

ADOPTION INDUCED POST TRAUMATIC STRESS DISORDER IN MOTHERS OF THE BABY SCOOP ERA

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Between 1945 and 1973, a period often referred to in adoption literature as the “Baby Scoop Era” (BSE), many of the hundreds of thousands of unmarried mothers in the United States, Canada, New Zealand, Australia, Ireland, and the United Kingdom were separated from their infants against their will. They were targeted by a system whose purpose was to obtain healthy newborn infants for adoption (United Nations, 1971, pp. 101-103).

Post Traumatic Stress Disorder is defined in the *DSM-IV-TR* (468) as being a disorder linked to having experienced a traumatic event, and characterized by symptoms such as hyper vigilance, flashbacks, emotional numbness, avoidance of stimuli associated with the trauma, difficulty sleeping, concentrating, persistent anxiety, etc. (American Psychiatric Association, 2000, /Diagnostic and statistical manual of mental disorders/, pp. 467-468).

Many mothers who experienced the loss of a child to adoption have gone on to describe these symptoms. Even though the current Criteria A (1) of PTSD mandate that the person must have “experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (467), there is encouragement for researchers to examine the impact of other potentially traumatic events:

“Clearly more studies are needed in which a wide variety of stressors is examined with respect to their ability to elicit PTSD symptoms. Regardless of how Criterion A is officially defined, investigators can and should empirically evaluate the impact of alternative definitions on the prevalence of trauma exposure and PTSD, if they include explicit operational definitions such that others can critique or attempt to replicate their findings” Weathers and Keane, 2007, pp. 114-115).

In this paper, hypothetical narratives concerning the personal experiences of an unwed mother is provided in italics.

Unwed Mothers and The Adoption Industry, Before the Baby Scoop Era

Before WWII, an unmarried expectant girl would likely have been sent to a maternity home where evangelical Christian married women would have helped her keep and raise her baby. Dr. Kate Waller Barrett co-founded the Florence Crittenton maternity homes with the tenet of “keeping mother and child together.” Salvation Army homes also shared this approach to unmarried parenthood. The first childcare centers originated from many of these early maternity

homes in which the Christian women would care for the babies while the new mothers worked. These Christian women also had a post natal program whereby mother and baby would live independently and be visited by a maternity home worker who provided money, food and clothing to support her parenting (McConnell & Dore, 1983, 8) (Florence Crittenton Brochure, 1956, p. 2).

Alternatively a mother and baby would be transferred to a foster home of a married woman who would mentor the new mother and her baby, an early type of long-term halfway house or supported living situation. Mother and baby remained together. The new mother helped the wife with chores until she was sufficiently independent to secure a job and accommodation for herself and her child (Morlock, 1938, p. 53).

Rise of the Baby Scoop Era

Prior to 1947, the policy of the Florence Crittenton Mission, that aided unmarried mothers in their United States maternity homes, was to keep mothers and their babies together. After 1947, policy changed such that unmarried mothers were separated from their infants and the babies placed for adoption for which there was a growing demand.

Historian Kunzel (1993) explains how female “reformers” who had helped, in earlier decades, unmarried mothers keep and raise their children had been replaced by adoption social workers who professionalized their industry by building careers out of a policy of separating unmarried mothers from their infants. They had a profound impact on adoption practice in North America and in other western countries (United Nations, 1971, p. 1).

In 1947, the NFCM [National Florence Crittenton Mission] finally surrendered its policy of keeping mother and child together, signalling the end of an era and the victory of the professional ethos of social workers over the founding ideals of evangelical women reformers. Social workers used the ideology of professionalism to carve out creative careers for themselves (Kunzel, 1993, p. 169).

The American model for social work practice regarding unmarried mothers shifted from an evangelical view of these women as fallen sisters in need of spiritual and maternal guidance, to the social work view of them as sexually delinquent “girls”; social misfits whose need was rehabilitation that included a deterrent of punishment for the fall into moral degeneration that was by then attached to unmarried motherhood (Kunzel, 1993, p. 57). The penalty for the natural mother’s moral degeneration was removal of her infant and stern lectures on her moral character or rather lack of it. Mothers were then exiled en mass to a life of shame and silence in which they had ample time to reflect on their sins and punishment: a life sentence. Their instructions were to forget about *The Baby*, to keep silent, thereby reforming and redeeming oneself, and hope to marry a decent man regardless of their social violations.

Even given this turn of events, some mental health professionals questioned the new practices.

Bye cites psychoanalyst Gray who questioned at the time whether they were doing the right thing:

“This was a pertinent question to that particular forum since we are reminded that the pioneers within the Florence Crittenton reform movement, Charles Crittenton and Dr. Kate Waller Barrett, saw the unwed mother and her child as a unit. ‘Never to be torn asunder.’ The condition for entering the maternity home seventy-five years ago was to help the young woman exercise her right to be a mother. It is now time to ask the question, ‘Why did this orientation come to be looked at in the 1959 casework approach as a ‘punishment?’” (Bye, 1959, p. 7).

The Effect of Market Demand

In 1964, the midst of the BSE, concern was voiced as to the tactics used to separate mothers from their infants in order to provide newborns for a growing adoption market, which by then was being driven by demand, and questions were raised regarding the purpose of maternity homes. Kahn (1964, 34) cites Wrieden who expressed concern that there was a risk that the need for adoption was becoming greater than the supply and that the need for the service itself was becoming “a social problem” (Wrieden, 1964, p. 34).

Solinger (2000) cites policy advisor Young who expressed concern in 1953 about “... the tendency growing out of the demand for babies is to regard [White] unmarried mothers as breeding machines, a means to an end...” The mothers who as individuals, were overlooked with “popular support” concentrating upon “... securing babies for quick adoptions” (Solinger, 2000, p. 28).

The market demand for babies had an impact on the treatment of unwed mothers, particularly the market demand for white newborns and the lack of demand for African American newborns. While 90 percent of African American single mothers kept their children between 1945 and 1965, over 90 of White unwed mothers in maternity homes relinquished their babies for adoption (Babb, 1999, p. 44).

The view that giving up her infant for adoption was the only path to psychological redemption for the White single mother was promoted by officials and professionals employed by the United States Children’s Bureau, Florence Crittenton Association of America, the Salvation Army, and Catholic Charities, as well as by psychologists, psychiatrists and clergy. The social mandate of giving up children for adoption paralleled, and was deeply an increase of infertility among White couples of childbearing age and an increased demand for adoptable, healthy, White infants (Solinger, 2000, p. 95).

Unwed Motherhood as Neurosis

The theory and goal of the BSE was curative, as if these girls had a disease, as if they were mentally unfit, or as identified in historical literature, “deviant.” Babb cites Solinger:

“The Caucasian single mother was expected to pay for violating norms against premarital sex and conception. Her pregnancy, according to experts, was a neurotic symptom. Experts also agreed that only the most seriously disturbed mothers kept their babies rather than giving them up to middle-class Caucasian couples for adoption” (Babb, 1999, p. 44).

However, psychologists argued that the White unmarried mother could be rehabilitated. A successful cure was deemed to rest most of all on the relinquishment of the child so that, “Planning for adoption is virtually completed prior to the girls’ confinement... This procedure... is based on the concept that the baby is a symbol, without actual reality to the mother” (Solinger, 2000, p. 153). The professionalization of social work was a factor in the definition of single mother as deviant

“By becoming the authors of meaning about illegitimacy, the new generation of women in social work assumed the right to scientific authority. Social workers established that authority at the expense of the objects of those scientific meanings through the act of claiming the right to diagnose other women” (Kunzel, 1993, p. 64).

By dehumanizing them as mothers and as women, social workers established their right to remove their children.

One social worker explained how these colleagues applied the force needed to obtain an adoption “decision” and subsequent “consent” from the mother: “Caseworkers have differed in their evaluation of the capacity of unmarried mothers, as a group, to make sound decisions. Some feel that unmarried mothers are so damaged emotionally that they are incapable of arriving at a good decision themselves. These caseworkers have expressed the conviction that they must guide, “steer,” and “take sides in’ the final decision” (Biestek, 1957, p. 110-111).

Examination of Traumatizing Industry Practices

Exiled mothers began their journey as pregnant, unmarried women in America. They were usually between sixteen and eighteen years of age. During the BSE, contraception was difficult for single women to access; and young women’s natural fertility predictably took its course. Learning of their pregnancy, they ignored their changing bodies as long as possible although eventually they were unable to hide their socially unsanctioned sexuality. They were mothers without wedding rings but in all other aspects, no different than any other woman in their era. During this period women were “forging new standards of sexual behavior” and this became known as “the girl problem” (Kunzel, 1993, 57; Solinger, 2000, 103; Osofsky, 1968, 55).

The ‘problem girl’ tells the child’s father she is pregnant. He leaves town, goes off to college, marries another woman or joins the armed services and is dispatched to Vietnam to avoid having to marry her. He totally rejects her. She seeks help from her parents. When the parents have recovered from the news of this unwelcome, unwed pregnancy they seek counsel from

“experts” on what can be done with their daughter. Doctors and pastors advise the parents to commit their daughter to a maternity home and put the baby up for adoption.

Incarceration

An historical shift whereby the pre-WWII mentoring foster homes that supported mothers in raising their babies changed to become wage homes for expectant mothers before their transfer to maternity homes and an inevitable adoption. Adoption workers who controlled the maternity home movement and used it to create an adoption industry promoted this change. Wage and maternity homes worked together with adoption agencies and their lawyers to complete the net that snagged unsupported unmarried mothers. The net closed tightly around them. The catch was her baby (Kunzel, 1993, p. 169).

The conditions of confinement of a pregnant girl in the United States maternity homes were determined by the meaning of “illegitimacy,” which simply means “wrong” (Vincent, 1962, p. 10).

Until the girl was seven months pregnant, she was often placed by her parents, guided by “experts” into a “wage” home, the private home of a married couple, to hide her away while she earned her keep with chores and childcare. These wage home positions were a short-term solution until her admittance into a residential maternity home. Ironically, seldom were wages paid. The expectation was that the expectant mother should feel indebted for her room and board for which she worked extremely hard. She was expected to be grateful for an anonymous place to hide so as to not embarrass her parents. This practice was widespread across western nations including the United States, Canada, the United Kingdom, Australia and New Zealand. It was the social policy of the day, commonly known as housekeeping positions (CWLA, 1978, p. 28).

The role of the host woman in the private wage home was not that of a motherly type mentor. Rather she was a “decent” woman, that is, a married woman who expected free (or low cost) live-in servitude provided by the unwed, pregnant girl for a few months in return for providing the disgraced girl a place to hide her pregnancy until she qualified to enter a maternity home for the birth and subsequent adoption (Pinson, 1964, pp. 21-22).

Wage homes were connected with maternity homes. The wage and maternity homes worked hand-in-hand with adoption agencies. There were no childcare centers associated with these maternity homes, and there were no longer any Christian women offering the mother support to keep her baby. There were no kindly maternity home workers providing money, food or clothing to the mother living independently with her baby. The focus during the BSE was no longer on the mother/child bond. The focus was on the needs, wants and demands of married couples (infertile or otherwise) with a self-perceived need for children, and on the newborn that adoption social workers decreed would fulfill those needs. The focus was also on enriching the budding professionalism of social work as a child welfare field that related specifically to adoption and the adoption worker’s need to be viewed and respected as an “expert in unwed motherhood.” It

was as growing field of professional expertise. Careers were built on adoption loss strategies that depended upon separation of mother and baby (Kunzel, 1993, p. 169).

The Child Welfare League of America warned against the use of unregulated wage homes, which it defined as one in which board and lodging are provided in return for services. “Work homes and... wage homes... should be used only in exceptional situations. Such homes should be carefully studied, selected and closely supervised. Such homes should conform to minimum age and Social Security requirements” (Child Welfare League of America, 1978, p. 28). Wage homes were exploitive to expectant mothers who were forced into them because they had nowhere else to go.

Decades later natural mothers from different countries have disclosed that they were not usually paid a wage for their live-in services providing housecleaning, cooking and childcare. It is ironic that girls were deemed capable and worthy of caring for the children of the wage home couple, but not considered capable or worthy of taking care of their own babies (Verrier, 1991, p. 217).

At seven months pregnant, the girl entered the maternity home. It generally was a place many miles from home, where no one knew her name or would recognize her face. Solinger (2000) cites Ruth Pagan, Salvation Army maternity home worker, who in 1947 wrote in a letter to Maud Morlock (Children’s Bureau Consultant on Services to Unmarried Mothers) stating “maternity homes were springing up in the West for the sole purpose of getting control of the babies” (114). Solinger describes the sequestered environment of a young, pregnant girl once inside a maternity institution as a “gothic attic obscured from the community by closed curtains. The girls inside are described as “dreamwalkers taking the cure” who once inside the home “found herself enclosed within an idea” (Solinger, 2000, p. 103).

The idea Solinger refers to is the policy of closed adoption by strangers. Solinger explains the organization that went into the adoption idea: “Approximately two hundred licensed [maternity] homes were scattered across forty-four states, over two-thirds of them operating under the auspices of the Florence Crittenton Association of America, Catholic Charities and the Salvation Army. About twenty-five thousand unwed mothers each year spent the final trimester of their pregnancies behind the fence” (Solinger, 2000, p. 104).

Not all unwed mothers were sent to maternity homes. Some were sequestered in their own family homes for the duration of their pregnancy or sent to live with relatives until they gave birth and then returned home without their baby. A few lived independently in a town far from home. But during the BSE most White unmarried expectant mothers encountered social workers and their brainwashing practices during the course of their pregnancy that resulted in an inevitable encounter with the adoption system (Marshall & McDonald, 2001, p. 4; and Carp, 1998, p. 116).

The pregnant girl sees the book where she will sign herself in and out of the maternity home for her chaperoned outings of two hours a week she may have after her orientation period. She is to follow a strict schedule of when to get up in the morning, when to eat her meals, and when to go

to bed. There will be bed checks every night. No food is allowed in, nor visitors or phone calls, made or received, that are not on an approved list. She is not allowed in her own room during the day without a note from the nurse. She is to have a chore assigned to her while an "inmate" of the home. She sees the locks on the door. She sees the faces of her peers behind the fence. She is now on the inside.

Behind the fence she is truly cut off from the world, from family and friends and, most importantly, from the father of her gestating child. Note: but he has already abandoned her. The boyfriends who were not sent away by family were blocked from contacting the pregnant girl. No phone calls, visits, letters or any form of contact with the father was allowed. Even if she had wanted contact, she didn't know where she had been sent. How to call? How to write? She has simply disappeared.

Brainwashing

What effect did the environment of a maternity home have on the pregnant girl? Could brainwashing, more commonly known today as thought reform, have played a part in the surrender of her baby to adoption? There is more than adequate proof that it did. Brainwashing, or thought reform, was an accepted and applied method of separating women from their babies so those babies could be adopted.

"... the effectiveness of thought reform programs did not depend on prison settings, physical abuse or death threats. Programs used... the application of intense guilt/shame/anxiety manipulation... with the production of strong emotional arousal in setting where people did not leave because of social and psychological pressures or because of enforced confinement" (Singer and Ofshe, 1990).

Psychologists Singer and Ofshe provide six conditions that are required to put a system of thought reform into place to obtain effective results. The six conditions of such brainwashing involve keeping the person unaware, controlling their environment, creating a sense of powerlessness, rewarding and punishments inhibit behavior reflecting the former identity, rewarding and punishments in order to promoting group's beliefs or behaviors (and) using logic and authority which permits no feedback (Singer and Ofshe, 1990).

The application of these six thought reform criteria by Wilson-Buterbaugh (2001) to the maternity home experience of mothers during the BSE illustrates how brainwashing or thought reform was a widespread policy applied to all institutionalized unmarried mothers. The purpose of this practice is evident: to disempower mothers so adoption "consent" could be obtained. Distraught, their confidence destroyed by the tactics applied, they signed under duress in much the same way political prisoners sign confessions following prolonged mind control interrogation (Singer & Ofshe, 1990, pp. 188-193).

(1) Keep the person unaware. Girls were not instructed about pregnancy, labor, or delivery; they

were left totally alone during labor and delivery. They were not allowed contact with other new mothers, not provided information about welfare and Aid to Families with Dependent Children (AFDC), child support and other government programs that were available at the time.

(2) Control their environment and time. Girls forced to live in maternity “homes” were made to use fictitious names or first names and last initials only. They were allowed no contact with friends and boyfriends by letter, phone or in person, kept away from everything familiar; and made to follow strict daily routines.

(3) Create a sense of powerlessness. The staff took away their money, controlled phone calls, did not allow personal (familiar) clothing or physical freedom to come and go. They removed everything that would remind women of who they were, including their real names.

(4) Rewards and punishments to inhibit behavior reflecting former identity. They were called neurotic if they were refusing to “relinquishing” their babies, told they were “out of touch with reality” and “selfish” if they kept their babies, they were told their pregnancy was proof of “unfitness” to mother.

(5) Rewards and punishments promoting group’s beliefs or behaviors. They were allowed no television, phone, visitation or radio privileges if not following rules. Any disagreement with rules and procedures attracted scolding and demeaning lectures. Women were harangued when speaking up against “counseling” (reasons why they should choose adoption). Alternatively praised for agreeing to surrender.

(6) Use logic and authority that permits no feedback. The director, caseworkers and housemothers enforced strict rules and rigid schedules: wake up time, bedtime, meals, chores and approved visitation. No legal counsel; blocked from any potential support systems by censoring incoming and outgoing mail and phone calls. They could not reach help and help could not reach them (Wilson-Buterbaugh, 2001).

Coercion

The reader will no doubt have read about mothers of the BSE who made the “decision” to “give up” their babies to adoption. Is it true that these pregnant girls and new mothers made an informed decision without pressure from social workers, also referred to as “caseworkers,” employed by maternity homes and adoption agencies? The truth is that adoption workers often made the adoption decision themselves and there is ample proof of this.

“During the last twenty-five years the change from the earlier concept of helping the girl as a woman to accept her motherhood has reached its extreme opposite, namely, of *preventing* the woman pregnant out of wedlock to evolve beyond the state of impregnation. We help her deliver her child with as little conscious orientation towards maternity as possible. In some instances, we even tell the impregnated girl that she does not need to see her baby, to touch it, or to have any

conscious knowledge of it, even including its sex at birth” (Bye, 1959, p. 4).

Historical records show that by 1957 adoption had become an entrenched social policy. Social work students were instructed to “achieve the greatest good” and uphold “certain human values and standards” in order to faithfully follow the policies of their employing agencies that in turn were carrying out the wishes of the community and society in general.

“When the caseworker enters the employment of a social agency, he contracts to carry out the purposes for which the agency is set up and undertakes to further its social intents and values. He must remain aware that the agency ‘belongs’ not only to its staff and board members but to the community which actively supports and furthers its existence” (Perlman, 1957, p. 50).

Social workers were trained to hold judgmental social work “values” of the profession and trained to impart to clients “what he knows and thinks to be good” (Perlman, 1957, pp. 44-52). Clearly, the concept of non-judgmental counseling did not exist during that time. Professional social workers were trained to be agents of social control. Reid (1956) clarifies the rigid instruction given to social workers to justify the mind control/brain washing psychological methods implemented by adoption supply recruiters to each mother and baby under the guise of “casework.”

“The third service the agency can render, and one which no one else is in a position to render is to make certain that the child is really relinquished, that the adoptive parents are protected against intervention by the natural parents. Her work with unmarried mothers or other natural parents is the key. Making sure that the child is relinquished is by no means just a legal matter. It is essentially a psychological one that requires the professional help of casework” (Reid, 1956, p. 141).

Bye analyzes social caseworkers of the day as a group of predominantly women “and almost exclusively [working] in the problem area of the unwed mother. They are consciously or unconsciously, in spite of their technical training, reacting with fear to their society’s concept in relation to words like ‘out of wedlock,’ ‘unlawful,’ ‘bastard,’ ‘promiscuous,’ ‘prostitute,’ ‘sinful’” (Bye, 1959, p. 5).

Her days are punctuated with admonitions from staff and social workers about the meaning of her pregnancy. The meaning they impose upon the pregnant girl is a newly created psychoanalytic theory that casts unwed mothers as sexual delinquents, neurotics, deviants and sinners, with surrender of the child for adoption as the only possible path to health, salvation and rehabilitation.

In her dissertation, Costigan identifies how social work literature supported the role of the social worker in making the adoption decision and clarifies how the decision was not the mother’s decision to make stating that social work professional opinion in 1964 favored relinquishment by the unwed mother. In addition, she adds that a three month residence in a maternity home is

associated with relinquishing and that "... longer agency contact, continuity of interviews and frequency of interviews would be associated with the decision to relinquish (Costigan, 1964, pp. 35-130).

From the pregnant girl's entry into the maternity home up until the moment she signs parental termination papers, she will be subjected to interviews that stress her unfitness as a mother and the pressing need to surrender *The Baby* (workers being careful not to use the phrase "her baby") for adoption. Great care will be taken to subvert her strengthening maternal instinct in order to serve the needs of the agency's adoption plan that required an early adoption. Her isolation behind the walls of the institution is the first step in that process (Costin, 1972, p. 232; and Heiman, 1960, pp. 4-5; and Costigan, 1964, pp. 132-138).

The pregnant girl is then repeatedly "counseled" by other women, claiming knowledge and expertise an adoption workers, that because she is unmarried, she will be incompetent mother. She becomes the object of their self-serving theories that paint her as a delinquent, neurotic and therefore an unfit and unworthy parent. They will relentlessly apply this minimizing theory to her as she waits along, behind the fence, for the birth of her firstborn: "*The Baby*" (Luker, 1996, p. 54; and Chesler, 1986, p. 410).

Day in and out she is relentlessly given the same message - surrendering The Baby is the only path to her redemption. If during her meetings with her adoption worker, she asks about public assistance and other resources available to unmarried mothers, she will be kept ignorant (assuming she even knows about those resources, which most did not). It will be repeated over and over that her child will be called a bastard, will be handicapped by illegitimacy and grow to hate her as the cause of this misery. It will be emphasized that The Baby needs two parents who are able to afford things without needing public assistance, who can give The Baby material advantages unattainable by a pregnant girl who has only love to offer. She will be guided, cajoled, coerced, shamed, diagnosed, pushed, guilt-tripped and if she resists, even threatened into surrendering her child to these adoption workers who have The Baby earmarked for married (paying) strangers to parent. She learns that wealth is preferable to love (Chambers, 2006, pp. 92-95).

Costigan concluded that her research showed that the social worker is deeply involved in manipulating the adoption decision:

"... the closeness of worker-client relationship is associated with the decision to relinquish the baby is strongly supported by the findings of this study... with a close or moderately close relationship with the caseworker, the unmarried mother was more likely to relinquish her baby than if the relationship was moderately distant... These differences were statistically highly significant" (Costigan, 1964, p. 132).

Missing from this scenario is the concept of nondirective counseling. Instead, adoption workers direct (brainwash) her to the resolution they seek which is the decision they have previously

determined to be the proper outcome for her and *The Baby*.

As pregnancy advances, the intensity of the directive counseling increases, emphasizing what an adoptive couple is able to give to The Baby that she is not. She is not advised of resources available to her as a single mother. Government assistance (Aid to Families with Dependent Children) to unmarried mothers is not mentioned. She is not advised to seek independent legal guidance. She is not told about child support from the father of her soon to be born baby. In fact, these resources and all of this information, is withheld from her. If she asks, her thoughts are redirected to the adoption workers' suppositions of pathology about unwed mothers. This creative theory is substituted for accurate information (Costin, 1972, p. 233; and Bernstein, 1962, p. 53).

Some mothers were drugged so heavily that they were denied the birth experience. Some were given no pain relief at all. All of these tactics were meant to be punitive, intended to break down any sense of self she may, by some miracle, still have (Rickarby, 1998)

The pregnant girl progresses towards delivery. The institution does little, if anything, to prepare her for childbirth. She is not given information that may help her to understand what is happening to her body while pregnant, much less for the labor ahead.

Some new mothers were allowed to see, hold and even feed their babies for a few days following the birth. Many never even saw the children they birthed. But the application of the brainwashing/mind control methods worked with the majority of the babies of unwed, unprotected White mothers being taken for adoption. Many mothers do not remember the actual event of signing their "consent" to the adoption. This is a result of the seriousness of the trauma induced by their experience (Rickarby, 1998).

When the time comes, the girl labors alone; no family member is present, no maternity home staff, no friend, and especially not the father of her baby. She has no one to provide her with emotional support.

Legal and Civil Rights Violations

Voluntary and paid adoption workers, aided by maternity home staff, denied these mothers their constitutional, civil and legal rights as a matter of course. Legal protections afforded every other United States citizen were ignored or denied to unmarried American mothers by adoption workers, adoption agencies, and lawyers (often in revenue inducing business partnerships with agencies and maternity homes) who obtained the mothers' so-called "adoption consent."

In fact maternity homes that previously supported mother and infant had become institutionalized and punitive adoption clearinghouses. Court appointed judges, who presided over adoption proceedings, approved adoptions based on mothers' signatures without concerning themselves with the process by which those signatures were obtained. During the BSE, practices

around obtaining infants for adoption in western countries were systematically based on unethical, immoral and improper adoption practices by all parties directly involved and supported by families and communities who colluded and approved even when they did not actively participate. They were passive conspirators who, even today, shy away from accepting responsibility for their role in what was a sinister conspiracy. The victims of these systemic abuses continued their lives after adoption loss being forced to carry enormous burdens of irresolvable grief compounded by the huge burden of guilt imposed upon them by the adoption industry (Condon, 1986, p. 117; and Chesler, 1986, p. 56).

Adoption workers disregarded her constitutional, civil and legal rights. She lived for the balance of her pregnancy not as a United States citizen, but as the subject of a man-made social experiment whose end was not “rehabilitation,” that is, a socially sanctioned, serene return to respectable society as promised, but instead the beginning of a decades-long nightmare of loss and mental and physical health issues.

When the girl arrives at the maternity home, she is divested of her personal possessions, money and clothing. She is often provided clothing by the maternity home. Since identifying information such as names and addresses are forbidden, she is told to choose a pseudonym and given a list of names from which to choose. Alternatively, she may use her first name and family name initial. This is how she will be referred to throughout her stay. Her incoming and outgoing mail, which will be censored by staff must be addressed in this manner. Her ability to make phone calls is restricted. She must use a pay phone controlled by the administrative office. She no longer is allowed money of her own. If she has money there is a risk she will run away (Rains, 1970, pp. 225-227).

She is shown around the facility by one of her peers. She sees the common room with its black and white TV, pay phone booth and institutional furniture. Shortly after admittance, she will be able to use the pay phone for fifteen minutes a week for one call with coins provided by the office staff.

Evidence of Traumatic Stress

Many self-help books, memoirs, and articles have been published on the subject of the long-term consequences of having surrendered an infant to adoption. Research published in peer-reviewed journals as well as theses, reports, and dissertations, has often commented on the fact that the psychological consequences are both long term and often debilitating. These long-term consequences include symptoms that closely resemble those of Posttraumatic Stress Disorder.

Symptoms of PTSD can include flashbacks, disturbing thoughts and memories that are often intensified when people are exposed to happenings that remind them of the event. Anniversaries of the event can also trigger symptoms. People suffering from PTSD can experience emotional numbness, sleep disturbances, depression, anxiety, irritability, anger and intense guilt. Natural mothers of adoption loss commonly experience a range of PTSD. Soll, a New York

psychotherapist and adoption educator explains that, “There are... psychological parallels between the exiled mother and someone who has been sexually, physically or emotionally abused. Post Traumatic Stress disorder is the inevitable result of her tragic loss, leading to anxiety, depression, insomnia, and issues with her sexuality...” (Soll, 2003, p. 113).

Stiffler describes the emotional condition of a post-surrender mother:

“She experiences her loss as an emptiness, a freezing, a wound that never stops bleeding, as arms eternally aching to hold the lost baby, or as a limbo loss similar to that felt by families of soldiers missing in action. Her experience of grief is inhibited and prolonged... She has spent a lot of psychic energy keeping a secret of this magnitude and repressing her feelings, which are variably manifested in guilt, anger and unconscious fear of sex, tenseness and uneasiness around children, a vague fear of discovery, depression, social anxiety agoraphobia, chemical dependence, eating disorders and other anxiety/phobic states” (Stiffler, 1991, p. 250).

The same process and outcomes were recorded as happening in New Zealand during the same period (Shawyer, 1979, 8). The state of New South Wales, in Australia held a Parliamentary Inquiry into adoption practice perpetrated against mothers in Australia during the BSE (Standing Committee on Social Issues, 2000, 19).

During testimony, Australian psychiatrist Rickarby stated to the Standing Committee that PTSD was “a central issue for mothers who have lost a child to adoption” He states that major depression, dissociative disorder and other forms of psychopathology as “almost universal” in his experience of working with mothers who had surrendered children to adoption (Social Issues Committee, 1998, 21).

Bloch Jones (1993) recognizes common symptoms such as flashbacks, nightmares, anxiety, avoidance and phobias among the natural mothers with whom she had corresponded (272). Kelly (1999) states that findings from her survey of seventy-nine mothers, 99% indicated that relinquishing their child was “extremely, very or somewhat true.”

Wells surveyed three hundred mothers who had surrendered babies to adoption and found that close to half of the mothers felt that the trauma of surrendering “affected their physical health and almost all of their mental health,” as well as their “interpersonal relationships with family, partners and their parenting of subsequent children.” She offers symptoms such as avoidance, psychogenic amnesia, psychic numbing, lack of positive image, recurrent dreams and nightmares, triggering from being exposed to similar situations, depression and anxiety (Wells, 1993, p. 30).

The following mothers of the BSE speak for themselves regarding their symptoms of Post Traumatic Stress Disorder following the surrender of their babies to adoption:

“For the first several years afterwards, I was just numb, unable to understand what was being said to me, unable to feel anything at all. I was like a lobotomized beast... I dropped out of

college... I barely existed. Eventually I married and had more children, but still, on holidays and special days, and especially around her birthday and Christmas, I experienced a pain and a heaviness that would put me in my bed for most of the month. The nights were the worst. I would experience a pain that was like being in the middle of a whirlwind. The whirlwind threatened to destroy me. I remember pushing the pain down, pushing it down into a place like a steel pipe inside of me, and welding on a steel cap so the pain could never overtake me again. In December 1987, I gave birth to my last child, a girl. Within a year of her birth, I was experiencing a complete inability to deal with life, my kids, and my job. I laid in bed. That's what I did. I went through weeks of having to choose minute by minute not to end my own life..." (Barb)

"The loss of my child will haunt me the rest of my life. It has made parts of my life unbearable. It led to bouts of serious depression. It led to repeated attempts at therapy, which, oddly enough, never really addressed the grief I was trying to deal with. So great a part did my daughter continue to play in my life that I went into premature labour with my only other child, a son, on her tenth birthday. Somehow, after his birth, I became incomplete. One baby cannot take another's place. I don't think that I will ever feel "whole." (Elizabeth)

"In the ensuing decades it has become obvious that I suffer from post-traumatic stress disorder. I have a very pronounced startle response, screaming and adopting a physical posture of self-defense. When I am suddenly awakened from sleep I also scream. I have nightmares about being pregnant and being locked up; these vary in frequency from monthly to yearly. I have been unable to plan a career because I fear having my life suddenly disastrously interrupted again; I have worked at a variety of jobs, sometimes for years, but I have no sense of a future or control over my future. (For many years I regarded my life as just waiting to die.) I struggle daily with deep feelings of worthlessness and guilt over having 'knuckled under' and given my daughter up for adoption. I have flashbacks of my incarceration several times each day; coping strategies for these such as gripping ice cubes in my hand are partially successful in cutting them short. I take medication for clinical depression... I avoid the city where I was incarcerated and people who remind me of that horrible experience, especially family members." (Mary, personal communication, September 11, 2009)

Conclusion

An estimated million and one half unmarried mothers in the United States lost children to pressured adoptions during the BSE. By the evidence provided by social work and historical literature and by testimony of the mothers themselves, it is clear that they were treated somewhere between patient and criminal. The sentence imposed upon these mothers has caused them to suffer a lifetime of loss, grief and ill health induced by the actions of the adoption industry and its "professional" workforce.

The assumption of pre-existing pathology in pregnant girls was the star by which adoption social workers of the BSE steered their ship. Because of their unfounded theories of pre-existing emotional damage in young pregnant girls it is likely that many hundreds of thousands of young

American mothers lost their children to adoption. Regardless of the mounting evidence that adoption is damaging to mothers, the fishing net for adoption supply continues to be cast wide as the supply of adoptable infants in the United States dissipates.

Other nations recognize PTSD as a consequence and strongly recommend that pre-surrender PTSD counseling with pregnant girls should be included. The New South Wales Law Reform Commission cites Wells' 1993 study in Footnote 59 of its final report. The report states that their pamphlet should "... place more emphasis on the psychological effects... Serious attention is now being given to the link between relinquishment and the development of post-traumatic stress disorder in birth mothers" (New South Wales Law Reform Commission, 1997, 5.76).

Today, as senior mothers of adoption loss are entering the winter of their lives, it is imperative that extensive research be quickly undertaken in order to explore the incidence and extent of their suffering from symptoms of Post Traumatic Stress Disorder, some for over five decades.

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