Post-traumatic stress disorder in birthmothers

Adoption was included for the first time at the world conference of the International Society for Traumatic Stress Studies last Easter in Amsterdam. **Sue Wells** presents extracts from her presentation to the conference, based upon her own research as a birthmother.

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Post-traumatic stress disorder (PTSD) is defined as being the development of symptoms following a psychologically distressing event that is outside the range of usual human experience.[1] Serious attention is now being given to the trauma attached to the separation and loss of mother and child through adoption, and the profound and long-term effects this can have on both of them.

Birthmothers

Until recently birthmothers like me were told to go away and forget we ever had a baby. The medical profession and social workers acting within contemporary psychological theories probably believed that we could. This was before PTSD was recognised as a psychiatric condition and before our experience was regarded as traumatic, instead of a very transient disorder that we ought to have been able to forget about.

My own survey of around 300 British birthmothers suggests that their reactions to the loss of their children constitutes a trauma which may be life-long. Almost half say it has affected their physical health and almost all their mental health. (This concurs with research carried out in Australia). This in turn has for most birthmothers affected their interpersonal relationships with family, partners and their parenting of subsequent children.

The issues that emerge most strongly relate to their loss and grief not being acknowledged at the time. This is compounded where birthmothers have not actively participated in the adoption decision (most said they felt pressurised by parents and social workers), and where they are given no further information regarding the welfare of their child.

According to their responses their grief increases rather than decreases over the years. Unlike a normal loss or bereavement the relinquished child's life was never acknowledged, let alone celebrated, nor was the child formally bid goodbye. Instead he or she continues to live and grow in a place unknown to the biological mother, and with strangers. The effects of this living death is not acknowledged by society, agencies or sometimes by birthmothers themselves. We were exhorted to forget, and in the process many of us denied our experience. Legally we were (and still are) entirely effaced and cultural and social conditioning has tended to reinforce this.

What kinds of trauma do birthmothers experience?

Many of the symptoms of PTSD identified by Allinson[2] and others in long-term sufferers can be applied to birthmothers:

□ Many birthmothers say they split themselves off from their trauma as a coping mechanism. This **avoidance** as a strategy is one of the key symptoms of PTSD which Allinson says may be caused by the trauma being internalised to avoid immediate pain. Many say they 'escaped' into drugs, alcohol or precocious sexual activity, especially in the year or so after relinquishment. Most say they felt 'numb', 'shocked', 'empty', 'sad', and many say they still feel the same way many years later.

'I tried to block it out', said one birthmother.

'A deep void, an emptiness', said another, 'that is still with me'.

□ The distress associated with the loss may cause **psychogenic amnesia** which many birthmothers have verified by saying they are unable to recall important events associated with the birth or adoption. Many mention signing the adoption papers as an example. A few have said they cannot even recall their child's birthday. A birthmother who kept a twin with spina bifida had never properly acknowledged, until we spoke, that she had given birth to two babies.

□ Strategies for reducing distress means that **exposure or events associated with the trauma**, eg anniversary or child's birthday, Christmas, family gatherings etc, are experienced by all the birthmothers in the sample as painful or causing **intense psychological distress**. I didn't 'dare' acknowledge my daughter's birthday for years and then began to light a candle each birthday — something I realise I also do to remember my parents' death. The birth of my subsequent daughters only highlighted for me the loss of my first daughter rather than diminished it.

'What sort of mother gives her baby away to strangers?'

□ **Psychic numbing**, where the birthmother feels detached or estranged from others who have not been through the same experience is also substantiated, especially early on. The burden of secrecy can perpetuate this feeling. 'I ran away to Australia', said one birthmother. Another birthmother, aged 52 said, 'I didn't tell anyone until recently'. Many never shared the experience with their friends and had difficulty relating to them afterwards as they felt 'different' from them. Difficulty in forgiving parents whom many saw as instrumental in the loss of their babies has affected their subsequent family relationships. Lack of trust in personal relationships is most commonly noted as the area most affected by the adoption.

□ **Lack of a positive image of their future** is another symptom described by Allinson, where guilt feelings about what they had to do in order to survive is very much an issue with many of the birthmothers, particularly their sense of self-esteem — what sort of mother gives her baby away to strangers? (On the other hand, how many of us wanted to?)

□ **Recurrent dreams or nightmares** where the trauma is re-lived is characteristic of some birthmothers' experience, especially early after relinquishment. 'I had this terrible nightmare that I was crossing the border between Mexico and the States and there was a queue. I had this baby in my arms wrapped up under my coat, half-hidden . . . The guard said I couldn't go across the border if I took the baby and so I threw the baby in a rubbish tin. I went through the hurricane gate and the whole wall blew up . . . I got very stoned for a couple of years after that.'

□ Symptoms characteristic of PTSD are often intensified when the person is **exposed to a similar situation** that resembles the original trauma and many birthmothers state that the birth of subsequent children can act as a profoundly distressing trigger.

'When I went into labour with my next child I started shaking and was very distressed. It affected the baby as she was distressed as well', said one birthmother.

'My midwife was convinced that my labour was stopping and starting repeatedly because of my first pregnancy. I was in quite heavy labour but the cervix wouldn't open. I was terrified being in hospital again'. Some, on the other hand, have cited it as a healing experience, and particularly where there is support around, by re-living it in a positive way.

□ Elsewhere it is stated that **symptoms of depression and anxiety** are commonly associated with PTSD. These are the two most frequently cited symptoms

reported by birthmothers responding to my survey.

How should agency workers respond?

One of the key symptoms of PTSD, according to Consultant Psychiatrist D. Veale,[3] is the avoidance of any reminders of the trauma, so sufferers are reluctant to seek treatment. This has implications not only for birthmothers whose loss may have occurred many years ago, but also for those working with parents of recently relinquished babies. One way is reintroduction to the memories of the traumatic experience to help deal with avoidance issues.

Birthmothers themselves may discount[4] or minimise this aspect of themselves, so the worker's task is to promote awareness of the event, its significance, responsibility for their role at the time and later on (powerlessness versus searching etc) and ultimately to help them actively participate in the process of getting information, searching or joining a support group.

Key areas which workers need to cover

— Grief work to finally help acknowledge the loss.

— Issues around bonding and attachment and how separation and loss may affect subsequent attachments and relationships. Explore the possibility of whether the birthmother's own lack of bonding is mirrored in re-enactment of separation.

— Family relationships and the situation/context at the time of the birth, especially losses and gains — what was going on or changed in their family at the time?

— Explore birthmother's fantasies of what the child is doing, as a way of celebrating the life she has relinquished (her gift to the child of a life she was unable to offer) regardless of how the baby was given up. Focus on having given the baby opportunities that the birthmother and others did not think she could provide at the time.

— Also focus on *motivation* for relinquishment rather than what was done. Help the birthmother to forgive herself and concentrate on the present.

The Adoption Law Review recommends that 'agencies should have a duty to offer birth parents the services of a social worker who is not involved in the adoption plan; this worker should offer advice and counselling and involve the birth parent, where possible, in the decision-making process'.

Local authorities should have a statutory obligation not only to provide such a service, but also to train social workers with the skills necessary to understand how best to offer that help. Such skills can best be gained by listening to the needs and wishes and experiences of the birthparents themselves.

References

[1]'Post-traumatic Stress Disorder', ref. 309.89, p. 247, *DSM 111R Diagnostic Manual of Mental Disorders*, American Psychiatric Association, 1987.

[2]Allinson, 'Post Traumatic Stress Disorder' *Medicine, Science and the Law*, Vol 31 no 3, p. 265, Chiltern Publishing 1991.

[3]Veale D, 'Special Treatment for PTS', *Mims Magazine*, 15 Nov 1991.

[4]*Transactional Analysis Treatment of Psychosis — Cathexis Reader* Ed. J L Schiff, see Mellor K, ch 2 'Passivity', Harper and Rowe, 1975.