, indicates that healing is possible. While much of this literature omits the

unique challenges of mothers, a growing number of psychologists interested in mothering have begun to assess the impact of applying specific intervention strategies to the problems of traumatized mothers. Recent evidence, for example, suggests that the creation of narratives which elaborate on the traumatic circumstances of a migrant mother's journey and her resettlement struggles is one approach that can help her to recover her belief that a future without endless psychological pain is possible. Many in the field believe that listening with respect and sensitivity to a mother's individual "the trauma story" is an important first step in the process of healing because it not only bears witness to the truth of her experience, but it also provides the groundwork for constructing a pathway out of despair. If authentic connections develop during this listening process mothers are empowered to transform a static narrative of personal devastation into a more fluid story that not only validates the pain inherent in their journey but also acknowledges their great courage and resilience. If this listening process is effectively done, "the new story that emerges is no longer a story about powerlessness—about losing the world and being totally dominated by someone else's reality ... it becomes a story ... of survival and recovery" (Mollica 312).

Evidence from neuropsychology as well as from conversations with trauma survivors allows us to see that overwhelming experiences disorganize memory and disrupt an individual's ability to create a clear and sequential narrative. Often recall of traumatic events is fragmented and only captures a single element of a more complex circumstance, or unwanted memories appear and reappear constantly against the will of the survivor, while on still other occasions, important events are lost entirely from memory (Herman 47). In trying to explain the choppy and disordered rendition of traumatic events given by many survivors, Lenore Terr, who entitles one of her books *Too Scared to Cry*, uses this phrase to describe the difficulties many traumatized people have in recounting what actually happened to them, while Judith Herman in her book *Trauma and Recovery* suggests that traumatic events are so horrific that they are inherently "unspeakable." Still others argue that the initial inability to tell the trauma story with completeness results from the fact that, in reality, there are no words adequate to describe what has been seen and endured; the language for it simply does not exist (Levi 123). Chris Van der Mewre and Pumla Gobodo-Madikizela in their book *Narrating Our Healing: Perspectives on Working Through Trauma*, powerfully characterize this poverty of description observed among many trauma survivors as a "language of stammering, somewhere between silence and speaking" (66) while Bessel van der Kolk in his chapter "Trauma and Memory" presents extensive evidence suggesting that the fragmented nature of memories stored during trauma and their lack of a clear sequential organization result in part from the fact that many of the higher

cortical functions of the brain are shut down during trauma while the sensory and fight/flight mechanisms are highly activated. This analysis accounts well for the vivid detail in which specific images related to traumatic experiences are recalled while other significant dimensions are missing.

Whatever the reasons, we know that for many people, including mothers, trauma does result in the presence of recurrent and intrusive, vivid but fragmented memories for the horrific events experienced, along with an undeveloped and rigid trauma story line which Richard Mollica describes as a “prenarrative” because, as originally told, these stories “have no development, do not progress in time sequence, and fail to actively reveal the storyteller’s interpretation of the traumatic events” (311). The rigid and repetitive nature of the trauma story keeps a person locked in the past, confirmed as a victim rather than a survivor, and either embedded in intense experiences of rage and shame, numb to human feeling, or vacillating between these two poles of emotion.

While a full analysis of why recounting the trauma story in the presence of an empathic listener results in healing is not yet complete, several ideas about the mechanisms at work have garnered significant scientific support. Among the most important of these hypotheses is the view that speaking to someone who will listen with respect is therapeutic because it brings a profoundly isolated individual back into human connection. Since relationships are of special significance to mothers, due to their roles as nurturers, the process of re-connection after loss is particularly relevant to the restoration of their well-being. As Judith Jordan, one of the main spokeswomen for the psychological theory of development of women put forth by the Jean Baker Miller Institute and termed Relational-Cultural Theory, asserts “isolation is a major source of human suffering and it is often accompanied by immobilization which prevents movement back into relationship” (1005), thus trapping the individual in an endless cycle of loneliness. Since many traumatized mothers have lost connection with the family members of greatest significance to them and/or live among those who cannot bear to hear any more sadness as they too are coping with their own, giving such mothers the opportunity to talk to a sensitive listener is an especially important therapeutic dynamic. The positive impact of re-establishing restorative forms of human contact is expressed beautifully in the words of one of the women who joined the Mothers of the Plaza de Mayo after her son was disappeared. In a documentary chronicling this mothers’ movement, entitled *Las Madres de la Plaza de Mayo: A Film*, directed by Susana Munoz and Lourdes Portillo, this mother says:

That first afternoon I sat on the bench, somewhat far from the rest of the women. I wondered if these women were asking for something special. Maybe it was the situation or my sadness, but I cried and went

home without getting what I wanted. The second time I couldn't do it either ... the third time I couldn't hold back. I went near them and the first question they asked me, "who do you have that's disappeared?" Then I felt we were all the same person ... I was very moved, I cried a lot but I was in each mother's heart.

Shame and humiliation, which are often part of the purposeful intent of those terrorizing women through rape and other forms of interpersonal violence, can also be directly confronted as the listener works to help the woman see that she is accepted despite the horrors of the past. The hope is that this acceptance will work against the feeling of personal shame that many women internalize when they are humiliated, especially when the violence is sexual. Highlighting the courage, strength, and sheer tenacity that allowed this mother to survive and to continue to make a life for her family is also powerful in the healing process because it helps restore her dignity and self-respect.

The process of re-telling the trauma story in the presence of a witness who does not turn away from the atrocity the narrator has experienced and who permits the expression of the rage, sorrow, or terror associated with it also makes possible the reorganization of the dominant cognitions associated with the trauma. This process breaks into the static and repetitive nature of the memories and opens space for the dominant narrative to change and become more fluid as forgotten details begin to be recalled. The listener, as Van der Merwe and Gobodo-Madikizela tell us, can help the narrator to see that none of us has much choice over the events that shape our lives, but we do have a choice over the position we take with respect to these events. In telling the story and elaborating upon it a woman can gain authority over disturbing memories instead of the memories having control of her.

One of the most significant challenges of this work, however, is to assure that when a woman shares her trauma story that support is provided in a culturally sensitive manner. This is especially difficult because few clinical training programs include information on mothering and its challenges and are especially lacking when it comes to teaching about the unique difficulties migrating mothers face in the twin processes of fleeing from their homes and re-establishing stable families in the countries in which they find asylum. For these reasons it is important that psychologists, in their role as advocates, continue to investigate which interventions are most helpful for mothers and to share this with those in community program development positions.

## **Conclusion**

As scholars and activists within the academic domain of motherhood studies,

it is our responsibility to continuously amass information that informs and improves our work. In using a family lifecycle framework to analyze potential challenges faced by mothers who have experienced extraordinary circumstances in the migration process and by presenting some of the psychological interventions demonstrated to be helpful to traumatized mothers, this paper has endeavored to participate in the creation of a knowledge base that effectively informs our efforts to advocate effectively for migrant mothers. In addition, it is hoped that in reading the powerful stories of migrant mothers and the enormous challenges they have overcome we will feel inspired to speak out against the types of atrocity that have affected mothers who have come to us for care and in embracing the humanity and uniqueness of every woman we will find the stamina to continue the work for social justice advocated by many all over the world including our feminist foremother, Adrienne Rich, who told us so correctly that “no woman is liberated until we all are liberated” (397).

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