

Helping Latin-American Immigrant Pregnant Women Exposed to Trauma: Reflections on Mirroring

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Mirroring is a fundamental maternal capacity through which the baby “sees” himself in the mother’s face and makes sense of who he is, which helps the child to feel and incorporate a sense of self. Culture also functions as a mirror by providing the mother with the feelings of reassurance and safety and a sense of belonging. Seeing people who dress and talk like us and who understand things the way we do makes us feel safe and at home (whatever “home” may mean).

But what happens if an immigrant pregnant woman loses her ability to make sense of her own experience as a mother in the environment of her new country? What if she lacks that cultural framework for living and has also gone through – or is still in the midst of – traumatic experiences? As research has shown us, traumatic experiences directly impact the physical, psychological, and emotional well-being of pregnant women and their babies. In her new life situation, the immigrant mother may have to deal with both the natural vulnerabilities of pregnancy and the stresses of trauma exposure, and do so within a culture that does not mirror her culture of origin.

The therapist may serve to “culturally mirror” the mother by helping her to put her experiences into words, to feel that she is being heard, and, most importantly, to recognize herself in her new environment. The goal is for the expectant mother to arrive at a new sense of self

as an immigrant mother, and then pass this sense on to her infant by way of mirroring. The therapist becomes the framework for the process by first helping mothers work through traumatic material, in order to foster the mother-baby relationship during the perinatal period.

The cultural mirroring opportunity between therapist and mother motivates the mother to look outside of the therapist-client relationship and begin perceiving her surroundings with a different sense of self-efficacy. For example, the mother may begin accepting and incorporating foreign parenting practices, which may lead to more coherent and integrated involvement with health providers during and after her pregnancy. However, the most important outcome of cultural mirroring occurs when the mother begins to mirror her baby and see him as a separate being that she is capable of caring for.

My colleagues and I have worked with immigrant Latino mothers exposed to trauma to help them make sense of their experiences and feelings during the perinatal period. Below are some personal reflections on my work with this population of women, who were treated within the child-parent psychotherapy (CPP) model. (Whereas the CPP model applies to children from birth through 5 years, the perinatal adaptation applies from pregnancy until the baby is 6 months old.) My work has shown me that the creation of a therapeutic space for cultural mirroring



to take place can, of course, be facilitated by a bicultural therapist; the mothers feel as if the psychotherapist “knows” what they are talking about, which in turn helps them to feel understood and safe. However, therapy can also be developed and overseen by any appropriately trained therapist. My other reflections on the importance of cultural mirroring in therapy include the following:

- Cultural mirroring impacts babies because it helps mothers grasp the impact of their own immigration and trauma history on this “new person” growing inside of them; it strengthens their new understanding of motherhood.
- An important goal of therapy is to convey to the mother the dual impact of trauma — on herself and on her baby — both during pregnancy and afterward.
- Working with the mothers from pregnancy through the first months of the baby’s life may strengthen the foundation for the baby’s healthy socio-emotional development.
- Pregnancy in a foreign country can be seen as an opportunity to approach and deal with previous losses due to immigration, such as separation from other children still in their native country.
- As they become less overwhelmed by their own trauma experiences, mothers become more sensitive, open, and curious about what one of my clients described as “the language of babies.” They are better able to see and reflect on their babies’ experiences, which gives the babies the opportunity to find themselves through the mother’s eyes.

- Helping mothers learn how to navigate the “system” in their new country reinforces their sense of competence, which in turn allows them to reflect and draw on what is already in them: a new sense of self.

In the words of Donald Woods Winnicott, author of *Playing and Reality*, mother-child mirroring is “a complex derivative of the face that reflects what is there to be seen.” With the therapist’s help, “the patient will find his or her own self, and will be able to exist and to feel real.” Feeling real, according to Winnicott, “is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into which to retreat for relaxation.” The capacity to feel real in a foreign country and truly relax in each other’s presence is one of the most fundamental goals of our work with immigrant pregnant mothers and their children.

SUGGESTED READING

- Davis, E.P., Glynn, L.M., Schetter, C.D., Hobel, C.J., Chicz-Demet, A., & Sandman, C.A. (2007). Prenatal exposure to maternal depression and cortisol influences infant temperament. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(6), 737-746.
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- Lieberman, A.F., Diaz, M. A., & Van Horn, P. (2009). Safer beginnings: Perinatal child-parent psychotherapy for newborns and mothers exposed to domestic violence. *Zero to Three*, 29(5), 17-22.
- Winnicott, D.W. (1971). *Playing and reality*. London: Routledge.

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