

Is Early Adoption 'Good-Enough'?

A Phenomenological Exploration of Adoption and Attachment.

by

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Abstract

Research has found that adoptees face the developmental task of incorporating their unique history and perceptions of the adoptive experience into their identities as they grow into adulthood (Singer & Krebs, 2008). Understanding the adoptive experience can assist psychotherapists and other health care professionals in working with adoptees and their families. Important issues to understand include the impact of age and pre-adoptive experience, the relationships within the family of adoption, feelings or experiences concerning re-uniting with family of origin, and the challenges of attachment. Despite the vast number of families affected by adoption important research in the area is lacking. Furthermore, research on adoption commonly fails to allow the members of the adoption process to share their experiences without the researchers' preconceived ideas and biases (Baltimore & Crase, 2009).

This study will closely examine attachment theory and research, and literature and research concerning adoption. Concentration is given to Winnicott's theories of adoption and attachment. The research method employed was qualitative semi-structured interviews, and Interpretative Phenomenological Analysis (IPA) was utilized to analyse the data. In this way the research is concerned with giving adoptees the opportunity to present their own stories. The research concludes that early can be adoption is 'good-enough', and interesting findings regarding the participant's adoption experiences come to light. These include the influence of the age of adoption, the relationship with adoptive families, the role of fantasy, the relationship with the biological family, the importance of achievement in the adoptee's lives and the need for therapy and support.

*A thing which has not yet been understood
Inevitably reappears; like an unlain ghost,
It cannot rest until the mystery has been
Resolved and the spell broken.*

(Freud, S (1909) as cited in Bowlby, 2007, p. 156).

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CHAPTER ONE: INTRODUCTION

Research has found that adoptees face the developmental task of incorporating their unique history and perceptions of the adoptive experience into their identities as they grow into adulthood (Singer & Krebs, 2008). Understanding the adoptive experience can assist psychotherapists and other health care professionals in working with adoptees and their families. Important issues to understand include the impact of age and pre-adoptive experience, the relationships within the family of adoption, feelings or experiences concerning re-uniting with family of origin, and the challenges of attachment. Despite the vast number of families affected by adoption important research in the area is lacking. Furthermore, research on adoption commonly fails to allow the members of the adoption process to share their experiences without the researchers' preconceived ideas and biases (Baltimore & Crase, 2009).

Most of the existing research on adoption places an emphasis on attachment, but it is quantitative in design (Caspers, Yucuis, Troutman, Arndt, & Langbehn, 2007), (O'Connor & Byrne, 2007). A significant amount of research has been conducted concerning children adopted out of institutions, and internationally adopted children (Rutter, et al., 2007). There is a considerable gap in research that examines domestic adoption of infants and the possible meanings that this will have on the adult adoptee. Adoption is widely considered to be a risk factor for general adjustment problems (Verrier, 1993), (O'Connor & Spagnola, 2009). Research has shown that adopted children are more at risk for neurological, perceptual and emotional disturbance (Brodzinsky & Steiger, 2001). Brodzinsky has been involved in several research studies on adoption, and he argues that when the child was placed for adoption in infancy the adoption will be overlooked as the contributing factor of the child's problems (Brodzinsky & Steiger, 2001).

However, the issue remains a controversial one and some studies are finding that it is the nature of the attachment to the adopted family that is the most significant predictor of the adoptees well-being (Feeney, Passmore, & Peterson, 2007), (Verrissimo & Salvaterra, 2006). Maternal sensitivity will provide a basis for later social development (Jaffari-Bimmel *et al*, 2006). Having a perceived psychological similarity to the adoptive parents has been found to predict the quality of the attachment relationship, and a secure attachment to the adoptive

parents correlates to higher levels of self-esteem and greater life satisfaction (Muller, Gibbs, & Arie, 2002). As the individuals patterns of attachment are deemed to be laid out in infancy it is supposed that if an infant has been unable to form an attachment to their birth mother, they will have subsequent difficulties in forming secure attachments to their adoptive mother, leading to the developmental problems associated with insecure attachment (O'Connor & Elklit, 2008). Research has also found that insecure attachment in adoptees is associated with late adoptions and a desire to know more about one's biological family, while adoptees placed in the first months of life demonstrated the same rates of secure attachment as non-adopted children (Irhammar & Bengtsson, 2004). A research study carried out in Sweden where 181 adolescent adoptees were interviewed found a connection between attachment problems and the duration of time spent in the orphanages (Cederblad *et al*, 1999).

Research has shown that specific patterns of attachment have implications for both normal development and pathology. The Minnesota study, for example, found that attachment history is clearly related to the growth of self-reliance, the capacity for emotional regulation, and the emergence and course of social functioning, amongst other things (Sroufe, 2005). This research study intends to see how such findings compare to the experiences of adoptees, and in so doing examine the extent to which pre-existing attachment theory applies to the field of psychotherapy in working with clients who have been adopted.

As the general consensus remains that adoption will result in attachment difficulties, there is a need for research, like this, to be carried out to consider the experience of adoption from the accounts of those who have lived it, by asking them for accounts of their lives. Brodzinsky (1993) himself argued that researchers have failed to distinguish sufficiently between early and late placed adoptees, and that there is a need for research that listens to the adoptees own voice: "Only by moving away from preconceived notions about adoption and entering the inner world of adoptees can researchers ever hope to understand their experience and be helpful to them when needed" (Brodzinsky, 1993, p. 162). In this way the validity of such assumptions can be further determined. Developing a greater understanding of attachment, and it's potential to change in a new relationship, will facilitate the practice of successful adoption (Schofield & Beek, 2006).

CHAPTER TWO: LITERATURE REVIEW

2.1 The Beginnings of Attachment Theory

The biologically determined quality of infants to seek social bonds is demonstrated with the practice of synchrony in the first months of life. The early emotional responses the infant and caregiver have with one another will develop into attachments. Attachment theory is one of the most fundamental theories to be understood when examining the impact of adoption on the development of the individual. Attachment theory is relevant to adoption research in that the practice of adoption necessitates a separation of the birth mother and child. It has been found that the effects of this separation may be determined by the age at which the infant/child is adopted, the conditions in which the infant/child was living prior to the time of being adopted, and the quality of the relationship with the new family through adoption (Winnicott, 2002).

Lavina Gomez explains that this was a new departure in the Object Relations discipline, and it would go on to attain its own theoretical independence (Gomez, 1997). Attachment theory has been developed over time by various disciplines, but its introduction came about in the 1950's when Bowlby first hypothesised that:

“Attachment behaviour leads to the development of affectional bonds or attachments, initially between child and parent and later between adult and adult. The forms of behaviour and the bonds to which they lead are present and active throughout the life cycle”.

(Bowlby, 1980, p. 39)

By 1958 when his paper: “The nature of the child’s tie to his mother” was published he was able to make the assumption that by the end of the infant’s first year a strong libidinal bond will have formed between infant and primary caregiver (Bowlby, 1958). What he was still attempting to clarify was the underlying dynamics of the attachment. From his direct observation of infants, and the accounts of mothers, he identified several instinctual responses that bond the infant to the mother, and reciprocally, the mother to the infant (Bowlby, 1958). These are sucking, clinging, crying and smiling (Bowlby, 1958). Bowlby points to the discrepancy at the time between the descriptions of infant behaviour from observations, which suggested a primary social bond, and their theory, that continued to give primacy to instincts for food and warmth (Bowlby, 1958). He criticizes Melanie Klein’s

theories for their preoccupation with food, orality and the mother's breast despite her observations demonstrating object-relations (Bowlby, 1958). He quotes from Klein's paper "Developments in Psychoanalysis":

"Some children who, although good feeders, are not markedly greedy, show unmistakable signs of love and a developing interest in the mother at a very early stage- an attitude which contains some of the essential elements of an object-relation. I have seen babies as young as three weeks interrupt their sucking for a short time to play with the mother's breast or to look towards her face. I have also observed that young infants-even as early in the second month- would in wakeful periods after feeding lie on the mother's lap, look up at her, listen to her voice and respond to it by their facial expression; it was like a loving conversation between mother and baby. Such behaviour implies that gratification is as much related to the object which gives food as to the food itself"

(Klein, 1952, p. 239 as cited in Bowlby, 1958).

This passage provides evidence of synchrony and attachment formation between mother and infant as young as two months. From the 1950's the questions could be raised of what happens if this early bond is broken, and, can the infant form the a similar attachment to someone other than the biological mother?

Bowlby conceived attachment behaviour as any form of behaviour that resulted in a person attaining or retaining proximity to another differentiated or preferred individual (Bowlby, 1980). In the majority of times this preferred individual is the child's mother, although the theory holds true for any primary caregiver. It was thought that it was the quality of the relationship, rather than the time spent together, that will determine the infant's choice of primary attachment figure (Gomez, 1997). Bowlby states that once a child has formed a secure attachment to their primary caregiver they will be more capable of developing attachments to others. Evidence of the existence of attachment is said to come from three cues. These are proximity seeking, separation protest and a secure base; "yet we can hardly say that there is attachment behaviour until there is evidence that the infant not only recognises his mother but tends also to behave in a way that maintains proximity to her" (Bowlby, 1969, p. 199). Bowlby re-examined and presented the studies of others to demonstrate the validity of his attachment theory. These included the studies of Lorenz (1952) involving avian species, Harlow's (1958) study of primates, and Ainsworth's (1963, 1967) studies of infants from the Ganda tribe in Africa (Bowlby, 1969).

Proximity seeking is the distance a child feels comfortable to be away from his/her attachment figure. This distance will depend on: "such factors as age, temperament,

developmental history, and whether the child feels fatigued, frightened or ill, all of which will enhance attachment behaviour”(Holmes, 2005, p. 68). If the child is separated from their attachment figure a protest will be observed; this is called the separation protest and it will usually take the form of crying, biting or kicking. It is presumed that this is done to try and restore physical closeness, and to punish the care-giver in order to avoid further separation (Holmes, 2005). When attachment behaviours are triggered in times of anxiety, the child seeks out their attachment figure as a ‘secure base’; a place of comfort and safety. The principal concept of the secure base is that it provides a springboard for curiosity and exploration (Holmes, 2005). Bowlby said that: “All of us, from the cradle to the grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figures” (Gomez, 1997, p. 156).

Key to Bowlby’s theory of attachment is the concept of inner working models. He ascertained that children develop expectations (inner working models) of their caregivers responses to them in times of distress, or when seeking contact (Ross, 2004). They will learn to expect the same response, or lack of, that they have received before (Ross, 2004). The experiences we have will influence the shape our inner working models take, and our inner working models will influence how we perceive our experiences and store memories (Schofield, 2006). Our inner working models are carried with us through our lives; in adult relations we expect to be treated as our primary caregiver treated us unless we reformulate our own picture of ourselves.

While Bowlby’s theories were very popular in the 1950’s and 1960’s, and are still widely regarded and upheld today, all of the studies he provides as evidence can be interpreted in a different way (Davenport, 1994). An obvious criticism of his approach is that it concentrated only on the possible problems to be found when the child has been separated from its mother; he neglected to study the effects of separation from any other type of primary caregiver. Furthermore, he only investigated the effects of one variable, being separated from one’s mother, as being responsible for another variable, being emotionally disturbed (Davenport, 1994). He neglected to consider in depth other possible social, environmental or cognitive factors that may have lead to emotional disturbance.

Winnicott on the other hand stressed the importance of the environmental influence throughout his work. In 1967 in his paper “The Predicament of the Family: A Psycho-analytical Symposium” he wrote:

“The bare statement is this: in the early stages of the emotional development of the human infant a vital part is played by the environment which is in fact not yet separated off from the infant by the infant. Gradually the separating off of the ‘not-me’ from the ‘me’ takes place, and the pace varies according to the infant and according to the environment”

(Winnicott D. W., 2002, pp. 149-150).

Like Bowlby, he emphasised the importance of the relationship between the mother and infant, as opposed to drives or instinctual conflicts, as being the primary determining factor for the development of the individual. In regard to the theory of dependence on the mother, in 1960 he wrote: “If dependence really means dependence, then the history of an individual baby cannot be written in terms of the baby alone. It must be written in terms also of the environmental provision which either meets dependence needs or fails to meet them” (Winnicott, 2002, pp. 70-71) The ‘good-enough’ mother who will be attuned to the infant’s need in a desirable way will be viewed by the infant as the ‘environment mother’; more like a surrounding presence than a distinct individual. ‘The mother is seen as being the first environment, and the relationship within this is one of reciprocity’ (Phillips, 2007, p. 4) He coined the term ‘primary maternal preoccupation’ to describe the way in which a mother will be so close to her infant in the very early stages of life that an illusion will be created of oneness that will create a sense of security and omnipotence (Gomez, 1997). Winnicott’s 1956 paper ‘Primary Maternal Preoccupation’ describes this state as “a very special psychiatric condition of the mother” with the following characteristics:

“It gradually develops and becomes a state of heightened sensitivity during, and especially towards the end of, the pregnancy. It lasts for a few weeks after the birth of the child. It is not easily remembered by mothers once they have recovered from it. I would go further and say that the memory mothers have of this state tends to be repressed”.

(Winnicott, 1984, p. 302).

“Gradually, as the mother begins to re-engage in her own life, the infant will learn to tolerate levels of frustration and disillusionment, begin to develop its own resources, and start to form a sense of personal identity, or ego-relatedness” (Gomez, 1997, p. 87). The ways in which the mother protects the infant from his inbuilt fear of annihilation is through the processes of holding, handling and object presenting (Gomez, 1997). For Winnicott psychosis resulted from deficiencies during this early stage of absolute dependency. As the infant has not yet developed a sense of differentiation of self and environment, such deficiencies would lead to a broken sense of self; a ‘privation’ (Gomez, 1997).

Winnicott's theories contributed to the great sense of empathy he had for his psychotic and borderline clients, and he viewed them in terms of the baby at the stage of absolute dependence. He, like Bowlby, emphasised the importance of their relationship in itself, rather than the need to analyse their problems (Gomez, 1997). He advocated that the therapist should behave as the 'good enough' mother and allow the therapeutic space to repair some of the gaps in the client's sense of self. Winnicott described the therapy space as being one for transitional experiences, and suggested that before the client is allowed to play, grow and develop no therapy of a deeper nature can take place (Gomez, 1997). This way of being on the part of the therapist was thought to be instinctual, as it was with the 'good enough' mother (Phillips A. , 2007).

An important area that Bowlby and Winnicott disagreed on in relation to environmental and personal influences was that of maternal deprivation. Bowlby was strongly against the idea of mothers and children being separated under any circumstance. Even under adverse conditions he felt it best that the child should stay in their family home or foster home rather than be placed in an institution. Bowlby's highly influential social policy in this regard led to the closure of many children's homes in Britain. Winnicott however was of the opinion that this did not best serve the needs of the most disturbed or delinquent children (Gomez, 1997). He believed that the deprived person required an environment of strict control in order to feel sufficiently secure to experience a better quality of life. This managing of the environment was thought to replace the inner control that the anti-social person lacked (Gomez, 1997).

2.2 Attachment Styles

Sue Gerhardt's *Why Love Matters* is a valuable place to begin when formulating an understanding of how attachment patterns will shape the individual throughout their life (Gerhardt, 2004). She outlines how:

In essence, our early experiences form characteristic ways of relating to other people and of coping with the ebb and flow of emotions which are not only psychological predilections but also but also psychological patterns. They are the bones of emotional life, hidden and outside awareness- the invisible history of each individual.

(Gerhardt, 2004, p.14)

She describes how a baby comes into the world with its own set of blueprints that have been genetically determined, and systems in place that are ready to be developed. This development is not automatic however; it is a process that is socially influenced first and foremost by the primary caregiver, usually the mother (Gerhardt, 2004). The infant's arousal system will be heavily influenced by that of the mothers, as he co-ordinates his system with hers. Therefore if the mother is in a depressed state the baby will adjust to this low level of stimulation, and if the mother is usually hyper-aroused the baby may find being in a similar states of hyper-arousal as its norm. The early regulation of the infant is determined not only by providing for its' physiological needs, but also in the way the mother will respond to the baby in non-verbal ways, such as gazing, touch and tone of voice (Gerhardt, 2004).

Bowlby's theory of attachment outlines how the biological drive of the infant to seek proximity to the caregiver for feelings of safety, security and protection will take a number of forms. These include crying, smiling, reaching out, following, clinging, vocalisation and approaching (Schofield & Beek, 2006). Many researchers worked with Bowlby's ideas and studied the interactions between parents and children. They observed that the type of relationship that is formed will depend on the parent's physical and emotional availability, sensitivity, reliability, predictability, responsiveness, level of interest and concern (Howe, 2002, p. 174). In 1978 Mary Ainsworth identified developed a classification system of different types of attachment based on observation findings. These were secure attachment, insecure-avoidant attachment and insecure-ambivalent attachment. Main and Solomon (1990) identified a fourth pattern of attachment; disorganized attachment (Ogden, 2006, p. 46). Ainsworth also developed 'The Strange Situation Test' as an observational model through which to determine the type of attachment; this is still used today. (Holmes, 2005, pp. 104-105) It is the three categories of insecure attachment that have been shown to have possible links to psychological and psychosocial difficulties in later life.

Secure attachments form when parents are caring and loving towards their children, they are responsive, predictable and consistent with their care. The caregiver is warm and sensitive to the child's needs, thoughts and feelings, and: "Within such relationships children begin to understand and handle both themselves and social relationships. "They feel valued, socially competent and interpersonally effective" (Howe, 2002, p. 175). In the Strange Situation the infant will show initial wariness of the stranger, but their mothers' presence will provide the reassurance thy need to explore their environment (Slade & Aber, 1992). They will cry or search for her when she leaves the room, but the stranger may be able to comfort

or distract them. When the mother returns they will feel comforted and secure once more, and will return to their play and exploration as normal (Slade & Aber, 1992). This comfort can come from either direct handling by the mother, or signalling from a distance (Slade & Aber, 1992). The child in turn feels more self-assured and is capable of forming other secure attachments as they progress into adulthood, as according to Bowlby (1958), their principal attachment figures form the basis for developing internal working models that serve as templates for future relationships. The securely attached child's capacity to relate to others is maximally developed, as is their self-confidence, and they are more empathic (Bretherton, 1999). It has also been found that at aged four the securely-attached child has a better degree of concentration, and at aged ten they are able to make better sense of their own lives and are less prone to confusion (Gomez, 1997).

In contrast, a child who has formed an insecure-ambivalent attachment has an inner-working model of themselves as being someone not deserving of love and believes others have to be manipulated or coerced into caring for them (Gomez, 1997). This form of attachment is usually experienced by children whose parental care is inconsistent, insensitive, unpredictable and lacking in accurate empathy. As the child is unsure of their caregivers' feelings towards them they will demonstrate stranger anxiety. In the Strange Situation they may be tense and clingy initially, and keep checking for their mother's presence in the room and cry persistently when she leaves (Schofield & Beek, 2006). They may show an anxious preoccupation with receiving attention and reassurance from others, and will be continually disappointed (Schofield & Beek, 2006). Children whose attachments formed in this way will be inclined to have adult relationships that are racked by self-doubt, uncertainty and ambivalence; reflections of their low self-esteem (Howe, 1995).

The third attachment style, insecure avoidant attachment, is when the primary caregiver is unresponsive to the infant, has an aversion to physical contact, and is hostile and rigid. This relationship lacks emotional involvement and empathy thus generating an inner working model which represents others as emotionally unavailable, untrustworthy and rejecting of the self as unlovable and of low value (Howe, 1995). This child will often repress her desire for love and her anger in an attempt to avoid driving the object of their affection further away. Bowlby named this pattern of detachment "defensive exclusion", where feelings and early experiences that are too painful are dissociated into frozen blocks (Gomez, 1997). In the Strange Situation test the avoidant infant will seem indifferent to the

caregiver in the room, and to their coming and going, and they may show preference for the stranger (Schofield & Beek, 2006).

A disorganised attachment forms when the caregiver is unpredictable, rejecting, frightening or frightened themselves (Schofield & Beek, 2006). It can also form when there is a lack of caregiver, as with institutionally raised children (Deklyen & Greenberg, 2008) Main and Hesse (1990) describe the disorganised infant as stuck in a dilemma of ‘fear without solution’ (Schofield & Beek, 2006). The infant’s innate drive to approach the caregiver for protection, and the lack of response, or frightening response they receive, will increase the child’s anxiety. Controlling behaviours will be developed in childhood to provide a sense of safety. The infant growing up with this caregiving pattern may display confused and disorganized behaviour that in later adolescence and adulthood will be referred to as ‘unresolved’ (Schofield & Beek, 2006). In extreme cases a disorganized attachment can led to serious defects of cognition, behaviour and affect (Deklyen & Greenberg, 2008). Research using the “Adult Attachment Interview” gave the following description of disorganized attachment behaviour in their respondents:

“Adults with the D classification minimize the importance of attachment related experience and tend to dismiss attachment relationships and their influence from consideration. For example, they may repeatedly block discussion of childhood experiences by pleading poor recall. Without being able to provide concrete illustrations, their description of relations with parents often appear idealized or normalized”

(Irhammar & Bengtsson, 2004, p. 11)

Diagnostic systems acknowledged that psychopathological disorder can result from disturbed or absent attachment relations in 1980 when the categorisation of ‘Reactive Attachment Disorder’ (RAD) was introduced to the D.S.M. (Deklyen & Greenberg, 2008).

There are two categories of the disorder; inhibited and disinhibited. The inhibited subtype is marked by fear and hypervigilance which manifests in withdrawal and ambivalence. The disinhibited subtype is marked by indiscriminately friendly behaviour and a lack of the ability to discriminate attachment figures (Deklyen & Greenberg, 2008). RAD has been diagnosed in institutionally reared children adopted from Romania where the risk for indiscriminate behaviour was found to be related to the length of time spent in the orphanage (Zeanah & Smyke, 2008). While aspects of RAD are seen to persist in to

adulthood, the attachment pattern of children begins to change within a few days of being placed with families (Zeanah & Smyke, 2008).

2.3 ADOPTION

2.3.1 'Good-Enough' Adoption.

Winnicott (1999) was of the opinion that the best person to act as the caregiver for the infant is the mother. He deemed this to be the case because her love is natural rather than sentimental, and she will not resent having to adapt her life to serve the infant's needs (Winnicott, 1999). Having more than one primary caregiver was considered confusing for the infant, especially as their desires will appear as complications from within (Winnicott, 1999). The notion of 'good-enough mothering' was linked to the continuity of care provided by the mother, in order to sustain the 'going on being' and 'life line' of the infant during the earliest stages of life (Phillips, 1988, p. 2). According to Winnicott, breaks in this continuity of care would lead to psychopathology (Phillips, 1988). A suitable adoptive mother is said to be a satisfactory substitution if she takes over the care of the infant from the very beginning, however: "the adoptive mother usually lacks the real mother's orientation to motherhood, or special states that needs the full preparatory period of nine months" (Winnicott, 1999, p. 112). In another statement regarding adoption Winnicott said:

"By the end of two weeks any baby has had plenty of things happen that are entirely personal. At the age at which an adoption becomes relatively easy to arrange each baby has been so stamped with actual experience that the adopting parents have a problem of management that is essentially different from that which they would have had if the infant had been their own and in their care from the start". (Winnicott, 1999, p. 29).

The state of 'Primary Maternal Preoccupation' cannot exist in the adoptive mother, yet she is said to be "able to adapt well enough, on account of having some capacity for identification with the baby" (Winnicott, 1984, p. 304).

Winnicott posited on the process of adoption from his direct experience working with families who had adopted children (Winnicott, 1996). From his practice he reflected that: "if an adoption goes well, then the story is an ordinary human one, and we must be familiar first

with the upsets and setbacks of the ordinary human story in its infinite variations if we are to understand the problems that specifically belong to adoption” (Winnicott, 1996, p. 114). He went on to point out that: “even if an adoption is successful, there is something different from usual (and I think that there always must be) both for the parents and the child” (Winnicott, 1996, p. 114). He ascertains that the history of the infant prior to the adoption will be of great influence in how successful the adoption will be. According to Winnicott, the parents who conceived them are unknown and unattainable, and their relationship with the adoptive parents “cannot reach the most primitive levels of their capacity for relationship” (Winnicott, 1996, p. 114). Based on his observations, he was of the opinion that it is best if the child is brought through the early stages of infant care by the real mother, or that the adoptive parents take over the care as early as possible in infancy (Winnicott, 1996).

2.3.2 Case Studies

In the same paper, ‘Two Adopted Children’ (1953), he provides the case studies of Peter and Margaret to demonstrate what he considered to be the two categories of problems to be found in adoption (Winnicott, 1996). The first category are said to be the ordinary problems that are characteristic of adoption, but will not always cause anxiety (Winnicott, 1996). The second is one where the history prior to the adoption has not been ‘good enough’ (Winnicott, 1996). Peter and Mary were adopted into the same family. Peter was adopted at ten months old, and prior to this he was cared for by his mother who breast-fed him. He was said to be an exceptionally strong infant, and his development continued this way (Winnicott, 1996). When he was two both of his adoptive parents became ill and he had to be sent away; he moved from a neighbour’s, to an aunt’s, to a social welfare nurse whom he knew (Winnicott, 1996). When his mother came to get him he recognised her but did not go over to her; he put his head on her shoulder and cried (Winnicott, 1996). At two years of age it was explained to him that he was adopted, and he tried for several days to get his mother to say that he came from inside her after all. He never mentioned being adopted to his parents again (Winnicott, 1996). When he was eight he was sent to boarding school, and he resented being visited there. Peter refused to have anyone visit him when in school, didn’t have any friends, and dislike having visitors when home during the holidays. He was a reserved boy who didn’t show much affection, and his teachers described him as being over-confident, level-headed, self-possessed and very humorous (Winnicott, 1996). He showed no interest for

girls, and concentrated most of his energies on his hobbies. Testing showed him to be intelligent, but he didn't have much interest in academics and he had some difficulties in school and poor handwriting. It was for these reasons that at age sixteen he went to see Winnicott (Winnicott, 1996).

Winnicott viewed Peter as someone who could fear their own strength, and he implies links between this and his decision, to his parent's frustration, not to pursue a career in engineering (Winnicott, 1996). He managed to complete school and became an apprentice mechanic. He lived with a retired foreman, and the two were said to be devoted to one another (Winnicott, 1996). Later he married a girl who had an unhappy childhood, and Peter insisted that they have the most simple of ceremonies, and they had a daughter whom Peter said he wanted to bring up tough (Winnicott, 1996). At the age of twenty six Winnicott describes him as being strong, and very much in charge of his own affairs.

When Peter was five his parents adopted Margaret, who was then eleven-months-old (Winnicott, 1996). The case-study of Margaret is used by Winnicott to demonstrate the second category of adoption; where the environment has failed to be 'good-enough' prior to the placement. She was just four and a half pounds when she was born, and Winnicott hypothesises that there may have been attempts to abort her using drugs (Winnicott, 1996). When adopted she was undernourished, suffering with pneumonia, delicate, timid and sensitive to noise (Winnicott, 1996, p.121). She was not yet crawling, and needed a lot of attention. Winnicott found her to be continually a year or two behind in expected physical and emotional development (Winnicott, 1996). An eye defect that she suffered from led to very close attention being paid to her by her mother, and Winnicott suggests that this level of care made up for the effects of the neglect she suffered prior to the adoption. Without it he believes she might have had a "permanent defect of personality" (Winnicott, 1996, p.121). The treatment of her eyes continued until she was thirteen, and it gave mother and daughter a close relationship on the shared wish of fixing her sight.

Problems began to present at home as Margaret was growing up. She stole money from her mother, and was paranoid that other children wanted to steal from her (Winnicott, 1996). She felt that she was deprived in terms of wealth, and was concerned that her parents were older than her friend's parents (Winnicott, 1996). Winnicott first met her when she was ten-years-old, and they had several personal interviews. He found her to be paranoid, sensitive to noise and very timid (Winnicott, 1996). She was suspicious of food, had certain

phobias, masturbated compulsively and often felt grieved by the actions of others (Winnicott, 1996). She kept up three friendships at home, but never managed to form a close friendship in boarding school, although she craved a best friend. She was considered a disruption at school and a strong personality who bullied other children into breaking rules, yet she would intervene on the behalf of other children when they were in trouble. She stole and hid food and books, and never felt that rules applied to her (Winnicott, 1996). None the less, Winnicott (1996) found her to be imaginative, vivacious, loveable and very affectionate with everyone. Interestingly, when Winnicott invited her to draw she drew figures, nudes, odd objects and parts of people in a scatty fashion all over the page (Winnicott, 1996). On one occasion she cut a hole out of the belly of a woman in one of her drawings. He advised that she spend a term at home during which time she learned to play the violin, but became increasingly difficult over food, and developed a fear of being shut in anywhere (Winnicott, 1996). When she returned to school she was constantly planning to run away, and steal thirty shillings in order to do so. At this point Margaret developed a dependence on a psychiatric social worker whom she telephoned frequently, and whom visited her every night at a certain time for several weeks (Winnicott, 1996).

At the age of thirteen things began to improve for Margaret. She was developing her talents, and allowed herself to be looked after by others than her mother during a bout of pneumonia (Winnicott, 1996). Her final year of school was a happy one and she made many friends. She decided to train to look after children, but often felt like giving up and was treated badly by others. She was anxious, and became sick every time her parents went away (Winnicott, 1996). She demanded the best of everything from those she worked for, and the compulsive lying and stealing were replaced by a need to have others pity her (Winnicott, 1996). In the end she succeeded in her training and secured a job with a family who were able to provide the extras in life that she always felt she needed. She looked after what she considered to be the perfect baby. Winnicott (1996) believed that here she was able to have the idealized life that she believed her biological parents might have provided for her; one that her adoptive parents did not have the financial means to do (Winnicott, 1996).

These case studies have been included at length as they provide a good picture of some of the difficulties that may occur with adopted children when their start in life was not 'good enough'. Margaret demonstrates symptoms of paranoia, eating disorder, kleptomania, phobia, disruptive behaviour, psychosomatic illness and difficulty trusting others. Winnicott gives the impression that much of these traits were determined by her much less than 'good

enough' start in life. Peter, despite not being adopted until ten-months-old, was cared for by his biological mother in much more favourable terms during infancy. He represents what Winnicott felt was the best case scenario for adoption, in addition to adoptions where the child was placed with the adoptive family within the first few days of life (Winnicott, 1996). In his 1954 paper 'Pitfalls in Adoption' the case study of William is presented to show that even when breast fed and then adopted as early as one-month-old there can be issues in emotional development. Winnicott saw Peter when he was four for the symptom of head-banging. However, despite some early difficulties he went on to develop well, and the symptoms were considered by Winnicott to have arisen from an early failure by the adoptive parents to emotionally respond to Peter (Winnicott D. W., 1984). By 1955 Winnicott had made three conclusions about adoption that were expounded in the paper 'Adopted Children in Adolescence'. Firstly, adoption is a good and often successful practice. Secondly, it is best to tell the child that they are adopted at an early age. Finally, stability and continuity in the home are of prime importance (Winnicott D. W., 1996).

2.4 Attachment Patterns in Adopted Children

When the earliest care giving experience is not 'good enough' the infant may carry this in to their relationship with the adoptive caregiver in their internal working models. However, there is said to be a window of opportunity for changing these core-beliefs about self and others (Schofield, 2006). Changing the child's self representation and object representation can require a good deal of effort on the part of the new parents. How successful their attempts will be will be influenced by how ingrained the inner models have already become, and how facilitative the new environment is (Hodges, 1989). Research by Hodges (1989), for example, found that secure attachments will form more readily with children who are placed for adoption after two-and-a-half months, as opposed to children from the same nursery who were restored to their biological parents who were unable to provide the kind of stability they needed.

Attachment patterns are formed in the first six to seven months of infancy, and if the adoption takes place within this window the infant will be more open to accepting a new and sensitive caregiving from their adoptive parents (Schofield & Beek, 2006). However, even at

a few weeks old the infant will display features of insecure attachment (Schofield & Beek, 2006). Older infants will have been developing an inner working model that reflects their earliest environment. An infant with an avoidant strategy will believe that if they want to receive their caregiver's love or attention they must be well behaved and not cry (Schofield & Beek, 2006). This lack of emotion in the infant will make it difficult for the adoptive parent to learn how to soothe the baby, and form a new attachment with them. The avoidant infant will seek proximity, but in indirect ways such as leaning against the chair where the caregiver is sitting (Schofield & Beek, 2006). In the informative and practical 'Attachment Handbook for Foster Care and Adoption', advise the parent adopting an infant who has an avoidant attachment to offer nurturing care without being intrusive. In time the infant will be able to relax physically and psychologically to show appropriate emotional response to their parent. As the parent continues to provide a secure base the child will develop the ability to regulate their emotions without suppressing or defending against them (Schofield & Beek, 2006). The importance of the adoptive mother's secure-base script was highlighted by a piece of research that found this to be the mitigation factor for attachment security in the adopted infant, while the age of placement was not found to be of influence (Verissimo & Salvaterra, 2006). They observed that "most adopted children benefit from these transactions and are able to establish secure bonds with their adoptive mothers that, in theory, promote harmonious family interactions and normal development (Verissimo & Salvaterra, 2006, p. 270).

The inner working model of an ambivalently attached infant tells them heightened attachment behaviour and emotional displays are needed to gain their caregiver's attention and concern (Schofield & Beek, 2006). When adopted in infancy they may be very clingy and show raised anxiety at separating from their new parent. Under the age of six or seven months their behaviour may appear helpless, and they may become more demanding and angry in towards the end of the first year (Schofield & Beek, 2006). Schofield and Beek (2006) advise the adoptive parents to provide a calming regime that will demonstrate a predictive availability, despite the infants' possible resistance to this. This will be facilitated by the practice of synchrony that is usually a feature of the first few weeks of life with securely attached children (Schofield & Beek, 2006).

2.5 Telling children they are Adopted

There is no agreement in research of when the ideal time to tell children they are adopted is, but most suggests that the earlier the better (Triseliotis, 2000). As was discussed earlier, Winnicott advised parents to tell their children at an early age (Winnicott, 1996). The disclosure needs to be part of a process, rather than just telling the child they are adopted and closing off the conversation. It is not enough that the child knows he is adopted; this information needs to be understood and integrated into their developing identity (Triseliotis, 2000). Brodzinsky (1984) found that children will not begin to have a cognitive appraisal of their adoptive status until they are between five and seven-years-old, however an early disclosure will produce the ideal situation of the adoptee having a sense that they always knew. If a veil of secrecy remain over the subject of the child's adoption this may contribute to a lack of trust between child and parent, as well as impairing the child's mental health and identity formation (Triseliotis, 2000). Parents may have chosen not to talk about the adoption openly, or relay any information they have to the child, due to a suppression of the fear that the child has been "tainted" by their biological hereditary (Hartman & Laird, 1993).

In regard to making contact with the biological parents, studies have found that being able to meet the birth parents, having a physical view of one another and the opportunity to share and obtain direct information are all beneficial (Triseliotis, 2000). One study found that the majority of adult who contact their birthmother evaluated it as a positive experience and had established a satisfactory relationship with the birthmother (Muller, Gibbs, & Ariely, 2003). Those who reported an unsatisfactory relationship with their birthmother referred to differences in values and lifestyle, a lack of interest on the part of the birthmother and secrecy as reasons for their dissatisfaction. Attachment to the adoptive mother was did not predict outcome for the contact experience. This possibility is reduced in international adoptions and closed adoptions. When little or no information is made available, or the adoptee is unable to experience others as biologically similar to them, it is said to affect the subject experience of the self (Schechter & Bertocci, 1993). Of most importance to this research study however, is the belief that limiting information or possibility of contact will not affect the attachment of the adoptee to their new family or interpersonal object ties (Schechter & Bertocci, 1993). In a review of twelve research studies exploring the reasons why adoptees choose to search for their biological parents general agreement was found that one of the main reasons was a dissatisfaction of how the adoption was communicated (Schechter & Bertocci, 1993). There remain several contradictions in research about whether the decision to search is premeditated

by an unsatisfactory relationship overall with the adoptive parents (Schechter & Bertocci, 1993). However what is agreed is that the majority of searchers are females in young adulthood, and when the search is completed it results in significantly improved psychological well being in the adoptee (Schechter & Bertocci, 1993).

Fantasy of the biological parents is a contributing factor to the identity formation of adoptees, and making contact with a biological parent will inevitably challenge this fantasy. Creating a fantasy of the biological parents is thought to give adoptees a greater sense of control of their histories (Robinson, 2005). The story of the adoption that is told to the child by the adoptive parents will inevitably form part of the construction of this fantasy. Paul Brinich (1993) posits that the usual practice of emphasising that the child is specially 'wanted' or 'chosen' by the adoptive parents is straightforward to denial of the truth that the baby was unwanted by their biological parents. Furthermore, the reality in adoption practices is that the parents take whatever baby is assigned to them, rather than picking out a selected 'chosen' baby. "The Chosen Baby" (1950), a popular story book used by adoptive parents to explain adoption to their children, denies the reality:

"One day suddenly the telephone bell rang and it was Mrs. White, and she said: "I have good news for you! We have a baby boy for you to see. Can you come tomorrow?" So the very next morning, Mr. and Mrs. Brown hurried to Mrs. White's office. First Mrs. White told them all about the baby boy and then she said: "Now go into the next room and see the baby. If you find that he is not *just the right baby for you*, tell me so and we shall try to find another."

(Wasson, 1950, p. 18)

As Brinich (1993) suggests, narratives such as this may help the child to move from feeling unwanted to feeling wanted. It is the report of psychotherapists working with adoptees that some of them have come to view themselves as unwanted, and that they have provoked their parents into treating them this way (Brinich, 1993).

Winnicott's case study of Peggy in his 1931 paper 'A Note on Normality and Anxiety' reflects his views on disclosing to an adopted child the truth of their adoption (Winnicott D. W., 2002). Peggy was a ten year old adoptee whose parents never spoke about the adoption. While walking on the street someone shouted something at her about not being her parent's child. After this she began to experience lapses in memory, nervousness, night terrors, appetite loss, and had begun acting out (Winnicott D. W., 2002). Here though the symptoms are said to have arisen not from the trauma of being adopted, but from her parents' lack of willingness to talk about any matters pertaining to sex, thereby increasing the

confusion of the child (Winnicott D. W., 2002). Perhaps they could also have stemmed from the parents lack of willingness to discuss the adoption.

2.6 Trauma and Attachment

Sue Gerhardt posits that the preconditions of Post Traumatic Stress Disorder (P.T.S.D) are suggestive of poor emotional regulation and poor attachment security (Gerhardt, 2004). She contributes the neurobiological evidence to her account in stating that insecure attachment may result in deficits in the functioning of the amygdala and lower than normal levels of cortisol, which will affect the functioning of the hippocampus (Gerhardt, 2004). As the left brain and hippocampus do not develop fully until the baby is two or three years old, when stress occurs before this age it is likely to be stored in the amygdala and subcortical areas of the brain. When the stress is habitual the amygdala will be in a more constant state of overdrive and the baby's stress response will have become distorted. It was found by De Bellis *et al* (2002) that: "the earlier a child experiences abuse or neglect, the smaller the brain volume, particularly of the prefrontal cortex which is so vital in controlling and calming the more urgent fear reactions of the amygdala" (cited in Gerhardt, 2004, p.146).

According to Peter Levine, in his seminal work *Waking the Tiger*, the symptoms of trauma arise from the frozen residue of energy in the body that has not been discharged (Levine, 1997). The body contains the undischarged excess energy in the form of a symptom, for example anxiety, depression, flashbacks, insomnia, panic attacks, violent unprovoked rage attacks, repetitive destructive behaviours and other psychosomatic and behavioural problems (Levine, 1997, p.20, p.41). Loss of skin sensation is also a common symptom that arises from the numbness and disconnection that is experienced after trauma (Levine, 1997). These symptoms of trauma can also be of the kind that no one can explain, and a symptom of a trauma that the person cannot remember (Levine, 1997). This would be the case when the trauma is resulting from the earliest stages of infant development, as when it stems from attachment deficits. Furthermore, it is because the symptoms of trauma arise from primitive responses that they can be difficult to recognise (Levine, 1997). However, once an individual has learned to identify the sensations of the traumatic symptoms in the body they will become easily distinguishable. In the process of understanding symptoms it needs to be realized that they have both physical and psychological dimensions, as is evident

from the DSM-TR-IV's categorisation of post-traumatic stress disorder (A.P.A., 2000, pp. 20, 41). In this light, therapeutic techniques for healing P.T.S.D will ideally work with both the physical and mental components.

A child that has experienced a disorganized attachment will demonstrate elements of both avoidant and ambivalent attachment behaviour. Clinical Psychologist and author David Wallin suggests that a disorganized attachment history can affect a person in two ways: in having been overwhelmingly painful in nature, and in failing to provide a safe or secure environment in which to deal with the resulting distress (Wallin, 2007, p. 244). From this place of origin a person will go on to relive the traumatic experiences throughout their lives, but with no memory attached to any specific traumatising event. This is of course because attachment memories are implicit in nature, that is they occur prior to language acquisition and the development of the brain structure that is vital for the ability to place memories with a sense of context; the hippocampus (Wallin, 2007, p.244). He describes clients who demonstrate the resulting behaviour patterns as being "unresolved" (Wallin, 2007).

What Schore would call 'relational trauma', and Kahn 'cumulative trauma', Wallin refers to as 'small-T trauma'; the child's repeated experiences of fear, helplessness, shame and humiliation with or without actual abandonment in relation to attachment figures (Wallin, 2007, p.245). This form of trauma is seen to lead the sufferer to resort to the primitive defence mechanisms of dissociation and projective-identification, and both will be evident in the therapeutic relationship. Such a history will cause radical inconsistencies in the internal world of the adult making them vulnerable to sudden shifts between ordinary and overwhelming states of mind. Wallin explains that when dissociation is employed by the child of a frightening attachment figure the child will usually have also failed to develop the neurobiological structures to modulate the emergency response system; the amygdala (Wallin, 2007). This means that even a relatively harmless event may trigger an autonomic response in the individual. In addition, as the individual operates in a state of dissociation where the relation of the self to reality is altered they may appear as someone in a trance like state, and remain always on the edge of being over-whelmed (Wallin, 2007). This dissociation will further often lead to physical complaints, as van der Kolk explains: "Their failure to translate somatic states into words and symbols causes them to experience emotions simply as physical problems...[they] experience distress in terms of physical organs rather than psychological states" (cited in Wallin, 2007, p.248). In turn, this lack of a feeling of connection with the body may result in patterns of self-neglect of the body, or more direct

attempts to create a sense of having the body and the self connected, as seen in acts of self-mutilation like cutting (Wallin, 2007). In working with ‘unresolved’ clients Wallin recommends the naming of trauma related feelings and bodily sensations as a means of making implicit memories more explicit (Wallin, 2007).

In an extensive piece of theory and research that was presented in two parts Alan Schore examines: “The Effects of a Secure Attachment Relationship on Right Brain Development, Affect Regulation, & Infant Mental Health” (Schore, 2001). In the first part of this publication he draws on empirical data and theory using an interdisciplinary approach from attachment studies, neuroscience, psychophysiology and psychoneurobiology to investigate how the early interactions between the infant and their social environment will influence their mental health, what the key features that define infant mental health are, and how will this influence mental health at the later stages of development? (Schore, 2001). He outlines the ways in which attachment affects the development of the right hemisphere of the brain; the area that is connected to the limbic and autonomic nervous system, and is most influential for the human stress response (Schore, 2001). In this way attachment is shown to have a direct influence on not only the infant’s stress response, but on that of the adult also.

The right brain is shown to be involved in processing social-emotional information, the facilitation of attachment, the regulation of bodily and affective states, and in the control of vital functions that allow the developing person to be able to control stress both actively and passively (Schore, 2001). The maturity of the right brain is seen to be experience dependent, and embedded in the attachment relationship of the infant and the primary caregiver. A secure attachment is shown to be linked to efficient right brain regulatory functions and adaptive mental health, whereas an insecure attachment will create an inefficient right brain regulatory functions and maladaptive mental health (Schore, 2001). Schore describes how a secure attachment occurs at an intuitive non-conscious level where the infant’s arousal levels, and ensuing emotional states, are being continuously regulated. In being exposed to the regulatory processes of the primary caregiver the infant gradually learns its own appropriate responses to stress in the environment (Schore, 2001).

The term ‘complex trauma’ has been introduced to the field of traumatic stress to describe the experience of multiple, chronic and prolonged traumas that are adverse to the individual’s development, are most often inter-personal, and have an early-life onset (van der Kolk, 2008). Complex trauma can be emotional, physical or educational neglect in childhood

that usually occurs within the child's caregiving system (van der Kolk, 2008). Van der Kolk (2008) writes that isolated traumatic events will lead to behavioural conditioning and biological responses to reminders of the traumatic incident, as is found with P.T.S.D. Chronic trauma, on the other hand, is thought to lead to neurobiological impairment, and the ability to integrate sensory, emotional and cognitive information into a concrete whole (van der Kolk, 2008).

Daniel Stern (1998) provides an interesting discussion on the possibility of making clear links between difficulties experienced by the infant at a specific age and the clinical problems it will lead to. His main interest is the development of self structure, and he provides a model of early self formation in four stages (Fonagy, 2001). The first is the sense of emergent self that is said to develop in the first two months of life where the infant is involved in the process of self coming into being and forming initial connections. The next is the development of a sense of the core self and the domain of core relatedness that occurs between two and six months (Fonagy, 2001). Between seven and fifteen months the sense of subjective self and the domain of inter-subjective relatedness are said to emerge (Fonagy, 2001). Finally, after fifteen months the sense of verbal self is thought to develop (Fonagy, 2001). His review of the early life narratives produced by Freud, Erikson, Klein, Mahler and Kohut found differences in them even in respect to the same case study, and that they would each consider a different feature of experience to be the most central (Stern, 1998). His own conclusion is: "Psychological insults and trauma at a specific age or place should result in predictably specific types of clinical problems later on. No such evidence exists" (Stern, 1998, p. 23). It is his contention that clinical issues are issues connected to the life span rather than developmental phases (Stern, 1998).

A wealth of literature and research exists on the possible links between adoption and psychopathology. Most of it agrees that adoptees are more vulnerable to emotional, behavioural and academic problems when compared to non-adopted children (Brodzinsky, 1993). However, several studies other studies have found that attachment security can be a protective factor against psychopathology, while few have linked attachment patterns and psychopathology (Fonagy, 2001). While the above discussion allows links to be made between attachment deficits, trauma and psychopathology, the question remains as to the certainty with which one can predict the same links with adopted children. The process of adoption may require the break of attachment between the biological mother, and the formation of an attachment with the adoptive mother. Or it may involve a lack of any significant attachment in infancy when the infant is placed for adoption at a late stage. It can be hypothesised that the degree of damage is proportionate to the age of adoption, and the attachment formation conditions for the infant both pre and post adoption. What the findings

of Gerhardt, Wallin, Levine, Rothschild, Schore and Stern do not determine is that adoption can be automatically associated with trauma to the level of psychopathology.

2.7 Therapy with Adoptees

The concept of the ‘good enough’ mother was central to Winnicott’s work, and he used it as an analogy for psychoanalytic treatment. What the mother does naturally, ‘what in fact cannot be taught’, was used as a model for the skills used by the analyst (Phillips, 1988). He advocated for the analyst to use their instincts, and other than setting boundaries of space and time, allow the patient to dictate the pace and direction they were taking (Winnicott, 1984).

Bowlby emphasised that the psychotherapist should diagnose the attachment pattern of the client through monitoring the ways in which they interact in the therapeutic relationship, and to discover what the events and influences were that led to the client’s internal working model. A principal therapeutic aim should then be to revise and modify these patterns of relating that are limiting to the client (Gomez, 1997, p. 168). According to Bowlby, in order for this to occur the therapeutic relationship must be equal, and foster trust and security according to Bowlby. He focused on the nature of the therapeutic relationship in its own right, as opposed to an indicator of transference issues.

Bowlby (2007) suggests that the role of the therapist in attachment work is to provide the facilitative conditions for the client to explore his representational models of self and his attachment figures, and to then reappraise and restructure them. He outlines five therapeutic tasks for the therapist who applies attachment theory, which are all applicable to working with adult adoptees, as follows (Bowlby, 2007):

1. To provide a secure base from which he can explore the painful aspects of his past and present, and to act as a trusted companion in this.
2. To assist the client’s explorations of his relationships with significant others; his expectations and his biases.

3. To assist the client to examine the relationship he has with his therapist, and so make further discoveries regarding their inner working model
4. To encourage the client to explore the ways in which his current perceptions, expectations, feelings and actions are influenced by his childhood.
5. To enable the client to recognize that his current models of self and others may not be appropriate to the present, or may have never been justified. It is hoped that he client will learn to act, think and feel in a new way.

A research study concerned about making intact with birthmother makes several recommendations for working therapeutically with adult who are conducting a search (Muller, Gibbs, & Ariely, 2003). The authors suggest that pre-contact therapy should focus on clarifying expectations of the birthmother, exploration of different relational models, and a sensitization of the possibility that their birthmother may connect their birthfather with painful experiences. Post-contact therapy should focus on the relational problems arising between the adoptee and biological mother, and identify the barriers to a mutually agreeable relationship (Muller *et al*, 2003).

Rothschild emphasises the importance of the therapist being able to recognise the signs of ANS arousal in the client, and being able to slow down or stop the trauma process in a reliable, thorough and confident manner (Rothschild, 2000). She calls this technique “applying the Brakes”. Trauma therapy, like all therapy, must follow the guideline of “first, do no harm”, and so must remain safe for both client and therapist. With each client the length of time it may take for them to feel safe, and so for a deeper level of trauma work to take place, will vary. Furthermore, setting up an environment of safety for the client applies not only to the therapy room but also to the external environment of the client. In order to do this it is strategic for the client to identify and remove, even temporarily, as many triggers of stress from their lives as possible (Rothschild, 2000). She provides the useful analogy of the individual with PTSD or PTS being like a pressure cooker whose lid must be taken off very slowly to avoid a complete explosion (Rothschild, 2000, p.79). It goes without saying that the relationship between therapist and client is of central importance in providing favourable conditions for healing to take place. As well as monitoring signs of ANS arousal, it is helpful

if the therapist pays attention to patterns of tension and intentional movements in the client that can provide insight into the impact of the therapeutic relationship (Rothschild, 2000). In some clients the trauma may be re-enacted in the transference; either as psychological symptoms or somatic symptoms (Rothschild, 2000). For some clients the most effective treatment method is to engage in the therapeutic relationship with them, in whatever direction they set, and to leave all tools of trauma therapy to the side if, and when, they seem ready to go there.

If the therapist and client decide to engage in trauma work, a crucial tool is to foster and utilize the client's own body awareness; his perceptions of co-existing sensations that arise from both internal and external stimuli (Rothschild, 2000). This brings the client into the 'here-and-now', serves as a direct link to the emotions and facilitates the recognition of hyperarousal. Body awareness is the first step in the interpretation of somatic memory (Rothschild, 2000). Another somatic technique that Rothschild uses is the development of dual awareness. This is another aspect of making trauma therapy safe. Here the client becomes able to distinguish, at least intellectually, that the trauma being recalled occurred in the there-and-then, even though it may feel as though it is happening in the here-and-now (Rothschild, 2000). In order to ascertain if a client has this ability it is useful if the therapist asks them to remember a somewhat distressing event and then monitor their bodily sensations. Then ask them to bring their awareness back into the room by noticing its colours, temperatures and smells. Ask them to notice any change in their breathing as the focus of awareness has shifted. Finally ask them to maintain their awareness of their present surrounding while remembering the past event (Rothschild, 2000).

Wallin emphasises how the main task of the therapist in working with such clients is to provide a new relationship experience, and through it a new attachment relationship (Wallin, 2007). The inherent difficulty in working with such clients will be found in their compulsion to repeat old patterns of behaviour and unsafe relationships. Both Rothschild and Wallin place an emphasis on the importance of mindfulness. For Wallin, mindfulness on the part of the therapist may help to reduce his counter-transference, and for the client it may counteract the dissociation and overwhelming sense of panic (Wallin, 2007). Furthermore, he states that if the therapeutic relationship is deemed to be unsafe any real resolution of the trauma will be rendered impossible (Wallin, 2007).

2.8 Aims and Objectives of this study

Aims:

This research aims to broaden the understanding of the experience of early adoption through the accounts of adult adoptees in Ireland, and to compare these findings to the existing relevant theory and research that is widely applied within the field of Humanistic and Integrative Psychotherapy.

Objectives:

- To heighten the awareness of adoption as experienced by adult adoptees.
- To contribute to the existing knowledge within the area of adoption and attachment.
- To explore how closed adoption practices may influence the process.
- To highlight the influence of early placement of infants for adoption on the outcomes.
- To explore the possible influences of contact with the birth mother or birth family on the adult adoptee.
- To consider the degree to which the attributes of insecure attachment are present in the research sample.
- To highlight the ways in which a history of adoption can shape the individual's life under the given circumstances.
- To determine ways in which psychotherapy can influence the experience of adult adoptees.

The research question which arose from a review of the literature and the researcher's experience is: Is Early Adoption 'Good-Enough'? A Phenomenological Exploration of Adoption and Attachment.

CHAPTER THREE: METHODOLOGY

3.1. Research Design

3.1.1 The Semi-Structured Qualitative Interview

The chosen research method was the qualitative semi-structured interview. The qualitative interview method was employed as the best way to understand a person's construction of their reality is to ask them, and to ask them in such a way so that they can deliver the information on their own terms (Jones, 2004). This method has the potential to increase knowledge and understanding of the topic to the field of counselling and psychotherapy (McLeod, 2008). In addition, "The research interview is a flexible way of gathering research data that is detailed and personal" (McLeod, 2008, p.74).

The qualitative interview permits the exploration of complex issues, such as adoption, from a subjective perspective. In addition, semi-structured interviewing is an open and flexible research tool that can document perspectives not usually represented by research (Banister, Burman, Parker, Taylor, & Tindall, 2006). By using this method the interviewee was allowed to maintain greater control in the direction the interview took, and they had the freedom to introduce an issue that the researcher would not have thought of. In this relationship it was the respondent who was perceived as the experiential expert on the subject, and they were allowed maximum flexibility to tell their own story. The semi-structured interview facilitates empathy and rapport, and tends to produce richer data.

3.2. Participants

3.2.1 Participant Selection

The research sample was purposefully chosen and obtained using snowballing. Each participant was adopted in Ireland before the age of six-months-old. Each adoption took the form of a closed adoption. These were the only inclusion criteria for the study.

3.3. Procedure

3.3.1 Ethical Considerations

A research proposal was submitted in April 2010 to the Ethics Committee of the School of Counselling and Psychotherapy in Dublin Business School for approval. Approval was granted and any suggestions made were implemented.

3.3.2 Pilot Interviews

Due to the combined factors of time restraints and limited availability of participants the researcher was unable to conduct a pilot interview. The proposed questions were examined by the research supervisor who guided the researcher towards any amendments necessary.

3.3.3. Interview Process

The location of each interview was pre-arranged via telephone conversation with each participant. It was ensured that the locations offered privacy and ease for the participants.

Informed consent was obtained from the participants before the interview began (Appendix A) and it was made clear that they were free to withdraw at any time. Each participant was asked the same basic questions in varying order, and probes were given for further information where appropriate (Appendix B). The qualitative interview followed the lines of: “a conversation in which a researcher gently guides a conversational partner in an extended discussion” (Rubin & Rubin, 2005, p. 4). The interviews took approximately one hour with breaks as requested. All participants were given the opportunity to clarify any questions they might have before and after the interviews. A portable digital recorder was used to tape the interviews. Ethical considerations on all data collected were given the highest priority. All written and taped information was kept in a secure location throughout the research process. Anonymity of research participants was paramount and this was made explicit to each participant before active participation took place. All data collected, processed, transcribed and stored complied with all eight guiding principles under the Data Protection Act 2003. A list of supports was given to the participants at the end of the interview in case of any negative re-stimulation of events post-interview (Appendix D) and this was discussed with them.

3.3.4 Interpretive Phenomenological Analysis (IPA).

The data from each interview was transcribed verbatim. All identifying information was omitted and each participant was given a pseudonym for further reference.

The data was analysed using interpretive phenomenological analysis (IPA). IPA was the chosen method of data analysis as it allows a detailed exploration of how participants make sense of their personal and social world. This is a phenomenological approach as it involves the detailed exploration of the participant’s life world; it attempts to explore personal experience and is concerned with the personal perception of the individual, rather

than trying to impose objective viewpoints (Smith, 1996). IPA also recognizes that the research exercise is a dynamic one where the researcher also plays an active role in the process. Thus a double hermeneutic was involved in the research.

IPA has a theoretical commitment to the individual as being a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's language and their thinking and emotional states. At the same time, the IPA researcher will realize that this is a complicated chain of connection; people struggle to express what they are thinking and feeling, there may be reasons why they do not wish to self-disclose, and the researcher may have to interpret people's psychological and emotional states from what they say (Smith, 1996). This makes it an ideal method of data analysis for the psychotherapist as researcher.

Following the transcription of the first interview the data was read, and re-read by the researcher and emerging codes were transcribed in the left-hand margin. From these codes themes were established which were transcribed in the right-hand margin. The emergent themes were clustered into subordinate themes. A table of master themes in the first case study was drawn up ensuring that each theme was represented by data in the transcript to avoid researcher bias (Appendix D). The questions used in the first interview were re-evaluated and altered where advantageous to the research.

Following transcription of the second interview the process of analysis from the first case was replicated. The researcher then determined if the master themes from the first case were present here also. If new themes emerged in the second case, it was determined if they had been present in the first case also. A table of master themes from the second case was drawn up (Appendix E). The process was a cyclical one until data from all interviews had been analysed using the IPA method, and tables of master themes drawn up for each.

A final master table of themes was drawn up. The researcher checked the credibility and possibility of chosen themes from the data by having a colleague independently review them.

3.3.5 Reliability and Validity of Data

The reliability and validity of this research was based on Lincoln and Guba's (1985) assertions of trustworthiness. Trustworthiness in qualitative research is said by the authors to involve the establishment of credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). They outline a series of techniques to use in conducting research to ensure these criteria. These include prolonged engagement, persistent observation, peer debriefing, referential adequacy, thick description and reflexivity (Lincoln & Guba, 1985).

CHAPTER FOUR: RESULTS

4.1 Introduction

The purpose of this chapter is to present the reader with the data. Firstly the demographic details of the participants in the research will be presented. Next the master themes and subordinate themes that emerged from considered analysis of the raw data will be presented. The presentation will take the form of a narrative and vignettes from the transcripts will be used to illustrate the themes. Longer excerpts from the transcripts can be found in Appendix F.

4.2 Collection and Analysis

Table 1 outlines the demographic details of the 4 participants who took part in the research.

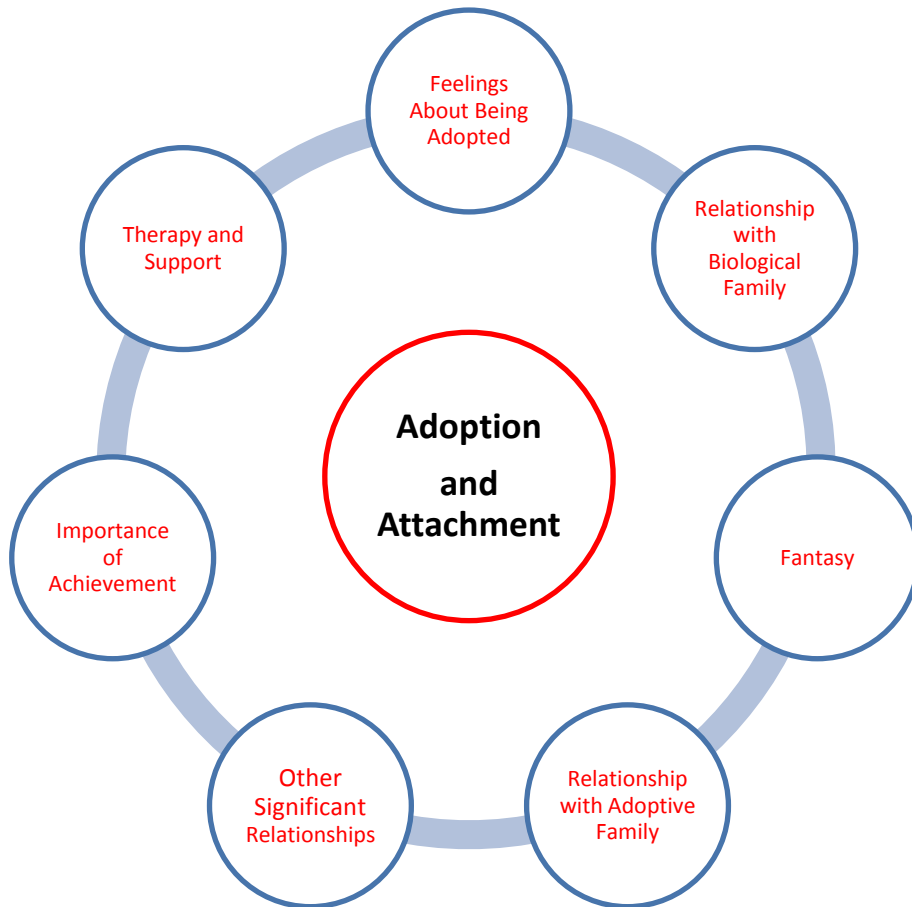
Table 1: Demographics of Participants at Interview

Pseudonym	Age (Years)	Gender	Approx. Age of Adoption	Relationship Status
Sarah	35	F	8 weeks	Married
Mary	53	F	5 weeks	Married
David	35	M	20 weeks	Single
Rachael	29	F	20 weeks	In a relationship

4.3. Master Themes

The master themes that emerged are illustrated in the following diagram.

Table 2: Master Themes



4.3.1 Feelings about Being Adopted

How each participant felt about being adopted was influenced by the way in which they learned about the fact. David said that he did not remember being told; it was just something he has always known:

David 25.10 *“I think this was the most important thing for me...there was no big epiphany...I think that might have been more difficult to deal with, if it had suddenly just burst out years and years later on.”*

Sarah first learned that she was adopted when she was six or seven-years-old. Her class learned the word ‘adopted’ at school so her best friends and her agreed to ask their parents if they had been ‘adopted’, and report back to each other the next day. She recollected the story fondly:

Sarah 3.3 *“And so my Mum collected me from school. And I remember, it’s just before you turn left on to our road. I said: “Mum, am I adopted?” And she said: “yes”. And I was like: “Ok. Cool”. And that was it. And the next day we went in to school and I said: “I’m adopted!” And two of the girls, Gillian and Ruth said: “Oh, I’m not”, and the other girl Brenda said: “Oh, so am I!” (Laughing) And so that’s how I found out.”*

Sarah recalls that learning she was adopted made her feel special for about a day, and then she forgot about it.

Rachael also spoke warmly about how her mother explained that she was adopted: “My Mam told me when I was about three or four that I was adopted and that I was special. That I had two sets of parents and that when I was older...I would have two sets of birthday presents and Christmas presents...it’s always just been part of life. I don’t remember any different”. For these interviewees, who were all told at an early age, being adopted felt ‘normal’. This concurs with the theories of Winnicott (1996), Triseliotis (2000) and Brodinzky (1984) advising parents to disclose the adoption to their children at a young age.

For Mary, coming to understand that she was adopted was linked to a realisation that there was something ‘different’ about her. When she was seven or eight-years-old she found the kids in school to be very cruel, and they would call her names because she “had this black fuzzy hair and used to stick out”. Mary remembers one day when she came home from school:

Mary 2.6 *“And I went and had a look in the mirror, and I thought ‘mm, there’s something different alright’ ...I went downstairs and my mother was in the kitchen.*

And I said to her: "Why am I a different colour?" And she...kind of tried to brush it off...and then she just told me I was adopted, but she never explained anything...But I was unhappy...And I thereafter felt kind of different."

For each of the other participants, appearance was also linked to how they felt about being adopted. Being the same race as their adoptive parents was said to mean that it was not obvious to others that they were not the biological children of their parents. However, for David, who comments on the rise of foreign adoptions in Ireland, when appearance makes your adoptive status more obvious it opens up the dialogue around adoption:

David 10.3 *"There has been a much more open understanding and acceptance that adoptions go on; that it's just perfectly normal...When it's obvious that a child has been adopted, I think there's a greater sense of normality around it whereas anybody I've told that I've been adopted, they have always been a bit surprised...because biologically I look like I could be the child of my parents...We all looked Irish" (Laughs).*

Growing up Mary found that there were several ways in which she was different to her family and she wanted to find out why:

Mary 16.4 *"cause people like my father did slag me thinking who do you think you are with your crossword and your this and that. It was a simple thing, cause nobody in our house would sit down and do a crossword, yet I would start...And I loved period drama and that on TV, and I didn't know where that came from. But, like Nora loves all those things, so it's there, regardless."*

This subordinate theme, named by participants as 'nature versus nurture', was also of interest to Sarah. She thinks that more of her traits and interests were inherited from her adoptive parents, and explains: "You can condition people and animals away from how nature intended to a point. I mean you're never going to get a lion that's completely tame...But I do think nurture can overcome nature in a lot of cases." David also spoke on this topic without being directly asked about it: "I suppose everybody's a product of their DNA but they are also then a product of the environment and their own expectations and then other people's expectations of them."

4.3.2 Relationship with Biological Family

Each participant discussed the subject of contact with their biological family. The levels of contact reported range from none at all, and with no interest in doing so, to having a relationship currently with the biological mother. Where contact had been made the subject took up the greater part of their interview, and was an emotive topic for the interviewee.

For Sarah, it was her biological father who contacted her, through the adoption agency. She had no interest in meeting any of her biological family, but a friend advised her that she might spend the rest of her life wondering about it if she didn't. So, Sarah agreed and met with him in the agency from where her adoption took place:

Sarah 1.13 *"It was a huge mistake. He turned out to be this massive pest who would not let go of the fact that he was my biological father...Despite the fact that when I met him I told him: "Look. This is a one off. I don't want a relationship with you. I'm here to satisfy your curiosity, to let you know that I'm fine. That I have had, and am still having a great life...Don't feel bad about the fact that you had to give me up, because for me personally it's worked out fine." But he wouldn't let it go."*

Sarah described her biological father as 'a pest' several times in the transcript. Although they only had one meeting, he continued to write to her for years through the agency. Finally, she asked the agency to just throw out anything he was sending, as that was all she was doing with it anyway. She felt no sense of bond to him at all: "It felt like some random stranger on the street coming up to you and saying 'I'm your brother', or, 'I'm your sister'. 'No, you're not. You're a stranger'." For Sarah, what annoyed her most about her biological father was his insistence that he was her father, as he would sign the cards like 'always your loving father'. She asked the agency to tell him not to sign the cards in this way, but nothing changed. Her biological mother has since contacted the agency looking for her, but Sarah is refusing to communicate with her. She has met with a biological sister and they are in contact via facebook. She has no sense of relational bond to her either:

Sarah 17.21 *"I've sent her 'I can't consider you as a sister because my mentality, you know, I'm an only child. And even if you come and live with me I'm always going to be an only child. Because they're my parents, and they don't have any other children.'...To her I'm her sister, and to me she's my friend."*

In Mary's case, it was she who initiated contact with her biological mother through the adoption agency. After the birth of her third child, when she viewed her life as being more stable, she decided to start the search. Like all participants she talks of how little

information she knew about her biological parents. Her description of meeting with the priest clearly illustrates her views about closed adoption practices, and signals the emotion with which she was to meet her biological mother:

Mary 6. 34 *“I always remember the weirdest feeling when I went into this room. And this man was sitting there telling me it could take forever...she might not want to know...all the spiel they give you. And I was sitting in this room and it was really old. And it was really high ceilings. It had this old musty smell. And I was thinking this was probably the room I was handed over. And I was thinking this is probably the room I was handed over. And I was very resentful of him ‘cause I thought ‘you have all this information on me and I can’t have it’. I was fuming. But I had to play the game; you have to play the game.”*

When she finally made contact with her biological mother, Nora, it was an emotional meeting for both of them:

Mary 9.26 *“It was the weirdest meeting ever. Just you’re overwhelmed and I think you go back into childhood mode. And she was crying and I was crying...That meeting was traumatic, and it was emotional, and it was draining. I think we stayed there for two hours...I went home and I cried for three days solid. Couldn’t tell you what I was crying about...just all this emotion.”*

They met regularly for the first few years, which Mary describes as ‘the honeymoon phase’, yet she too has found that her biological parent wishes for a closer relationship than she wants to give:

Mary 21.24 *“She has said to me that she would like much more of a relationship. And when we first met it was more like that... We would go for lunch quite regularly and things like that. But I don’t do that anymore. And she had said: “I wish we could do these things.” But I don’t. I don’t want to do them. It’s not my idea so I don’t want to do them.”*

The relationship Mary has come to find that she wants with her biological mother is one with distance, yet a security in the fact that she knows she will still be there. She describes their current relationship as being “there and out-there, but not gone”. While Nora remains on “the periphery” in her life, there is predictability with it:

Mary 22.20 *“I know I’ll always get the texts. I know I’ll always get a phone call. I know she’ll always come up out of the blue when I’m least expecting it, which really annoys me, but I know she’ll do it. So, I don’t know how I would react if she didn’t do these things.”*

Following an initial search for her biological mother in her late teens Rachael reduced a list of possible names down to nine names. She keeps this list of names in a drawer and feels that she is not interested in taking it any further at this time.

4.3.3 Fantasy

For those who have not made contact with a member of their biological family fantasy plays an important role in their level of connection to them. This was particularly evident in David's case, and his measured decision not to attempt any search. At one point in the conversation he ascertains that: "I don't even have an imaginary picture in my head of who they are or what they are now... Well, my imaginary picture is that they are just perfectly normal people who are getting on with their lives." His alternative fantasy of them seems linked to the decision to not know them:

David 8.24 *"I wouldn't want the drama of finding out that they're a Jeremy Kyle family or even worse, two Jeremy Kyle families...I wouldn't like to think that their aspiration is to have such a fucked up existence that other people would want to examine it under a microscope and laugh at them...I think it would annoy me to find out that was my family and I certainly wouldn't like to put myself in the position of them then wanting to then take advantage of me or my position, if that's the type they were."*

There is a protective element in this fantasy, whether it is primarily of self-preservation, or includes a protection of them; in not wanting other people to laugh at them.

Rachael's current decision not to follow up with the search of the list of names she has was made after discovering that eight out of the nine possibilities live outside of Dublin; her fantasy of her biological mother being "a culchie" makes her to want to be associated with her.

In Sarah's fantasy of her biological mother there is a level of identification and closeness. She imagines that her birth mother felt the same way about her biological father as she does, and this gives the fantasy mother permission to have chosen adoption for her:

Sarah 10.14 *"You see I couldn't ever put myself in the frame of mind where I would want to adopt a child away. She was obviously very adamant that she wanted...because she could have given me to Greg to raise himself. But I think even she didn't like him in the end. I think that's why she thought: 'No. I'm going to give her to a steady set of parents who will raise her' ...She was with this man that she probably didn't, well didn't love anyway. But probably didn't even like very much."*

4.3.4 Relationships with Adoptive Family

Within the theme of ‘Relationships with Adoptive Family’ there are again found to be both common threads and significant differences. For all interviewees it was their relationships to their families and their environment growing up that the researcher found to be of great significance in how their lives were shaped, and how they felt about having been adopted.

A subordinate theme was levels of disruption caused by moving home versus stability of family environment. It will be discussed later that, for those who moved homes, their relationships to their parents were described in less close or affectionate terms than for those who did not report any movement in childhood. This was not an observation that the interviewees made themselves however.

Having been asked to describe his childhood David replied:

David 2.21 *“It was happy, I think. We moved. We moved a bit. When I was three we went to New York, and then when I was about eight we came back to Dublin... Went to schools. Changed schools a lot when I came back. I wasn’t happy when I came back from America.”*

David was to change schools three times when he came back to Dublin before he finally: “really settled down, and it was grand after that.” When probed for more specific memories of childhood, David replied that it was special occasions and holidays with a large extended family in New York; a family that moving back to Dublin meant leaving behind.

This can be contrasted to Sarah’s memories of growing up:

Sarah 5.15 *“I have very, very fond memories of my childhood. I can’t really complain about it. There was never really a time when I was particularly unhappy... We used to go on holiday every year; myself, my Mum, my Dad and my Granny, who used to live with us. And we’d go down to Cork where my Mum’s family is from. Every summer for three weeks. And I absolutely adored it. We used to rent the same house, on this row of houses, and every year the same families would be there as well with their kids, and it was all just brilliant.”*

When Sarah spoke about her parents the strength of their bond was clearly evident, and she emphasised the possessive nouns in her speech when she spoke of them on several occasions. She describes her story as being “like any only child story, nothing to do with being adopted or not”. A passage from the end of her interview reflects this:

Sarah 18.22 *“When I was a child I used to feel closer to Mum. And that’s probably normal for most children to feel closer to their Mums than their Dads. And I used to feel, when I was a child that my dad used to treat me as a child. And that used to annoy me. ‘Cause you know when you’re a child you want to feel grown up. But I think that’s more to do with the fact that he saw me as his little girl, and that was never going to change...But then when I grew up...I found that I became closer to my Dad. But I’m still very close to my Mum. I see her every couple of days.”*

For Mary, disturbance in the family environment included moving home and school, but it went far beyond this. Her parents had five biological children, and later adopted two children and fostered two: “We were a big family. We were a family of two halves basically. When my mother decided, and she fostered in between as well, [it was] because at that time it was a way of having an extra income...She was well known in the area as someone who would take in waifs and strays.” Mary went on to recount bitter arguments between all the adopted and fostered children and her father, because “all those children were pushed on him by my mother.” The home environment was to become too much for her:

Mary 17.30 *“He became very cruel in what he would say to you, like “you should be grateful”, and this type of thing. And then my mother became an alcoholic at the age of forty. So it was all very difficult. And by the time I reached thirteen-and-a-half I left home (pause) because I couldn’t stay there.”*

Mary left home with a sister, who was four years older than her, and they moved back and forth between different flats and “we misbehaved, and we very naughty and did terrible things that you shouldn’t do at that age.” When Mary lost her job she moved home as her sister could not afford to support both of them. She explained:

Mary 3.16 *“and I couldn’t bear to be back home with my mother. I didn’t have a good relationship with her. Our relationship deteriorated for various different reasons. Partly my fault because I found myself to be the outsider. I didn’t know where I fitted in...But then when she was drinking I found it impossible to live with her. It was a really difficult time.”*

She then moved in with some neighbours, but didn’t stay long as she didn’t have any money to contribute for her upkeep. Next she moved in with a sister when she was fifteen and things were much more favourable:

Mary 4.3 *“she gave me ultimatums and she gave me boundaries...I think that was the family I always wanted; hers seemed to be more ideal. And the fact that she had these five children...I absolutely adored them. And so living with them was just like heaven. I loved every minute of it.”*

Despite this, Mary became bored after a year and decided to move again; this time she moved country on her own. Having never known much stability the researcher can see how it may

have been uncomfortable for her. Yet her sister and her family were to be the closest attachment for Mary growing up, and later in the interview she talked of how her sister was more like a mother to her, and her sister's children like her brothers and sisters. She also described strong bond that exists between all the siblings:

Mary 16.13 *"I suppose in our family we have a great sense of fun even though things were difficult for us growing up. And we've all got a great sense of loyalty. We stick together no matter what. And as we've gotten older we seem to stick together, to come together more. You know you go through a period when you go off and do your own thing. But then you come back together. It's like we're all there for each other."*

In Rachael's case she showed a clear attachment to her mother without over-idealisation. She spoke of her mother's instincts with her growing up and a close bond that they still have. The greatest difficulties in her life growing up were in her relationship with her father. He spent little time at home and was either working or in the pub.

The researcher finds a demonstration in these cases of sensitivity to environmental and relational failures. In these aspects their adoption was not 'good-enough'. It can be surmised that adopted children require a greater deal of security and stability in their home life than their non-adopted peers. However, enough of a secure base was provided for these interviewees to be able to develop successfully.

4.3.5 Other Significant Relationships

There was a divergence in the reports of the participants' other significant relationships in their lives.

In terms of romantic partnerships, when Mary was eighteen she married the man that she began dating when she was fifteen-years-old. They are still together thirty-eight years later. She has three children and describes herself as "a dedicated mother".

Sarah dated her first long-term boyfriend for six years, and six months after they broke up she started dating her husband. They have been together for nine years, and have a baby daughter. Having her daughter seemed to solidify her belief that there is no difference in the relationships between biologically related children and their parents, and children and their parents who are not biologically related:

Sarah 7.5 *“If I ever thought of adopting a baby, especially a very young one, I couldn’t imagine that I would love it any less. Because it would just be an adorable little baby that needs to be taken care of...For the first few months, more than my maternal bond with Julie was the fact that she was this tiny little creature that needed me, and was reliant on me to look after her...So once you have your baby she’s your baby, whether you’ve adopted her or given birth to her...She’s mimicking what I do, just like I mimicked what my parents did.”*

In contrast, Rachael feels that there is a maternal bond between biological mothers and babies that is not present in adoption: “I’d just like to feel that sense of...just nothing is as important as that child”. For this reason she would like to have biological children of her own.

Sarah said she has a ‘tight-knit group of friends’ whom she can tell anything to and rely on, and no issue trusting others. In fact, she said she can be quite naïve, and if someone tells her they are going to do something she will believe them.

The story that stood out for the researcher in this regard was David’s. As mentioned earlier he did not describe his relationship with his family in any close terms, but nor did he mention any difficulties between them. In terms of romantic relationships he said: “I’m really bad at putting the effort in and I’ve had, eh, I’ve had lots of people that I possibly could have progressed longer relationships with, but I get so bored so quickly, and a week is a long time.” David ascertains that he does not have time to be lonely, and at first made a joke that the advantage of having someone to share your life with is sex. However, as he started to allow himself to imagine what it might be like his tone seemed to change: “Companionship. Someone to go on holidays with...somebody to go out with. Somebody to stay in with. It would, it would probably be quite nice, but at the moment I have nothing driving me to do it.” The closest attachment David seems to have in his life is the one to his job, to which he is very committed:

David 16.16 *“I like my work and my style of work requires a lot of me and I would find it very difficult to function with distractions in my life that were not work related...Twelve or sixteen hour shifts would not be uncommon...I had a twenty-nine hour shift last week which was followed the next day by a sixteen hour shift...There are very, very few who work the type of hours I work.”*

Yet, for David there is a bond to the people he works with, and he has created a sense of family for himself with them:

David 14.20 *“We eat meals together. We spend more hours of the day together than we do with anybody else in the world. And it’s like a mini family, although it’s a constantly changing family...There are people there who would notice you going off...and would grab hold of you.”*

While his job in the police force of Northern Ireland might be considered dangerous, it seems to hold less risk for David than close relationships to other people.

4.3.6 The Importance of Achievement

Three of the respondents spoke of a sense of achievement being of significance to them. This was tied to another underlying theme of being resilient in life.

Mary contributes her intelligence as being inherited biologically, and describes it as contributing to her being an outsider in her adoptive family. Having missed her education in her teenage years, she went back to school as an adult and continued on to University level. The degree of importance she attaches to this was shown when she defended her daughters' achievement in the Leaving Certificate to her biological mother, and her own achievement of an A in English when Nora criticized it for being at pass level. In response to this she said she went in to a mode of resentment and would not see Nora or return any of her phone calls. She explained:

Mary 20.25 *“It’s those kinds of things, competitive, and I mean all of her family are...well educated. But I did it for me. I didn’t do it to be competitive with anybody else...She really hurt me by that because I thought ‘why should it matter?’”*

When David was thirteen-years-old he began working delivering newspapers. He recalls that he did two rounds while everyone else did one for the personal satisfaction of delivering more newspapers than anybody else. He approached all his jobs growing up in the same way, and continues to do so in his current career. In thinking about why he works so hard David said:

David 18.9 *“In some senses the competition isn’t with other people. The competition is often with myself...It’s not about the money. There’s a personal challenge in working a twenty nine hour shift and still being functional at the end of it and having had a good result. “*

In Rachael case, the importance of achievement was strongly evident in her response to the question: “How do you think being adopted had shaped your life?”

Rachael 16.16 *“For me it was always in a very positive way...I always wanted the best for myself..because I knew that someone else wanted to give me the best. I always push to do the best in anything I take up...I work really hard...Because you were given up for adoption and you were rejected as a child, this has to make you stronger...I believe it makes you a stronger person in life and you deal with things a lot better.”*

4.3.7 Therapy and Support

Three out of the four interviewees have been for therapy or counselling, but only one of these reported it being in relation to adoption.

David had difficulties in school that led his parents to send him to a several therapists. Although he recalls that he was between eight and ten-years-old at the time, his reported memory of events is sparse:

David 13. 14 *“I remember going to various different counsellors...I think there must have been some I didn't like and some that I did like and some that I frustrated. I think in the end everyone just, (pause), my recollection is that in the end they all said there's nothing wrong with him.”*

His belief is that he suffers from Attention Deficit Hyperactivity Disorder (ADHD) and if was diagnosed in childhood he could have performed much better academically. He spoke a difficulty concentrating on anything for significant lengths of times, and he linked this to not being able to maintain relationships. He provided the following description:

David 12. 21 *“I find it very difficult to sit down and deal with something that takes a long time to deal with. My mind continues to scatter...I'm quite happy to have eight plates spinning for a short period of time, but to take one big platter and spin it for a prolonged period of time...I don't really function well with that.”*

In adult life he says that: “people know my strengths and my weaknesses and they let me play to my strengths and we try to avoid my weaknesses as best we can.”

Mary first went for counselling due to difficulties in her relationship with her biological mother. She explained that therapy helped her to clarify their relationships, and for her to find her voice in it:

Mary 22.16 *“Initially...there was part of me who was afraid that if I don't play along with the whole situation and I don't see her regularly that I won't see her at all...and if I say how I am really feeling she'll walk away...Whereas now she knows. I'm not afraid to say: “well, this is how I feel. I'm sorry maybe it's not what you want to hear but I can't help how I feel.”...That was five years of counselling now...I was afraid if I said how I really felt that she would walk altogether. I don't know how I would deal with that actually.”*

Rachael went for couples counselling at her partner's request. They had 6 sessions. She explained that the therapist expected her to have difficulties resulting from her adoption, but at the end he told her that he could see she did not have any issues with being adopted.

Three of the participants said they felt there should be more support available for adoptees, and recognised that adoption was an issue for some. One participant said she had never thought that people would need therapy because they were adopted.

CHAPTER FIVE: DISCUSSION

5.1 The Impact of How Adoption is Communicated

For all of the participants in the research study how they felt about being adopted was correlated with how they learned that they were adopted. Those who considered adoption to be 'normal' were told at a young age, and it was discussed more openly with their parents. The participant who associated adoption with being 'different' was the only participant of mixed race. The rest of her family were Caucasian. Other contributing factors in this case with relation to how she felt about being adopted were that she was bullied at school and her parents did not want to discuss the adoption openly with her when she asked. This concurs with the findings of Schechter and Bertocci (1993).

In these respects the research supports the view of Winnicott (1996) that adoptees should be told at a young age that they are adopted, and that the topic should remain open for discussion. The findings also support those of Triseliotis (2000) that the information needs to be understood and integrated into the child's identity. This is reflected in those participants who referred to being adopted as 'normal' and 'part of me'.

All four interviewees spoke of a frustration with the lack of information that is made available in the practice of closed adoption in Ireland.

5.2 Nature versus Nurture

The significance for the interviewees of nature versus nurture was not predicted by the researcher. It was the topic that held the most curiosity for the adoptees in this study in relation to being adopted. It was of the greatest interest to Mary. Mary was the only participant who actively sought, and followed through with, contact with her biological mother. What she was looking for most was not physical similarity but psychological similarity. The researcher is not aware of existing research that examines the aspect of psychological similarity/difference as factors in the decision to search for biological parents.

5.3 Findings in Relation to Attachment

For the interviewees who met with members of their biological family their experience was that their biological family wanted a closer relationship than they did. It can be

hypothesised that biological parents retain a stronger attachment to their biological children than the children do to them.

A striking finding of the research was the level of sensitivity to disruption in childhood; namely moving home. It was demonstrated in these cases that the adoptees may require not only stability and security in their relationships, but in physical environment also. This follows Winnicott's (1996) premise that stability and continuity in the home are of prime importance in adoption. For both Mary and David, it was moving a lot that they thought of most when remembering their childhoods. It was in these two cases that the researcher also found the greatest degree of possible affect of adoption. David was the most insistent of the participants that being adopted had not shaped his life in any way. However, the researcher found that he was the interviewee that demonstrated the greatest levels of insecure attachment. It is worth remembering that he was the oldest when adopted; 22 weeks. This conclusion came from several cues:

1. The lack of expression of closeness to family.
2. The lack of close personal relationships in adult life.
3. The lapse of reported memory from childhood.
4. The diminished importance of relationships to others.
5. Difficulties with concentration.

While the researcher cannot classify attachment pattern from this study alone, the behaviour in David's case is suggestive of both insecure-avoidant and disorganized attachment (Schofield and Beek, 2006). It is worth referencing the description of disorganized attachment discussed earlier:

“Adults with the D classification minimize the importance of attachment related experience and tend to dismiss attachment relationships and their influence from consideration. For example, they may repeatedly block discussion of childhood experiences by pleading poor recall. Without being able to provide concrete illustrations, their description of relations with parents often appear idealized or normalized”

(Irhammar & Bengtsson, 2004, p. 11)

5.4 Unexpected Findings

The correlation between having a negative fantasy of the biological parents and a decision not to search was also a surprise to the researcher. This contradicted the findings of Robinson (2005) and Brinich (1993).

The degree to which high achievement was important to the adoptees interviewed was also an unexpected result. This desire to achieve was reported by the adoptees in this study to be for a sense of personal gain, rather than to impress or compete with others. It could be suggested that this arises from an inner working model that sees the self as lacking.

Three out of four of the participants have been to therapy; but only one related this to their experiences of adoption. The participants all said that it would be beneficial to adoptees that do have difficulties to have more support available to them. What therapy was said to provide was a voice for the adoptee in having her needs met. None of the participants in this study demonstrated symptoms of trauma that would benefit from trauma therapy.

CHAPTER SIX: CONCLUSION AND RECCOMENDATIONS

6.1 Conclusion

The overall conclusion of the researcher is that early adoption is ‘good-enough’. The findings of the study agree with Winnicott’s (1996) own conclusions about adoption that it is a good and often successful practice, that it is best to tell the child at a young age, and stability and continuity in the home are of prime importance. The researcher finds a demonstration in these cases of sensitivity to environmental and relational failures. In these aspects their adoption was not ‘good-enough’. It can be surmised that adopted children require a greater deal of security and stability in their home life than their non-adopted peers. However, enough of a secure base was provided for these adoptees to be able to develop successfully.

The participant who demonstrated insecurity in their attachment pattern was adopted at 22 weeks, which was the latest age of adoption in the study. This participant also experience significant levels of disruption in their childhood by moving home which necessitated a break of close extended family ties.

6.2 Recommendations for Future Research

- 1.** It would be beneficial to conduct research with similar objectives, but utilizing a mixed methodology approach instead including the Adult Attachment Interview.
- 2.** The researcher would recommend the undertaking of a research study that concentrates on the importance of achievement to adult adoptees adopted at an early age.
- 3.** Future research that concentrates on the effects of disruption during childhood on adoptees is recommended by the researcher.

APPENDIX A: INFORMED CONSENT

Research Title

Is early adoption ‘good enough’? A phenomenological exploration of adoption and attachment.

I understand the nature of the above research and agree to take part. I am aware that the interview will be recorded and used as part of a research project. I trust that my anonymity will be protected throughout. It has been explained that I may withdraw from the study at any time if I wish to do so.

Participant

Signed _____ Date _____

Researcher

Signed _____ Date _____

APPENDIX B: INTERVIEW SCHEDULE

Interview Schedule

1. Can you tell me about the background of your adoption? (why, age, closed/open, knowledge of biological family).
2. Do you remember how you learned that you were adopted?
3. Have you made any contact with your biological family? / Do you have an interest in making contact? (how was the process, the experience, the outcome?)
4. Can you tell me about your childhood? (how would you describe it?)
5. Would you consider that you've had any close personal relationships in your life?
6. How do you feel being adopted has shaped your life?
7. Do you feel that there is enough support available for adoptees?
8. Have you ever seen a therapist for this, or any other reason?

APPENDIX C: List of Supports.

Following this interview I would like to suggest a list of confidential support services available for adoptees in Ireland.

Adoption Ireland

Tel: 01-8674033

Email: chairperson@adoptionireland.com

Address: 27 Templeview Green,
Clare Hall,
Dublin 13.

Barnardos Adoption Advice Service

Tel: 01-4646388

Address: Christchurch Square
Dublin 8.

APPENDIX D: Table of Master Themes Interview 1: ‘Sarah’

Feeling about being Adopted	- learning about being adopted	3.3	‘We learnt this word at school’
	-being adopted as fact	3.22	‘Something that happened to be’
	-adoption as normal	15.3	‘part of me’
	-images of adoption	6.1	‘wasn’t a mantle that I bore’
	-not discussed	8.15	‘ugly part of my life’
	-nature vs nurture	16.3	‘lion that’s tame’
	-appearance/ personality	15.29	‘probably rubbed off’
Making Contact with Bio Family	-no interest in bio family	2.20	‘never been curious’
	-reasons to contact	16.12	‘put his mind at ease’
	-role of agency	11.23	‘easy to talk to’
	-process of contact	2.3	‘didn’t know what to say’
	-meeting as mistake	15.6	‘really upset me’
	-feelings of parents	3.19	‘dad tried to be open’ ‘mother never talked about it’
Connection with/ Attachment to Adoptive Family	-belonging to parents	18.26	‘his little girl’
	-extended family	4.14	‘relatively close’
	-relationships same in adoption	7.3	‘it’s no different’
		7.19	‘she’s mimicking’
	-bond with family	14.24	‘water’s thicker than blood’
Connection with/ Attachment to Biological Family	-biological father is pest	1.14	‘massive pest’
	-biological father is stranger	2.24	‘random stranger’
	-no bond with bio father	12.10	‘felt no bond’
	-bio father wants relationship	9.20	‘wanted his daughter back’
	-identification with bio mother	10.21	‘she didn’t like him’
	-no bond with bio sister	17.21	‘she’s my friend’
Relationships	-trusting others	5.4	‘I’ll believe them’
	-relationships to others	18.14	‘Tight-knit group of friends’
Other’s perspectives Of Adoption	-media	6.1	‘somethin to do with the media’
	-not real family	6.25	‘not my <i>real</i> family’
Therapy	-didn’t think people needed	14.5	‘never thought about’

APPENDIX E: Table of Master Themes Interview 2: ‘Mary’

Feeling about being Adopted	- learning about being adopted	2.6	‘she never explained anything’
	-nature vs nurture	9.31	‘didn’t fit with the family’
	-appearance	2.3	‘I used to stick out’
Making Contact with Bio Family	-sketchy information	6.15	‘sketchy information’
	-1 st meeting	9.26	‘just overwhelmed’
	-reasons to contact	9.33	‘questions were answered’
	-boundaries	12.22	‘would take it upon herself’
Connection with/ Attachment to Adoptive Family	-extended family	4.1	‘absolutely loved them’
	-family of two halves	1.6	‘family of 2 halves’
	-siblings in mother role	18.12	‘left minding us’
	-should be grateful’	17.30	‘always you should be grateful’
	-close to siblings	16.15	‘we stick together’
	-difficult rel with mum and dad	2.31	‘I didn’t want it’
		2.33	‘mother became alcoholic’
Connection with/ Attachment to Biological Family	-fantasy of bio family & contradiction	8.10	‘she looked nothing like I imagined’
	-bio mother’ rights	20.9	‘gave up your right’
	-boundaries	19.18	‘called up unannounced’
	-feeling resentful	20.30	‘went into resentful mode’
	-level of closeness	22.7	‘there and out there’
Relationships	-one long term	5.6	‘hooked up, that was it’
Therapy	-gave her a voice -need for support	22.16	‘to say no I don’t want this’ ‘need for more organised support’
Childhood & Development	-wild child	4.25	‘I was very wild’
	-moved a lot-home and school	3.1	‘when I was 13 ½ I left home’
	-resilience	3.12	‘good survival skills’
	-importance of achieving	16.30	‘different levels of intelligence’

APPENDIX F: Excerpt from Transcript

Transcript of Interview with Interviewee 1: Sarah

I Ok. So first can you tell me a bit about the background of your adoption, like do you know what age you were adopted at...or?

S I was adopted when I was about 3 months...it was in the March, so yeah, maybe about 7 or 8 weeks old. So yeah, very, very young.

I And do you know anything about, like, did your parents find out anything about your biological parents; was there any information given?

S Eh, yeah. When I turned 18 my biological father contacted the adoption agency. (Swallows) and said he wanted to meet me. So they contacted my parents who, because I had come of age, and said, you know, this has come up. So my parents told me about it, and at the beginning I thought, no, I have no interest in meeting him. And then I said to a friend of mine what had happened, and he said, you know if you don't meet him you might end up spending the rest of your life wondering what if? And so I went to meet him and it was *a huge mistake*. He turned out to be a massive pest who would not let go of the fact that he was my biological father. And, it, for some reason, despite the fact that when I met him I told him look, this is a one off. I don't want a relationship with you. I'm here to satisfy your curiosity, to let you know that I'm fine. That I have had, and am still having a great life. And you know, don't feel bad about the fact that you had to give me up, because for me personally it's worked out fine. Em, but he wouldn't let it go. And he kept, em on my birthdays, at Christmas, Easter, he'd send cards and letters to the adoption agency, and they'd call me and say, well do you want them, or will we destroy them, and sometimes I'd say ok, yeah just give them to me. And he'd write in them "Always your loving father". And I said to them, you know, if he is going to send me these he has to stop saying he's my father, because he's not my father. But he wouldn't, and it went on for years and years. And I said, I just had to say to them, look, I don't want you to contact me about him. And if he sends

anything then just bin it, because I don't want anything from him anymore. He just wouldn't take no for an answer.

I And you met up with him once?

S Yeah, when I was 18.

I And, so, how was the meeting?

S The meeting itself was ok. I didn't really know what to say besides what I just said to you. And the nun was there the whole time. And eh, yeah, he was just, he told me about what had happened, and why they had to give me up for adoption and the fact that he didn't want to. But himself and my biological mother weren't married, and em, he was, he's Dutch, and they were living over here, and he really didn't have any rights to me. And it was her decision to give me up, but he wanted to keep me. (Coughs) Em, so that's why. He's always carried around the fact that he has his own children who are still his, and this extra one. And in his eyes we're all equally his children. So...

I And do you know what happened to your biological mother. Did they stay together?

S Eh, no. I think they split up even before I was born. Or maybe shortly afterwards. I don't know. Em, and the last time I was in contact with him through the adoption agency was probably about 10 years ago now. The woman there said "Well, we've contacted, or she's contacted", I can't remember which way around it was now, "And she'd be willing to meet you if you wanted. She'd be willing to write to you if you want to?" And I said, no (quietly). Because I just had no interest. I've never, ever, ever been curious about, you know, who I am, or, where I came from, or, my roots or anything like that. Ever. Ever.

I And your father. Well, biological father, to be saying he's your father like anybody else?

S Yeah. It felt like some random stranger coming up on the street and saying, you know, "I'm your brother, or I'm your sister". (laughs). No your not. You're a stranger.

I And you didn't have any of this feeling of connection that people talk about when

S No. no. Nothing like that.

I And do you remember how you learned that you were adopted?

S I do yeah. (Smiling) I was in school. And I must have been about 6 or 7. And we just learnt this word at school 'adopted'. And so myself and my 3 best friends at the time said ok, we'll go home tonight and we'll ask our parents if we were adopted. And so my Mum collected me from school. And I remember, it's just before you turn left on to our road. And I said "Mum, am I adopted?" And she said "yes". And I was like "Oh, ok, cool". And that was it. And the next day we went into school and I said "I'm adopted" (excited voice). And two of the girls G and R said "Oh, I'm not", and the other girl B said "Oh so am I". (Laughing). And so that's how I found out.

I So, you kind of felt special?

S Yeah, like for a day. And then I just kind of forgot about it.

I And did you never discuss it in your family?

S Em, well my dad did. Well sometimes my dad would make jokes. Like if Holland were playing football or something, he'd say "I bet you're supporting them" (laughs). And I'd be like "no dad, I'm not. Why would I?" "Because your father's Dutch". And I be like "NO dad!" And I think like my dad tried to be really open about it, and like, I'm really cool with this, you know, em. And my mother, yeah, my mother never really talked about it. But I never really talked about it to them. I just, to me it was just something that happened to be a fact that I couldn't really do anything about, and wasn't really bothered about anyway. Just like, you know, the fact that my hair is brown. I'm not going to question it or try to change it, so..

I I wonder if that's an Irish thing as well; a feeling of a not needing to talk about these things.

S Um. Well maybe not. I mean if I had been curious. If I had genuinely, even for a few minutes, thought 'I wonder what my biological mother is like. I wonder if I have brothers and sisters.' Then maybe I would have been more inclined to talk about it. But you see *my* parents didn't know anything about my biological parents. All they knew was, you know, they told me about how they went about adopting me. And the fact that they didn't get to choose me like 'oh, I'll have that one'. And how happy they were when the nuns brought me out to them you know. And. But. I never really. And it wasn't the case that I thought I shouldn't discuss it. I just never wanted to. But, see I have a friend who was adopted as well when he was very young also, and he, but he was the exact opposite. He really from the day he found out he was adopted; he *wanted* to know who his parent were. He wanted to find them. He wanted to build a relationship with them. You know he wanted like the other set of parents he felt he deserved. And I just couldn't understand that *at all*.

I And did you get any sense of why it was so different for him?

S Em yeah, I did actually. Because he had two older sisters and sometimes when they fought they'd bring up the fact that he was adopted. So maybe that was why it was different for him. And as well as that, I grew up... I grew up as an only child. But I grew up, I had quite a big extended family that we were relatively close to. And I have like three cousins who were adopted as well. So, adoption in my kind of larger family wasn't, you know, it didn't make us special or different because there were always the other couple of cousins who were adopted as well.

I So it just seemed very normal?

S Yeah. Yeah.

I And, you're married now, and you have one child.

S Um (in agreement)

I And sometimes with attachment literature they say that where people have difficulties early on they have difficulty forming relationships when they're older.

S Um, ok.

I Especially kind of long lasting relationships. Did you ever have that sense growing up, or in your teens or anything, that you didn't trust people, or?

S No. I'm quite trusting. But I don't know whether that's the fact that maybe I'm quite naïve. T is much more clued in. t is my husband. He's much more clued in and able to read people. I just like, if someone tells me they're going to do something I'll believe them. You know, and I really don't get a sense of maybe I shouldn't trust that person. Unless they are exceptionally dodgy. No I've never had trust issue. And even with my ex boyfriend. I had a long-term relationship before I was with T. and then with T. I've never, ever, not trusted them. So..

I So 2 long-term relationships?

S Yeah. I was with my first boyfriend, well my first long-term boyfriend for 6 years. And then we broke up and about 6 months later I was going out with T.

I And you've been together for 10 years now?

S Well about 9.

I And then if you look back on your childhood. How would you describe that?

S Em. I would, well, I have very, very fond memories of my childhood. I can't really complain about it. There was never really a time when I was particularly unhappy. Apart from childish tantrums, and, you know, the odd argument with my parents. I don't think I argued with them anymore or any less than anyone else. There was times I suppose as as only child where I thought, yeah, I'd love to have a brother or sister. But I grew up in an area where there were loads of children my own age. So after school and at weekend s there was always someone to play with. So I never kind of felt isolated in that way. And, yeah, we used to go on holiday every year; myself, my Mum, my Dad and my Granny, who used to live with us. And we'd go down to Kerry where my Mum's family is from. Every summer for 3 weeks. And I absolutely adored it. We used to rent the same house, on this row of houses, and every year the same families would be there as well with all their kids, and it was

just brilliant. There were always, whether I was here or on holidays, there were always kids to play with. So. And the fact that I was adopted. It never came up.

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