Identity as experienced and explored in therapy with adopted children: An IPA study

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A thesis submitted as a requirement of the

University of Essex and

the Tavistock and Portman NHS Foundation Trust for

the Professional Doctorate

in Child and Adolescent Psychoanalytic Psychotherapy

Date of submission for examination - December 2020

Acknowledgements

This research would have not been possible without the participation of the CAMHS therapists who so generously agreed to be interviewed and shared their experiences. I would like to express my appreciation to Elizabeth Murphy, Consultant Child and Adolescent Psychotherapist for her unwavering support.

I would like to thank my research supervisor, Dr. Jenifer Wakelyn for the encouragement, guidance and support provided. I would also like to mention the doctorate research leads; Dr. Jocelyn Catty and Dr. Brinley Yare for their availability and uplifting input.

I would like to express my gratitude to all my friends and family for their words of encouragement and for not giving up on me; and to my partner Matt, whose support throughout my doctorate has been invaluable.

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I have great respect for the past.

If you don't know where you've come from,

you don't know where you're going.

I have respect for the past,

but I'm a person of the moment.

I'm here,

and I do my best to be completely centered at the place I'm at,

then I go forward to the next place.

Maya Angelou.

'No other group of children and young people in the developed world are more socially or developmentally disadvantaged than children and young people who reside in court-ordered alternate care, and those who are subsequently adopted from care'

(Tarren-Sweeney & Vetere 2013:5)

Abstract

The aim of this study is to explore therapists' experience and understanding of adopted children's identity. Identity formation takes place overtime, all children go through the process. For adopted children, it is further complicated by the meaning of the past and their current sense of self and belonging. In this study, eight therapists in a Specialist CAMHS clinic were interviewed. Verbatim transcripts of the interviews were analysed using Interpretative Phenomenological Analysis (IPA) to examine how the therapists experienced and explored identity for adopted children. Three emergent themes were identified *'The Evolving Sense of Self', 'There are many facets'* and *'Creating a little platform'* with recurrent super-ordinate themes providing a rich description of the therapists lived experience.

Key findings suggest that therapists were working with children who were still affected by trauma, many struggled to adjust to their adoptive families. The children had negative views of the self, they felt persecuted by their history, both known and unknown. There was a sense of fragmentation and splitting. The therapists found adoptive families experienced social stigma and discrimination. The study found therapists welcomed the space to think about the difficulties they encountered in therapy. The novel findings are discussed and informed by psychoanalytic theory highlighting the complexity of the adoption experience and the need for identity to be thought about in therapy, clinical supervision and at home through open communication.

Key words: adopted children, identity development, therapists' lived experience, psychoanalytic psychotherapy

Chapter 1. Introduction

This study is an Interpretative Phenomenological Analysis (IPA) of the experiences of therapists in their work with adopted children in a Specialist Child and Adolescent Mental Health Service. This chapter presents the aims of the study, the key definitions and a brief history of adoption in Britain. It also includes adoption statistics and trends.

1.1. Aims and Objectives

The overall aim of this thesis is to explore the therapists' experiences and understanding of adopted children's identity through therapy. It is a small-scale qualitative research study, giving voice to therapists' lived experience. In particular:

1) How participants understand and experience the sense of self.

2) Whether participants think about identity in therapeutic work and if so, what their lived experienced is.

1.2. Why adopted children's identity?

Adopted children face a unique set of challenges when it comes to identity development. The abuse and abandonment suffered in early life affects children's sense of belonging. Identity development is a complex and multi-layered process that gets further complicated by internal parental representations and external factors in the adoptive family.

My interest in this topic developed over the past decade whilst working as a CAMHS therapeutic social worker in a NHS Specialist Child and Adolescent Mental Health Service (CAMHS) for looked after and adopted children. I have often wondered how much identity was explored in therapy, did other therapists think about it as much as I

did? In clinical practice, I have found that adopted children are often caught between two worlds; the one they have come from and the one they are in now. My counter-transference has often been one of '*sadness*' and of feeling '*lost*'. Most adopted children have had numerous 'mums/dads' by the time they are adopted. This can impact on the development of an integrated sense of self. I was interested to explore this aspect of therapeutic work hence the research presented here. I hope this thesis will provide a helpful contribution to therapeutic work, the thinking, development and understanding of identity formation for adopted children.

1.3. Key definitions: Adoption and identity

There are many definitions of adoption, the two below encapsulate both the internal and external aspects; the emotional and the legal elements involved in the process of adoption. Adoption is described as a verb in the Cambridge Dictionary~ the action that involves 't*o legally take another person's child into your own family and take care of him or her as your own child'.* Simmons (2008:28) provides a vivid and comprehensive description:

> *'Adoption is also one of the most radical interventions that can be made in the life of a child. Adoption changes everything. Whatever the child brings into their adoptive home – their genetic inheritance, their personality, their pre-birth and pre-placement experiences, their class, ethnicity, language, culture and family history – it will be changed by the people, circumstances and opportunities that make up their new world.*'

Adoption is a permanent legal process with lifelong implications. The descriptions of identity are plentiful depending on the theoretical construct. From a psychoanalytic perspective, Freud (1919) describes how self-representations are developed within

the context of object relations, that is the relationship with parent/s. In his writings, the ego develops first as a bodily ego linking mind and body in the process. There is a close link with the mother as the primary carer which is further developed by Winnicott (1949) and Bion (1962).

Winnicott (1949) referred to the construction of the self, necessitating a holding and supportive environment. This supportive environment is thought to be provided by a maternal figure that allows for a sense of continuity and the possibility of creativity. The initial existence of a baby only in relation to a mother is central to psychoanalytic thinking. The existence of the self in someone else's mind is the beginning of the self.

Bion (1962) writes about the self-existing in the container's mind, the maternal figure. The basis of development and of the capacity to think, grow and develop is linked to early relationships. This connection is undoubtedly disturbed by the maternal/paternal abandonment and separation experienced when children come into care and are subsequently adopted.

Both Winnicott and Bion suggest a sense of belonging as a direct link to a sense of identity and self-worth. Triseliotis' (2000:89) writes about identity in the context of adoption, 'I*dentity is basically what we feel about ourselves and how we think other people see us. It is the outcome of the integration of the self'.* This integration or the absence of integration and instead a fragmentation or splitting, represents a key aspect for adopted children in identity development.

Hindle and Shulman *(2008:1) write 'Adoption is profoundly complex. It encompasses issues of identity and sense of self, the question of origins and the sense of belonging, the experience of loss and the capacity to form new attachment relationships.'* In the literature review and subsequent findings these aspects of the adoption experience are explored through the lived experience of participants. In this thesis, the term 'participants' and 'therapists' is used intermittently, when referring to 'children' it is meant 'adopted children' unless specified.

1.4. Identity formation and psychotherapy

In optimal development, Winnicott (1960) writes that a mother identifies with her baby through a primary maternal preoccupation but for many adopted children that may not have occurred. The majority of adopted children would have suffered significant trauma. Chapter 2 provides empirical evidence of the impact of trauma on children's development and ability to form and maintain relationships. Winnicott (1986:22) stated:

> *'Trauma means the breaking of the continuity of the line of an individual's existence. It is only on a continuity of existing that the sense of self, of feeling real, and of being, can eventually be established as a feature of the individual personality'.*

Children hold memories of their birth parents mixed in with fantasies and hopes of what could have been; fears of catastrophe and of being rejected by the adoptive parent/s can affect their ability to take on the care and love offered by adopters. Brinich (1980: 108) eloquently states:

> '*The adopted child must include two separate sets of parents within his representational world. He must also integrate into his representation of himself the*

> *fact that he was born to one set of parents but has been raised by another set of parents.'*

The object relations theory offers a useful framework in the understanding of the internal world of the child. In adoption, the challenge of integrating two sets of parents requires full exploration of the self-identification with both. Identity development is fluid but can become stagnant. Glenn (1974) comments on the '*prototypical dynamic of the adoptee, namely her painful awareness that she lacks a complete identificatory picture, spending a lifetime in a 'virtual witness protection program'*. This is a provocative statement that refers to feelings of not knowing who you are, having no sense of self. Although contextually this was written at a time when not all adopted children were told about their adoption, it continues to resonate today.

Adopted children might have experienced distorted and damaged object relations. Maternal separation leading to adoption can disrupt the continuity and coherence of the self. The relationship between oneself and others is disrupted permanently by the process of adoption. Adopted children have a drastic '*break in continuity'* as they are separated from their birth parents permanently.

According to Freud, the ego or '*ich*' has a conscious part or self and an unconscious part or defensive process. These defenses are often activated in adopted children, Arundale (2017:22) writes '*if identity has not yet developed, has been lost, fragmented or become unreal'* battles between conflicted parts of the self can split the self into two parts; excessive projection of the parts of the self into others or introjection, internalizing distress. Psychoanalytic psychotherapy can help to explore, find, integrate and consolidate the sense of self.

Rustin (2008:88) comments how '*adoption creates extremely complex familial structures'.* The concept of family, belonging and how relationships are formed and maintained is shaped by these early experiences. She posits that the challenge for adoptive families is to balance phantasy and reality in order for children to progress. Rustin (2008) comments on the need for adoptive families to have support post-adoption, to process and respond to the child´s emotional evolving needs.

Pivnick (2010:22) writes about the experience of adoption for some children and parents:

> *'Adoption is a process and an identity, as well as an act. While the birthparents set in motion a process through which the child is born, adoptive parents and maturing adoptees must together find ways to manage being borne by one another. Often distressed and disorientated by the sense that they were "left without a word" adoptees can enact unexpectedly disruptive feelings that lack words'.*

In psychotherapy sessions, a child can have an opportunity to disentangle the sense of self; to project, process and explore emotional pain. The non-verbal communication, the unconscious defences and projections are all part of the work. Kaufman (2013:33) comments on the identity formation of a four-year-old adopted girl. The clinical material below provides a description of her preoccupation with rejection and exploration of the internal duality in therapy:

> *'In her play, Ella demonstrated the split in her psyche as she struggled to make sense of the two sets of parents in her mind. She elaborated a play phantasy*

> *in which a doll was half-girl– half-bear, and didn't belong with the human or bear family.'*

Meltzer (1975) offers a developmental understanding of the emergence and recognition of inner space that can be achieved via therapy, the concept of '*dimensionality*' in relation to mental functioning and the development of the self can be used to understand identity formation. The concept of '*dimensionality*' and the link between body and mind, is extended by Ferrari (2004) who posits that the self develops as a vertical dimension between the body and the mind and also as a horizontal relationship between the infant's mental representation and its mother's.

Cregeen (2017) writes about adopted children and the process of identity formation. He refers to the social research of Solomon (2012 cited in Cregeen) and the '*horizontal and vertical'* ideas although with a slightly different emphasis to Ferrari (2004). For Solomon, the concept of '*horizontal identities'* means aspects of the child that are not recognizable as directly linked to the parents and '*vertical identities'* are linked to transgenerational familial continuity. Cregeen (2017) comments on the unique relevance of these constructs to adopted children.

Allnut (2016:17) posits that '*one needs to have developed a clear sense of the dimensions of space and one's own place within it alongside a strong and secure enough relationship to oneself and others, in order to have the opportunity to feel at home'.* She explores the concept of 'being at home', the interesting link between identity and

dimensionality of the self. In psychotherapy, she sees a two year old boy making developmental and physical progress over the weeks in therapy which leads to an early foundation of the self.

Another model of identity development is presented by Zeleke (2018). She studied white American families that had adopted children from Ethiopia. The research led to a conceptual understanding of identity development with three stages that can be thought about for any child at any given moment:

1. Belonging- To identify the place where they are and with whom they belong.
2. Being- To seek and make meaning of their world, neighborhood and environment.
3. Becoming- To know/understand the rapid and significant changes that occur during childhood.

This three-dimensional model brings together the past, present and future. Zeleke (2018) writes further about the lack of a sense of a '*psychic home'* which links to Meltzer(1975) and Allnut's (2016) idea of dimensionality. Zeleke (2018) posits that this lack of a psychic home can affect new parental relationships due to previous internal experiences and often intergenerational trauma held in the family. A similar model has been developed by Briggs (2015), a British psychotherapist. He refers to a similar matrix but based on the emotional states and belonging:

1. Can I allow myself to belong to you?
2. Can you allow yourself to let me belong to you?
3. Can I allow myself to let you belong to me?
4. Can you allow yourself to let yourself belong to me?

In order for a child to feel like they can belong to the adoptive parents, they need to go through the process of mourning the loss of their birth parents. Briggs' model perhaps refers to the process of allowing for the new relationship to emerge, for both children and adopters. The experience of the whole family and how they influence each other in their journey. The claiming of the child and ultimately; the adjustment made by both to become a family.

Adopted children face many challenges but adolescence has been identified as a particularly troublesome period, both in literature and in our study. Questions such as *'who do I belong to?' 'where do I come from?' and 'can I be part of two families?*' come to the forefront ,often with many unknowns and unanswered questions and fantasies. Children can feel a sense of being split between their birth and their adoptive family's identities. De Rosnay et. al (2018) found differences in the age groups with children over 12 referring to their identity more frequently than younger children. For others the search for their origins begins in adulthood, Lord (1991) has written about adult adoptees searching for biological families and redefining their identity.

1.5. Adoption through history

Adoption has featured in literature for centuries from the classics; Oedipus and Moses to traditional tales of abandonment like Hansel & Gretel or Snow White. More recently, in mainstream culture via films such as Annie, Kung Fu Panda, Despicable me or Star wars with Luke Skywalker. There has been a fascination with abandoned children and their 'rescuers' throughout history. The phantasy of children being rescued features in literature such as Dickens, *David Copperfield and Nicholas Nickelby*; Kipling, *Kim and Mowgli;* Twain, *Tom Sawyer and Huckleberry Finn*; J. M. Barrie created *Peter Pan and the Lost Boys*. Superheroes often come from traumatic family stories, orphans like in Superman given the name Clark Kent by his adoptive parents and Peter Parker aka Spiderman raised by family member. In London, The Foundling Museum pays tribute to the voices of children in fiction and adults in public lives who were once in care or adopted. Abandoned children are also present in stories from cultures across the world. For example, in the Inuit tradition, abandoned children often come back like great hunters and warriors returning home to save the parents that rejected them. In some Native American folklore, abandoned children return to take revenge. In Japan, Momotano is adopted as an infant by an elderly couple. In Celtic fairy traditions, children are parented by supernatural beings, sometimes by the devil.

In the French formulated adoption law, the Code Napoleon, was modelled on the ancient Roman law established in the interest of the wealthy childless Romans who wished to adopt a heir. These early laws were designed to protect the interests of the adoptive parents; the protection and promotion of the welfare of the child were of secondary importance.

In Victorian Britain, there was a form of adoption through Poor Laws, the precursors of Local Authority social services. At the turn of the century, three events led to the development of an adoption law; the First World War, the Spanish Flu pandemic in 1918 and the number of children born out of wedlock. In the 1920s, adoption became legally recognised with the introduction of the Adoption of Children Act 1926 in England and Wales, followed by 1929 in Northern Ireland and 1930 in Scotland (Mignot 2015). These laws have been subsequently updated and reviewed. There are different adoption laws in Northern Ireland and Scotland but also different social trends in adoption. Throughout history and to this day, socio-economic and political trends continue to affect and shape adoption and the demographic of children that are adopted.

1.6. Types of adoption

There are three categories of adoption: domestic, relinquished babies and international adoptions:

- In domestic adoption, children are born and adopted in the UK. It is a drastic and long-lasting separation with the involvement of Social care, the Family Court and even the police. It is often marked by a forceful removal from birth families. First, the Family Court must be satisfied that the children have suffered significant harm and the parents are not able to provide '*good enough parenting',* a phrase often used and borrowed from Winnicott's work. Other alternatives such as friends and family are explored before the children are considered for adoption. The process can be lengthened as birth parents may contest and oppose to this permanent removal. The majority of adoptions in the UK are domestic so children coming into adoption this way have suffered significant trauma and separation.

- Relinquished babies are adopted with the parents' consent at birth. They represent a very small percentage of adoptions.

- International or intercountry adoptions constitute a small number of adoptions. These adoptions are privately arranged, it involves a child or children from abroad often from orphanages. The trend for these adoptions has changed over the years depending on which countries allow children to be adopted abroad. The process is long and costly for adopters and less common in the United Kingdom.

1.7. Adoption figures and Trends

In the United Kingdom, adoption is shaped by geographical, cultural, political and socio-economic trends. In 2019, there were 75,420 children in care in England, 14,897 in Scotland, 6,407 in Wales and 2,416 in Northern Ireland. In England, 3.6 per cent of children in care were adopted, that is 3,830 children. In Scotland, 2.4 per cent of all the children in care were adopted, 367children. In Wales, it was 3 per cent, 208 children. In Northern Ireland, 2.8 per cent of children in care were adopted 84 children. (BAAF Coram 2019).

A further look at the number of adopted children over the past decade provides an interesting picture.

Number of children adopted in England in the past decade.

2009	2015	2018	2019
2,900	5,369	4,580	3,570

(Department of Statistics 2019)

These numbers reflect a decrease in the number of adopted children compared to previous years. It would appear that the adoption trend peaked in 2015 when 5,369 children were adopted from a total of 69,540 in care. The number of adoptions has slowly decreased to the numbers we have today. In 2019, the percentage of adoptions had halved compared to 2015, from 7.7 per cent to 3.6 per cent. In England, 2,757 (72 per cent) of children adopted were in the care system.

There are geographical disparities in the United Kingdom. England and Wales share the same legislation but Childcare law in Scotland and Northern Ireland is separate. This may account in part for these differences but there are also political and historical pressures on local authorities that have shaped adoption practice in the United Kingdom.

In the last decade, there has been an increase in adoptions by same-sex couples. Last year, they constituted 12 per cent of all adoptions. Gartrell et al. (2012) and Patterson & Wainwright (2012) conducted research with same-sex parents and found that adopted children in same-sex families fare very well on a variety of outcome measures. In Northern Ireland, adoption for same-sex couples was only legalised in 2013. There have only been two approved couples (Northern Ireland Health and Social Care Trust 2017). It is worth noting that other areas of the UK do not publish statistics on the number of same-sex parents adopting. Perhaps, this suggests that despite taking away legal barriers, there are still significant obstacles to same-sex parents coming forward to adopt in some regions of the UK.

The last published figures for relinquished babies, that is when parents have consented for their babies to be adopted or placed in foster care are from 2014. Only 19 parents consented out of thousands of children adopted that year. (Department for Education, 2014).

Intercountry adoptions that is the adoption of children from abroad ,are incredibly small in number compared to other countries. In 2015, there were only 58 children adopted

from overseas (Department for Education 2015). There are no further figures published. The international landscape of adoption is unique to each country. Outside the United Kingdom, adoptions tend to be international rather than domestic. In mainland Europe and the United States, international adoptions are common; for example in France, 70 per cent of adoptees are from abroad (Denéchère 2011 cited in Mignot 2015). In this IPA study, some participants referred to clinical work involving internationally adopted children.

A common factor is the need for more adoptive parents. There has been an increase in the number of children in care awaiting adoption, this figure reached 2,750 by the end of 2018 , latest published figures (BAAF Coram 2020). It is interesting to note that despite an increase in the number of parents approved to adopt, from 800 in 2018 to 920 in 2019 (BAAF Coram 2020) more children are waiting to be adopted than ever before. Children from black and ethnic minority children wait the longest as there is a shortage of prospective adopters. There is little statistical data describing the numbers of children adopted within families where no legal process has taken place.

1.8. Adoption Breakdown.

Published statistical data in England indicates that the majority of disruptions in adoptions occur during adolescence. Research by Selwyn et al (2014) examined 5-years of adoption disruption rates finding that for every 1,000 adopted children, 0.7 per cent, that is 7 adoptions broke down. However after 12 years living within an adoptive family, the cumulative disruption rate for adoptions increased to 3.2 per cent. This sense of fragility during adolescence was present in our study and participants commented in their observations of conditional belonging for many adopted adolescents.

In 2015, the government established the Adoption Support Fund (ASF) to provide funding for adopted children's therapeutic services. This funding is agreed, on a yearly basis. An evaluation of the support provided was published in 2017 by the Department for Education. It illustrates a picture of the families that have accessed it so far. Seventy-two per cent of children accessing the ASF scored highly on the Strengths and Difficulties questionnaire (SDQ), a mental health measure used to assess emotional and behavioural difficulties. It is still uncertain how much longer the fund will be available for.

Chapter 2. Literature review

This literature review presents an overview of the published research concerning the experience of adoption and adopted children's identity. It also provides research on the impact of trauma and an overview of international adoption research. This chapter includes a range of psychoanalytic psychotherapy literature on therapeutic work with adopted children and identity formation. It is presented in chronological order where possible.

2.1. Search Strategy

I conducted a literature search using bibliographic databases, employing appropriate search strategies and techniques including Boolean operators, phrase searching, nesting and truncation. The database was hosted via EBSCOhost and included PsychoINFO, the Pep Archive was also used, which includes psychoanalytic journals. A search was conducted including words such as 'adoption' 'adopted' 'adoptee' 'adoptive fam*; 'psychotherapy' 'psychoanalytic' 'identity' 'identity formation', 'sense of self' , 'research', 'psychoanalysis'. I also carried out a manual search of journals at the Tavistock and Portman NHS library and a manual research of the Journal of Child Psychotherapy over the past 5 years.

The inclusion criteria identified studies in the English language that related to adoption, identity and therapy. I sought international research in relation to adoption and identity. All the literature and research including journal articles, books and grey literature (unpublished thesis) used in this study, were collated with Endnote and added to a Bibliography. The search was performed in November 2019, July 2020 and September 2020 to ensure that the most recently published research was included.

2.2. Childhood Trauma and Abuse

The majority of adopted children come from care, they were exposed to early childhood trauma and parental conflict. There is a growing body of empirical evidence regarding the effects of childhood trauma on children's emotional, social and physical development. Even before birth, the pre-natal maternal distress caused by domestic violence during pregnancy can affect aspects of infant development (Howard et al 2013). The effects of substance abuse, enduring mental health and severe alcohol misuse during pregnancy are present in many of the stories of adopted children.

There is significant literature and research on the impact of early life trauma on the brain and nervous system. Perry (2002 cited in Music 2006) conducted research that showed the circumference of the brain of children who had suffered severe neglect was much smaller than those who had not, he also stated that children who are adopted early can recover from this damage due to the placidity of the brain. He pointed out that traumatized children find it difficult to relax due to hypervigilance.

Accumulative trauma, that is trauma over a significant period of time occurring in a sustained way with little or no reparation, is often present in many late-adopted children (Briere et al 2008). Environmentally, children may have experienced highly unusual social adversity over a prolonged period of time. Van der Kolk (2005) explains how the situation is further complicated when trauma occurs in the context of insecure attachment and the attachment figure is the source of the trauma, leaving the child unable to regulate their emotional state as they grow and develop.

Meltzer (1975) describes the ‘two-dimensional’ relationship between one’s inner and outer worlds. Many psychoanalytic psychotherapists have written about trauma memories when treating adopted children. Kenrick (2006:35) writes about an adolescent girl who has memories of sexual abuse, ‘*a reconstruction or exploration of the past was taking place within the continuing context of the therapeutic session’*. The enactment of the trauma is often present in therapy.

McCrory et al (2010) writes about child maltreatment and the neurobiological consequences when abuse or neglect occurs at a formative time of development. There is growing scientific evidence that children exposed to severe adversity have different responses to stress and are more likely to develop mental health difficulties later on in life. They particularly focus on the importance of *‘scaffolding’* in stress regulation, helping the child to regulate emotions. When the ability to regulate emotions is absent, due to child abuse or neglect, children develop different pathways to moderate their emotions and response to stressful situations.

McCrory et al (2017) used brain imaging and found alterations in the brain structure of children that suffered abuse. The study found children developed hyperawareness in response to their environment and this led to differences in the amygdala which processes emotions, memories and motivation. Children adapt to abuse in early life in a similar way to the way a soldier adapts during a war conflict. McCrory et al (2017) developed a theory of latent vulnerability to describe how these children present in more ordinary environments, where their needs are met and they are no longer in danger but they still struggle to function in social relationships. They also found evidence that children who had suffered significant abuse were less able to recall positive

memories and to remain in the present. Through neuroscientific research, they found that children's autobiographical memory function had been affected adversely. This can have detrimental consequences on the individual's sense of self.

Music (2019) explains that at times, it is not the impact of bad experiences but rather the lack of good ones that results in children developing coping mechanisms that lead to a state of mind where they cut themselves off from feelings altogether.

DeRosse et al (2020) conducted a study with 122 adults who had experienced mal-treatment in childhood, scanning their brains to ascertain if there was scaring as a result. They found poorer structural connections in the brain which were indicative of childhood trauma.

Dunn et al (2020) conducted a large study involving over 4,000 participants and found that exposure to physical and sexual violence increased mental health difficulties and that this is particularly damaging when it occurs in early childhood.

2.3. Adopted children

In psychoanalytic thinking, it is thought that our earliest relationships shape our expectations of the self and of others and also how we relate to the external world. Freud (1949) in '*the Outline of psychoanalysis'* writes about the object relations theory and the link to our inner world. Winnicott (1954:34) refers to the adoption experience, as an "*ordinary human story*" characterised by typical upsets and setbacks and complicated by issues resulting from '*defective management of the infant prior to adoption'.* Empirical evidence indicates that trauma and loss cause long-term damage to adopted children and at times prevents them from adjusting to the new familial structure or repairing the damage caused by earlier relationships.

Research provided by Teasdale & Barnard (1993) and Bretherton & Mulholland (1999) notes the difficulty in assessing adopted children's cognitive and affective processing but provides evidence that children develop internal working models of their experiences and their interactions with others.

Edwards (2000) refers to single case studies of adopted children in psychoanalytic psychotherapy. She writes that ordinary everyday events may retraumatise vulnerable children. There might be triggers unknown to the adopters or even to the adopted children themselves. These triggers can unconsciously jeopardise their ability and capacity to function within the adoptive family and in the wider social environment.

Fagan (2011) provides several examples of clinical work with adopted children and writes about the children's hyperarousal and hypervigilance as a state of mind indicative of a traumatic attachment. She comments that the child cannot generalise and

build on experience through reflection even when they are in an optimal environment. Again, this might suggest that neurobiological changes in brain function affect the child's state of mind and ability to respond to events.

Growing evidence of the long-lasting impact of trauma and abuse on the development of children challenges the assumption that children should move on and not be affected by the past. For some, there is a naive approach in thinking '*all they need is love'* but as this chapter has revealed, greater understanding is required. It is the consequence of broken relationships and trust combined with accumulative trauma, that needs to be understood and repaired overtime. Another psychoanalytic psychotherapist, Hindle (2017) writes about the importance of children transitioning to the new adoptive family and being able to establish new relationships. Cregeen (2017) comments:

> '*although the functions of adoptive parents and psychotherapists are distinct, an area of overlap is the imperative to receive the child's infantile transferences of internal parental objects, and the associated phantasies and anxieties*.'

Adopted children require an extraordinary amount of unconditional love, care and affection from adoptive parents in a consistent and thoughtful way. A recent small-scale, longitudinal research study in Wales, investigated the relationship between Adverse Childhood Experiences (ACEs) and adopted children's internalising symptoms and externalising problems. The study found that problems encountered by this population were significantly higher than the UK general population but appeared to be moderated by the warmth of the adoptive parents (Anthony et at 2019). This is a positive and encouraging study for adoptive families.

2.4. Loss and Abandonment

Adopted children have to work through loss, grief and permanent separation. Clothier (1943) indicates that every adopted child has at some point in his or her development been deprived of a primary relationship with his or her mother. When a child is adopted the birth parent/s and family are permanently separated from the child. This can lead to confusion and chaos in the child's internal world which can be replicated externally with difficult behaviours and emotional chaos.

Freud (1917) wrote about the importance of mourning a loss object, a parent or significant relationship. Mourning is seen as a necessary and healthy process also a gradual one. It involves processing the loss, internalising the absence of the object and being present in the new situation, without the object. The absence of mourning can lead to melancholia and depression which in children can often be displayed as self-worthlessness and a self that is vilified and chastised.

Loss is further complicated if a parent had significant deficits and the children were exposed to traumatic experiences over time. Lifton (1988) posits that the birthmother '*must be sought and found in order to repair an incomplete self*' , adopted children are often unable to mourn as they cannot remember what they have lost. Adopted children's capacity to create a new attachment with their adopters will be influenced by previous experiences as Rustin (2008:81) comments:

> '*All the earlier experiences of each member of any significant intimate relationship (dyad, triad, family and group, etc.. contribute to the landscape of the new relationship. Events in the present can throw into prominence troubling aspects*

> *of the past, both providing a chance for a new way forward but also often engendering confusion and distress'.*

It is the confusion and impact of the past that can affect the children's sense of self ,as participants comment in Chapter 4. Briggs (2015:38) argues that adopted children coming from care ought to be properly understood as having experienced trauma and loss:

> '*These children with broken relationships with primary caregivers – often with consequent damage to their neuroreceptors and neurotransmitters, and nearly always with a damaged capacity to contain themselves – are seriously hampered if belonging means to find a fit with something or someone outside oneself. With a seriously impaired capacity to think, it seems unlikely that such children would be able to identify sufficiently with the beliefs, thinking, and cultural activities of the new families, let alone those of others outside the home environment.'*

It is the capacity of the children to enter a new situation, a new relationship with adoptive parents that is compromised as a consequence of defective parental objects. Briggs (2015) makes reference to the neurological brain damage some children suffer affecting their ability to think and regulate emotions which links in with the recent researched published by McCrory et al (2017).

2.5. Adoption Research

Grotevant (1992) wrote about the lack of research on adopted children's identity development and the need for this aspect of adoption to be explored in research. Unfortunately little appears to have changed. Research conducted by the Child Welfare Information Gateway (2016) highlighted that adopted children struggle with grief, loss, rejection, depression and difficulties with intimacy, control and identity formation. The next section provides a summary of the most relevant studies including psychoanalytic single case studies however there is limited research exploring identity formation in Britain.

2.5.1. Research exploring identity

There are many single case studies of adopted children in psychoanalytic psychotherapy literature that touch on identity. Hodges et al (1984) write about adopted children in psychotherapy sessions bringing questions about the self. The description of an adopted boy, Michael, in a family with 3 '*natural*' children. Michael during therapy, draws a bookshop sign indicating his sense of being 'secondhand'. The value he attributed to '*Second-hand books, hardback: £1.55 and first-hand books, £8.99, paperback*' (Hodges 1984:56). The vividness of this account provides a sense of poor self-worth, this was found in our study, see Chapter 4 for details.

More recently, Kenrick (2005) writes about a 10-year-old adopted girl struggling to come to terms with her two families, birth and biological in order for her to develop her own identity. The girl brings her internal struggle into the therapy. She questions the therapist about her own identity wondering if*' is she adopted too*?'. These are powerful accounts not dissimilar to those presented by participants in our current study.

Brodzinsky (2006) writes about aspects of identity formation that are beneficial and found that open familial communication was essential for optimal development. The importance of transparency and creating a space where children can discuss and contrast their feelings, as a way of understanding family functioning and emotional responses, is highlighted in the study. The development of identity presents additional challenges for adopted children.

Other research highlights the need to pay attention to adolescence, Dalley & Kohon (2008) write about identity development and how puberty and its physical ramifications link the adolescent adoptee to biological factors. The body represents a link to the birth parents therefore a challenge to the adoptive status.

Another research exploring identity formation in adolescence was conducted by Grotevant & Korff (2011). It involved 184 adoptive families. The study explored the links between adolescents having contact with their birth family and identity formation. It found that contact with their birth family was helpful as a mediator in opening up conversation with young adoptees, which in turn helped with their identify formation as part of the adoptive family.

Jordan & Dempsey (2013) reported that adoptees had difficulty developing their identity due to a lack of personal information. In Britain, only a small minority of children have contact with their birth family after adoption but there are studies that suggest that contact with birth relatives can aid identity development.

Neil et al (2014) conducted a longitudinal study of contact post adoption. They followed 51 adoptive families, 4 long term foster families and 39 birth family members over four time points, the study is still continuing. The outcomes and quality of the contact the children had was mixed. They found that contact with birth families can be beneficial for identity formation but it has to be adequately supported by services.

Mahmood & Visser (2015) conducted a small case study in Bangalore (India). The study explored why the sense of identity might be more complex for adopted children. It examined the views of four adoptees in a school setting. As they reached adolescence they had questions around the '*why they were adopted' 'what had happened to their biological parents'* and '*where they belonged in terms of identity, social class etc*.'

Watson et al (2015) interviewed 20 adopted children and their adoptive parents about Lifestory work and its contribution to identity development. The study looked further into the work and Lifestory books provided by social workers to adoptive families. Overall, the contribution to the narrative and the life events prior to the adoption were highly valued. However they recommended that there is an ethical duty upon professionals that the books enable a positive narrative and that they are meaningful.

In New South Wales (Australia), De Rosnay et al (2018) carried out a study exploring the identity formation of nine adopted children from care. The majority of participants were placed with their adoptive families before the age of 5 but for some, the adoption order came when they were 8. They were all in open adoptions so they had some contact with their birth family. They described their adoption as *´feeling safe´.* They

also found that adoptive parents were key in helping to lay foundations for positive identity development.

There are many personal accounts of people adopted into transracial adoptions such as Chau's account presented at the Tavistock and Portman NHS in 2016. She was one of 109 Honk Kong adoptees in the early 1960s. She describes her sense of being in between two cultures, East and West and not belonging to either one. Bibliographies like Jackie Kay's '*Red Dust Road'* where she eloquently describes her childhood as a Scottish dual heritage girl adopted by a white Scotish couple. In adulthood, she sets off on a journey into the past to search for her birth parents which eventually brings her closer to her adoptive parents.

In June 2020, an evening book launch about adoption, '*A for adoption'* by Alison Roy, gathered over 100 key professionals; psychotherapists and authors in field. This was indicative of the importance of adopted children in psychoanalytic thinking. Despite the focus and attention given in psychoanalytic psychotherapy with long standing single case studies concerning adopted children, there is a gap in qualitative research exploring identity in therapy. The following section summarises the three areas of adoption research:

- Exploring adopted children's views
- exploring long-term outcomes from institutionalised care
- exploring adoptive parents' views.

These research studies provide qualitative data about the experience of adoption and the challenges children can face, which will enhance the understanding of the research presented in this thesis.

2.5.2. Research exploring Adopted children's views

Thomas et al (1999) and Morgan (2006) conducted studies exploring the views of adopted children. The studies provide valuable qualitative data on how children experience and perceive the adoption process. They also offer practical advice on how professionals can work to ease the transition.

Both studies focus solely on the child's perspective on adoption, using the children's own words as the primary source. The findings provide a hopeful picture as over 80 per cent of the children thought that being adopted had not significantly affected them in an adverse way. In both studies, children and their parents reported adoption as a positive experience. When asked if they felt different from their adoptive families, most of the children, 72-89 per cent across the groups said that they did not.

In Morgan (2006) many adopted children identified the best thing about being adopted as the fact that they are joining a new family and that they have been chosen by their adoptive parents. For others it is a mixed experience, one adopted child commented "*...adoption can be a scary, sad and happy experience"* (Morgan, 2006:37). Adopted children stated the three worst things were: leaving their old family, that the adoption took too long with too much waiting and, lastly, *"not knowing enough about the family"* which is something that comes up in this study. Lifton (2009) noted that adopted children often report feeling outside the mainstream of human existence. This perhaps relates to one of the super-ordinate themes explored later in this study, the experience of social stigma. In contrast, Pivnick (2010) found in his research that adopted individuals, in general, adjust well. Adjustment is again an area of interest in adoption studies.

Jordan & Dempsey (2013) carried out an in-depth study of 14 adoptees as adults, exploring their experiences of adoption. They felt it was important to have an integration of the experience of adoption into the self for optimal development. This study of adults who were adopted as children, provides an interesting perspective.

Schofield & Beek (2013) write about fostered and adopted children's need for active help from adults to manage memories and develop a realistic, balanced and generally positive sense of self.

The first European study giving voice to children adopted by same-sex parents was published by Messina & Brodzinsky (2019). It sets out to understand the identity construction process of adoptees in three countries. The first finding refers to the complications of adopted children's sense of being part of a minority group and their exposure to heterosexist attitudes in school. The second finding is consistent to previous research by Brodzinsky (2006) and highlights the importance of open familial communication in adoptive families.

2.5.3. Research into long-term outcomes of children adopted from orphanages

There have been large scale longitudinal studies spanning several decades. They have included adoptees brought in from orphanages outside the United Kingdom and a small comparison group of domestic adoptees. There are two main studies, the ERA study and the British Chinese Adoption study:

The English and Romanian Adoptees study (ERA) conducted by Rutter et al (2004) is probably the largest adoption study carried out in Britain to date. It is a longitudinal

randomised controlled study. It included 165 adoptees from Romanian orphanages and 52 adoptees from the UK. The Romanian infants had experienced poor care, sensory deprivation and institutional neglect. They had significant health needs with only 15 per cent of the children judged to be healthy and developmentally normal (Johnson et al., 1992). The study looked at outcomes for the children and the adopters at two time-points:

At age 4, children showed great positive physical and cognitive improvement. It also found that children adopted before 6 months were developing in line with those children adopted in Britain.

At age 6, the improvements continued but did not accelerate in their development. It was also found that a small percentage of children had significant developmental delay and many children were displaying '*indiscriminate friendliness'* (Chilsholm et al 1995 and O'Connor *et al*., 1999). It concluded that children adopted from institutionalised care suffered from Deprivation Specific Psychological Patterns which are persistent over time.

Overall, the ERA team found that the adoptees had made considerable developmental recovery following adoption. Rushton and Dance (2006) found that low parental care and a negative view of the adoption were associated with poorer outcomes.

Rushton et al (2013) published the British Chinese Adoption Study. A study of 100 girls from Hong Kong orphanages adopted into the UK. It considered mid-life outcomes compared with two other groups, one a general population group, the other, British-born women adopted as infants. The care they received in the orphanages was not thought to be as severely globally depriving as those in the ERA study. The study

interviewed the adoptees as adults and found that they had generally overcome adversity and adjusted well into adult life with the significant factor of good quality parenting from their adopters. The outcomes suggest that positive adoptive and life course experiences are related to good current psychological and social functioning. There is no mention of identity in the study of these adoptees despite the significance of being adopted into transracial families and having to adjust culturally and linguistically.

It would appear that both studies placed children from orphanages into families that on the whole provided '*high quality environments'* with parenting that helped minimise the impact of institutional deprivation. It would have been interesting to consider the adoptees' sense of self. . In these studies, there was no mention of identity but aspects such as parental care or cognitive ability could have affected their identity formation. There is also no doubt that feedback from other key time points such as adolescence or early adulthood would have provided a fuller picture over a lifespan.

2.5.4. Research exploring the views of adoptive parents

A national study amongst adopters '*Takes a Village*' was conducted by the charity Adoption UK (2017). It found that 24 per cent of adopters successfully accessed CAMHS for support, however, 47 per cent thought they needed CAMHS input but were not receiving any support. A further 62 per cent, identified therapy as the best help for their child when asked what service would best support them.

Watson et al (2015) conducted research into Lifestory work and sought views from parents and adoptees. Lifestory work is a social work intervention that provides the child with a book containing factual information and photographs about their birth family. It is later mentioned in the Findings and Discussion chapter. Jeyarajah-Dent, director at Coram explains how "*Understanding life history becomes particularly important when young people reach adolescence and develop and define their sense of self.'* This social work intervention is based on attachment and loss (Ryan & Walker 2007) and the importance of narrative in the development of identity for adopted children (Treacher & Katz 2001). The study provided qualitative information about the perception and use of Lifestory books in adoptive families. It indicated that generally adoptive families welcomed the books, they were often poorly written and adopters did not feel able to use them with children and needed support and guidance to attempt those conversations.

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2.6. Adoption Research Outside Britain

The historical context of adoption is unique to each individual country. It is intertwined with social and economic factors and the legacy of colonialism and migration across the world. There are numerous journal articles relating to studies in the United States, Australia, New Zealand and mainland Europe. As previously mentioned, adoptions in these countries tend to be primarily international adoptions from orphanages.

Simmons & Dibben (2018) attended the 6th international conference on International Adoption Research with representatives from over 20 countries including the United Kingdom. They commented on the varying focus of adoption work around the globe and the need to continue to promote research with a growing interest in identity formation.

2.6.1. Adoption Research in the United States

In the United States, one in every 15 families has adopted (Adoption Network 2013), with 135,000 children being adopted each year. Therefore in our literature search we found a significant number of research studies from the United States. There is a wide range of studies exploring the experience of interracial families and ethnic identity amongst internationally adopted children; white parents adopting South Korean see Hu et al 2017, Chinese adoptees see Rojewski and Shapiro (2005) and more recently Zeleke (2018) exploring the experiences of Ethiopian children adopted into the US, mentioned earlier in our introduction.

Hamilton et al (2015) conducted a quantitative study of white adoptive parents with either Asian, Latino or black children using data from a previous study of 694 children.

The study reported similar levels of identity development and adjustment to that of white adopters with white adoptees. It did however provide recommendations, as there were notable differences in communication concerning race, the experience reported by the parents and the experience reported by the children themselves. Indicating that their perceptions of the adoptive process differed.

Farr (2016) and Farr & Grotevant (2018) found evidence that most associations between pre-adoption adversities and outcomes can be mediated to some degree by the adopted parent– child relationship quality.

Wiley (2017) provides an up-to-date review of adoption research and policy in the United States. She refers to a rise in the attention given to adoption research in comparison to a previous review conducted in 2003. Wiley (2017) highlights the importance of a historical analysis of the trends in adoption research, published by Palacios & Brodzinsky (2010). They noted three major themes in the research of adopted children over the last four decades:

1. **Adoptees overrepresentation in clinical settings.** Palacios & Brodzinsky (2010) put into question the overrepresentation of adopted children in mental health services as they found that adoptive parents were highly skilled and instrumental in accessing help, causing them to wonder about the mental health thresholds for this population.
2. **Recovery following adversity.** Juffer & Van Liendoorn (2006) conducted a macro review of 270 studies covering 230,000 adoptees both international and domestic. It reviewed data from 1950 to 2005. It concluded that adoption is '*an impressive intervention leading to astonishing catch-up.'* The areas covered

include: physical growth, attachment security, cognitive development and school achievement, self- esteem, and behavioural problems. Although catch-up was shown to be incomplete in some areas such as physical growth and attachment, those children who had been adopted outperformed their peers who remained in institutional settings. It also found that children who experienced extreme deprivation had more serious externalising behaviours than those who had lived in less adverse circumstances.

The review underlines various factors in adoption adjustment and highlights the importance of good quality parenting in adopters. This is an encouraging and hopeful outcome for adoption that correlates with research in the UK (Anthony et al 2019, Rushton & Dance 2016 and Rutter, Thomas & O'Connor 2004).

3. **Underlying factors in adoption adjustment.** Gibson (2009) and Hamilton et al (2007) cited in Wiley (2010) conducted studies exploring adoption adjustment. Both research studies highlighted the importance of the relationships within the adoptive family and noted that adopters allocate more personal, economic, cultural and social resources than birth parents.

In the United States, 15 per cent of adopted children were relinquished as babies , 59 per cent come from care and 26 per cent are from other countries (Wiley 2010). The demographics and patterns of adoption are very different those in the UK. The similarities are equally notable as the research in this literature review has highlighted. The importance of identity formation, the child's adjustment and the emotional and cultural needs of the adopted child.

2.6.2. Contact with the birth family

There has been an ongoing debate as to what is best for adopted children, contact with birth family or no contact at all. In open adoptions, children know they are adopted and they continue to have face-to-face contact with birth parents often once a year or more.

Berge et al (2006) led a qualitative investigation about the satisfaction of open adoptions, 152 adolescents took part. The study found that one of the advantages of open adoption was that adopted adolescents had the opportunity to ask questions about aspects of their origins such as, family history and where they had come from. This is an interesting finding that suggests that adopted adolescents were searching for this information and making connections to help them develop their sense of self. They also reported that they were able to link physical features and personality traits to their birth parents helping them in the process of identity formation.

2.7. Adopted children and Mental Health Services

Participants in this current study, were working under the National Health Service in a Specialist Child and Adolescent Mental Health Service (CAMHS) for looked after and adopted children. Most adopted children open to CAMHS would have suffered accumulative trauma and chronic neglect, which provide additional challenges to the formation of the self.

There is significant empirical evidence suggesting that adopted children have higher mental health needs than those in the general population. Miller et al (2000) found that adopted children are twice as likely as non-adoptees to have received counselling. However, it is interesting that Miller also comments if this is due to adoptive parents assertiveness in accessing help, or is it indeed due to their mental health difficulties. These are interesting questions as in the sample where participants commented on families accessing CAMHS at a crisis point rather than as a preventative measure at an earlier stage.

Dozier et al (2001) researched adopted children's mental health, finding that they often had attachment- related difficulties. Other studies conducted by Verhulst et al (1992) and Juffer & van Izendoorn (2005) suggest that the overrepresentation of adopted children in mental health and special educational services is reflected in lower levels of school achievement and self-esteem, higher rates of externalising and internalising behavioral problems both in childhood and adolescence.

Dozier et al. (2006) found that there was significant behavioural and emotional dysregulation. Research by Keyes et al (2008) was conducted with two control groups, one

with adopted adolescents, the other non-adopted. The research found that adopted children had slightly higher needs than non-adopted but over half of them were in touch with mental health services.

Research has consistently shown that adopted children are more likely to have mental health problems see Meltzer et al. (2004) and Tarren-Sweeney & Vetere (2013). Despite the empirical evidence showing the need for access to mental health services by adopted children, there are few specialist CAMHS clinics in the country. Adopted families often have to navigate through screening measures and thresholds that are not tailor made to their needs in order to access services. Lush et al (1991) conducted a study looking at severely deprived children who were adopted or fostered and from residential homes, that showed considerable improvements when in once weekly therapy over less than two years.

2.8. Psychoanalytic psychotherapy and Adoption

The contributions in this study provide a multi-disciplinary perspective to therapy however the clinic was led and influenced by psychoanalytic thinking. The task of the therapist is complex; knowledge of adoption dynamics whilst honoring the child's defences but not colluding with resistance to the adoption. Harris (1969:221) explains '*The very first way of learning about yourself is also to project yourself, your unknown, unnamed needs and distresses, into your mother and (later) your father*.' The foundations that began as the relationship between the mother and baby, then infant and parents, followed by friendships at school in the latency years, develop into the complicated stage of adolescence.

Klein (1975) writes about splitting in the paranoid-schzoid position. The self is split into many smaller pieces, weakening the internal working model and leaving the ego in a fragile unintegrated position. The experience of adoption entails the destruction and creation of bonds and secure attachments. In psychotherapy, the aim would be to move from the paranoid-schzoid to the depressive position, one in which the child can begin to acknowledge its own helplessness, dependency and jealousy towards the mother. In this position the child develops the ability to recognize that aggressive impulses might have hurt or even destroyed the mother who they now recognize as needy and loved. This replaces destructive urges with guilt.

The child's ability to think can be affected by adverse circumstances but can also be enhanced by psychotherapy. The process of psychoanalytic psychotherapy working with the unconscious, can create a thinking space and help the child develop. This process can also be understood as a move from no K, or minus K, to K (Bion 1962). K is where the child is accessing 'Knowledge' through experience, relating to others at home and at school. Bion (1962) sees thinking as a human link, the emotional experience of trying to know oneself or another.

In psychotherapy, the child's presentation and communication can provide an indication as to the mental state, O'Shaughnessy (1988:182) describes 'no K' in therapy where the child is '*expressing in his material a psychotic condition in which he exists without the capacity to think'*. The adopted child's capacity to understand something about their experience, to have a K link is key to the development of identity.

Psychoanalytic psychotherapy sessions can offer the opportunity to disentangle the sense of self and make sense of the loss and rejection suffered. Ressler & Mayberg (2007) carried out research and found that therapeutic work can change brain structures, the findings suggest the brain can correct dysregulated patterns of activity thorough therapy.

Tarren-Sweeney (2008:501) has written extensively about children adopted from care. He argues that adopted children require optimal reparative conditions ‘*Quality of care, caregiver bonding, caregiver commitment and maltreatment in care are all factors that directly influence children’s felt security and psychopathology.’*

Pivnick (2010:22) writes about the functionality of psychotherapy in enabling curiosity and self-expression:

> *’ psychotherapy can not only provide the containing, care and exploration that facilitates maturation and growth, but can also scaffold continuity, bridging occasional gaps in self experience that otherwise lead to inhibited curiosity or calamitous enactments of disorienting, unexpected behaviour’*.

It is the containing space and exploration that participants in our study aimed to provide in therapy with adopted children. Lifton (1988:70) writes about the anger that is often seen towards the adoptive mother in particular ‘*The mother learns not to respond angrily to the child's outburst: “You are not my real mother!” with “I am your real mother!” but rather to see it as a chance to ask what the child imagines his “real” mother might be like.’* These responses from adoptive parents are critical in acknowledging the past and moving to the depressive position (Klein 1957) where the mother is capable of good and bad and where there is greater integration of the self.

In terms of CAMHS treatment, by the time adopted children start therapy the family is likely to be struggling as Fagan (2011:34) writes:

> *'There is a desperate jumble and collapse of the past and the present, as damaged and inadequate internal objects from the past vie with new introjections. This is often experienced by the therapist in a fluctuating transference relationship with the child'.*

The transference in this work is often difficult to get hold of. In the interviews, we see many unprocessed thoughts and feelings from the participants themselves.

Chapter 3. Methodology

This section explains the rationale of the chosen method, describes participants recruitment, data collection, analysis and the ethical considerations of this study.

3.1. A qualitative approach

In psychotherapy research, a variety of methods are used, ranging from thematic analysis, narrative analysis and Interpretative Phenomenological Analysis (IPA). This study is a small scale qualitative professional research doctorate within a psychoanalytic psychotherapy training. The method chosen to investigate the topic is Interpretative Phenomenological Analysis (IPA) designed by Smith & Osborn (2003) Smith et al (2009).

3.2. Interpretative Phenomenological Analysis -IPA

John Smith, a British psychologist developed IPA as a qualitative research method designed to capture the experiential. He described it as *´applied psychology or psychology in the real world´* (Smith et al. 2009:4). IPA has a phenomenological origin as it involves a detailed examination of the participant's experience (Smith et al. 2009; Smith & Osborn 2003). Phenomenology was first developed by Husserl (1931) who wanted to understand the context and meaning of *´lived experiences´* which relates well to psychoanalytic psychotherapy and the conscious and unconscious meanings.

IPA is committed to the examination of how people make sense of life experiences. It allows the participant to explore their own narrative without preconceptions of the content. It has the advantage of allowing the in-depth and detailed study of phenomena

that are not easily quantifiable, as in this study where the experiences of participants as therapists has been captured and interpreted. A further advantage is that such an approach allows for the emergence of unanticipated findings (Barker et al 2002) which is suited to this topic.

IPA fits the data well as it allows the participant to explore their own narrative without preconceptions of the content, exploring diversity, providing freedom to explore a specific context and allowing a life narrative to emerge as suggested by Chan & Farmer (2017). In this study, interviewing therapists from different disciplines allowed their own individual experiences to surface without set constructs about their professional training, feelings and emotions both known and unknown emerged.

IPA is an accessible and useful approach to qualitative research that can be used in clinical settings. This is consistent with the research aims, in that it is committed to the examination of how people make sense of their major life experiences (Smith et al. 2009). Using IPA to make sense of what the participant is conveying about their experience and knowledge base has a '*double hermeneutic'* (Smith & Osborn, 2003 & Smith et al 2009) as the researcher is trying to understand the participant's experience. In this study participants shared their knowledge and experience of adopted children's sense of self, therefore there was a triangulation between the researcher, the participant and the adopted child's experience as understood by the participants.

IPA has been used to explore mental health difficulties such as eating disorders, see Fox & Diad (2015), Attention Deficit Hyperactivity Disorder, see Lefler et al (2016), adolescences and depression, see Dhanak *et al.* (2020). IPA has also been utilised

in the past to study identity in major life transitions like '*motherhood and identity'* or '*homelessness and the threat to identity'*, see Smith el at (2009). Further related to our topic, Harris (2012) studied the experience of adoptive mothers, Boswell and Cudmore (2014) explored adoption procedures and the lived experience of adopters in this process and Vote & Kasket (2017) exploring the therapists experience working with adults adopted as infants.

3.3. Why not a different qualitative method?

IPA was chosen over Grounded Theory as this may be considered more of a sociological approach (Willig 2003) which draws on convergences within a larger sample to support wider conceptual explanations. IPA by contrast is more psychological, concerned with providing a more detailed and nuanced account of the personal experiences of a smaller sample (Smith et al. 2009), this was felt like a good match with our study as psychoanalytic psychotherapy is all about meaning.

Discourse Analysis (DA) was ruled out, as whilst IPA is concerned with cognitions and sense-making, DA is skeptical regarding the accessibility of cognitions and focuses on language more in terms of its function in constructing social reality. While IPA recognises that cognitions are not transparently available from verbal reports, it engages with the analytic process in the hope of being able to say something about the sense and meaning involved in such thinking (Smith et al 1997; Smith et al. 2009) which is akin with psychoanalytical psychotherapy.

Narrative Analysis was considered as it is also a social constructionist approach concerned with sense and meaning. However, it could be argued that narrative is only one way of telling a story and making sense of it.

All three methods provide analyse data in a functional way but IPA focuses on the phenomenological aspect, as Moustakas (1994) comments it provides a focus on the impact the experience has had on the lives of the research participants. Smith & Osborn (2003) and Smith et al. (2009) describe how IPA aims to avoid premature generalisations about populations. In this study, I hope to have captured the voices of the participants, their individual experiences and the complexities of therapeutic work with adopted children.

3.4. Design

The study employed a cross sectional qualitative research design. A reasonably sized sample of participants, who have experience providing therapy within CAMHS to this population. One of the IPA requirements is to have a small and fairly homogenous sample, all participants had worked with adopted children and looked after children for many years. Semi-structured interviews were audio-recorded, transcribed verbatim, and then analysed using IPA methodology (Smith & Osborn, 2003; Smith et al. 2009).

3.4.1. Inclusion and exclusion criteria

The inclusion criteria included:

- Therapists in a specialist CAMHS clinic with clinical experience of working with adopted children.

- CAMHS practitioner or qualified therapist. For example, a child psychotherapist, a clinical psychologist, psychiatrist or a drama therapist with experience of working therapeutically with children.

The exclusion criteria included:

- Therapists without at least 1 year of direct experience with adopted children.
- People in temporary posts such as Assistant psychologists, MSc Students.
- Therapists working in the clinic but without clinical involvement with adopted children.

3.4.2. The context of the CAMHS clinic

All participants were recruited from one Specialist Child and Adolescent Mental Health Service (CAMHS) for Looked after and Adopted children. The clinic provides CAMHS assessments and medium to long term treatment for children aged between 0 and 18. The clinic is led by a Consultant Child and Adolescent Psychotherapist. It is a multi-disciplinary team which includes clinical psychology, occupational therapy, specialist mental health nurses and social workers as well as child psychotherapists and child psychotherapy trainees.

The clinic is based in an inner-city location, in a borough with over 595 looked after children, one of the highest in the United Kingdom, compared to a similar inner-city borough such as Camden with 199 children. Unfortunately, there are no numbers kept of the total number of adopted children. The clinic works with 200-250 looked after and adopted children. Referrals come from a variety of sources including post-adoption social workers, general practitioners and Child Health.

3.5. Recruitment

The research panel and my supervisor indicated that 6 to 8 participants was a reasonable number for a project using IPA. I spoke about the research in a clinical meeting to the team and followed it up with an email.

All therapists that fulfilled the inclusion criteria were invited to participate. I provided clinicians with copies of the *Participant Information Sheet* (see Appendix 1) and a summary of the research protocol. Potential participants were able to take as long as they liked in considering whether or not to take part before they made contact. The response to this recruitment strategy was slow to begin with. I wonder if those who were interviewed provided *positive* feedback that encouraged others to participate. I was delighted to interview 8 therapists as this provided a rich sample.

3.6. Data collection

I developed a semi-structured interview schedule. It was informed by relevant literature, discussions with my supervisor and Smith& Osborn's (2003) guidance on interview development through published guidelines. The schedule was used flexibly but consistently to ensure all participants had a non-led experience. I conducted a pilot interview to test it out, minor amendments were made to the interview schedule. The interview aimed to elicit rich, detailed data from the participants' their accounts of experiences in therapy with adopted children.

Participants were able to choose the room they were interviewed in, all the interviews took place in the clinic. They lasted between 38 and 61 minutes and were audio recorded.

3.7. Ethical considerations

This research adhered to the guidance provided by the Code of Professional Conduct and Ethics (Association Child Psychotherapists 2017). The proposal was discussed and agreed with the CAMHS clinic's Consultant and with the Research leads at Tavistock and Portman NHS Foundation Trust. There were no ethical dilemmas raised.

3.7.1. Consent

I sought written consent from three separate bodies: the local CAMHS governance group, Research Governance from the Trust and my sponsor the Tavistock and Portman NHS Foundation Trust via TREC form and Ethics panel.

All participants were provided with information about consent as part of The Participant Information Sheet (Appendix 1). It clearly set out information about the study, including the purpose of the research, necessary involvement from participants, who would have access to the data and how it would be stored. As the information sheet was used as the basis for invitations to take part, potential participants could take as long as they liked to consider this information before deciding to contact me.

Before the interview was conducted, I ensured participants had read and understood the contents of the Information sheet and that they had had an opportunity to ask any questions they might have. They were given the consent form to read (see Appendix 3). They were asked to give written consent before being interviewed. A signed copy of the consent form was given to the participants and a second copy was placed in the research file.

Participants were also informed that they could withdraw without needing to give a reason for doing so, once the interviews were conducted they had 2 weeks to withdraw. There were no withdrawals.

3.7.2. Confidentiality

Participants were fully informed about confidentiality and its limits. They were aware that I was going to transcribe all the interviews but that considering the small sample, some data used in the study such as quotes might be identifiable, although names and places would be removed. They were informed that my research supervisors would have access to the anonymized transcripts if requested. To retain confidentiality all details regarding the location of the clinic has been omitted in the Appendixes.

3.7.3. Data Storage

Participants were given an ID number and transcriptions of the interviews were stored securely with a password protected file. The audio-recorded interviews were deleted once they had been transcribed, to enhance data protection as suggested by the Head of Information Governance in the Trust where the clinic is based.

3.7.4. Data Analysis

The analysis of the data was informed by guidelines in qualitative research to ensure quality (Yardley, 2000; Spencer et al. 2003). I transcribed the interviews manually verbatim, with all identifying information removed. I listened to each recording numerous times.

Transcriptions were read three or four times before I began to underline text. I devised a template with two side margins, one for descriptive exploratory comments describing initial thoughts about the content, the use of language and any arising concepts .The

other margin used to note emergent themes, drawing on both the transcript and the initial analysis (Smith et al. 2009).

Larkin (2020) advises researchers to define what experimental feature the coding explores. In my data analysis, I focused on descriptive exploratory and linguistic marking to gain an understanding of each participant:

- The descriptive exploratory comments were comments focused on what the participants said within the transcript ,which related to adopted children and identity development. The comments also contained emotional responses from the participants.

- The linguistic markings were single or double words that provided meaning and focused on exploring the specific use of language by the participants (Smith et al 2019).

- These comments were later developed into richer accounts and provided extracts for the findings. They were expanded into emergent themes and then super-ordinate themes by clustering and organizing the data.

Each transcript was analysed in-depth individually, re-read again with the annotations (Smith et al 2009) until all eight interviews were completed. Each participant experienced therapy with adopted children in different ways depending on the meaning they attached. This is something Willig (2008) had commented on as a benefit of IPA as it provides a rich account of a phenomenon.

Larkin and Thompson (2011) describe two faces to IPA data analysis; firstly to develop a descriptive account of the experience of participants and secondly to move from description to interpretation, exploring the meaning participants give to aspects of their stories. This was helpful in writing the findings and discussion chapters and developing emergent themes.

3.7.5. Emergent themes

At this stage the emergent themes were listed chronologically and then moved around to form clusters of related themes. Smith et al. (2009) detail how super-ordinate themes can be identified through abstraction, I followed this putting like with like and developing a new name which subsequently changed and evolved to provide meaning to the experience.

Once the super-ordinate themes had reached the Findings chapter, there were numerous reorganisations in the writing stage. I wanted to make sense of what participants had said and to present their narrative. After presenting a first draft to my supervisor, I shifted to using the participants' own words to describe each emergent theme and the subsequent super-ordinate themes. For example, the first theme being '*The evolving sense of self'* which is a description used when a participant talked about their lived experience of identity. I also used numeration, that is the frequency in which a theme or aspect is mentioned by participants collating extracts on that particular topic and then researching journals to see what had been written about these aspects to enrich the Discussion chapter.

3.8. Validity and Quality

In terms of the validity of the findings, it should be noted that the participants' experience of adopted children was shaped by those families attending CAMHS services in this particular clinic, therefore children had a high threshold of need and complexity. Smith et al (2009) recommend Yardley's (2000) guidelines and these four principals:

1. Sensitivity to context: I used the reflective diary to think about the setting and my re-existing relationship within the clinic. I was aware of my dual role as a child psychotherapy trainee and a researcher but further more my transference to both the clinic and individual therapists. I had worked in the clinic for a number of years prior to my psychoanalytic training. This could have affected the data collection and analysis therefore I use the reflective diary and personal analysis to reflect on my unconscious bias and preferences about the data and the lived experience of participants.

   Furthermore, I aimed to provide an inquisitive stand and genuine interest in my interaction with participants paying particular attention to ethical issues during all phases of the study.

2. Commitment and rigour: Yardley (2000) describes that commitment involves in-depth engagement with the topic and through developing competence and skill in the method used. I have read a number of IPA studies to familiarize myself in the method. I analysed data before using IPA and I believe I developed my skills further through this study. In addition, I joined an IPA group, consulted peers and supervisors to ensure the analysis was coherent.

3. Transparency and coherence: I conducted the study without co-researchers. In some IPA studies, validity is extended by different researchers attending to different parts of the process, the impact and consequences for findings is address by a triangulation with literature and existing research.
4. Impact and importance were thought about at all stages of the research: This principle refers to how well or sensitively a piece of research is conducted. The most decisive way it may be evaluated is whether or not it tells the reader something interesting and useful. To this end, I have included clinical recommendations in the final chapter.

3.9. Limitations

This study is a small qualitative exploratory study. It was located in one clinic only, so it is not representative of CAMHS work with adopted children nationally nor of adopted children overall. I am aware that cases open to Specialist CAMHS clinics are only a small proportion of all adopted cases but the themes arising in this study may be relevant to adopted children overall.

Another limitation as discussed above my pre-existing relationship with the clinic and some therapists/participants. This was particularly present in writing stage of the study particularly in the discussion and recommendations.

The sample size is generous for IPA studies as 6 or under is considered small, there were 8 participants but no statistical generalisations can be made. Aspects discussed in the findings might be present in the experience of other adopted children in therapeutic work.

3.10. Situation of the self in research

This thesis is a requirement of the Child and Adolescent psychotherapy professional doctorate at the Tavistock and Portman NHS Trust and Essex University. I trained in a Specialist CAMHS clinic for the 4 years of the psychoanalytic training but I had worked in the clinic prior as a CAMHS therapeutic social worker. I was also mindful of my relationship and transference to the clinic. I knew some participants well but did not know others who had joined more recently. I conducted this research with a psychoanalytic stand in mind which is a different position to my previous research experience. It was a difficult experience to complete the research alongside the professional qualification and the world pandemic of Covid-19. I was delighted however that I had managed to conduct all the interviews before the lockdown.

As a researcher, I have conducted a number of research studies in the past at both undergraduate and masters level but this is my first research on this particular topic. I feel passionate about the work and about this aspect of it. In terms of theoretical orientation, I am informed by psychoanalytic thinking and other models and theories such as attachment theory, social work practice, anti-oppressive practice, secure base and feminist theories.

As an IPA researcher, I kept a diary and wrote down thoughts I had throughout the study. I was aware of my longstanding interest. I looked though my personal library and found notes of an adoption research briefing I attended in 1998 about adopted children and post adoption contact. I joined an IPA group widely used by academic researchers including current contributions from one of the main authors on this

method, Michael Larkin. I was mindful of my duality as a psychotherapist and a researcher in the clinic. I reviewed the transcripts several times against the findings to ensure I was reflecting and representing the participants' lived experience. I discussed this aspect of the analysis in supervision and presented a draft of the findings to provide an external gaze to the data. I was pleased that the sample was rich and significant with 8 participants. The most difficult stage was perhaps the data analysis. I was critical of my own approach to IPA and how true I was to the method. I therefore reviewed numerous IPA published research studies and bought Smith's (2009) IPA book for reference and sought guidance from my research tutors. This provided me with the confidence that I was following the correct analysis procedure within the method.

Chapter 4. Findings

This chapter offers the analysis of the data selected from the interviews using IPA and a psychoanalytic lens. A total of eight participants took part in the study, seven CAMHS practitioners and one trainee child and adolescent psychotherapist. All participants were female. Five participants were white, some born outside Britain. Three were of dual heritage.

The participants were all UK trained in professional backgrounds including clinical psychology, social work, psychotherapy and nursing. Some had additional training in therapeutic modalities such as drama therapy, narrative therapy, trauma based sensory training. The age of the children they worked with ranged from 3 to 18. They described assessments, crisis interventions, particularly those around adoption breakdowns, self-harming in adolescences and ongoing weekly therapy. All cases were co-worked so the participants reflected on their individual cases as therapists and parallel parent support and wider network. My sense as the researcher was of a passionate and highly committed group of therapists but also unprocessed thoughts about the trauma and position of the child in the adopted family.

Three emergent themes are presented in the participants own words: *'The evolving sense of self', 'There are so many facets' and 'Creating a little platform'*. Each of these will be presented in turn with indicative quotes. They provide an interpretative account of participants' experiences and understanding of identity for adopted children in therapy. Each theme is illustrated by verbatim extracts from the interviews highlighted in italics; minor hesitations, word repetitions and utterances such as "erm" are included.

4.1. Overview

Overall the participants were able to talk about their experiences, thoughts and understanding of identity. They spoke about the intense feelings and the complexity involved. Participants were able to recall vignettes of clinical cases where the sense of self was central. Participants thought about the aspects of identity brought to therapy; the unanswered questions about their past, the negative views of the self and the sense of loss as well as the feeling of being lost. They expressed that they had often wondered about identity but seldom discussed it in the team.

Emergent themes	Super-ordinate themes
Theme 1 **‘The evolving sense of self’**	‘Identity is key to human existence.’
	‘Feeling haunted by the past.’
	‘Not knowing how to approach it.’
Theme 2 **‘There are so many facets’**	‘Why you look and feel different.’
	‘2 dads, no mum.’
	‘Big chunks of their lives not talked about.’
	‘Adolescence, you try to figure out who you are.’
	‘Negative sense of self- I am a problem.’
Theme 3 **‘Creating a little platform’**	‘Children feel split.’
	‘Perfect or rubbish.’
	‘Questions at school….the Stigma.’
	‘Bringing things together.’

4.2. Theme 1- 'The evolving sense of self'

The purpose of the study was to explore the participants' lived experience of adopted children's sense of self in therapy. This first theme describes participants understanding of the children trying to make sense of who they are and how the participants experienced this in therapeutic work with adopted children.

4.2.1. '*Identity is key to human existence'*.

All participants were keen to talk about identity. The first question was designed as a gentle introduction into the topic. Participants were asked to describe how they viewed and understood identity in general terms. They appeared to have a range of theoretical underpinnings that shaped their understanding of identity as well as the lived experience. Some referred to social constructionist concepts, others to psychoanalytical theory or developmental psychology; they often reflected in relation to their discipline and training. These are some of descriptions:

> *'ahmmm. I guess, it is a sense of self and who you are as you get older, it involves what you believe in and what your morals are….. and Yeah what you think is right and wrong and what you like doing. I guess, it is also where you have come from and what experiences you have in the past that has made you who you are today' Participant 4.*

> *'Kind of….. cultural background but to me often I think class is still a big thing that defines who you are' Participant 1.*

> *'Identity is key to human existence, it is what makes us unique' Participant 3.*

'Identity is not just who they were born to but who they become'   Participant 5.

'I think in an ordinary setting a big thing for me is looking like somebody in your family, you know that kind of communal held knowledge within an extended family. A child says something or does something and there will be an uncle or an auntie or a cousin or a friend saying you look like the great-uncle. It gives the child the connection with the whole extension of their family even if it is not that immediate, they will look like somebody who is very much part of the family.' Participant 7.

'For different people for various reasons, it can be very complicated anyway but I….., in way, sort of tend to think that it is something like a given. (Pause) That that you would know who you are (short silence), What your identity is.' Participant 1.

Participants struggled to think about identity outside of adoptive families. It appeared difficult for participants to think of identity without the complications and complexities of the adoption experience. There were many silences and non-verbal communications.

'*Yeah I am kind of describing more generally. It is more complicated for adopted children because they are having to make….. Shift into a new family and almost starting again but bringing everything from their past very much with them, in their minds…… It is much more complicated and difficult for adopted children.' Participant 2.*

> *'Her identity at the moment seems to be shaped by what she thinks is expected of her.' Participant 8.*

> *'A sense of being outside the family, floating away with no direction or purpose.' Participant 4*

> *'Who do they know is in their circle, who they are drawn to, the way of being. I mean identity is not a solid thing. There are so many facets to it, culturally the way we are…' Participant 6*

> *'A feeling of being disconnected from themselves, from family, from their own bodies. For some children, they can't play, they don't know how to. They develop a false self that quickly keeps others away'. Participant 3.*

Participants discussed how children were unable to play, there was a sense of sadness conveyed when they talked about this. In psychoanalytic psychotherapy, it is the way children can describe their experience both external and internal, enact painful emotions and communicate an internal sense of self. Play is a crucial part of ordinary child development.

4.2.2. 'Feeling haunted by the past'

This super-ordinate theme captures the thoughts and associations participants expressed, regarding the children's persecutory sense of past relationships. Some participants referred to the shadow of the past being present in children's minds, the loss of the birth family. Participants wondered if the abuse they had suffered prevented the growth of new attachments:

> *'Their hopes, skills and other aspects. These other aspects shape them into who they are and where they want to be …..*
> *where they have come from often haunts them' Participant 6.*

> '*Missing a bit of the base, a bit of the roots, where do you go from there?'' Participant 5.*

Participants described the unsettling feeling they picked up from children who knew little about their past with many pieces of information missing.

> *'And kind of how do you construct an identity without some those generational pieces of information? Those ethnic bits of information. There are so many parts missing and even when there are no parts missing, when there has been very good Lifestory work or lots of relevant information from Social Care and stuff like that. There is still a sense, is what people have told me about myself relevant? Or is the history of myself and birth family relevant for me now? Umm……. so still some of those elements of not knowing.' Participant 8.*

Participants were able to recall children's accounts of traumatic and chaotic early life, these were often talked about in a factual way with little pause or thinking attach. In the abstract below, a participant talks about a nine-year-old girl:

> *'She had inserted something into her vagina that had to be removed in A&E there were all these things that people were worried about. Mainly pointing to what she had seen and had gone through'. Participant 1.*

A participant describes a ten year old boy's response when the therapist offered curiosity and concern over a bruise on his leg:

> *'That is nothing, someone kicked me at school but it didn't hurt. It never hurts. I am used to it, when I was a baby I was always hit and my skin got used to it' Participant 3.*

4.2.3. '*Not knowing how to approach it'*

It was interesting in the sample that many participants had the feeling of '*not knowing how to answer questions'* around identity, not knowing how to respond in the room.

The quotes below from two therapists express that feeling of professional uncertainty perhaps influenced by their countertransference, how they felt being with the child:

> *'I am really a bit stuck as to how to then, after naming it, how do we develop it, how do we then, how do we help him and respond in terms of identity formation. I am trying to think of how to respond, how to support him because of his skin colour, it represents being adopted as well'*. Participant 3.

‘*It does have layers but it is not something I don’t know fully. It is going to take time. There are things to be explored around that, erm….. I don’t know’ Participant 8.*

Other participants spoke of how they felt unsure about showing curiosity in the room:

‘*Who you are is often a question for life……. When you have shaky beginnings and shame rather than pride about your origins, how do you explore that with a child without hurting them?’ Participant 5.*

A participant recalls a very difficult session in therapy. An eight-year-old boy adopted by two dads attending weekly therapy talked about wanting to change his face and his appearance:

‘*And so I have been really thinking about how to respond to this, the dads also don’t know how to respond to it. They find it very painful and that their son hates himself so much because of what he looks…… Long pause…. It is so sad and painful. ’ Participant 6*

Participants were unsure about how to respond to what children brought to therapy, they were worried about the functioning of the family, the impact it would have outside of the therapy room, the damage therapy could inflict.

‘So many missed opportunities to explore important aspects of the self. You know what is going on and how fragile the family is, how much can you rock the boat?’ It is often a fine balance, how much can the child take but more often that, the parents are just in denial’ Participant 3.

Participants had different therapeutic trainings, they followed the children's lead in the therapy with psychoanalytic thinking in mind. Some participants described the frustrating experience of not being able to ask the adoptive parents about the child's history, not knowing about important aspects of their past:

> *'I struggle a little bit…. we can answer this question just the way that we feel but I constantly think that we never ask what a child or young person feels what it means for them.' Participant 6*

4.3. Theme 2 - 'There are so many facets'

This emergent theme aims to capture the different aspects of identity children described in therapy. Participants commented on the children's feelings of difference within the adoptive family, the external factors that affected their sense of belonging, the negative sense of self introjected and the conflictual time adolescence can be for adopted children.

4.3.1. '*Why you look and feel different'*

Participants described the children's sense of difference. Sometimes this was expressed directly or indirectly through the therapeutic relationships and the material brought to the sessions:

> '*Physical resemblance will give you a grounding that for adoptive children does not exist, even if the children look like someone. There is no connection in that way where people would recognise the signs, the look or the particular or whatever it is that it is somebody's, think. It is a huge loss and I am not sure it is possible to fill that gap. (Long pause)*
>
> *I think it is a hole and it would stay a hole to put it quite simply*.' Participant 7.

Participants worked in an ethnically diverse service. They described cases where children's ethnicity was partly matched with the adoptive parents:

'*Why you look and feel different is there for life' Participant 1.*

'Cultural identity again is important and that has been present. Ethnic identity based on your heritage, and genetic and your birth family but how does that fit in with potentially the different culture they find themselves in with their adoptive family´ Participant 8.

For some children, cultural heritage and ethnicity represented '*the other'*, the birth family, this fragmentation necessitated a rejection of parts of the self. The children's physical appearance reminded them of their birth parent/s; darker skin complexion was mentioned in several interviews. But sometimes, the difference was within; in the cultural norms, values and expectations of the family. Six out of the eight participants mentioned ethnicity and cultural background when thinking about identity formation.

´They have said things like "this family that I came from are my birth family and kind of this ethnicity, my adoptive parents and my peer group even now are this kind of ethnicity" that is something I have had a couple of children saying´. Participant 8.

'This young person woke up saying I hate my skin colour. I myself felt like crying, it was soul destroying. Silence…. I can't remember the details' Participant 4.

This sense of not fitting in came across strongly. It was a painful experience for participants as Participant 4 expressed above. Participants thought about the children's ethnic identity, for example; black or dual heritage children adopted by white parents; children brought their confusion and anger to therapy with words and play :

> *'Who does he belong to, what does that (skin tone) represent it is real, there is a real sense of disgust of himself. He has not named it but he is expressing it in other ways, that way' Participant 2.*

The other element that permeated throughout the interviews was socio-economic and class, six out of the eight participants mentioned this as a significant aspect of the children's identity:

> *'I have not yet given this enough time as I am wondering how they make sense of their experience, they go from one environment to another, eating from trash bins and moving constantly not having the basics to going into this very very wealthy house where everything is organised, clean. It is interesting that in our session everything is chaotic and everything is messy' Participant 6.*

Many participants defined the sense of self in terms of belonging to a particular group in society. Participants lived experience in clinical examples provided a sense of difference as an obstacle:

> *'I suppose it links into lots of things for me, it links to where you are from, as in where you are born but also very much where your parents are, were born and if not where they live now and that kind of cultural background as well for me but to me often I think class is still a big thing. Erm….class and what you… ,*

the class what you grew up in, whether it would be more working class, more middle class.' Participant 1.

Children were born in one environment and had suddenly moved to a different one. Participants described that the children's lifestyle, parental expectations, regional accents, holidays, educational achievement and even eating habits were totally alien to their previous existence:

'It is so different even to what TV channels they are allowed to watch no longer Channel 5 only BBC and educational stuff. Life for many children feels as if they are wearing someone else's shoes' Participant 3.

'Even if they look similar, the values are different. Who do they align to?' Participant 1.

Another aspect brought forward by participants related to family composition and children living in families with siblings who have high and competing needs.

'He was bit scared by his brother. The parents seemed exhausted, but there were points where they were rejecting. They were responding quite anxiously and they were being drawn into it' Participant 2.

4.3.2. '*Two dads no mum'*

Over half of the sample talked about their experience of working with children adopted in same sex couples both male and female. Three participants talked about their experience as female therapist with children that had two adoptive fathers.

The absence of the mother and the child's unconscious search:

> *'I felt at times I have taken a motherly role, this is unusual for me. I do wonder if it is related to this child with two dads and no mum' Participant 6.*

> *'It is specially complicated for these children she has lost a mum and dad actually this girl, then she has a new set of parents but there is no mum, it is a different family configuration. I think that made it quite central because some of the discussions we had when she came into sessions were that she would tell me that I looked like her mum.' Participant 1.*

4.3.3. '*Big chunks of their lives not talked about'*

Participants described that adopted children appeared to lack information about their birth families. It was perhaps the ´not knowing´ or not being able to fill in the gaps that was particularly troubling when it came to identity formation.

> '*She did not feel she fitted in. She often talked about her hair and did not know where it came from, she had curly hair almost Afro. There was something missing and she did not know what it was. She was aware that her (adoptive) mother was fragile and would not dare to ask' Participant 3.*

> *'Children struggle without memories about their childhood as they are often suppressed or can't be prompted by their parents. Big chunks of their lives are not talked about as if they did not happen.' Participant 5.*

These two abstracts suggest that children were keen to find out more but they indicated that their past lives could not be discussed in their adoptive families. In other cases, having information was equally unhelpful, as for some it affected their sense of

self and self-worth in a negative way. Negative feelings were associated with the self-making a link with their birth family. Participants expressed that they too felt unable to ask about the children's past. For example, Participant 3 commented:

> *'I do not feel I can ask the adopted parents as it would be seen as unhelpful'.*

A participant was reflecting on her work with a boy adopted from an orphanage, brought up in a wealthy family with his sibling. She described conflicting worlds and the implicit memory of poverty and neglect:

> *'I think it is so different and I wonder how their identity is going to develop when you see and how they are now; they are flying half way across the world on first class tickets.*
> *They were born in a neglected orphanage you know, how they were so poorly they almost died and now …… and how you make sense of it and these worlds, they are so conflicting what is your sense of identity and when you have had such different experiences and one of them you can't remember but it was your first experience and is so important it is there somewhere'. Participant 4.*

> '*Open dialogue is needed, adopters have their own trauma at times, they are childless.' Participant 7.*

4.3.4. '*Adolescence, you try to figure out who you are'*

Six out of the eight participants described adolescents experiencing significant emotional, behavioural, developmental and psychiatric problems. Despite not having specific questions about developmental stages, adolescence emerged in the interviews as a particularly difficult stage:

'It is often related to who they are and who they are connected with and not connected with that natural….. how can I put it……There is a natural time when you separate from your parents but for adoptive children is difficult because their parents aren't their parents, that is a difficult time for adopted children as that time for individuation sticks to old wounds. ' Participant 1.

Participants provided descriptive accounts of the fragile nature of their work with adolescents. The difficult balance between the ordinary developmental search of the self, and the high levels of distress and anger some adolescents were experiencing.

'Comes through childhood and particularly adolescence. You try to figure out who they are and with adolescence and peers um adopted children have that as well as other children but I think qualitatively, it might be different in terms of I suppose there is a lot of emphasis.
Well maybe not a lot but more emphasis with adopted children I have worked with how your identity fits in with the familial system they are now within and how that may or may not be different from birth family context.' Participant 8.

'*When I have worked with late adolescents and adults…..what gets in the way of knowing who you are, what is it? A fragmented sense of identity and how that correlates with mental health difficulties*.' Participant 6.

Many participants described their work with adolescents being intertwined with adoption breakdown or significant self-harm. Participants also experienced adopted adolescents who were angry and questioning their origins at a time when identity development was at its peak.

'How easy it is to disengage when something goes wrong trying to focus on the reparation even if the child has been there for a long time somehow then there are problems. Participant 7.

'For some self-harm and adoption breakdown makes them fear the worst. They might lose it all again' Participant 3.

4.3.5. *A negative sense of self - 'I am a problem'*

This super-ordinate theme describes the participants' experience of children expressing confusion, disconnection and very negative views of the self.

'Adopted children quite often can see themselves as not being part of their family. Families even they are sometimes the same but you get the sense of being an outsider and they are playing but being disconnect. Children are quite confused about their identity particularly when they are not sure where they come from and why, I am not sure I am explaining it very well….' Participant 7.

'*Any resemblance or closeness to darker skin. And for me, I guess I have been thinking about it. For this young person if he doesn't belong to his fathers, who does he belong to? And what does that represent the kind of skin he is internalising so much'* Participant 2.

'A 10 year old I used to see described how his birth mother was ´no good´ and talked about himself in a third person, it was so detached saying he will also end up in a 'juvenile prison' just like his step-father did'. Participant 5.

Some participants appeared to struggle to verbalise their thoughts. It was painful to think about it and even harder to know what to do with those feelings.

> *'What happens when things get taken away, you have a broken identity as a therapist what does this child need to have an integrated sense of self?'* Participant 3.

> '*He heard his birth parents were using drugs and doing bad things and in his mind he also thinks he is bad. In an earlier session he said 'I am nothing;' there is no self and then it developed into I am this bad person. It breaks my heart'* Participant 5.

A participant described emotively the painful reality of a child seeing themselves as the problem:

> '*Often young people would come up with, 'I am a problem', 'I am the thing that is the issue' and the narrative therapy would be looking at separating that narrative of them being the problem to form a relationship with this problem and forming a relationship with other aspects of their identity that have perhaps been taken away by this problem*.' Participant 6.

4.4. Theme 3 - 'Creating a little platform'

This final emergent theme brings together the experiences of the participants in therapy with adopted children. Participants described adopted children generally making good use of therapy. Therapy representing a platform where they knew they could bring relevant feelings and emotions, a psychic platform where they could experience a containing relationship with their therapist. Participant 1 commented:

> '*The focus has been to allow space for whatever he brought to the session, creating a little platform'* Participant 1.

4.4.1. *'Children feel split'*

Participants shared their experiences of adopted children's loyalty to their adoptive families whilst at the same time needing to look into their origins. Children were faced with two sets of parental objects. Children's defence was to split parts of the self into two separate identities relating to two sets of parental objects.

> '*He cannot process it so he is rejecting it. He does not want to listen, he doesn't want to think he has a mum who is not there*.' Participant 2.

> *'Children feel split. I think it is very confusing for children, a part of them in some part they will hold on to, (long pause) in so part of them they will hold on to the family they had before, however terrible it was and however ambivalent they might be about it, they will still maintain an identity to that.*' Participant 5.

> '*I think it is a very difficult pull for them, do they feel they have to leave all that behind and kind of join into this new family even where…. even I think where*

on the surface they look similar which often they don't actually but even if they look similar, they are often not.' Participant 6.

Participants reflected on their positioning in relation to the children. They reflected on their own backgrounds, sometimes matching part of their own identifies:

'I had an adopted little boy who is actually…. his background was similar to mine perhaps at least physically……he was adopted by two women, by a gay couple, so two mummies. It was interesting, just something in a way about being the maternal transference and wish for me to adopt him. He was rejecting them as his mothers'. Participant 3.

Participant 3 above was responding to the child's quest for belonging, the child appeared to be splitting those around him. He was trying to figure out who he belonged to, who he could attach to, who cared about him.

4.4.2. '*Perfect or rubbish'*

This super-ordinate theme aims to capture participants' experience of being questioned by the children in their role as therapists. The position of either being fantastic and a rescuer or just not good enough. These experiences affected the transference making it difficult to work:

'She (adopted girl aged 9) said, 'I don't think you are a really good therapist; I think you need to go off and do more training'. This is a good example she was very much like that. It extended into her personal life outside of therapy. What it did mean was that as her outlook was 'perfect or rubbish'. She was not making the most of what she had' Participant 1.

This is perhaps a familiar experience for adopted children themselves. Participants provided accounts of self-doubt in their work. They questioned their professional skills and competence:

> *‘A lot of the work has been about figuring out what the need is. What to do and would it make a difference?’ Participant 1.*

A participant explained about an assessment with an eight-year-old adopted boy who also had a sibling that was adopted in the family. She described her experience with the child:

> *‘…very controlling…. umm he umm yeah he was controlling trying to control each family member. It meant that he was, he couldn't really develop himself. He could not settle into any play or express that much about himself as he was preoccupied with controlling the others’ Participant 2.*

Participants expressed concern about the pressure to keep the family together which at times prevented therapeutic work from taking place. This abstract draws our attention to the participants feelings of having arrived at the work too late.

> *‘What type of children are adopted now, many have been in care for a while or too long with abusive birth families. Lots more thinking needs to happen, proper thinking. It feels relentless at times.’ Participant 5.*

Participants experienced working with families in crisis situations, there was an expectation to minimize risk and repair the situation:

> ‘*Well, I don't even know how to answer, you know…. we do assessments and I have done direct interventions. I have done work to support families, the work*

itself was therapeutic but it was really about the breakdown or at critical teenage years involving serious self-harm. Risk led the way not thinking' Participant 3.

4.4.3. '*Questions at school…. the stigma'*

Over half of our sample talked about the children's concerns that school peers would find out they were adopted. The fear that externally, children were not accepted in their schools or communities:

> *'….because they are going to be faced with all the questions at school and their peers about why they were adopted the stigma, the sense of what a good family should look like, these kind of things and the themes of rejection or not being good enough parents failing them can have a huge impact.' Participant 6.*

> *'Her (the child) mum said she will be in trouble if she tells anybody else at school that she is adopted, hearing this brought me great sadness' Participant 5.*

In families with same-sex adopters, children brought worries about people at school not accepting them as a family. They talked about experiencing homophobia:

> '*Sexual identity is another feature, it is a strong theme. How he (the adopted boy) is responding to homophobia in his school. He is a strong activist, he goes against homophobia, racism even Brexit. He has very strong values and it is funny as these values are giving him his identity' Participant 6*

Adoption work was described as hard and challenging even when they had effective parent work support. Therapists appeared to stand between the child and the parent/s often unable to challenge or explore topics around identity.

'There is a lot of pressure for CAMHS to fix it, make it go away. There is a search for 'normality' when a family have been put together in this way, children are adopted late, they have traumatic memories, they have not yet processed their abuse, they do not know what to do to fit in.' Participant 5.

'*Families often don't want to name it but it does affect them. They tend to not share the information with others' Participant 3.*

In this quote, '*families often don't want to name it',* meaning the adoption, we get a sense of the secrecy and unconscious wishes some families hold on to. The wish to forget all about the child's past and the way in which they came together as a family.

'The fear the culture around them would alienate them, there is a culture stopping them from forming these positive associations about being adopted' Participant 3.

4.4.4. '*Bringing things together'*

In this super-ordinate theme, participants referred to situations where therapy helped those around the child to think together leading to greater integration of aspects of the self:

'She had thoughtful parents' Participant 2.

'Good adoptive parents, good parent work made a difference 'Participant 1.

'You worry about offending people and upsetting people, what made a difference was that the parent worker had a regular, good relationship with them so she had a good working relationship with them' Participant 1.

Participants described clinical cases where adoptive parents were able to work through concerns in parent sessions:

'The parents were a massive strength; they were ready to do the work' Participant 3.

'I work well with the parent worker and she was able to do parallel work with the parents' Participant 5.

Participants talked about clinical vignettes where children had moved from fragmented identities to more integrated ones. There was hope and progress. This participant recalls the positive experience and shift:

'He took more ownership into his identity, what he wanted to claim and what he wanted to leave. He brought some elements of his identity from his current parents, it was a beautiful shift to see how he was shaping his identity'. Participant 6.

In this example, the therapist helped the child think about bringing together different parts of the self to define their identity. Participants talked about social care involvement in the children's life often at the beginning of the adoption but this did not continue over time. The sense from participants was that further input was needed from social care, postadoption services. Children spoke about the anxiety of asking parents about their adoption story and not getting a response:

'*They are holding on to but that they are not necessarily allowed to express*

their feelings or having a language to express anything else. They are compliant to a degree but also kind of what do you say the sort of child that 'don't know everything has been shrugged off ' almost no even a presence a physical shape but not an impression of an individual in there.' Participant 6.

Participants explained that children had Lifestory books. These were made when they were infants, prior to the adoption. As the children became older and questioned their identity more work was needed, the Lifestory books needed updating. Participants provided examples where additional post-adoption work , was taken up by the clinic in joint pieces with the adoptive parents to run alongside the therapy.

'I have done a joint piece of work with a family therapist in the team, a tree of life that was nice and much needed. Generally the work I do is linked to crisis, self-harm and difficult transitions like into young adulthood'. Participant 2.

´..because of my experience and the way the work has been set up from referral onwards, it is there [identity]. It is part of the formulation or part of the thinking around the child ,perhaps there have been more team thoughts or my own than explicitly from the child´ Participant 3

Chapter 5. Discussion

This section discusses the findings of this study in light of the research question and the psychoanalytic literature. Unanticipated topics emerged as a result of the interpretative analysis, there are new relevant literature references to help with the understanding. The data revealed the complexity of therapeutic work with adopted children in a CAMHS setting. The main question:

How do therapists make sense of their lived experience of adopted children's identity in therapy?

5.1. 'The Evolving sense of self'

This emergent theme describes participant's accounts of their understanding of the sense of self. Half of the sample acknowledged that identity was consideredf at the point of referral and assessment, but less so afterwards. When a child is adopted, there is an attempt to think about identity needs, but there is also an unconscious pull to build a new identity and normalize the adoptive family life, in doing so the child's past identity gets left behind.

Participants' understanding of identity appeared to be shaped by their own individual training and lived experience with a variety of constructs ranging from psychoanalytic psychotherapy to narrative and sociological underpinnings. This sample was made of a multi-disciplinary cohort of therapists with varying levels of clinical supervision. All participants seemed to view identity as '*unique*' to each and every child they worked with but thinking about identity in clinical supervision was absent for most.

The study found participants worked with early trauma and a history of poor attachments, words like '*painful'* and '*heartbreaking*' were used to describe therapeutic work often talking about the transference and how it felt to be with the child. In the interviews, participants commented on the children that are adopted today; children that have suffered accumulative trauma. This was also found in research by Briere et al (2008). Participant's ability to deal with their own reactions, their countertransference was emerging in the interviews as they thought about the children.

The findings indicated that participants experienced children feeling unrooted, lacking of knowledge about their past, their early years, struggling to develop their identity. This finding is consistent with research by Jordan & Dempsey (2013) who reported adoptees had difficulty *'in developing their identity due to lack of access of personal information',* not having enough information can alter identity formation.

Some children appeared to be in the depressive position mourning the loss of the parental object/s (the birth parent/s), continuing to use strategies to manage difficult situations and unable to integrate new experiences. Participant 6 talked about identity in the context of *'other aspects shape them into who they are…. Where they have come from often haunts them'*. These unwanted parts are often played out in therapy but can remain unprocessed and unintegrated unless they are talked about in the therapeutic process. Children can therefore lack of a cohesive identity, have no good sense of who they are.

The findings of this study indicate that children were exploring their traumatic memories in therapy. Klein (1975:234) referred to '*memories in feeling*', implicit memories that get revised, played and thought about in therapy. Participant 3 provided an account of a latency boy who never felt pain when he was hit. This could be as a result of previous violent experiences, when stressed and triggered leading to dissociation and further disintegration of the self. The brain and the body not fully connected, leading to a state of mind where pain is no longer registered. Vote & Kasket (2007) found that the needs of therapists working with trauma must be address.

Participants were aware of fragility and the risk of family breakdown. Therapists expressed concern that they would cause further deterioration in the stability of the home through the therapeutic intervention. This defence mechanism could be understood as an identification with the patient's position, the adopted child, leading to denial and an avoidance in therapy represented by a state of mind of 'not knowing' and a split sense of self.

5.2. ‘There are so many facets’

The second theme describes distinct facets of the self, children brought to therapy as an attempt to process and understand who they were. This is the core nature of psychoanalytic psychotherapy.

Participants’ experience of adopted children’s sense of self, appeared to be represented by the challenges children’s unconscious phantasies presented. Hodges et al (1984) write about phantasies and feelings created within the mind of the child as an attempt to fill up gaps and make sense of the missing pieces.

Participants recall children struggling to understand their place, Briggs (2015) highlights the link between the adopted child’s emotional state and a sense of belonging, this was also reflected in our study, Participant 3’s clinical experience led to the complex question of ’*Who do I belong to?*’. The child’s capacity to relate to others, to make and maintain attachments contributes to their identity development. Identity is developed in the context of object relations as Freud (1919) reminded us.

Identity and belonging are tightly linked, authors such as Brodzinsky (2005) and Colaner and Soliz (2017) found talking about identity and open communication was key for healthy identity development. In this study, there were a few examples where open communication with adopted parents was facilitated leading to a positive outcome for the whole family.

The children described by participants appeared to communicate their sense of self as separate from their adoptive parents, the focused on ‘difference’. These differences

were represented by elements of class, cultural heritage, ethnicity and family make-up. This separation could be understood as another defence mechanism or as a way dealing with two sets of parents in their mind. This focus on difference was also found in research by Kaye (1990) who felt concern that the difference between the adoptive child and adoptive parents was becoming an obstacle to the child's sense of security.

Participants provided vivid accounts (as seen in section 4.3.1.) of children describing themselves as the '*other*' categorizing their adoptive families and friends in terms of ethnicity or cultural heritage. The impact of the external in the children's object relations and sense of self was apparent in the interviews. Children particularly noticed physical differences and commented on the texture of their hair or their skin tone. Perhaps this difference was also representing an internal unconscious fear of being the 'other' in people's minds.

The participants accounts of the children suggested that social norms and cultural expectations were different within and outside the family, at school and in society. Six participants referred to social class as a forgotten aspect of current life that they felt was still important in the adoption experience. In this clinic, the children were coming from extreme forms of poverty and deprivation into care, and were often adopted into wealthy families. Participants painfully observed difference in everyday life, the TV channels watched by the family or the cultural beliefs held, these shaped the experience of adoption. Participants had noticed but were unable to mention it in therapy for children to make sense of it.

Participants talked about adopted children's difficulty in fitting in and in adapting to the new expectations of their adoptive families. A constant preoccupation and *'an expectation to fit in'* as described by Participant 1.

Participants spoke about their experience with children adopted by same-sex parents, the impact of having two mums or two dads. Participant 1 talked about a child commenting on the therapist's resemblance to her birth mother, the maternal transference and countertransference was identified appeared to not have been commented on in therapy. The meaning of the mother creates an added dimension for children trying to make sense of parental relationships. Messina & Brodzinsky (2019) found that same-sex couples, cover this aspect of maternal absence in their discussions with their children. Participants also talked about open communication taking place in parent work with some parents.

It is interesting how these super-ordinate themes brought aspects of adopted children's self that were. These aspects felt different to the child and the therapist. There was an absence of similarity or communality for the children with their adoptive families, perhaps there was rejection before integration.

The prevalence of negative views of the self across the accounts made this stand out as a super-ordinate theme. We learnt that in some cases, children did have information about their families but it was linked to trauma and abuse leading to a negative sense of self. For example, Participant 5 explained about a child hearing about birth parents drug misuse and *'doing bad things and in his mind he also thinks he is bad'. Children introjected aspects of their birth family sometimes leading to acting out and repeating*

patterns unconsciously. In the interviews, there were accounts of older children, some late-adopted, overidentifying with 'badness' and delinquency placing further pressure on the adoptive family and increasing the risk of adoption breakdown. Hodges (1990) argues that the phantasy of not being wanted by the birth mother creates a self- representation as unwanted which extends into being 'unwantable'.

Harris (1969) reminds us that *'the struggle to find identity is the central task of adolesce'*. In this study, adolescence was identified as a particularly difficult time for adopted children. Identity development involves both separation and individualisation. Participants described adolescent adoptees questioning identity and the 'whys' of adoption. For many, the sense of loss reappears during adolescence, research by Grotevant and Von Korff (2011) found that identity exploration is prominent during adolescence but it is then revisited over the lifespan, often triggered by contextual and relationship changes. Adolescence can lead to curiosity about origins and early life which may be experienced as dangerous and conflictual, in our study participants were worried about the fragility of the adoptive family during these explorations.

Research by De Rosnay et at (2018) covered in the literature review, refer to children describing their '*adopted identity'.* However the children described by participants did not refer to their adopted identity, it appeared to be missing or not yet formed.

5.3. ‘Creating a little platform’

This final section brings our attention to participants’ lived experience of therapy with adopted children. The containment therapy provides, in a participant’s own words, ‘*to allow the space…. Creating a little platform’* Participant 1. This sense of a ‘psychic home’ was described by Allnut (2016) can provide a holding environment for any child to develop. The contribution psychotherapy can make to the individual’s identity through greater integration and through the experience of a containing relationship with the therapist is unmeasurable. The findings also invite us to think about what else might be needed alongside, for adopted children to integrate the different parts of the self and develop a cohesive identity and for therapists to understand the experience.

5.3.1. Individual therapy

Participants talked about the difficulty adopted children experienced in accepting their place in their current families. They described children that appear to have unintegrated parts of the self, they were traumatized by the past and they could not make sense of the present. Participants referred to older children experiencing self-harm and suicidal thoughts. The findings of this study suggest a sense of fragmentation shared by many. Previous research by Lifton (1988) indicates that adopted children and their families can feel fragmented over extended periods of time.

The findings also indicated that participants’ experience was that children were unable to hold both sets of parents in mind leading to splitting in the therapy. The internal world is constructed of *‘versions of those we love and hate’* (Caper 2000). We heard from participants that some adopted children perceived people and life as ‘*perfect or rubbish’* there was no middle ground. This binary approach was also present in the

transference, the feelings projected towards the therapist. Some authors have written about the unique transference in working with adopted children. The negative countertransference might explain why the work is described as challenging. Fagan (2011) has commented on the fluctuating transference she experienced working with adopted children.

Another finding was that participants believed therapy was helpful for the children. Participants provided accounts of children's capacity to play and communicate feelings, emotions and memories; both conscious and unconscious. Perhaps this sense of helpfulness motivated participants in their work. Williams (1998:124) wrote about psychotherapy and the role of the therapists, *'the containing presence of the therapist, enabled by her 'internal connectedness' allows the child's attention to be sustained'.* In order for children to integrate the different parts of the self, Kenrick (2006) comments on the importance of the transference interpretations in psychotherapy as the agent of therapeutic change with the countertransference informing the therapist at all times. We heard accounts of the complex, painful and emotional rollercoaster of working therapeutically with adopted children.

5.3.2. Working with adoptive parents

Participants worked individually with children, the presence of adoptive parents in the mind of the therapists was evident in the interviews. In psychotherapy, Rustin (1998) and Cowan & Pape (2021) write about the importance of the parent worker holding the adoptive couple's own anxieties and offering a containing resource to the child. The interviews suggest that participants felt caught up between what the child needed and what the parents could manage, so holistic thinking and working alongside the parent worker was an essential element in the work.

In the lived experience of the participants, the children's identity was perceived as lacking connection and missing key information, leaving them conflicted and confused. Some participants felt unable to explore adoption and the impact on the development of the self in therapy. Perhaps, they too, just like the children, appeared disconnected with clinicians doing parent support work. Sass and Henderson (2002) found that therapists who enquired or addressed adoption dynamics in therapy were perceived as more helpful and prepared than those who did not.

Pivnick (2010:77) comments that the role of the therapist is '*to help adoptees and their families to move from being "lost in translation" to being "found in relation".* The data suggested cases where the therapists/parent-workers established a relationship with parents assisted their ability to explore and think about identity. We also heard accounts of participants being highly sensitive to the needs and expectations of the adoptive parents and having to adapt their therapeutic intervention in order to continue to work with the children or adolescents.

5.3.3. Working with the external world

The contemporary and fluid make-up of adoptive families was present in the interviews, with families coming in many shapes and forms. Hagerty et al (1992:22) comment on how a '*sense of belonging relies upon a fit through the person and his or her external or social worlds having shared and complementary characteristics'.* We heard from the participants' accounts that adopted children felt different in and outside the adoptive family, many were struggling with social stigma at school. Messina and Brodzinsky (2019) refer to different challenges and questions in key developmental

stages in the children's understanding of their adoptive status and of the make-up of the adoptive family.

In our study, participants described working therapeutically with black children adopted by white parents. The accounts of children rejecting their physical appearance was disturbing and distressing. Participant 4 recalls a young person '*saying I hate my skin colour'*. This could be understood both internally as a struggle to accept himself and identify with his white adoptive parents but externally in the context of racism and discrimination he might encounter. Other children talked about their sense of difference, in families with two dads or two mums, feeling outside of the 'norm' and experiencing homophobia at school. Research by Meyer (2003) and Messina & Brodzinsky (2019) has highlighted the risk of children in same-sex families feeling discriminated against by peers.

5.3.4. Accessing Additional support

Therapists have a role in integrating the different aspects of the child's life, helping the thinking and links between the child and the adoptive parents. In terms of the children discussed by the participants, it seemed that, they were not at a stage where they were able to talk positively about their adoptive identity with the exception of one participant who talked about an eight year old boy making progress. In this particular case, therapy led to further work outside using a 'tree of life' exercise. The child made a new claim to his adoptive father attributing a physical characteristic that linked them both. This appears to be the exception as most children did the opposite, they looked for differences rather than similarities with their adoptive families.

In other cases, participants facilitated access to additional support in the form of Lifestory work. The value of this being revisited as an ongoing process was mentioned by participants and also in research by Watson et a (2015).

Many participants found being interviewed provided a unique opportunity and space to think about identity, this was also found in research carried out by Vote & Kasket (2007) interviewing therapists working with adults who were adopted as infants. It was difficult for therapists to think about the sessions, Canham (2021) highlighted the challenge of maintaining an analytic stance in a space with children with highly disturbed object relations. Participants did not appear to recall conversations from clinical supervision where this was discussed. Duffy and Gillespie (2009) identify clinical supervision as a protective factors in the wellbeing of the therapist and being able to provide high standards.

Chapter 6 - Conclusion

This final chapter concludes with the summary and clinical implications of this study including thoughts for further research. The study aimed to gain insight into identity as experienced and explored in therapy with adopted children. Eight therapists working in a highly specialised CAMHS setting provided vivid accounts of therapeutic work and their dilemmas. Interpretative Phenomelogical Analysis(IPA) allowed examination of the lived experience of therapists. The analysis resulted in three emergent themes, '*Evolving sense of self*' , '*There are many facets'* and '*Creating a little platform'.* The study provided a view of the adoption experience through the lens of the therapists. findings were found to be consistent with research evidence and were discussed in relation to psychoanalytic theory. Participants talked about the influence of previous trauma, children had distorted memories that affected their sense of self, their ability to trust others and form relationships.

One of the findings indicated that adopted children attending therapy had a very negative sense of self. Participants found children used therapy as a platform to communicate aspects of the self that they were struggling with. Participants described children were struggling to adjust to their adoptive family and some were exposed to social stigma. There are different developmental stages in identity formation, but participants found unique challenges during adolescence, which linked into a higher risk of family breakdown and self-harming behaviours.

The findings of this study indicate that more thinking is necessary to allow adopted children's identity to be less fragmented and more integrated. We also briefly heard

about positive outcomes when parents worked together with the clinic and the therapists. Perhaps modelling that integration in the professional network between the therapists, the parents and the school would be beneficial.

Participants shared the feeling of ‘not knowing how to approach’ certain aspects of the children’s identity. Further thinking about identity in clinical supervision would also be necessary to enable this integration. Participants in our study were eager to talk, explore and reflect. As a psychoanalytic researcher, I used an inquisitive mind to listen carefully to their accounts. I found the interviews were rich, emotive and intense. Although tempered with limitations, the current study has provided an insight into the challenges of working with adopted children therapeutically.

6.1. Clinical implications

This study highlighted the difficulties and dilemmas experienced by therapists in a NHS Specialist CAMHS clinic working with adopted children from a psychoanalytic stand. The developing relationship between parts of the self is of central significance to any therapeutic modality and at the core of psychoanalytic psychotherapy. The lived experiences participants shared, provided powerful themes with important clinical observations:

In individual therapy:

1. Therapists working with adopted children may wish to think further about the children’s defence mechanisms including splitting and the therapists countertransference, their own responses.

2. Adopted children felt safe enough to bring up conflictual aspects of the self. More thinking in clinical supervision could facilitate the therapists' understanding of the children's state of mind and the unconscious processes.

3. For many adopted children, the experience of adoption is shaped by 'difference'. This needs to be brought out into the open, talked about, explored and understood both in therapy and in the clinical teams. Psychoeducation on identity development and research of the impact of trauma may be of benefit to therapists.

4. Participants felt contained by the interviews, continuing this conversation will require time and careful consideration. CAMHS thresholds and pressures may get in the way, it raises the question ,' is a focus on the developing sense of self possible in clinical supervision in a CAMHS setting?'.

In the parent work:

1. Parallel work with adoptive parents is necessary to support therapeutic work as Fagan (2011) pointed out. It can facilitate a continuation of the work, it is key to integrate experiences and understandings of the self but also to develop a family identity.
2. It may be useful to encourage open conversations to include diversity and identity formation to building up trust and a shared understanding in the adoptive family.
3. Tighter communication and planning between the therapist and the parent worker could lead to further thinking about identity, mirroring integration.

In the work with networks:

4. Social stigma needs thinking about at different levels. Collaboration with schools concerning adopted children's wellbeing and psychoeducation about adoption could be incredibly valuable to continue to tackle social stigma and discrimination.

6.2. Thoughts for further research

The findings of the this study have demonstrated the importance of identity for adopted children. There is a significant gap in research on adopted children's identity development and sense of self in United Kingdom as discussed in the Literature review. A study that repeats this current study in other CAMHS clinics to extend its validity could be useful.

Future research might take up an exploration of adopted children's accounts through semi-structured interviews investigating adopted children's perspectives on identity and experiences. A more ambitious plan would be to carry out a longitudinal study exploring the sense of self at different timepoints into adulthood.

Research needs to pay attention to the triangulation between the therapist, the child and the parent. Specialist clinical supervision, support and training for therapists and adopters, may enhance their readiness and capacity to support children to develop a healthy, balanced and integrated sense of self.

References

Adoption Network. (2020) https://adoptionnetwork.com/adoption-statistics accessed May 2020.

Adoption UK (2012) *Takes a village*. Survey Adoption. https://www.adoptionuk.org/it-takes-a-village-to-raise-a-child. Accessed June 2020.

Alase, A. (2017) *The Interpretative Phenomelogical Analysis (IPA): A Guide to a Good Qualitative Research Approach.* International Journal of Education & Literacy Studies. Vol 5 N 2

Allen, J. (2007) *Interventions for foster carers and adoptive parents of children who have experienced abuse and trauma,* in Vostanis, P. (ed.) Mental health interventions and services for vulnerable children and young people. London: Jessica Kingsley Publishers, pp. 83-98.

Allnutt, L. (2016) *Dimensionality, identity and security: finding a home through psychoanalysis.* Journal of Child Psychotherapy, v.42 N1 18-29.

Anthony, R. E., Paine, A.L. and Shelton, H. K. (2019) *Adverse Childhood Experiences of Children Adopted from Care: The Importance of Adoptive Parental Warmth for Future Child Adjustment*. International Journal of Environmental Research and Public Health 2212.

Asmussen, K. Fischer, F., Drayton , E. and McBride T. (2020) *Adverse childhood experiences. What do we know, what we don't know and what should happen next*. Early Intervention Foundation.

Arundale, J. (2017) *Identity, Narcissism, and the Other: Object Relations and their Obstacles Paperback*. London: Karmac.

BAFF Coram (2020) https://corambaaf.org.uk/fostering-adoption/looked-after-children-adoption-fostering-statistics/statistics-england accessed in May 2020.

Barker, C., Pistrang, N. and Elliott, R. (2002) *Research methods in clinical and counselling psychology*. (2nd edn) New York: Wiley.

Barratt, S. (2011) *Adopted Children and Education : The experiences of a specialist CAMHS team* Clinical Child Psychology Psychiatry. 2012 Jan;17(1):141-50.

Bartram, P. (2003) *Some Oedipal Problems in Work with Adopted Children and their Parents*, *Journal of Child Psychotherapy,* 29(1), pp. 21-36.

Beckett, C. and Sonuga-Barke, E. (2007) *The experience of adoption (1), Adoption & Fostering Journal.* 31(4).

Berge, J.M., Mendehall, T.J. and Wrobel, G.M. (2006) Adolescents' Feelings about Openness in Adoption: implications for Adoption Agencies. Child Welfare, 85(6) pp.1011-1039.

Bion, W.R. (1962) *Learning from Experience*. London: Heinemann

Blos, P. (1967) *The second individuation process of adolescence*, *Psychoanalytic Study Child*, 22: 163–85.

Boswell L. and Cudmore F. (2014) *The Children were fine*. Published in *What social workers need to know* (2017) Bower, M. Solomon, R. (eds) London: Routledge.

Brandell, J. R. (2006) *Secrecy in the psychotherapy of a severely traumatized adopted child,* in Hushion, K., Sherman, S.B. and Siskind, D. (eds.) *Understanding adoption: Clinical work with adults, children, and parents.* Lanham, MD, US: Jason Aronson, pp. 115-135.

Bretherton, I., and Munholland, K. A. (1999). *Internal working models in Attachment Relationships: An construct revised.* In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment: Theory, Research, and clinical applications* (pp. 89-111). New York: The Guilford Press.

Briere, J., Kaltman, S., and Green, B. L. (2008). Accumulated childhood trauma and symptom complexity. Journal of Traumatic Stress, 21, 223–226.

Briggs, A. (2015) Towards Belonging : Negotiating New Relationships for Adopted Children and Those in Care. *Tavistock Clinic series.*London: Routledge.

Brinich, P. (1980) *Some potential effects of adoption on self and object representations. Psychoanalysis. St. Child*, 35 :107-133. New Haven, CT: Yale University Press.

Brodzinsky, D. M. (2006). *Family structural openness and communication openness as predictors in the adjustment of adopted children*. Adoption Quarterly, 9 (4), 1-18.

Brodzinsky, D. M. and Brodzinsky. A. (1998) *Children's Adjustment to Adoption.* London: Sage Publications.

Brodzinsky, D.M. and Brodzinsky, A.B. (1992) The impact of family structure on the adjustment of adopted children. Child Welfare 71(1) pp. 96-76

Calvocoressi, F. (2008) *Just pretend: The importance of symbolic play and its interpretation in intensive psychotherapy with a four-year-old adopted boy*, in Hindle, D. and Shulman, G. (eds.) The emotional experience of adoption: A psychoanalytic perspective. New York, NY, US: Routledge/Taylor & Francis Group, pp. 168-176.

Chan, C. D., and Farmer, L. B. (2017) *Making the case for interpretative phenomenological analysis with LGBTGEQ+ persons and communities*. Journal of LGBT Issues in Counselling.

Chau, L. L. (2012) *All you need is love.* https://www.academia.edu/11452335/All_You_Need_Is_Love?email_work_card=view-paper

Canham, H.(2012) Wai*ting to be found. Papers on Children in Care.* London: Karnac.

Caper, R. (1997) *A mind of one's own. International Journal Psychoanalysis*, 78 :265-278.

Chisholm, K. Carter, M.C., Ames, E.W. and Morison, S.J. (1995) Attachment security and indiscriminately friendly behaviour in children adopted from Romanian orphanages. Development and Psychopathology, 7. 283-294.

Child Welfare Information Gateway (2020) How many children were adopted? Washington, D.C.: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubs/s-adoptedhighlights/

Clothier, F. (1943) *The Psychology of the Adopted Child*, *Mental Hygiene* 27:222-226.

Colaner, C. W. and Soliz, J. (2017) *A Communication-Based Approach to Adoptive Identity: Theoretical and Empirical Support'* Communication Research, 44(5), pp. 611.

Cowan, P. and Pape Cowan, C. (2001) 'Transmission of attachment patterns', in C. Clulow (ed.) *Adult Attachment and Couple Psychotherapy*, London: Brunner Routledge.

Cregeen, S. (2017) *A place within the heart: finding a home with parental objects.* Journal of Child Psychotherapy, vol 43 No 2, 159-174

Dalley, T. and Kohon, V. (2008) *Deprivation and development. The predicament of an adopted adolescent in the search for identity*, in Hindle, D (2008) *The emotional experience of adoption: A psychoanalytic perspective*. London: Routledge.

DeDiego, A. C. (2016) *A systemic perspective for working with same-sex parents with same-sex parents.* Counselling Today, 59(4), pp. 40-44.

Deeg, C. (2007) *Psychoanalytic understanding and treatment of the adoptee*, in Javier, R.A., Baden, A.L., Biafora, F.A. and Camacho-Gingerich, A. (eds.) *Handbook of Adoption: Implications for Researchers, Practitioners, and Families.* Thousand Oaks, CA: Sage Publications, Inc, pp. 461-473.

Denton, R.N. (2016) *The Assessment of Mental Health in Looked-After Adolescents: An Exploratory Study of the Brief Assessment Checklist for Adolescents.* University of Surrey.

Department of Education, Statistics of children in care. https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019 accessed 20 May 2020.

Department of Education (2014) Statistics of children in care and adopted.www.gov.uk/government/statistics. Accessed June 2020.

DeRosse, P., Ikuta, T., Karlsgodt, K. H., Szeszko, P. R., and Malhotra, A. K. (2020) *History of childhood maltreatment is associated with reduced fractional anisotropy of*

the accumbofrontal 'reward' tract in healthy adults. Brain Imaging and Behavior, 14, 353- 361.

De Rosnay, M. Luu, B., Wright A.C. and Tregeagle, S. (2018) *Identity formation in children and young people in open adoptions from out-of-home care in New South Wales, Australia'* Adoption Quarterly, 21 pp 120-139.

Desmarais, S. (2006) *A space to float with someone: Recovering play as a field of repair in work with parents of late-adopted children. Journal of Child Psychotherapy,* 32(3), pp. 349-364.

Dhanak, D., Thadckeray, L, and Dubicka F. (2019) *Adolescents' experiences of brief psychosocial intervention for depression: An interpretative phenomenological analysis of good-outcome cases. Clinical Child Psychology & Psychiatry*, 25(1), p. 106.

Doherty, N. (2012) *Review of Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment,* Journal of Reproductive and Infant Psychology, 30(2), pp. 217-218.

Dozier, M. and Stovall-McClough, C. (2001) *Forming attachments in foster care: Infant attachment behaviours during the first 2 months of placement.* Development and Psychopathology 16(2) 253-71.

Dozier, M. Peloso, E. Lindhiem, O. Gordon, K. Manni, M. Sepulved S. and Ackerman, J. (2006) *Developing Evidence-based interventions for Foster children: An example of*

a Randomised clinical trial with Infants and Toddlers. Journal of Social Issues, Vol. 62, No 4 767-785.

Duffy, M. & Gillespie, K. (2009) *Cognitive therapy for PTSD in civic conflict*. In N. Grey (Eds) A casebook of cognitive therapy for traumatic stress reactions. P213-299 East Sussex: Rouledge.

Dunn, E. C., Nishimi, K., Neumann, A., Renaud, A., Cecil, C. A. M., Susser, E. S., & Tiemeier, H. (2020) *Time-Dependent Effects of Exposure to Physical and Sexual Violence on Psychopathology Symptoms in Late Childhood: In Search of Sensitive Periods in Development*. Journal of the American Academy of Child and Adolescent Psychiatry, 59(2), 283–295.

Edwards, J. (2000) On Being Dropped and Picked Up: Adopted Children and Their Internal Objects, *Journal of Child Psychotherapy,* 26(3), pp. 349-367.

Fagan, M. (2011) *Relational trauma and its impact on late-adopted children.* London: Routledge.

Farber (2006) *Self-disclosure in psychotherapy.* American Journal of psychotherapy. 59(2) 83-99.

Farr, R. H. (2016). Does parental sexual orientation matter? A longitudinal follow-up of adoptive families with school-age children. *Developmental Psychology, 53*(2), 252–264

Farr , R.H. and Grotevant, J. (2018) *Birth Family Contact experiences among Lesbian, Gay and Heterosexual Adoptive parents with school-age children*. National Council on Family Relations.

Farr, R.H. Braun, S.T. and Patterson, C.J. (2019) Longitudinal associations between coparenting and child adjustments among lesbian, gay and heterosexual adoptive parents families. Developmental Psychology, 55(12) pp 2547-2560.

Ferrari, A.B. (2004) *From the Eclipse of the Boy to the Dawn of thought.* London: Free Association books.

Feeney, J. A., Passmore, N. L. and Peterson, C. C. (2007) *Adoption, attachment, and relationship concerns: A study of adult adoptees*, *Personal Relationships,* 14(1), pp. 129-147.

Fox J.R., and Diab, P.(2013) *An exploration of the perceptions and experiences of living with chronic anorexia nervosa while an inpatient on an Eating Disorders Unit: An Interpretative Phenomenological Analysis (IPA) study.* Journal of Health Psychology, Vol22

Freud (1949) The outline of psychoanalysis. New York, W.W. Norton and Company.

Freud (1923) *The Ego and the Id.* London: Hogarth Press.

Freud (1917) Mourning and Melancholia. London: Hogarth Press.

Freud (1919) Beyond the pleasure principle. Standard Edition Vol 28 1-64. London: Hogarth Press.

Galliher, R. V., McLean, K. C. and Syed, M. (2017) *An integrated developmental model for studying identity content in context,* Developmental Psychology, 53(11), pp. 2011-2022.

Gartrell, N., Bos, H. M. W., Peyser, H., Deck, A., and Rodas, C. (2012) *Adolescents with lesbian mothers describe their own lives. Journal of Homosexuality* 59: 1211–1229

Gatti, P. (2011) *The locked box in the attic: ghosts and memories,* Journal of Child Psychotherapy, 37(2), pp. 147-162.

Glenn, J. (1974) *The adopted child's self and object representations: Discussion of Dr. Kernberg's paper. International Journal Psychoanalytic Psychotherapy.*, 11 , 309-313.

Gibson, K. (2009). *Differential parental investment in families with both adopted and genetic children.* Evolution and Human Behavior, 30, 184–189.

Groothues, C. Beckett, C. and O'Connor, T. (2001) *Successful Outcomes: A Follow-up Study of Children Adopted from Romania into the UK.* Institute of Psychiatry, London.

Grotevant, H.D. (1992) *Assigned and chosen identity components: A process perspective on the integration.* In G.R. Adams R. Montemayor, & T. Gulotta (Eds) *Advances in adolescent development* (Vol. 4 pp 73-90) Newbury Park, CA: Sage.

Grotevant, H.D., Lo A. Fiorenzo, L. and Dunbar, D. (2017) Adoptive Identity and Adjustment from Adolescence to Emerging Adulthood: A Person-Centered Approach. Developmental Psychology, vol 53 N11 2195-2204.

Grotevant, H.D. and Von Korf, L. (2011) *Adoptive identity*. In S. Schwartz, K. Lucykx. & V.L. Vignoles (Eds) *Handbook of identity theory and research* (pp 585-601) New York, NT: Springer.

Habermas, T., and Bluck, S. (2000). *Getting a life: The emergence of the life story inadolescence. Psychological Bulletin*, *126* (5), 748–769

Hagerty, B., Lynch-Sauer, J. Patusky, K., Bouwsema, and MCollier P. (1992) *Sense of belonging and indicators of social and psychological functioning.* Archives of Psychiatric Nursing,Volume 10, Issue 4

Halling, S. (2020) *Phenomenology as fidelity to phenomena: Moving beyond the Van Manen, Smith and Zahavi debate.* The Humanistic Psychologist.

Hamilton, E., Samek, D. Keyes. M McGue, M and Iacono W. (2015) *Identity Development in a Transracial Environment: Racial Ethnic Minority Adoptees in Minnesota.* Adoption Quarterly 18(3) 217-233.

Harris, C. (2012) *The experiences of adoptive mothers: An Interpretative Phenomenological Analysis*. University of East London.

Harris, M.(1969) *Your Teenager: Thinking about your Child During secondary school years.* London: Karmac.

Hart, C.(1998) *Doing a Literature Review*. Sage: London.

Hodges, J. (1990). The relationship to self and objects in early maternal deprivation and adoption. Journal of Child Psychotherapy, 16(1), 53-73.

Hodges, J., Berger, M., Melzak, S. Oldeschulte, R. Rabb S. and Salo F. (1984) *Two crucial questions: adopted children in psychoanalytic treatment,* Journal of Child Psychotherapy, 10:47-56

Hodgers, J. Steetle, and M. Hillman, S. (2006) *Change and continuity in mental health representations of attachment after adoption. In Psychological Issues in Adoption: Research* and Practice (eds Brodzinskey, D. and Palacios, K.) Chapter 5.

Hollingsworth, L. D. (1998) *Adoptee dissimilarity from the adoptive family: clinical practice and research implications*, *Child & Adolescent Social Work Journal,* 15(4), pp. 303-319.

Howard L.M., Oram S., Galley H., Trevillion K., and Feder G. (2013) Domestic violence and perinatal mental disorders: a systematic review and meta-analysis. PLoS Medicine;10(5):e1001452.

Howard, A. R. H., Razuri, E. B., Call, C. D., DeLuna, J. H., Purvis, K. B. and Cross, D. R. (2017) *Family drawings as attachment representations in a sample of post-institutionalized adopted children, The Arts in Psychotherapy,* 52, pp. 63-71.

Howe, D. (2006a) *Developmental Attachment Psychotherapy with Fostered and Adopted Children*. *Child & Adolescent Mental Health,* 11(3), pp. 128-134.

Hu A., Zhov, X and Lee, R (2017) *Ethnic socialization and ethnic identity development amongst adopted Korean American adolescents: A seven-year follow up.* Developmental psychology Vol. 53(11) 2066-2077.

Husserl, E. (1931) *Ideas: general introduction to pure phenomenology.* London Macmillan.

Johnson, D. E. Miller. L.C. and Iverson, S. (1992) *The health of children adopted from Romania.* Journal of American Medical Association. 268(24) 3446.

Jordan, C. and Dempsey, M. (2013) *Exploring experiences of adoption: Emerging implications for therapeutic practice,* Counselling Psychology Review, 28(1), pp. 37-46.

Juffer F., and van Ijzendoorn M.H. (2007) *Adoptees do not lack self-esteem: a meta-analysis of studies on self-esteem of transracial, international, and domestic adoptees*. Psychology Bulletin. 2007 Nov;133(6):

Juffer, F. and Van Ijzendoorn, M.H.(2005) *Behaviour problems and mental health referrals of international adoptees: A meta-analysis. Jama:* The Journal of American Medical Association, 293. 2501-2515.

Kanai, C., Hashimoto, R., Itahashi, T., Tani, M., Yamada, T., Ota, H., Iwanami, A. and Kato, N. (2017) *Cognitive profiles of adults with high-functioning autism spectrum disorder and those with attention-deficit/hyperactivity disorder based on the WAIS-III,* Research in Developmental Disabilities, 61, pp. 108-115.

Kaufman, E.A. Montgomery, M. and Crowell, S. (2014) *Identity related dysfuction: Integrating clinical and evelopmental perspectives.* An International Journal of Theory and Research. Vol 14. Issue 4: Problematic Identity Processes: The role of identity distress.

Kaye, K. (1990) *Acknowledgement or Rejection of Difference?* In D. M. Brodzinsky & M. D. Schechter (Eds.) *The Psychology of Adoption*. New York: Oxford University Press.

Kenrick, J. (2006) *Where we live: some dilemmas and technical issues for the child psychotherapist in interpretative work with looked-after and adopted children*, Journal of Child Psychotherapy, 31(1), pp. 24-39.

Kenrick, J. (2000) *Be a kid: the traumatic and impact of Repeated Separations on Children who are Fostered and Adopted.* Journal of Child Psychotherapy, 26 (3) 37-52.

Keyes, M., Sharma, A. Elkins, I. Iacono, W. and McGue, M. (2007) *The Mental Health of U.A. Adolescents Adopted in Infancy.* Peadiatric Adolescent Medicine Journal. 162(5) pp 419-425.

Kim, O. M., Hynes, K. C. and Lee, R. M. (2017) *Searching for connection—Finding resolution: A grounded theory analysis of writings of Korean American adopted adults*, Asian American Journal of Psychology, 8(3), pp. 235-247.

King, S. Gieve, M. and Iacopini, G. (2017) *The Evaluation of the Adoption Support Fund* .The Tavistock Institute of Human Relations. Department of Education.

Klein, M. (1975) *Envy and Gratitude and Other works*. 1946-1963. London . Virago.

Klingert-Hall, J. (2014) *An exploration of a patient's use of her body within the trans-ference relationship in intensive psychotherapy towards allowing thoughts to become thinkable*. Unpublished thesis. University of East London and Tavistock and Portman NHS Foundation Trust.

Krementz , J. (1982). *How it feels to be adopted*. New York: Knopf .

Langton, G. (2006) Romania's children. The Psychologist, vol 19 N7.

Larkin, M. (2020) IPA International Group. https://groups.io/g/ipaqualitative/topic/77478882#10168

Larkin, M., and Thompson, A. R. (2011) *Interpretative phenomenological analysis in mental health and psychotherapy research.* In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 101–116). Hoboken, NJ: Wiley-Blackwell.

Lee, R. M. Grotevant, H.D. Hellerstedt, W.L.. and Gunnar. M.R. the Minnesota International Adaptation Project team (2006) *The Minnesota International Adaption Project Team (2006) Cultural socialisation in families with internationally adopted children*. Journal of Family Psychology, 20, 571-580.

Lee, J. P., Lee, R. M., Hu, A. W. and Kim, O. M. (2015) *Ethnic identity as a moderator against discrimination for transracially and transnationally adopted Korean American adolescents*, Asian American Journal of Psychology, 6(2), pp. 154-163.

Lefler, E., Sacchetti, G. and Del Carlo D. (2016) *ADHD in college: A qualitative analysis.* ADHD Attention Deficit Hyperactivity Disorder 8:79-93

Lifton, B.J. (2009) *Ghosts in the adopted family. Psychoanalytic Inquiry* 30: 71-79.

Lifton, B. J. (1988) *Journey of the adopted self: A quest of wholeness.* New York: Basic books.

Lord, R. (1991) Adoption and Identity—A Case Study, *Psychoanalytic Study of the Child,* 46, pp. 355-367.

Ludlam, M. (2008) *The longing to become a couple: support for the parental couple.* In Hindle and Shulman (2017) The emotional Experience of adoption. Routledge : London.

Lush, D., Boston, M. and Grainger, E. (1991) *Evaluation of Psychoanalytic Psycho-therapy with Children: Therapists.* Assessments and Predictions', Psychoanalytic Psy-chotherapy, 5(3), pp. 191-234.

Mahler, M. (1963) *Thoughts about development and individualization.* Psychoanalytic Study of the child. 8 307-24.

Mahmood, S. and Visser, J. (2015) *Adopted children: a question of identity.* Support for Learning, 30(3), pp. 268-285.

Marcia, J. E. (1994) *Ego identity and object relations*, in Masling, J.M. and Bornstein, R.F. (eds.) *Empirical perspectives on object relations theory.* Washington, DC, US: American Psychological Association, pp. 59-103.

Mathelin, C. (2004) *What I hear, I can't write*. Journal of Infant, Child and Adolescent Psychotherapy, 3(3) 369-383.

McCrory, E., DeBrito, S.A. and Vidding E. (2010) *Research Review: The neurobiologigy and genetics of maltreatment and adversity.* Journal of Child Psychology and Psychiatry, 51 (10) pp 1079-1095.

McCrory, E. , Puetz, V.B. Maguire, E.A. Palmer, A. Gerin, M. Kelly, P, Koutoufa, I. and Viding, E. (2017) *Autobiographical memory: A candidate latent vulnerability mechanism for psychiatric disorder following childhood maltreatment*. British Journal of Psychiatry, Volume 211, Issue 4.

Meltzer, D. (1975) *Adhesive Identification*. Contemporary Psychoanalysis, vol.11 No.3

Meltzer, H. Lader, D., Corbin, T. Goodman, R. and Ford, T. (2004) T*he mental health of young people looked after by local authorities in Scotland.* HMSO

Messina, R. and Brodzinsky, D. (2019) *Children adopted by same-sex couples: Identity-related issues from preschool years to late adolescence. Journal of Family Psychology*.

Meyer, I. H. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129,* 674–697.

Mignot, J.F. (2015) *Full adoption in England and Wales and France: a comparative history of law and practice (1926-2015)*. Adoption and Fostering, 41(2) 142-158.

Milan, S.E.,and Pinderhughes E.E. (2000) *Factors influencing maltreated children's early adjustment in foster care. Developmental Psychopathol*ogy 2000;12(1):63-81

Miller, B. Fan, X. Harold, D., Grotevatn, D., Christesen, M., Coyl, D., and ManVan Dulmen, M. (2000) *Adopted Adolescents' Overrepresentation in Mental Health Counseling: Adoptees' Problems or Parents' Lower Threshold for Referral?* Journal of American Child and Adolescent Psychiatry Vol 39.

Minnis, M. and Walker, F. (2012) *The Experiences of Fostering and Adoption Processes – the Views of Children and Young People: Literature Review and Gap Analysis*. Slough: NFER.

Morgan, R. (2006) *About Adoption: A Children's View Report.* Newcastle, Commission for Social Care Inspection.

Morrow, S. and Williams, E. N. (2007) *Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective.* Psychotherapy Research 19(4-5) 576-82.

Moustakas. C. (1994) *Phenomenological research methods.* Thousand Oaks. California : Sage.

Mullin, A. S. J., Hilsenroth, M. J., Gold, J. and Farber, B. A. (2017) *Changes in Object Relations over the Course of Psychodynamic Psychotherapy*, Clinical Psychology & Psychotherapy, 24(2), pp. 501-511.

Music, G. (2019) *Nurturing children : from trauma to growth using attachment theory, psychoanalysis and neurobiology.* London: Routledge.

Music, G. (2009) *Neglecting neglect: some thoughts about children who have lacked good input and are "undrawn" and " unenjoyed".* Journal of Child Psychotherapy, 35, 142–156.

Neil, E., Beek, M. and Ward, E. (2013) *Contact after adoption: A follow up in late adolescence.* London: Nuffield Foundation.

Neil, E. (2000) *Contact with birth relatives after adoption: A study of young, recently placed children. Unpublished doctoral thesis*. Norwich: University of East Anglia.

Nagell, W., Steinmetzer, L., Fissabre, U. and Spilski, J. (2014) *Research Into the Relationship Experience in Supervision and Its Influence on the Psychoanalytical Identity Formation of Candidate Trainees*. Psychoanalytic Inquiry, 34(6), pp. 554-583.

Nickman, S. L. (1985). *Losses in adoption: The need for dialogue*. The Psychoanalytic Study of the Child*, 40,* 365–398.

Northern Ireland Health and Social care Trust (2017) https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-201718 accessed May 2020.

O'Connor, T.G., Bredenkamp, D., Rutter, M. & The English and Romanian Adoptees (ERA) study team (1999) Attachment Disturbances and Disorders in children exposed to early severe deprivation. Infant Mental Health Journal, 20 (1) 10-29

Palacios, J. and Brodzinsky, D. (2010) Review: Adoption research: Trends, topics, outcomes. *International Journal of Behavioral Development, 34,* 270–284.

Patterson, C. J. (2013) *Children of lesbian and gay parents: Psychology, law, and policy.* Psychology of Sexual Orientation and Gender Diversity 1(S): 27–34.

Pearson, F., Curtis, R., and Chapman, A.M. (2007) *Use of mental health services by adults who were adopted as infants*. *Journal of Mental Health Counselling, 29*(2), 163-185.

Pérez, M. P., Sala, L. G. and Ortega, M. C. (2016) *Identity Construction as a Mother: A Comparative Study Between Adopted and Nonadopted Women.* Journal of Constructivist Psychology, 29(2), pp. 184-196.

Pivnick B.A (2013) *Being Borne: Contextualizing Loss in Adoption. Psychoanalytic Perspectives*.;10(1):42-64.

Pivnik, B.A. (2010) *Left Without a word: Learning Rhythms, Rhymes and Reasons in Adoption.* Psychoanalytic Inquiry, 30 (1) pp. 3-24.

Reilly, C. and Johnson, D. (2016) *Adolescent Males and Fire setting: An Interpretative Phenomenological Analysis.* Residential Treatment for Children and Youth vol.33 36-50. Routledge. London

Rhode, M. (2005) *Mirroring, imitation, identification: the sense of self in relation to the mother's internal world.* Journal of Child Psychotherapy, 31(1) pp. 52-71.

Ribaudo, J. (2016) *Restoring safety: An attachment-based approach to clinical work with a traumatized toddler*, Infant Mental Health Journal, 37(1), pp. 80-92.

Robinson, F., Luyten, P. and Midgley, N. (2017a) *Child psychotherapy with looked after and adopted children: a UK national survey of the profession*, Journal of Child Psychotherapy, 43(2), pp. 258-277.

Rojewski J. W. (2005) *A typical American family? How adoptive families acknowledge and incorporate Chinese cultural heritage in their lives.* Child and Adolescent Social work Journal 22, 133-164. (2010)

Rosenberg, E. B. and Horner, T. M. (1991) *Birthparent romances and identity formation in adopted children* , The American Journal Of Orthopsychiatry, 61(1), pp. 70-77.

Rustin, M. (2008) *Multiple families in mind.* Routledge. London.

Rustin M. (2010) *The therapist with her back against the wall.* Journal of Child Psychotherapy, 27:(3). 273-284

Rustin, M. (1998) Dialogues with parents, *Journal of Child Psychotherapy*, 24(2), 233– 42.

Rutter, M. and The English and Romanian Adoptees (ERA) study team (1999) *Quasi-autistic patterns following severe early global privation*. Journal of Child Psychology and Psychiatry 40(4) 537-549

Rutter, M. and The English and Romanian Adoptees (ERA) study team (1998) *Developmental catch-up, and deficit, following adoption after severe global early privation*. Journal of Child Psychology and Psychiatry, 39(4) 465-476.

Rushton, A. and Dance, E. (2006) *Outcomes of adoption from public care: research and practice issues.* The Royal College of Psychiatrists.

Rushton, A. (2013) *The Adoption of Looked After children*. Social care institute for excellence. London. Science.

Ryan, T., and Walker, R. (2007) *Life Story Work: A practical guide to helping children understand their past.* London: BAAF.

Samuel, H. (2003) *Adoption: Some Clinical Features of Adults Who Have Been Adopted and the Difficulties of Helping Them in NHS Psychotherapy*, *Psychoanalytic Psychotherapy,* 17(3), pp. 206-218.

Sass, D. A. and Henderson, D. B. (2002) Adoptees' and birth parents' therapeutic experiences related to adoption. Adoption Quarterly, 6, 25-32.

Schechter, M. D. (1967) *Psychoanalytic Theory as it Relates to Adoption*. *Journal of the American Psychoanalytic Association,* 15(3), pp. 695.

Schiocchet, L. (2016) *Constructing transnational and transracial identity: adoption and belonging in Sweden, Norway, and Denmark*, *Social Anthropology/Anthropologie Sociale,* 24(1), pp. 102-103.

Schofield, G. and Beek, M. (2013) (eds) *Attachment Handbook for Foster Care and Adoption*. London: BAAF.

Selwyn, J. Meakins, S. and Wijedasa, D. (2015) *Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption*, London, BAAF.

Simmons, J. (2008) *Developing a curiosity about adoption: a psychoanalytic perspective:* in Hindle & Shulman (2008) The Emotional Experience of Adoption: A psychoanalytic approach, London : Routledge.

Simmonds J. and Dibben E. (2018) *Report on the sixth International Conference on Adoption Research (ICAR) – July 2018. Adoption & Fostering* Journal ;42(4):417-419.

Smith, J.A., Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research.* London: Sage.

Smith, J. A. (2004) *Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology*. Qualitative Research in Psychology, 1, 39-54.

Smith, J.A. and Osborn, M. (2003) I*nterpretative Phenomenological Analysis. In: J.A. Smith (Ed) Qualitative Psychology:* A Practical Guide to Research Methods (pp. 51-80). London: Sage.

Smith, J. A., Flowers, P. and Osborn, M. (1997*) Interpretative phenomenological analysis and the psychology of health and illness.* In: L. Yardley (Ed.) Material Discourses of Health and Illness. London: Routledge.

Spencer, L., Ritchie, J., Lewis, J. and Dillon, L. (2003) *Quality in qualitative evaluation: A framework for assessing research evidence.* A Quality Framework, National Centre for Social Research, 1-20.

Sprince, J. (2012) *The riddle of Sphinx*, in Briggs, A. (ed.) *Waiting to be found: Papers on children in care. Tavistock Clinic series*. London, England: Karnac Books, pp. 172-190.

Steele M, Hodges J, Kaniuk J, and Steele H. (2010) Mental Representation and Change: Developing Attachment Relationships in an Adoption Context. *Psychoanalytic Inquiry* ;30(1):25-40.

Tarren-Sweeney, M. (2016) *The developmental case for adopting children from care.* Clinical child psychology and Psychiatry. Vol 21(4) 497-505.

Tarren-Sweeney, M. and Vetere, A. (eds) (2013) *Mental health services for vulnerable children and young people: Supporting children who are, or have been in foster care*. Clinical Child Psychology and Psychiatry 20(1) 164-166.

Teasdale, B. and Barnard, R. (1993) *Depression and attention to two kinds of meaning: A cognitive perspective.* Psychoanalytic psychotherapy. Taylor and Francis.

Timulak, L. and Elliott, R. (2019) *Taking stock of descriptive–interpretative qualitative psychotherapy research: Issues and observations from the front line*, *Counselling & Psychotherapy Research,* 19(1), pp. 8-15.

Tizard, B. and Phoenix, A. (2006) *Black identity and transracial adoption.* Reprinted from: New Community, 1989 15 427-437.

Thomas, C., Murch, M., Beckford, V. and Lowe, N. (1999) *Adopted Children Speaking*. British Agencies for Adoption & Fostering, London.

Treacher A. and Katz I. (2001) *Narrative and fantasy in adoption.* Adoption & Fostering, 25, 20-28.

Triseliotis, J. Borland, M. and Hill M. (2000) *Delivering Foster care*. London, British Agencies for Adoption and Fostering.

Tummala-Narra, P. (2014) *Cultural identity in the context of trauma and immigration from a psychoanalytic perspective*, *Psychoanalytic Psychology,* 31(3), pp. 396-409.

Van der Kolk, B.A. Roth, S. Pelcovitz, D Sunday, S. and Spinazzola, J. (2005) *Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma*. Journal of Traumatic Stress 18(5) 389-399.

Vasquez, M. and Stensland, M. (2016) *Adopted Children with Reactive Attachment Disorder: A Qualitative Study on Family Processes*, *Clinical Social Work Journal,* 44(3), pp. 319-332.

Verhulst, F. C., Althaus, M., and Versluis-den Bieman, H. J. (1992) *Damaging backgrounds: Later adjustment of international adoptees. Journal of the American Academy of Child & Adolescent Psychiatry, 31*(3), 518–524.

Vicary, Sarah (2017) *An Interpretative Phenomenological Analysis of the Impact of Professional Background on Role Fulfilment: a study of approved mental health practice*. PhD thesis University of Manchester.

Von Korff,L. Grotevant, J. and McRoy R. (2006) *Openness arrangements and psychological adjustment in adolescence*. Journal of Family Psychology, 20, 531-534.

Von Korff, L. and Grotevant, H. D. (2011) *Contact in adoption and adoptive identity formation: The mediating role of family conversation. Journal of Family Psychology,* 25(3), pp. 393-401.

Vote, B. and Kasket, E. (2017) *Therapists' experience of the therapeutic relationship when working with adults adopted as infants*, *Counselling Psychology Review,* 32(2), pp. 14-29.

Waddell, M. (1998) *Inside lives*. London : Karmac.

Waterman, J., Langley, A. K., Miranda, J. and Riley, D. B. (2018) *Module 5: Search for identity and transracial adoption*, *Adoption-specific therapy: A guide to helping adopted children and their families thrive.* Washington, DC: American Psychological Association, pp. 163-194.

Watson, L.D., Latter, S. and Belew, R. (2015) *Adopted children and young people's view of life storybooks: the role of narrative in the formation of identities*. Children and Youth Services Review. Vol. 58 Nov 2055 Pages 90-98

Wider, H. (1977) On Being told of Adoption. Pyschoanalytic Quarterly, 46. 1-21

Wiley, M. O. L. (2017) *Adoption research, practice, and societal trends: Ten years of progress. American Psychologist,* 72(9), pp. 985-995.

Willig, C. (2017) *The Sage handbook of qualitative research in psychology*. London: Sage.

Wille, R. S. G. (2008) *Psychoanalytic Identity: Psychoanalysis as an Internal Object*, *Psychoanalytic Quarterly,* 77(4), pp. 1193-1229.

Winnicott, D. W. (1986). *The theory of the parent-infant relationship.* In P. Buckley (Ed.), *Essential papers in psychoanalysis. Essential papers on object relations* (p. 233–253). New York University Press.

Winnicott, D.W. (1971). *Playing and reality.* London: Penguin.

Winnicott, D. W.(1960) *Ego Distortion in Terms of True and False Self. In: Winnicott, D.W., Ed., The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development.* London: Karnac Books.

Winnicott , D. W. (1957) *Two adopted children The child and the outside world ed*. Hardenberg , J. London: Tavistock 52-65

Winnicott, D. W. (1949). *Hate in the counter-transference.* The International Journal of Psychoanalysis, 30, 69–74

Yardley, L. (2000) *Dilemmas in qualitative health research*. Psychology and Health. 15. pp. 215-228.

Zarnegar, Z., Hambrick, E. P., Perry, B. D., Azen, S. P. and Peterson, C. (2016) *Clinical improvements in adopted children with fetal alcohol spectrum disorders through neurodevelopmentally informed clinical intervention: A pilot study*. Clinical Child Psychology and Psychiatry, 21(4), pp. 551-567.

Zeleke, W. (2013) *Psychological adjustment and relational development in Ethiopian adoptees and their families*. Graduate Student Theses, Dissertations, & Professional Papers. 10760.

Zornig, S. and Levy, L. (2011) *Trauma and deprivation. The relationship between early object relations and the constitution of a sense of self.* International Forum of Psychoanalysis, 20(1) pp 26-30.

Appendix 1: Opt In Email.

Research Study:

Researcher: Ruth Vivar

Supervised by: Dr Jenifer Wakelyn.

I am in the third year of the Doctorate in Child and Adolescent Psychotherapy programme at the Tavistock and Portman NHS Trust and University of Essex. I am trying to recruit participants for my Professional Doctoral project. I am interested in the therapist's understanding of the meaning of identity for adopted children. I will use Interpretative Phenomenological Analysis (IPA) to analyse the findings. It is hoped that the study will help further the understanding of the therapeutic work with adopted children.

Taking part in the study would involve meeting with me for an interview. The interview would be in the clinic and would normally last about an hour.

I would be very grateful if you would consider taking part in my study. Your participation can make a difference to therapeutic and service practices.

I will be glad to answer any questions you may have about my research. If you would be happy to meet with me and hear more about my study, or to take part by meeting me for a one hour interview, I would be very glad to hear from you.

Please contact me at my email: ruth.vivar@((((((((.nhs.uk

Warm regards,

Ruth Vivar -Psychotherapist in Doctoral Training

Appendix 2: Participants Information Sheet.

PARTICIPANTS INFORMATION SHEET

Study Title: An exploration of therapists' understanding of the meaning of identity for adopted children.

Introduction

I have invited you to take part in a piece of research exploring your understanding of adopted children's identity and how adopted children view and describe themselves in therapy. Before you decide whether you would like to give consent to take part, please take the time to read the following information.

The researcher

My name is Ruth Vivar. I am a Child and Adolescent Psychotherapist in Doctoral Training. I am carrying out this study as part of a Professional Doctorate in Psychoanalytic psychotherapy. The research is being supervised by Dr Jenifer Wakelyn.

What is the purpose of the research?

This study aims to gain an in-depth understanding of how adopted children's sense of self comes across in therapy and what therapists experience in the room. I want to develop a better understanding of the challenges and opportunities, experiences and feelings that influence therapeutic work when working with adopted children and I am curious to know in what ways questions of identity come up in the therapy.

Why have I been invited to take part in the study?

You are a CAMHS clinician who offers therapy to adopted children so you have a valuable contribution you can make to this research. I am interested to hear about your experiences of adopted children's identity and its relation to the inner world of the child.

Do I have to take part?

No, it is up to you to decide whether you wish to take part. There is no obligation to participate in this research. If you wish, you can withdraw from the research up to four weeks after the interview.

What will happen if I take part?

If you agree to take part I will contact you to obtain your written consent to participate and arrange a meeting for the interview. I will arrange a time that is convenient for you. The interview will last approximately 45 minutes to an hour. It will take place at the clinic where you work.

Who will carry out and transcribe the interview? I will carry out and transcribe the interview to ensure confidentiality is kept at all times. All transcripts will be anonymised and given a Participant Identification Number to ensure confidentiality. All anonymised transcripts will be securely stored. I will analyse the data using Interpretative Phenomenological Analysis (IPA).

Who will have access to the information you provide?

Dr Jenifer Wakelyn, Tavistock Research Supervisor and I will have access to the information you provide. The data will be kept on password-protected audio files and once transcribed it will be destroyed. Paper copies of the transcript will be placed in a locked cabinet to ensure confidentiality. Your name will not appear in the paper files.

What to do if you change your mind?

Your participation is entirely voluntary. You can change your mind up to 2 weeks after the interview and withdraw your participation with absolutely no consequences..

Will there be any feedback about the findings?

After the study is completed, I will be happy to send you feedback about the results and learning from the research.

Where the study will take place?

Interviews will take place in the clinic. The study will be conducted under the auspices of the NHS Tavistock and Portman and Essex University.

What if there is a problem?

If you have a concern about any aspect of this research please contact me using the details below. If this does not resolve your concern or you feel uncomfortable discussing an issue with me as the researcher, please contact my research supervisor, Dr Jenifer Wakelyn. If you have any concerns about the conduct of the research, contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

Who are the people involved with this research project?

Researcher: *Ruth Vivar*

Email ruth.vivar@99999.nhs.uk

Tel: *020 5xxx738 xx38*

Principal Supervisor: Dr Jenifer Wakelyn

Email: jwakelyn@tavi-port.nhs.uk

This study has been reviewed by the Ethics Committee at the Tavistock. Thank you for taking the time to read this information sheet, I look forward to hearing from you soon to answer any further questions you may have.

Appendix 3. Participant Consent Form

PARTICIPANT CONSENT FORM

Study title: An exploration of therapists' understanding of the meaning of identity for adopted children.

Name of Researcher: Ruth Vivar, Child and Adolescent Psychotherapist in Doctoral Training.

Please tick box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw within 2 weeks.

3. I agree for my data to be collected, accessed by the researcher and stored securely. Data will be anonymised and direct quotes might be used but will not be identifiable.

4. I agree for data collected during this study to be used in data analysis in future related research. This data will not include my contact details or any identifying information.

5. I understand that data collected during the study may be looked at by responsible individuals from the University of Essex, from regulatory authorities, or from the NHS Trust, where it is relevant to my taking part in this research.

6. I agree to take part in the study.

____

Name of Participant Signature Date

Please email the completed form to: ruth.vivar@9999999.nhs.uk

Appendix 4. Interview Questions

INTERVIEW QUESTIONS

Research Title: An exploration of therapists' understanding of the meaning of identity for adopted children.

I am interested to explore your views and experience of what happens in the therapy room with adopted children, particularly in relation to identity formation and the sense of self. I am interviewing clinicians in the team so I am keen to hear different perspectives as it is a multi-disciplinary team working with adopted children.

1. What kind of work do you do or have done with adopted children?
2. What does identity or sense of self mean for children as they grow up?
3. Is it different for children who are adopted?
4. Can you think of a particular case, a previous or current one, where the child's sense of self/identity was particularly present or central?

Prompt : what comes to mind when thinking about that child.

I am going to ask you a couple of questions keeping this child/young person in mind:

5. How does the child or young person present?
6. Did the child or young person make any specific statements about the sense of self?

7. What was your experience as their therapist? What was it like to be with the child/young person?

8. What was the functioning of the professional network like?

9. Are there other ways in which the sense of self or identity can be problematic?

10. Anything else you could tell me that you feel it is relevant.

Appendix 5. Thank you.

THANK YOU

Study Title: An exploration of therapists' understanding of the meaning of identity for adopted children.

I would like to thank you for taking part in the interview. Your contribution is valuable and I hope it will help to provide a better understanding of therapeutic work with adopted children.

Do let me know if you would like feedback about the results and learning from the research by contacting me via email.

Researcher: *Ruth Vivar*

Email" ruth.vivar@s999.nhs.uk

Tel: *020 8888888*

Principal Supervisor: Dr Jenifer Wakelyn

Email: jwakelyn@tavi-port.nhs.uk

You will have a copy of the signed consent form to keep.

This study has been reviewed by the Ethics Committee at the Tavistock.

Appendix 6. Risk Assessment for Interviews

RISK ASSESSMENT FOR INTERVIEWS

The interviews will take place in a NHS CAMHS clinic during working hours. There will be other members of staff around. The NHS CAMHS clinic is the place of work for the participants so I do not anticipate any external risk factors due to the location of the clinic.

CONTEXT	Risk	What it might look like	How to respond
CAMHS clinic	**Interruption of the inter-view**	Someone might try to walk into the room	I will calmly asking to leave as the room is booked
	Participant becomes physically unwell	Participant looks unwell or ex-presses that they are feeling unwell.	I will ask the participant if they want take a short break or postpone the interview for another time

	Participant becomes emotionally distressed	Participant expresses or looks sad/distressed	I will note their sadness and listen to what they have to say. If the participant is extremely distressed I will discuss with my research supervisor to ensure support is in place after the interview.
	Any other risk that I might have not anticipated	Unknown	I will respond calmly to any unexpected event and use the code of practice as a trainee psychotherapist to manage the situation as well as I possibly can.