

**What is the experience of psychoanalytically informed child and  
adolescent psychotherapists working with adoptive parents?**

by

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**Do mo chroí agus mo thuismitheoirí**

**Abstract**

Recent research into parent work with adoptive parents highlights the increasing number of adopted children in Child and Adolescent Psychotherapists' (CAPT) caseloads and the need for further thinking and training in parent work with their adoptive parents (Boyd, 2020). This study explores the lived experiences of CAPT with significant amounts of experience providing parent work to adoptive parents. Semi-structured interviews were conducted to collect data which was analysed using Interpretive Phenomenological Analysis (IPA). The study retrieved 5 super-ordinate themes that emerged from the data analysis: 'Complicated Truths', 'The Value of Countertransference', 'Dimensions of Time in Adoption', 'Perilous Journey' and 'Unwanted Experiences'. The lived experiences of the clinicians captured in the results conveyed a skilled level of insight gained by the CAPT from their experiences of the parent work that were shaped and influenced by their psychoanalytic training and clinical experience. The results also indicated a high level of complexity, reported by the CAPT, involved in being an adoptive parent, with parents tasked with facing and managing unexpected and painful experiences directly related to this. There are parallels between the common themes found in the results and the literature advocating for parent work for parents of traumatised children and the literature advocating for psychoanalytically informed parent work specifically with adoptive parents. It is argued that due to the complexity of the nature of parent work with adoptive parents, further research into psychoanalytically informed parent work could be beneficial for clinicians involved in working with adoptive parents, and indeed potentially useful for the parents themselves. It is also argued that due to the increasing number of CAPT working with adoptive families, more emphasis should be placed on the importance of working with the parents' experiences of adoption.

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## **CHAPTER 1**

### **Introduction**

Psychoanalytic research is vitally important (Midgley, 2006), not just in increasing the depth of knowledge and understanding Child and Adolescent Psychotherapists (CAPT) can get through further exploration of our work with patients and families, but in advancing the field of psychoanalysis as a serious treatment method. There is no shortage of psychoanalytic literature and research into the lived experiences of children who have suffered from abuse and neglect, with more CAPT focusing on the presence of enduring trauma in their work with fostered and adopted children.

As Cairns (2008) points out, the majority of adopted children in the United Kingdom come from local care systems or abroad, and have suffered from significant adversity in their early lives which can cause lasting damage to their neurological and emotional processes. Instead of presenting with one clearly defined disorder, many of these children display complex patterns of deficits and difficulties through their emotional responses to ordinary everyday life situations (Association of Child Psychotherapy, n.d.). There is much research citing the long-term impact of early trauma, the severity of which can depend on how long the child suffered. Repeated childhood trauma forms and deforms the child's personality leaving lasting damage to the child (Herman 2015). It is important to bear this fact in mind to fully appreciate the task adoptive parents are given when they adopt a child who has undergone such early experiences. In adopting a child with a history of deprivation or abuse, the parents are also adopting these

past experiences, and as the child will have internalised them in some form or another they will come with her.

When an adopted child is referred to CAMHS the adoptive parents tend to share as much as they remember of what they have been told of the child's birth and developmental history, including reasons for removal from the birth parents. From my own clinical experience these early histories are often shocking; sometimes it can be hard to understand how the child managed to survive these painfully unthinkable events (Cooper, 2008). Sadly, these traumatic stories are not unusual, but despite no longer being surprised by these tragedies, like Roy (2020), I have learned that they are hard to take in the first meeting, that getting the full picture is part of a process that takes place over time during which there is acknowledgement of "the need for a supportive environment where it can be possible to hear the distress and pay attention to our own responses to what we are hearing" (p12, Roy 2020). This should be a key part of the work undertaken in parent work with adoptive parents, helping them to integrate the unthinkability of their child's early trauma and to try and empower them to live in as ordinary a way as possible, viewed by Cooper (2008) as a "crucial contribution".

It is interesting how much more consideration is given to the child's experiences of being parented by both the birth and adoptive parents, rather than the adoptive parent's own experiences of being parented (Blum, 1983). Whilst recently there has been some more consideration given to the grandparents' style of parenting and the adoptive parents' perceptions of this, there remains a greater emphasis on the adopted child's experiences. There is noticeably less literature looking at adoptive parents' experiences of their own birth parents. If we are to consider the adoptive child's experiences of their birth parents and what this raises for the adoptive parents, surely we must also bear in mind the adoptive parents' own individual

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experiences of their own birth parents and what this may raise for them as a family unit if we, as clinicians, are to have a balanced perspective on the intra-psychoic and intra-familial dynamics that occur.

Whilst social workers and adoption workers prepare adoptive parents as best they can for the difficulties that may arise in adopting a child, it can be difficult to fully grasp and convey the reality that adoption does not undo past trauma and that the issues that come may not be temporary (Cooper, 2008). Adoption of older children can also cause some blindsiding, where a combination of the potential parents' longing, and a widely held phantasy that equates late adoption with new beginnings, can lead to professional networks being lulled into a false sense of reassurance that parental enthusiasm and willingness suggest they do not need ongoing social and psychological support from the beginning, instead only if things go wrong (Sprince, 2008). A view of adoption as offering the child a clean slate and magically produced happy ending through her 'forever family' not only undermines adoption policy and practice (Cooper, 2008), it seeks to erase the child's early history and developing identity, and forces unrealistic expectations upon adoptive parents. As Wakelyn (2020) notes, "trauma, deprivation, and care from multiple caregivers can all impact on the capacity of adults to respond to the psychological needs of vulnerable infants and young children" (p. 1).

It is common that, when an adopted child is referred to CAMHS, the reasons for referral include reports about the child's enduring unacceptable behaviour and the adoptive parents' responses to this can be overwhelming sadness, disappointment and anger (Cairns, 2008). Cairns also notices a particular level of emotional and social cost that comes in adopting another person's child. By the adoptive parents accepting the importance of the ghosts of past parents, and how they may interfere in the adoptive parent-child relationship, a task that would challenge any of

us, they can ease some of the pain that comes from the adopted child's emotional rejections of them (Sprince, 2008).

In the face of enduring negative and stressful situations certain behavioural paradoxes can occur where the person works harder to alleviate the problem but ends up achieving less, becomes self-critical and perfectionistic, self-isolates whilst remaining critical and demanding of others and turns away from support whilst needing it more than ever (Cairns, 2008). When adoptive parents come seeking support they have often been trying to manage their child's difficulties for a long time by themselves and can come in a wary worn-down state, full up of the painful experiences they have suffered through their child's early trauma. There is a limit to everyone's resilience, and adoptive parents are no exception. In fact, the significantly high levels of trauma that they can be exposed to through living with a traumatised child can leave them susceptible to what Sprince calls 'secondary traumatic stress' (2008). When this happens the adoptive parents can become hyper-aroused or dissociative, actions which are decided not by the parents but by the body's automatic response to overwhelming stress. The fact of adoptive parents coming to seek support from mental health services to aid their child can be seen as testament to their commitment to their child and determination in seeking an alternative way of managing what has become unmanageable. Ludlam (2008) sees psychotherapists as tasked with providing support and containment for parents by encouraging temporary dependence on the therapist to provide security and trust in her. This is in order to contain their anxieties in the parent work whilst the therapist strengthens their resources and therefore make improved outcomes for the child more likely.

It is important to note that there are also many children who thrive from the love and stability that their new family provides them with, but this study will focus on the children and their



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adoptive parents for whom the adversity continues as this is the situation for almost all of adoptive families who are seen in my specialist team, which indicates the high level of need of certain groups within our society. Due to the constant referrals of adopted children coming from backgrounds of deprivation, neglect and abuse, coming into my adoption, fostering and kinship care team, I have become increasingly concerned about the toll parenting these children can have on their adoptive parents. In the multidisciplinary team there is great support and advocacy for working with these parents and a child is never seen for individual therapy without the parents being offered parallel parent work by a therapist. However, there remains an ongoing concern within the team about how best to utilise the parent work sessions to support these parents, with clinicians often carrying repeated painful disappointments and frustrations, perhaps on behalf of the adoptive parents. Something that seems to collectively fall short is how to gather up the meaning of the unpleasant experiences that come up in the work and turn what can feel doomed to stagnation into something creative and hopeful. From my experience of being a CAPT this is a key aspect of working with traumatised children, being able to bear what has been unbearable until the patient is able work through it, and I have noticed this occurring, in a necessarily more diluted way, in my own and CAPT colleagues' parent work sessions. This influenced my decision to design a research study that seeks to answer the question: What is the experience of psychoanalytically informed child and adolescent psychotherapists working with adoptive parents? By doing so, I wanted to know more about CAPT's live experiences of the parent work, to learn more, through their psychoanalytic insight and impressions, about what adoptive parents feel able to tell parent workers, and if there is something particular to be gained from psychoanalytically informed adoptive parent work delivered by CAPT.

I investigate this by interviewing 4 CAPT about their experiences of parent work with adoptive parents, focusing on recurrent themes within the work and what they understood about them in

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the context of adoption from a psychoanalytic point of view. In the next chapters the following will be found: a literature review exploring parent work, adoption and psychoanalytic theory; an outline of my research design; its methodology and data analysis; presentation of results which will be discussed.

## CHAPTER 2

### Definition of Terms

#### Parent work

For the purpose of this study I will define parent work as weekly, fortnightly or monthly psychoanalytically informed sessions for adoptive parents by child and adolescent psychotherapists. I understand that regular appointments are offered to biological and adoptive parents as well as carers by clinicians other than CAPT, but as the support offered is likely to be informed by the particular training of the therapist, for the sake of relevance I will focus on parent work as an intervention offered by CAPT, only, for adoptive parents. I also define the purpose of parent work as sessions where parents can discuss their ongoing or changing concerns for their child as well as an opportunity for them to consider their relationship with him/her, their experience of being parents and for the CAPT to facilitate and participate in these discussions in a manner which is reflective of the psychoanalytic framework of their training.

#### Ego

Freud's theory of personality development viewed the ego as one of the main structures of the psyche that was formed after the primitive and instinctively driven id (McLeod, 2024). Klein's belief, contrary to Freud's was that the ego is present from birth and used unconsciously by the infant to protect himself from self-destructive impulses (Klein, 1958).

Introjection:

The developing ego allows for the infant to take in life-giving experiences, such as food through the mother's breast and her love (Klein, 1958) but also negative experiences such as hunger pains and its own aggressive feeling towards what it perceives as the bad breast which can withhold milk from him (Etherington, 2024).

Projection: A defence Mechanism described by Freud as the attribution of undesirable or unacceptable parts of the self onto another being (McLeod, 2024).

Transference:

The way in which a patient unconsciously relates to the therapist which reflects the patient's early relationships and experiences (McLeod, 2024).

Countertransference:

The therapist's unconscious responses to the patient's transference which can tell her something about the dynamics at play within their therapist-patient relationship (McLeod, 2024).

Phantasy

In the context of the topic for this research I define phantasy as the act of imagining and hoping for what is impossible or unattainable in response to a psychological need.

## **Chapter 3**

### **Literature Review**

#### **Introduction**

This literature review aims to outline some of the complexities arising in adoptive families, pre and post adoption. This is a narrative literature review, in which I aim to report on literature that gives some insights on the pre-adoption external and internal world, the journey of adoptive parents and the internal and unconscious aspects of this, as well as the challenges adoptive parents and children face when they start to become a family. Throughout this I focus on examples reported of parent work conducted by child and adolescent psychotherapists (CAPT) who focus on evidence from psychoanalytic clinical literature. Interspersed in this are views from researchers, psychological and other psychoanalytic practitioners who describe the nature of their work with parents, the need for particular support for adoptive parents, and the complexities present in adult couple relationships, which can be further complicated when the couples are parents.

The literature details painful aspects of parenting traumatised children, but strikingly few focus solely on this in the context of adoption. The relevance of cultural and historical attitudes to adoption and parenting are detailed, as are the enduring impact of external influences, the difficulty in facing painful past truths which can recur in the present, the gap between parental expectations and reality in adoption, hope in the face of disappointment and trauma. Finally,

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important space is given to the literature exploring the role of psychoanalytic thinking and theory in exploring entrenched difficulties.

## **Method**

I conducted a narrative literature review focusing on published articles, books and papers mainly focusing on CAPT who have worked with adoptive parents. I wanted to find literature that best addressed my research question: What is the experience of psychoanalytically informed child and adolescent psychotherapists working with adoptive parents? However, some of the papers I have included in this literature review were not about CAPT and their work with parents specifically, but highlighted the need for further support for adoptive families. Most of the papers I included examined the complexity of early relational experiences and their influence on future family relationships. Many of these included complications influenced by children's experiences pre-adoption, as well as parents' own challenges in their journeys into parenthood.

As a student of Tavistock and Portman NHS Foundation Trust I had access to their Moodle service from which I was able to search for literature using online psychology databases such as PsychINFO (which includes articles and reading from clinical psychology, psychotherapy, psychoanalysis, family therapy and other related fields) and PEP Archive (for access to key psychoanalytic journals, works of Sigmund Freud and other books related to this field). Using these databases allowed me to find useful and also unrelated material to sift through from publishers such as Taylor & Francis Online and the Journal of Child Psychotherapy. I used keywords in my database searches such as "adopt\*", "parent\*", "work", "psychoanal\*" and "child psycho\*" and further narrowed it down by restricting the subject to "adoptive parents".

I also hand searched papers from my own limited collection of Journal of Child Psychotherapy volumes as well as papers and books from my own personal library that I have bought and collected over the many years of my studies that I felt could be relevant to the topics of parent work and adoption. I excluded papers focusing on specific areas such as family work, the adopted child's emotional experiences, and treatment that was not psychoanalytic in nature. I did not find published research papers that were similar to my own research topic. Kate Boyd's unpublished doctoral thesis 'An exploration of the nature and function of psychoanalytic parent work with adoptive parents' (2020) is the closest research in this specific area that I have found. I accessed this thesis by contacting the writer directly via email where she allowed me to have access to it for the purposes of this research project. It can also be accessed via the Tavistock and Portman's online repository.

## **Implications of Becoming Adoptive Parents**

### Historical and Cultural Adoption

There is an element of power in being a parent. The ability to create a life and be the one who ensures its development is one of the greatest positions of power an individual can hold. Many parents who adopt have faced infertility issues (Flynn, 2000), which can be a painful blow, however, there is undoubtedly an aspect of power and status that allows these parents to be deemed suitable to be adopters.

Flynn (2002) describes historical adoptions in the Roman era where worthy young boys were adopted by high-ranking male officials and groomed to pursue a similarly noble position in office. He gives further cultural examples of a Native American tribe, the Hopi, who developed

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a system of adoption to increase social cohesion within tribes. Similarly in Manus, Papua New Guinea, adoption was used as a means to increase the economic status of the family. In contrasting these historical and cultural attitudes to adoption Flynn brings to light the more modern view of the adopted child as someone who was unwanted or who does not belong.

### Adoption Today

Research evidences the enormous long-term gains of adoption (Boswell and Cudmore, 2014). However, while adoption can have a positive impact on children's cognitive, physical and psychosocial development despite them suffering early adversity, they can still be at greater risk of developing emotional and behavioural problems (Duncan et al., 2021). Duncan et al. reference previous meta-analyses which suggest that many adopted children adjust well to their adoptive family life, but the authors warn that they remain at greater risk for mental health disorders and that this can be linked to and exacerbated by adoption breakdowns (2021).

Boyd describes the ongoing social care dilemma of trying to balance giving birth parents a chance to improve their parenting capacity before deciding on a permanent placement for the child, versus the needs of the child (2021). This is one significant contribution to the delays in finding a child a secure and permanent home through adoption and in fact, as of 2023 the average age of adoption for a child is 3 years and 5 months (GOV.UK, 2023). The data shows that the age of adoption is increasing year by year; children are entering care at older ages and/or residing in care or for longer periods of time. Tarren-Sweeney's research asserts that the older a child is when they enter care the more likely they are to have developed pre-existing developmental and mental health difficulties (2008). He believes that being placed into care at a younger age can be a protective factor against the presence, complexity and severity of these



disorders. Examples of early trauma suffered by many children pre-adoption and its enduring nature are described in the following sections.

With the evidence demonstrating the enduring positive impact adoption can have on children while at the same time linking the negative impact of early trauma on their mental health and ability to develop and maintain healthy relationships, it is only good sense to ensure that there is suitable support to both address the consequences of early adversity and nurture the positivity that adoption brings to both the child and adoptive parent, and therefore society. Creegen highlights the usefulness of child and adolescent psychotherapists working with adoptive parents as CAPT lived experiences in the therapy room dealing with and trying to make sense of a disturbed child's projections and negative and positive transference to them, can bear some similarity to the adoptive parents' experiences of parenting their own child (2017). In parent work sessions, as the parents describe their parenting experiences, it may bring to the mind of the CAPT her own previous experiences of psychoanalytic work with adopted children. Consequently, the CAPT can get to know something of the parents' experiences but within the protective boundaries of the psychoanalytic framework, such as drawing on psychoanalytic theory to make further sense with the parents of these experiences. This research will elaborate more on the usefulness of CAPT working with adoptive parents by examining the clinician's own experiences in parent work.

### External World of Child Before Adoption

The majority of children in care, including those who go on to be adopted, have previously suffered some form of abuse, neglect, or pre-natal hazards such as exposure to maternal

substance misuse (Rushton et al., 2006), therefore, having experiences of being with parents who were unable to provide consistent care or containment for their distress. These are often the causal reasons for which they are removed and following this many children then face multiple placements before being adopted. By the time they are adopted they have often experienced multiple attachment ruptures and have developed a perspective of parents as being unpredictable and potentially harmful (Roy, 2020).

The detrimental impact of such early experiences and early environments on the psychological and physical development of the foetus, infant and child is now widely known and reported on. Moreover, research has shown that children in care are more likely to achieve lower academic success and have more difficulties with physical and mental health in comparison to peers not in care (NSPCC, 2022).

These negative early experiences, and much more, as the next sections are going to outline, immediately pose a significant challenge for adoptive parents; the beginning of their relationship comes with such internal and external complexities that, for example, would have an impact on the type of attachment their child is able to form with them.

### Support in Facing the Truth

A 2000 governmental survey (Department of Health, 2000) revealed a widespread lack of adoption support services in the local authorities of the United Kingdom, with many adoptive parents unaware of their rights to assessment or support when they had ongoing concerns about their child. However, while recently there has been an increase in these services in both local authorities and independent adoption services, there remains a geographical disparity in

availability across Britain (Rushton et al, 2006). There is a great need for professionals in the mental health field to work alongside adoptive families to develop an understanding of what may be going on in the family, to allow parents to express their feelings about life as adoptive parents and for there to be exploration about possible necessary adaptations needed within their life (Tollemache, 2006).

Rushton et al. (2006) call for parenting programs to empower adoptive parents and enhance the already present skills and understanding they have of their own children. However, they highlight the stark reality that parents are, most of the time, left alone and expected to swiftly be able to parent unfamiliar and unrelated children. These parents can often continue to be challenged many years after the adoption, with high rates of behaviour disorders whose origins can be traced back to the child's early adverse experiences pre-adoption, which can lead to insecurity both in the child and the parent.

Sophocles' Greek tragedy, *Oedipus Rex*, tells us of a father terrified of his future as predicted by the Sphinx, who anticipated he would be killed by the hands of his own son, spurring him to abandon his only child, who is later rescued and adopted by a childless couple. In the ensuing drama what is made apparent is that one cannot completely deny what is the truth, to split off the most terrifying aspects of one's identity and forever deny them. Oedipus' birth father, in abandoning his child to die in order to take control of his own fate, ensured that the Sphinx's predictions would become reality (Sophocles, 429BC/1984). As it is played out in this Greek tragedy, this father's attempts to meddle with and control the truth could not save him from what he feared the most. Canham (2021) tries to understand some elements of the Oedipus myth from the perspective of the adopted or fostered child. According to him the experience of Oedipus has commonalities with that of many children who cannot live with their birth

parents, as well as the emotional struggles that follow. The tribulations of Oedipus point to the considerable support that is needed for children and their parents in order to allow for the gradual exploration of what are inherently painful circumstances (Canham, 2021).

As a result of her own doctoral research, Kate Boyd (2020) calls for CAPT conducting parent work to be sensitive to the immense pain that can be caused to adoptive parents when they start truly seeing and accepting their child as he really is as this involves integrating the level of his trauma into their picture of him (2020). She notices a tendency for some CAPT eagerness to convey their understanding of the child's pain potentially eclipsing the adoptive parents need to know that they, and their own experiences in parenting the child, have been heard before they can take in new ideas about their child. She suggests the therapist needs to bear the agony of realising the permanency of some of the child's trauma before adoptive parents can take this in and learn that this devastation can be survived (Boyd, 2020).

### Parental Phantasies and Realities

In much of the literature, I have found on adopted children, there has been quite a lot said about the unexpected reality of the chosen child versus parents' phantasies of the imagined child and the impact of this on both parties. With Flynn's (2002) earlier observations in mind, there remains a question about what parents had hoped to be able to achieve in adopting their child. Perhaps they had, like most parents, hoped to have the best outcomes for their child, shaped by their well-intentioned parenting like those in Ancient Rome; an opportunity to elevate their child to a high-ranking status within the limits of society. It is not unreasonable for members of society to want to save a child and offer them the best parent experience. Perhaps this is fuelled more so by the knowledge that many of the children who do end up being adopted have

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suffered from a number of ACE (Adverse Childhood Events). ACEs are potentially traumatic events that occur in childhood (0-17 years); such as experiencing violence, abuse, or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use problems, mental health problems, instability due to parental separation or household members being in jail or prison. These negative experiences in early life have been proven to be directly linked to chronic health problems and drug use in adulthood (Centre for Disease Control and Prevention, n.d.).

However, reading the literature makes me wonder how reasonable and straightforward the good intention of saving a child and providing them with all that they need to thrive, can be in the context of family relationships, which bear the hallmarks of the subjective experiences of all individuals within the family with their own separate experiences of being parented. Within the adoptive family there are parents' own experiences of being parented, alongside the child's experiences of their birth parent(s), their foster carer(s), and finally their adoptive parents. I wonder about how much emphasis is placed upon this when parents are in the process of adopting and later when they become a new family unit.

Adoptive parents are certain about wanting a child and, despite the lack of certainty about what child they will get, they know that they want to take on a child to be their own (Flynn, 2000). In working with parents, Child and Adolescent Psychotherapists can have the opportunity to explore more unconscious reasons for their wish to adopt. Rustin (1998) observes that in some cases there is a parent's unconscious wish to heal past personal deprivations, or to save those who could not be saved in their past. In these cases, those unconscious wishes may in fact be

the actual truth behind their decision to adopt, which can be linked to Bell's considerations of what is considered to be true as actually being a substitute for the real truth; an unspoken vested interest (2009). Rustin goes on to describe how these wishes can lead to being stuck somewhere in the past, stunting the natural development of the relationship between a parent and child (Rustin, 1998).

Green (2004) views parenthood as a developmental stage of adult life. Children can promote positive changes in their parents, they can activate hope within them and make them want to be good-enough parents (Green, 2004). When parents hope to have their own biological child and cannot, turning to adoption in order to have this much longed for child, these hopes get carried into the adoption process and the hoped-for outcome. However, there are undoubtedly gaps between parents' hopes and expectations in adopting, with often painful realities they have had to face in their journey into and throughout this parenthood. Tollemache (2006) highlights the usefulness of clinicians in helping them bridge these gaps, but calls adoption a 'risky enterprise'. It creates quite a task by putting children and adults, who are in essence strangers, together, with the hope that this will be a remedy for past failures and traumas experienced by the children in question. In addition to this, all children will have had some experience of their birth parent prior to adoption and will bring this experience into their adoptive family. The child described by his parents will be a mixture of present-day reality and their own perspectives informed by their individual internal histories.

### A Place for Hope and Internal Objects

In a 'Room of One's Own', Woolfe (1928/2019) describes the impossibility of escaping one's reality, of its permanent presence in one's life. Klein (1935) believed that introjection and

projection, fuelled by the ego, governed infant development, with the mother's breast as the prototype for both all the good that he receives and for all the unpleasant experiences he is subjected to. This is part of ordinary developmental processes during which the infant requires a mother strong enough to withstand and contain his primitive anxieties and projections, to help him to move onto the next phases of development in his first year, particularly in the first few months (Klein, 1935). The conditions upon which the infant experiences his primary caregiver from birth informs the shape that his internal landscape will take; his experience of being parented from the beginning will inform his perception of who he is and what he is to expect from parenting. As illustrated in previous sections, many adopted children are familiar with a pre-adoption parenting experience that is lacking in optimal conditions for ordinary growth and development, psychologically and/or physically and so, with Woolfe's view in mind, we must consider the enormity of the task given to both child and adoptive parent in forging an ordinary parent-child relationship.

In her work with adoptive families, Roy's (2020) experience has been that, while most adopted children report knowing comfort and reassurance from their adoptive parents, "they have been left with a residual terror of abandonment originating from earlier losses" (p.39). It seems that despite the apparent security of adoption the ghosts of their past experiences haunt these children throughout their lives.

Reliable internal objects offer an individual the chance to experience continuity, a feeling of hope, an idea which Youell (2002) describes as being represented by a mother who eagerly and willingly returns to her child. Adoptive parents of children who have been subjected to neglect or abuse, who did not have the hopeful experience that Youell portrays, are tasked with challenging their children's internal neglectful objects to offer a more optimistic, ordinary

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alternative to what they had known pre-adoption. Other internal objects to be thought about include those of the parents from their own experience of being parented as children.

In order to support the adoptive parents in this task, Green (2004) highlights the importance of being able to create a space in working with parents that “is both large and deep enough to allow for the restoration of the complexity of the child” (p. 45), this should be especially applied to parent work with adoptive parents. A room of their own, perhaps, a space where the truth of the child can be known, as can child and parental experiences pre-adoption and how they have impacted on them in becoming parents, as well as the truth of their experiences in being his parents now, whilst keeping the child at the centre. In exploring the feelings stirred up in parents by the child, Klauber (1998) sees the potential for change within some family dynamics.

### Cost and Toll

Cudmore (2005) states that the majority of parents who choose to adopt have not conceived children of their own. She stresses the undeniable link between infertility and adoption; the loss of the wished-for child and the turning to an option of taking a child conceived by another. Cudmore states the modern-day societal view of adoption as second choice, and parents being regarded with suspicion by adoption services if they do not attempt conception via medical intervention prior to seeking to adopt (2005). During the adoption process, Tollemache (2006) describes parents as being expected to willingly open themselves to the invasive nature of adoption procedures and to readily take on children who are suggested and made available to them. She conveys a pressure to wholly accept these children with little thought given to the babies they had wanted to make. Alison Roy (2020) further elaborates on the struggle to



embrace this child and all he brings when she quotes a parent who admitted, “I wouldn’t have knitted him this way if I’d had a choice, I would have opted for a different pattern” (p. 60).

In her work with adoptive parents, Tollemache has understood parents conveying a sense of isolation and depletion, as if the years of difficulties in their family life equate to inadequate parenting (2006). Similarly, Klauber (1998) states that the capacity to parent is threatened when there is a child in the family with significant difficulties. Tollemache’s experiences in working with adoptive parents is that they have “exhausted their own resources”, that the pain of their experiences thus far can leave them raw and, understandably, reluctant to open up to clinicians (2006). Stress and pressure can impair parental capacity and resource as can the parents’ experiences of inadequate containment (Morgan, 2011). The cost to adoptive parents and the toll of the enormous pressures they experience during the adoption process and later during parenthood can have a devastating impact (Roy, 2020).

### Parental Trauma

Parents who are already vulnerable can experience living with disturbed children as traumatising; Klauber describes parents as identifying their child with the trauma, disrupting and impairing their parental capacity, sometimes losing the function to parent completely (1998). Moreover, Klauber (1998) describes parents experiencing real confusion with their child’s behaviour, where very little might make sense at the point where they access mental health services. She describes them as being worn out from their efforts and by the time they are met by clinicians they are at the end of a long road of suffering and attempts to adjust. In arriving in this vulnerable state, parents may come fearing judgement and criticism from the professionals they seek answers and help from.

Ruston et al. (2006) stress the importance of assessing the impact of adopted children's long-term developmental, behavioural and social difficulties on their adoptive parents. Roy, for example, (2021) highlights adolescence as being an exceptionally difficult time between parents and their adoptive child, as the child develops and evolves, the differences between parent and child can be highlighted and become more recognisable. Similarly to what happens even between parents and their biological adolescent, the adoptive parents and their adolescent can struggle to find what they have in common and this becomes even more complex due to the fact of their adoption and biological differences being made all the more obvious.

Through her work Tollemache illustrates how adoption involves parents needing to make a choice before knowing what is being chosen, before what they have lost can be thought about and grieved (2006). She considers the pains parents go through in order to conceive, the invasiveness of repeated and failed fertility treatments, the disappointment that follows, and the assumption they should re-open themselves to the further invasiveness of adoption procedures, without knowing who or what their future child will be. Without being able to fully mourn the loss of their imagined child, they choose to be adoptive parents but their choices following this are limited as their future child has already begun to live her life and will come with a history not of their making.

### **Parent Work with Child and Adolescent Psychotherapists**

In this section the focus is on the present literature on parent work and couple work carried out specifically by Child and Adolescent Psychotherapists, aside from the work of Mary Morgan, a psychoanalyst who focuses on the couple relationship. I have included her paper as her

psychoanalytic attunement and attention to early experiences is on par with CAPTs, and also much of the literature on parent work does not focus on the couple relationship, a relationship which, I believe, is crucially important for the child and parents. Indeed, while the child remains the primary focus of parent work, that is not to say that parents cannot benefit as individuals or as a couple from this work, which as a result should carry on the beneficial effect to the child.

### Finding Meaning

In parent work a different perspective is brought in; that of the CAPT. Parents arrive with their own experiences and perspectives of their family life, and while Mary Morgan (2001) states that “it is all too easy to see the world from one’s own perspective” (p.19), in a couple relationship there is evidence of another view, unless the couple are very merged. In holding on to her perspective, the parent worker keeps the various relationships presented to her in mind: the couple relationship, the parent-child relationship, and, inevitably, the parent-parent worker relationship. Green (2002) evidences the need for the parent worker to recognise the particular quality of a parent’s investment in their child. For example, she considers parents who may have a pathological tendency towards entrenched narcissism who may struggle to view their child and his individual needs and desires as separate to their own. Green acknowledges the frequency of guilt and pain in parents when they recognise their child is in need, and although she is referring to her work with biological parents my view is that this view can easily be applied to adoptive parents. She gives an example of a piece of work where parents’ past experiences interfered in their relationship with their daughter. By the therapist recognising this and wording it for them, making it more bearable for them to take in, she was then able to acknowledge, with them, the links between their past and show its recurrence in the present situation.

Rustin (1998) presents clinical material which shows how during parent work with biological parents the couple relationship as well as the parent-child relationship can be tended to. She shows parents becoming more interested in each other as individuals and finding things out about each other during sessions. She illustrates helping them to re-connect to their lives outside of their concerns with their child, and parent work becoming a place where they can re-identify as individuals as well as parents (1998). She advocates for Child and Adolescent Psychotherapists in particular to work with parents due to their trained attunement to infantile aspects of the personality and therefore being well suited to offer the possibility of an experience of attentive, thoughtful parental behaviour to some deprived adults. In accessing and addressing disturbances in parental functioning, that can come to light in the work, parents may develop more of an understanding of their own feelings, potentially allowing them to withstand the fluctuations of their child's feelings. Interestingly, there can also be parallels between issues that occur in parent work and in the child's therapy when the relationship between parent and child is enmeshed (Green, 2000).

In working with adoptive parents, Tollemache (2006) stresses the importance of nurturing beliefs and empowering adoptive parents; that both parent and child can hold fragile beliefs of being a capable parent and a wanted child, that both need the help of others to keep hope alive. She also advocates linking distressing and fragmented experiences together in a meaningful way for parents, to help them make sense of their child's behaviour so that by separating out overwhelming and bewildering events and putting things together in a clearer way they may be more likely to be in touch with more hopeful experiences. Similarly, Klauber states that the parent worker's own sense of hopefulness is essential to the work (1998).

Therefore, the above authors have shown the complexity involved in parent work with adoptive parents in finding meanings which can involve different aspects of all of the experiences of all those involved. As well as holding on to her own perspective, the therapist allows for the perspective of the adoptive parents as individuals, parents, and couples to be held in mind by her all at the same time, whilst also keeping in mind the child's own experiences, past and present, and how there can be an interplay between all of these perspectives, and the experiences that come with each, present in the family and parent work dynamics. Making time and space for all of these experiences to be thought about together with parents in the sessions, the authors believe that parents can be helped in this way.

### Challenges for the Parent Worker

Green (2000) highlights a need for forming an alliance with parents, as seen in the previous section when they arrive to get the support they need, they may have lost faith in professionals or feel easily judged by them (Klauber, 1998). This can involve working with the parents specifically before working with the child (Green, 2000). Whilst Green and Klauber's reflections do not focus specifically on adoptive parents, there is no reason these perspectives cannot be shared with them. Green speaks of a particular skill in being able to translate hostility into more digestible communications for parents, and the work shifting its focus from parent to child and back. Whilst her paper does not focus on adoptive parents and children, she brings attention to dynamics that are present in all family types; each individual's experience of being parented. Boyd (2020) advocates for this alliance too, although notices how in some adoptive parent work this alliance can take a year to build, before being able to get near the core of the difficulties which brought the child to be referred to CAMHS. She raises her concerns about the realistic survival of long-term parent work in modern day under-funded and under-

resourced CAMHS and suggests further considerations to adapt the model to a shorter time frame but which could preserve the depth of quality and clinician experience that is vital.

Green describes biological parents who were unable to admit to any conflict occurring in their marriage, instead locating it all in their child. The author illustrates a case vignette where the parents of a little girl were identifying her with hated and destructive figures from their own past (2000). Green viewed the original difficulties presented by the child as an attempt to change the family dynamics that those parents were invested in. Through the child's communication of trying to change damaging dynamics, by highlighting the presence of conflict through her behaviour and seeking help in this way, and the therapist taking it upon herself to communicate this in her separate work, they created an opportunity for the parents to make some changes within themselves. This shows clearly how a different perspective is brought in by a CAPT, a perspective that was not available to the parental couple.

Edwards and Maltby (1998) give examples of parental ambivalence towards positive difference being made possible through parent work with biological parents; parents who acknowledge the impact of the support but distance themselves from the more meaningful reasons behind this. This links to Flynn's view of a narcissistic blow (2000) experienced by parents in having a child who is not coping with the life they planned for him, of the vulnerability of being in a position where they need help from someone else to further understand their child, and the need for careful attention in this work (Green, 2000).

Tollemache (2006) states that working with adoptive families requires commitment from clinicians, and a need for the therapeutic approach to be open to suit the particular family.

Green (2000) highlights the importance of respect towards the parent-child relationship, for this complex and mutual relationship to be kept in mind by the therapist.

Many clinicians have found that, despite a referral coming for a child, there are times when it is appropriate to see only the parents, addressing and working with the child through them (Green, 2000). She highlights an absolute need for therapists to work with parents, to be adaptable and flexible in approach. She also emphasises the importance of parental state of mind and perspective in parent work (2000). She describes a difficulty in some parents in seeing the child as an individual separate from their own needs and wishes. She also describes some parents who can project their own histories onto their child, as well as those who can make space for emotional attunement to their child's feelings. Her experiences show that working with parents cannot be prescriptive, that each set of parents needs their own tailored model. This is even more relevant when working with adoptive parents who, as reported by Rushton et al. (2006), can experience prolonged and intense outbursts from their children, bizarre emotional expression, leaving them utterly confused and doubting the authenticity of their children's affection due to these unusual and volatile relationships (2006).

### Unconscious Communications in Parent Work

Roy (2020) describes adoptive parents reaching a point of such exhaustion and resentment that they project these feelings into the network around them. The parents may then be viewed as exhausting and stir up resentment in social workers, teachers, clinicians or the team whose function is to be a source of support for the family. Tollemache (2006) describes an adoptive mother's experience of projective identification, of being made to feel the level of hurt her child had suffered originally at the hands of her abusive and traumatising birth parents. Bion

(1962) viewed projective identification as a method of communication, a way of learning to understand one's own feelings or phantasies by projecting them into the object who would contain, digest and return them to him, modified, and without the original anxiety. Similarly, Klauber (1998) describes traumatised parents resorting to projective identification to purge them of the anxiety and terror they suffer from having highly disturbed children. In parent work, these primitive non-verbal communications need to be met by a highly skilled resilient worker and Klauber advocates using counter-transference as a tool to recognise parents' projections (1998).

Morgan describes the infant's developmental need for a parent to be able to withstand the projection of his primitive anxieties and to demonstrate a process of thinking about terrifying things without getting overwhelmed or damaged by them (2001). This relates not only to the unlikelihood of an adopted child experiencing this crucial developmental phenomenon before adoption, but also calls in to question consideration of the adoptive parents' experiences of having their early anxieties contained by their own parents, and the later impact of this on their family dynamics. The literature indicates the importance of exploring this with parents to facilitate change where needed. However, Green (2000) cautions of the need to strike a balance so as not to experience the parent worker as persecutory nor as colluding with omnipotent defences that the parents might have needed to return to.

Roy (2020) describes an undercurrent presence of birth parents even when they are no longer in the child's life. This can be thought about in relation to all parents, the fact of the lived experience of being parented traversing our adult lives and into our own parental functioning. In the adoptive family, the presence of the child's and parents' parents exist. Canham (2012) states the influence of early feelings and fantasies of parental figures as influencing the



development of an individual's personality. From these early experiences arise particular anxieties and defences which shape the individual's perception of themselves and others. Klein (1928) similarly viewed the child's ability to learn about his world as stemming from his experience of his parent's relationship. Edwards and Maltby (1998), for example, give a clinical vignette which describes how those processes can be seen and used in therapy through a therapist's use of her own countertransference, which seemed to unlock something for the mother. Such unlocking allowed exploring the mother's perceived image of herself as a child through the uncovering and understanding of her own parent's projections into her (Edwards & Maltby, 1998), revealing that there were some unresolved Oedipal issues in the family.

As introduced in a previous section, Canham (2012) draws parallels with Oedipus' experience of parenting to those of adopted and fostered children who did not have parents with the capacity to contain their violent infantile projections. Returning to Sophocles Oedipus Rex Greek tragedy, Laius and Jocasta did not contain their baby's unconscious murderous thoughts, nor their own violent feelings towards their son; they acted on them. Like many birth parents of adopted children, they could not support each other to look after him (Canham, 2012).

Canham (2021) draws attention to the regularity with which adopted children resort to idealisation or denigration towards birth and adoptive parents. They alternate between assigning each set of parents the trait of perfect or useless, showing their struggle to achieve a stable picture of parental figures (Canham, 2021). Canham emphasises the complication for adopted children in what Klein (1949) termed the depressive position and viewed as a fundamental stage in infant development having the effect of

*“further integrating the ego, because it makes for an increased understanding of psychic reality and better perception of the external world, as well as for a greater synthesis between inner and external situations.”(p.107)*

This crucial developmental stage would be particularly difficult for adopted children as they have multiple sets of parents and hold ambivalent feelings towards them all. How difficult to reconcile conflicting representations of parental figures and the self with so many different representations of a primary object; this sets the stage for relational difficulties between child and adoptive parent.

### Transference and Countertransference

Klauber's (1998) work with parents describes how paying attention to the inevitable transference relationship gave insight into recurring dynamics that had intergenerational roots. She reflects on work with a couple where the father's delicate way of relating to her and supply of gifts gave her the impression that, in the transference relationship, he saw her as a weak woman needing placating and protection from him. Indeed, this mirrored the couple's own individual experiences of being parented, the mother by a kind, drained and burdened mother and both husband and wife experiencing their fathers as demanding and selfish. Dynamics which Klauber experienced as interfering with her own effectiveness and undermining her parent work with them.

Klauber (1998) advocates paying close attention to transference and countertransference in parent work, particularly when parents of disturbed children can perceive the worker as persecuting and judgemental. Green (2000) gives examples of when working with transference

may be possible and the therapist's insights being informed from the raw material that comes from the nature of the transference relationship. She suggests annexing the positive aspects in the relationship to use them as a catalyst to nurture and promote development in parents, with the therapist portraying herself as an object of development that parents could identify with and perhaps internalise in the work (Green, 2000).

There are also more indirect ways in recognising communications from the transference relationship, for example as well described by Morgan (2011) the importance of taking an observational stance, whilst being subjectively involved with the couple. She noticed in her work with one couple that an interesting response to the therapist's lateness quickly became indicative of an unhealthy dynamic in the couple's relationship.

### The Role of Truth

Tollemache (2006) highlights the importance of identifying symptoms of neglect and abuse before children are adopted, something which adoptive parents do not receive enough help or support with when the detrimental effects of this early trauma become apparent post-adoption. Overlooking these early signs of trauma can be devastating. However, Tollemache finds that if parents are given enough help, the chance to overcome some of the problems presented by early neglect and abuse is more possible for them.

Tollemache (2006) speaks of the possibilities of adoptive parents learning to live in a more satisfying way by re-ordering their priorities to accommodate the differing needs of their children, whilst caring for one another. However, the parental couple can be challenged in looking after one another by an interplay between internal and external factors based on the

adopted child's earlier experiences which can make it hard for the child to accept her adoptive parents as a couple (Canham, 2012).

Canham (2012) again uses the myth of Oedipus to explore the significance of truth in the adopted child's origins and the difficulty for some parents in admitting this truth to him (2012). Polybius and Merrill completely deny the fact of Oedipus' adoption, and Canham wonders about the possibility of shame and disappointment in not being able to conceive their own biological children as their reason for obliterating the truth. Upon discovering his true origins, Oedipus is overwhelmed and attacks himself, blinding himself forever. The truth of this adopted child's origins could not be faced by either birth or adopted parents, the secrecy of which does nothing to prevent the Sphynx's prediction, which perhaps was set in motion by Laius's own fragile ego. Canham recognises the frequent difficulty in fully recognising the child's true origins in adoptive parents. The truth of his identity, and the blinding pain that follows, is central to Oedipus's suffering, and one wonders if this may also be said for adopted children and perhaps too, their adoptive parents. Canham certainly believes so, describing children as plagued by questions about their origins (2012). Some of these questions may be possible for adoptive parents to answer, however uncomfortable or horrifying the facts may be, yet there may be some truths that parents will never be able to uncover for their child. Bell reminds us that as humans we have a proclivity for ideology and self-deception and that psychoanalytic thought and theory encourage us to uncover our tendency to misperceive the world for our own vested interests. He believes that by revealing these predilections we can broaden our worlds and make them more truthful (2009).

## **Discussion and Conclusions**

The presented literature shows that being an adoptive parent brings a raft of complexities to family life. The literature I have discussed conveys that the child's early experiences of trauma are not undone by being adopted into a safe and secure home and the difficulties their early history raises for their parents is not a reflection of parental capacities but rather a need for attending to unresolved and unprocessed trauma. Some of the literature highlights the trauma parents suffer when their child is disturbed, and that perhaps for adoptive parents their own personal disturbances related to their own lives before adopting can get stirred up by the experience of having a traumatised child. In particular, Canham (2012) and Flynn's (2002) papers bring into consciousness the social attitudes towards adoption that are indirectly present in other literature; such as an idea of adoption as a reflection of social and reproductive status, and how adoptive parents may internalise this is seen in some recurring themes in other papers, which report on the adoptive parents' enduring guilt, depletion, loss and difficulty in holding on to hope.

It is striking that there is literature available that focuses on a parental need for support directly related to being adoptive parents, and the use of psychoanalytic thinking in exploring the evident and possible reasons for this, and yet not much of the literature is specifically about offering psychoanalytically informed work for adoptive parents. Much of the research I conducted on online journal databases focusing on adoption and trauma combined yielded uncountable results of literature related to this topic but what was starkly lacking was a focus on adoptive parent experiences or on psychoanalytic support for adoptive parents. The challenges raised for adopted children in making sense of their profoundly complex early relational experiences and the detrimental impact they have on their emotional lives are well

documented in the small world of child and adolescent psychoanalytic psychotherapy. What is less present in this field are the experiences of their adoptive parents, and furthermore there seems to be nothing published that is dedicated to the the experiences of CAPT offering parent work to adoptive parents. These points beg the question of how ethical it is to have such an imbalance in our research. Positive long-term outcomes for adopted children can only be more likely if we are working at a similar depth with their parents addressing and facing, alongside them, the increasingly stark complexities that are present in these families. Through my many searches I was unable to find research specifically focusing on psychoanalytic parent work with adoptive parents, and the only research, as far as my knowledge, which does so is Kate Boyd's doctoral thesis.

## **CHAPTER 4**

### **The Research Project**

#### **Aims and Objectives**

The aim and objective of this study was to answer the question: What is the experience of psychoanalytically informed child and adolescent psychotherapists working with adoptive parents? By asking this question it aims to investigate the use of psychoanalytic theory and practise in understanding the range of experiences CAPT explore with adoptive parents and if there is anything to be gained from this. Moreover, this research aims to gain insight into what adoptive parents feel able to report to CAPT of their both pre and post adoption experiences of becoming and being an adoptive parent.

#### **Ethics and Ethical Considerations**

Before beginning contacting participants or collecting any data from them I applied for and gained ethical approval from the Tavistock and Portman Trust Research Ethics Committee (TREC) (See Appendix 1).

I needed to consider the emotional impact on the participants in recounting their experiences with the adoptive parents due to the sensitivity of the work, as well as a possibility of the work they described having been particularly painful to remember or reflect upon. Due to my knowledge of working in the same specialist team within which I conducted the research, I was aware that the cases who are referred to the team tend to come from backgrounds of complex trauma. This can be related to the high threshold for entering into care which means that by the

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time a child is adopted she is likely to have suffered a multitude of adverse experiences (Cairns, 2008). With this in mind I was aware that the participants were likely to have worked with adoptive parents who were under enormous strain in parenting a traumatised child, and so the work was likely to be complex.

I also had to bear in mind that working as a psychoanalytic psychotherapist can put us in touch with our own personal experiences, and so painful recollections of work with families could possibly cause potential personal upset and trigger past, or indeed present, personal familial difficulties within the participants, and possibly me too.

Furthermore, I considered the potential impact on the participants in that we knew each other either as colleagues, or through seminars on my training. As colleague and researcher, I had to consider the importance of maintaining absolute confidentiality in their roles as participants of my research study, particularly so as the team is small and so too is the Child and Adolescent Psychoanalytic Psychotherapy training. I conveyed to them how I was bound by confidential conduct, that all identifying details would be anonymised, as well making sure they were aware that they could withdraw from the study up to 2 weeks after the interview, and could contact me at any point if they had any further questions.

## **Methodology**

### Research Design and Rationale

This is a qualitative research project which I felt was most suited to answer my question: What is the experience of psychoanalytically informed child and adolescent psychotherapists



working with adoptive parents? Qualitative data analysis can give “a voice to the lived experience, offering researchers a deeper insight into a topic or individuals’ experiences” (UK Data Service, n.d.), and I felt this was the most appropriate way for my wish to understand more about the emotional dynamics and interpersonal experiences that occur in parent work sessions between CAPT and adoptive parents.

From my clinical training and work experience, I know that, in parent work with adoptive parents, CAPT try to help parents to be in touch with their experience of being a parent to an adopted child, and make space in the sessions for thinking about the impact of adoption on both child and parent. Therefore, through my investigations I planned to try and get a deeper sense of what occurs in parent work where the CAPT and parent would have been trying to make sense of the parenting experience. A key part of being a CAPT is to find and understand links between past experiences and present repetitions of these experiences through our patients’ communications with us and we also try to do this in parent work. According to Midgley (2004), qualitative analysis goes beyond making associations based on understanding causal links; it identifies “causal mechanisms.” As a result of this, I felt that by using qualitative analysis there could be scope to identify what may be at the root of the enduring difficulties that adoptive parents have been coping with long before they arrive at CAMHS.

The qualitative approach I decided upon was Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2009), during which I retrieved and explored common themes that emerged from analysing the interviews I conducted with CAPT participants about their parent work sessions with adoptive parents. I chose IPA because it is a tool used to investigate how others make sense of their significant life experiences and how they then relate to these experiences (Smith, Flowers and Larkin, 2009), and so I felt this was the best suited method of

investigation to apply to my research study. I chose it over other qualitative methods, such as thematic analysis, which also captures themes but does so as they emerge from the data not, as IPA does, which is through a dialogue between the researcher and the data. I also chose IPA due to its in depth focus on the lived experiences of individuals and how understanding the participants' experiences is at the heart of IPA. I felt the emergence of themes through dialogue and the importance of lived experiences very much mirrored psychoanalytic work. Hindle and Schulman's (2008) description of adoption as 'an extremely complex and emotionally demanding process for all those involved' (p.i) made me feel that this could include the experiences of CAPT in parent work with adoptive parents.

My question centred on CAPT impressions of their work with adoptive parents which fits with Smith and Osborn's (2007) description of the method of IPA as a personal perception or account of an experience where the participant tries to make sense of their experience and the researcher attempts to make sense of the participant trying to do this. Building on from this, I wanted to understand the emotional experiences of the CAPT involved in parent work with adoptive parents, in a similar way to Smith, Flowers and Larkin's view of using IPA as a way to explore how people may relate to their significant life experiences (2009). I wondered if by interviewing CAPT working with adoptive parents and analysing their reflections on their relationships with them I could hear something about the parents' experiences of being adoptive parents. I chose to interview 4 participants, and although the cohort was small, I planned to use the interviews to get in depth information through the CAPT reflections on their work. In order to get as much information in as a coherent and focused way as possible I asked participants to focus on one set of parent/s each. In this way I felt I could give them time to think about the parent/s to recall as much information as possible about the work then decide which one/s they wanted to reflect on. I felt that collecting the data would be more

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straightforward if each participant was reporting on one data set and that perhaps if they reported multiple data sets I might get less of a rich in-depth account of their experiences. However, there was also a risk in requesting participants to focus on one piece of work as recalling in such depth a potentially difficult piece of work may have had the effect of digging up painful past experiences having a negative toll on the participants. With the experience of focusing so much on one particular parent/s it may not have provided a realistic or balanced view of CAPT overall experiences of parent work with adoptive parents, especially if a particularly difficult case was reported on.

### Participants

The sample for this research included 4 qualified CAPT who were engaged in parent work sessions, or who have had more than one year of 50 minute once weekly parent work sessions with adoptive parents. Each of the CAPT were white British women. All participants had significant experience in working with adoptive parents, and all had worked within the same fostering, adoption and kinship care team for several years.

CAPT who had less than one year experience in parent work were excluded as longer-term work would provide more in depth and richer analysis, more opportunity for themes to emerge, and therefore more data. The relatively small sample size was in line with guidance on IPA and its commitment to the uniqueness of each account (Smith et al., 2009).

### Setting

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At the time of interviewing all participants were working as qualified CAPT and were currently working or worked for the same inner city fostering, adoption and kinship care team. Three were working in NHS settings, and one was retired from the NHS but was working in a private setting. All interviews were conducted via Zoom. This research was conducted in the backdrop of the Covid-19 pandemic, and so by the time I came to interview my participants from July 2020 to January 2021, its presence had come to shape much of the context of our workplaces. By this time working patterns and locations had changed because of the switch to hybrid styles of working from home and onsite and so I was not based in the same building as my participants as I had been before the pandemic. As a result of this I offered to carry out interviews online, which participants accepted without question.

#### Procedure of recruitment

I received consent from my team manager to conduct the research within the team. There were a limited number of CAPT in the team and so I contacted them all via email or telephone discussion to seek their interest. Participants who expressed their interest in taking part, were given a participant information sheet (see Appendix 2), further opportunity to ask questions and, if necessary, at least 24 hours to decide whether to take part. Once they had provided verbal and/or written consent they were given a consent form (see Appendix 3) to be returned signed to me. Once consent for an interview was given and signed, I contacted participants and arranged a time to meet in person via video-conference using the Zoom platform.

#### Data collection procedure

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A semi-structured interview (see Appendix 4) was created in order to guide the interview and address the research aims. I sent each participant the interview question and possible interview prompts to read beforehand to encourage some focus on particular areas specific to the research aims.

All clinicians were interviewed to investigate if there were recurring themes despite the differing needs of the children and families. In using clinicians as the subject interviewees, I asked them to have a particular family in mind where in their parent work the parents were able to reflect upon and share themes about their decision in becoming adoptive parents and issues about this. In making this request before interviewing it kept the phenomenological experience more narrowed and therefore more focused.

Each semi-structured interview was audio-recorded, transcribed and anonymised using numbers and then pseudonyms for participants and any patients/parents they talked about. The audio-recordings were kept on an encrypted USB stick and then eventually destroyed, according to the latest University regulation on data protection.

### Data analysis procedure

The interviews were analysed using the IPA steps of analysis as outlined by Smith and Flowers (2009): reading and re-reading, initial noting of my first impressions of the data, developing emergent themes, searching for connections across emergent themes, before moving on to the next case. Some of these procedures can be seen in practise by looking at the extracts in Appendix 5, where the transcript initial noting, exploratory comments and emergent themes were developed and formed. Following this, I collated all emergent themes, for each

participant, into one document, grouping all of those that were similar to one another and created super-ordinate themes from this (see Appendix 6). Once super-ordinate themes were created for each participant, I combined the recurring themes across participants which enabled me to narrow down the super-ordinate themes as there were duplications across the interviews and so I was able to decrease the high number I was originally faced with. Then I put them into groups of super-ordinate themes (see Appendix 7) ready to be analysed.

### **Reflexivity**

I will now reflect on the impact on me of being involved in this study to allow for a deeper understanding of this research, including what influenced me to choose this topic for investigation and the undeniable influence of being a CAPT in my own participation in this study.

What inspired me to think of this topic for research was my own experiences in meeting with adoptive parents in my fostering, adoption and kinship care team. Some of the parents left me with a feeling that there was something deeply painful in being an adoptive parent, that some of the children could be difficult to love and parent. I wanted to understand more about what it was like for these parents, to examine and explore the recurring difficulties and challenges I was seeing at work, to focus on these as the experiences, rather than the experience of what it is like to be the parent of a particular child. By exploring the common themes that occur in parent work and how they are experienced by the CAPT I hoped that more understanding could be gained about how challenging it can be to be an adoptive parent, to seeing if certain themes really were frequent in the data as opposed to my individual working experience. I thought that by highlighting these experiences more perhaps further supportive pieces of work could be

considered in which to explore these themes to help families who may be at risk of adoption break down. I believe parents deserve to have the opportunity to explore their own personal difficulties in relation to being an adoptive parent and the meaning of this, they deserve to know that they have permission to express themselves honestly in a containing environment without judgement or prejudice influencing the support they are entitled to. As CAPT are trained to analyse relational dynamics through the psychoanalytic framework particularly focusing on the transference relationship, their own countertransference and the function of projection, I believed that examining the clinicians' experiences of these phenomenon may provide valuable insight into something of the experiences adoptive parents bring to their parent work sessions.

As a Child and Adolescent Psychotherapist in Doctoral Training half of my work was based within the fostering, adoption and kinship care team where this project is based. The participants of this research are known to me as were senior colleagues with whom I worked with at different levels, and most of the cases they reported on were familiar to me as discussed in team meetings. It is possible that the questions I asked participants, and how they answered them, were influenced by our familiarity with one another, particularly for those who knew that I knew about the case previously, and could have had some impact on how I analysed the data. All of these close connections came with implications concerning my involvement as researcher in this study and it was impossible for me to fully separate my colleague/student identity from my researcher role. I found I had to make a conscious effort to remind myself to remain as objective as I possibly could, to focus on the data participants provided me with in relation to my research question and to internally push away information I already knew about the cases from being considered as part of the emotional experience of the participants.

In the early stages of data analysis for each participant I became aware of repeated overwhelming feelings. Firstly, after each interview, I noticed a relief when the interview finished and feeling a need to come away from the recording and revisit it at a later time, as if the experience had filled me up and I could not stomach anymore. Once I returned to each recording, transcribing it and then reading it repeatedly whilst listening to the audio, I became aware of feeling overwhelmed at the thought of where I would begin analysing the data, asking myself how would I do this (despite having clear guidance from multiple sources), and wondering how I could remain focused on the participant and not, as was my natural inclination due to my training, to focus on the adopted child in the case. In discussion with my research supervisor, I was encouraged to keep an open mind to anything of interest that *came from the data*. I found myself thinking there was too much information to get through, as though there wasn't going to be enough time, that I was wading through highly emotive information rather than sifting through data that had been presented to me.

When I began to write up the emergent themes and group them together, I experienced this as depressing and overwhelming; I found the picture being pieced together as bleak and painful. As a psychoanalytic clinician I began to wonder if some of these emotional experiences were part of what was being communicated by the participants about their own experiences of being the parent worker to these adoptive parents. I too needed to notice my own countertransference response to the data, that the participants reflections on what the adoptive parents had talked to them about reminded me of painful and frustrating clinical experiences within my own caseload. Acknowledging this stirring up of my own uncomfortable feelings was complicated and required me to pay close attention to identifying my own emotional responses to the participants' emotional experiences which were being linked to my separate, yet significantly familiar, work with adopted children and their parents. However, this added complexity to my



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relationship with the data and clinicians, and it meant that examining the emotional dynamics was a crucial part to understanding the work I was analysing, a central part to psychoanalysis which Caroline Garland (2002) refers to as trying to document and understand the phenomena of unconscious mental processes by addressing what “is felt to be most disturbing, intransigent and deeply-rooted in the individual's response” (p.5).

## CHAPTER 5

### Results

From the analysed data 5 recurring super-ordinate themes emerged across the participants relating to CAPT's insights from parent work sessions with adoptive parents. As it will be outlined in the sections below, through addressing each super-ordinate theme, the results show the insight that CAPTs were reaching in their parent work and how much of the complexities of being an adoptive parent arose for these particular families and whether it was possible for this to be addressed within the clinical work. The super-ordinate themes were: 'Complicated Truths', 'The Value of Countertransference', 'Dimensions of Time in Adoption, 'Perilous Journey' and Unwanted Experiences'. Table 1 below shows each super-ordinate theme and their relevant sub-themes. In the following sections the results are reported by addressing each super-ordinate theme with the relevant sub-themes, and extracts from the interviews are used to illustrate the journey of CAPT in supporting adoptive parents.

#### Summary of Characteristics of Cases

The data that are going to be presented are coming from white female Child and Adolescent Psychotherapists working with couples or single parents who were either white or Asian. Four individual cases were discussed in the interviews with CAPT. Of these, 3 were couples and 1 was a single parent who, like CAPT, were also working professionals. The children's ages ranged from latency to young adulthood. The length of parent work ranged from a minimum of 2 years to a maximum of 6 years, frequency ranged from weekly to fortnightly, with some

varying in frequency at different points in the work. At the time of interviewing, 3 of the cases were ongoing and one had ended. All of the cases had involved the child being in individual psychoanalytic psychotherapy at earlier points, but at the time of interviewing none of the children were in therapy. The CAPT participants have been given the pseudonyms of Olivia, Audrey, Julie and Emily. One of the white couples was seen in a private context, the other parents attended sessions in Child and Adolescent Mental Health Services (CAMHS) in the National Health Service (NHS).

After the interviews, I became aware that the participants reflected the same ethnic background as most of the families they presented. As mentioned previously, all CAPT were white and most of the adoptive parents were white. I realised that as well as the participants and cases having similar work statuses, and therefore sharing a current class status, there would not be many differences between the parent workers and most of the adoptive parents they discussed in these respects. These similarities between the groups alerted me to some likely limitations in that my results would have a narrower focus rather than create a whole picture of experiences in parent work with adoptive parents.

Three of the cases spoken about had been seen during the Covid-19 pandemic, the other had finished beforehand. Prior to the pandemic, parent work sessions had only been offered in person at the clinician's place of work. However, each of these 3 cases had their sessions switched to online at some point during the pandemic, and although 2 returned to their original face to face setting with their parent worker, one couple remained online for their sessions.

**Table 1. Structure of IPA themes: Super-ordinate and sub-themes**

<b>Thematic levels</b>	<b>Super-Ordinate themes and sub-themes</b>
<b>Theme 1</b>	<b>Complicated Truths</b>
	Difficulties in Acknowledging the Full Truth
	Quest for the Truth
<b>Theme 2</b>	<b>The Value of Countertransference</b>
	Getting Somewhere but Going Nowhere
	Making Sense
<b>Theme 3</b>	<b>Dimensions of Time in Adoption</b>
	Influences on Time
	Never-Ending
	Needing to Slow Down
<b>Theme 4</b>	<b>Perilous Journey</b>
	Adoption as a Mission
	Abandoned
<b>Theme 5</b>	<b>Unwanted Experiences</b>
	Dealing with it Alone
	Unwanted Child

## **Super-Ordinate Theme 1: Complicated Truths**

In this super-ordinate theme, all of the participants demonstrate evidence of the concept of truth becoming synonymous with avoidance, fearfulness, and pain. This was indicated through descriptions of the parents avoiding the details of the truth, delicate balancing of the real experiences of suffering and possible alternative explanations as to the truth behind the children's behaviour. Participants also demonstrated some difficulties in accessing the truth with the adoptive parents in straightforward ways, using their psychoanalytic intuition to uncover truths by being exposed to some disturbing experiences. These can be seen in the sub-themes 'Difficulties in Acknowledging the Full Truth' and 'Quest for the Truth'.

### Difficulties in Acknowledging the Full Truth

This sub-theme looks at how two participants - Olivia and Audrey - talk about truth as a complex force for their cases and the challenges in confronting some present truths. According to the results, allowing themselves to acknowledge and process the truth of what happened to their children pre-adoption is very difficult for these parents and they seek support from the parent workers to help them with this.

The participants reported on the delicate, difficult, and at times impossible, work with adoptive parents in making bearable and thinkable the full truth of their adoptive children's past history, which was then reflected in their present life. The parents described to the parent workers the early trauma suffered by the children and the long-term impact this had on how the children navigate their emotional lives and the significant challenges it raised for the parents and family

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life. The presence of past trauma in the present is described by Olivia when she mentions the adoptive daughter's identification with destructive forces:

*“as she turned to drink at one point, and then to drugs and became, in her view, addicted, but she previously had addictions to being ADHD.”*

Her use of the word ‘but’, after speaking of the young person’s own view that she was addicted to drugs, seems to imply that she views this with some scepticism and brings in the parent worker’s relationship with the truth in this case. She recalls that the child had been addicted to getting diagnoses. It is interesting that she says the daughter was addicted to ‘being ADHD’ rather than ‘having ADHD’. As the participant is a psychoanalytic psychotherapist, it is likely she is looking for the meaning behind these searches before accepting the diagnosis as a possible reason for her destructive tendencies.

Olivia describes a confusing and traumatic beginning to this child’s story and places emphasis on words such as “*seeking asylum*” and “*rape*” which create evocative responses in the reader. There is a history of loss, displacement and violence based on past contradictory reports from a birth mother no longer physically present in the picture. Olivia makes links between the puzzling early history to the parent’s descriptions of the young person’s chaotic addiction “*to having this diagnosis or that diagnosis*”. When she says, “*it’s totally relevant to now, the history*” she makes space for the past in the present.

She believes the adoptive parents split off the truth of their daughter’s conception through rape by putting her records away and never looking at them again. She conveys her shock about this

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when she says, *“I had made a completely wrong assumption,”* but recognises their attempts to split it off whilst being plagued by it throughout their adoptive parent lives when she says,

*“But they have been carrying it and only partially dealing with it. I mean, we’ve had lots of conversations about the rape and so on before and how they felt about it. This is not new material. But it’s still been burning away.”*

It would seem that no matter how many conversations and thinking about it with their parent worker, these parents still cannot bear to face this awful fact. However, despite knowing these truths have been hard to face, it would seem that the parent worker had expected them to be ready to do this after 6 years of parent work as evidenced by her assumption that they had viewed the child’s records. Here, we are given two pieces of information about the truth: that some aspects of it have been kept in the dark, and that this is because parents have not been able to bear looking at it. In knowing the truth, the parent worker and parents have been given a brutal yet unavoidable task because it is the truth of their child’s origins, the place from which her identity began. As her parents, they need to face it before the child can be expected to attempt to digest this fact of her identity when she learns of it, and it has taken them 6 years to be ready enough to reach this point with their parent worker.

Another participant speaks about the emotional impact on parents who are trying to take care of and love their children; Audrey’s vivid adjectives of *“intolerable”* and *“grossly unfair”* bring to life the levels of suffering by the adoptive parents she sees. She describes their attempts to nurture their children often being rejected in the home and them feeling as though their good parenting is not valued. She acknowledges their feelings about this, but as a therapist she sees something other than rejection in the children’s pushing back at their adoptive parents:

*“...I think it is valued actually, by the boys. Um, but, but they...for their different reasons, ah, need to be pushing the boundaries and need for the boundaries to be sustained, you know, as much as possible. So, so that that theme of...unfairness is live. And the theme of the difficulty and taking up parental authority is ongoing. And it is quite, quite chronic really. They've had, they've had a lot.”(Audrey)*

Audrey tries to understand the complexities behind the children's rejections, to see what perhaps parents cannot see when they are left overwhelmed from their experiences with their children. She holds in mind the parents' emotional responses, while at the same time holding a view which she thinks could be the true perspective of the children based on their early history and how this influences the symbiotic relationship between their internal and external worlds. In bringing in her perspective in this way, she highlights these complexities by bringing in a very possible meaning behind the children's attacks on their adoptive parents. Parents are no longer viewed as the only ones in pain in these moments; she brings to light the hurt caused to the children by their early experiences of abuse and neglect, and this being the catalyst which causes them to inflict their internal pain onto their parents. Following on from this, she highlights the paradoxes present in the children's behaviour: while they can appear to be trying to create instability, they may actually be trying to fulfil their wish to find stability by repeatedly testing their adoptive parents' resilience in maintaining much needed boundaries.

Audrey draws on her countertransference to separate fact from fiction. She acknowledges that the way she can feel may not be a true reflection about what the parents take from their work with her when, despite feeling useless, she can see changes occurring in the external world.



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She uses the difference between what she feels and what she sees to learn something about the parents' way of dealing with their emotional lives and gives the impression of some experiences of the truth as being a bitter pill to swallow for them. Her comment that parents "*can now sometimes let themselves think*" about the possibility of the children experiencing "*some warmth*", "*some genuine affection*" or "*love even*" in amongst the deprivation of their early lives indicates an earlier resistance to this possibility which has now loosened. From this it would appear that edging closer to a recognition of love from abusive birth parents to their children is particularly difficult for the parents. The placing of "*even*" speaks to a hesitancy, as if she has dared to voice something taboo, that parents who abuse their children could also give them loving experiences. Despite this, it sounds as if parents have been able to think about this possibility with her.

### Quest for the Truth

In this sub-theme participants conveyed a sense that they had made space in sessions for looking at and thinking about the adopted children's and parents own individual experiences and how they can influence how parents and child, and therapist and parents relate to one another.

Julie's case seemed to let her get closer to the real pain they suffered from the adoption process and difficulties that arose in their relationship with their daughter. The parents conveyed how they "*never had any idea of how hard it could be*" but she finds meaning in this with them by thinking about their accounts of themselves as "*being very perfectionistic*" and their tendency to "*give themselves a really hard time*". Similarly, Emily attempted to get closer to the mother by way of understanding more about her own experience of being parented, however this

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seemed to bring up defences against this within the mother, and perhaps her as therapist, or even both of them.

*“It felt it felt as if there would be things I would just simply not, not, know about. And I couldn't ask and I don't know, whether the not asking was, was my caution or hers. I, I still don't really know that.” (Emily)*

Olivia appears to take a step back from what could potentially be a precipice into which these anxious parents may fall when faced with looking at the truth of their daughter's origins. She adopts a pragmatic approach when she says,

*“But let's look at what the record says. What is actually there. What the fact is, what is the truth as far as it is known. So that they can be sure that whatever they are involved with, with, their child is about the truth as far as this is known.” (Olivia)*

She admits that what they may find may not necessarily be the whole truth, but she will be there with them whatever they are faced with.

Audrey describes a search for honesty conveyed by the child “*giving voice to feelings that I think don't only belong to her*” and this being discussed in the parent work sessions. She raises a question from the perspective of the child but turns it into an existential question of how to be true to oneself when it seems to clash against conventional expectations in how to live one's life.

*“How can one be one self? In an authentic way, and change and develop? Well you could say, ‘well, this is a lifetime project for most of us.’ But for adopted children and adoptive parents, I think how to how to...be authentic, how to be oneself and not pretend to be something one isn't. While at the same time, allowing oneself to develop in...ways that may be uncomfortable may...sit uncomfortably with previous developmental sense of identity. That that's, that's quite a challenge.” (Audrey)*

Audrey uses her experience of countertransference, displaying a high level of intuition, to gain further insight into some possible emotional dynamics that occur in the family. She evidences using her reflections on her experiences with the parents as a type of allegory to reveal truths in how something may be experienced in certain family dynamics when she says,

*“How I'm treated by them, you know that, that might have a connection to how they manage in emotional life, the parents, and I think that the part of the problem that the parents and the boys have is that they, on the face of it very, very different people, but actually there are these, what seemed to be powerful similarities in, in, um, approaching emotional life.” (Audrey)*

She goes on to describe a “seesaw between bully and bullied” way of relating to one another occurring in the family and in in the parent work. She notices feeling as though she has “*been the bully*” and conversely “*that there's another side to it, that the flip side of it, which I've also encountered, is, it's not an obvious way of being pushed around*” where she has felt bullied by the parents. When she uses the word “*seesaw*” to describe her experience of this dynamic in the sessions she gives the impression of a jarring experience, of one person being flung high

up and at the mercy of the other who is in the secure position on the steady ground. This up and down position brings to mind a state of constant flux and uncertainty.

### **Super-Ordinate Theme 2: The Value of Countertransference**

This super-ordinate theme focuses on how all of the participants reflected on their countertransference in the interviews and used this to access some of the more painful aspects of being adoptive parents and as ways to understand parental dilemmas as evidenced in Olivia's "heart wrenching", Olivia "being fairly useless", Julie with her "messy, dishevelled hair" and Emily's interest being "really quite intrusive". The lasting impression of the participants' countertransference would appear to indicate the complexity of accessing all available information related to the cases with the parents. This evidences that getting to the root of the problem is not a straightforward journey, but by tapping into their own countertransference, the CAPT are made aware of parents' unconscious communications that when it comes to being an adoptive parent there is more than meets the eye. They use this as a tool to shed further light on the complexities at play in their relationships with the adopted children and can be seen in the sub-themes 'Getting Somewhere but Going Nowhere' and 'Making Sense'.

#### Getting Somewhere but Going Nowhere

This sub-theme shows how there was an almost shared countertransferential experience of getting somewhere but going nowhere amongst the participants, as if somewhere on their journey with the parents they were held up by unconscious forces. In each of the cases they discussed there was a strong sense of reaching an important point with the parents, and yet it was as if parent worker and parents got stuck, or were diverted from the original path, as if on

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the journey forward some things came up which led to the original joined-up thinking being stalled.

Audrey can experience parents not taking in and holding onto what she offers them, as if it “just vanished” and she is surprised by this expecting more from them. She gives several possible explanations for this based on her countertransference such as her words being “*not the right thing*”, or there being a “*misunderstanding*”, the experience of this and the reasoning she reaches for making her feel as though her offerings were. She describes an experience of false starts and difficulties in sustaining progress where she is “*left feeling well, just a bit useless*”. She uses this information to make links between what she experiences them doing to her to individual family member’s experiences of each other.

On a similar note, Julie refers to the parents she sees as “*very successful*” yet describes them as feeling “*like such failures*” in parenting their adoptive daughter where they “*feel like this is the area of their life they cannot manage or cannot do well at*”. She uses evocative words in her descriptions and with them come a heaviness and an impression given of life being divided into sections as she refers to their daughter as an “*area of their life*”. When she uses the words “*cannot manage*” to describe this part of their life, it brings to mind an idea of parenting as a task, that should have a clear focus, a job specification. She conveys an impression of parents being forced to endure a relentless, wearisome experience.

She talks about parents discussing their need to be high achievers in their parent sessions and makes a link between their sense of parenting failure with an unrealistic “*needing to be perfect*” drive within them. She links this to her own experience of feeling like a failure in the sessions, sometimes asking herself at the end, “*what's really been achieved? Has anything actually been*

*done?*” and reminding herself that the work has taken place over 2 years. There appear to be parallels between Julie’s impressions of the parent’s experiences of being adoptive parents and her own experiences of being a parent worker as evidenced by the high levels of effort put into attaining the highest goal which does not bring a lasting sense of satisfaction at the end.

Like Audrey, Julie feels an inadequacy in what she offers parents, as well as a sense of thanklessness from them and talks about a theme of “*ungratefulness and lack of gratitude*”. She describes pouring herself into the work and feeling as though it is unappreciated by the adoptive parents:

*“There's this feeling of like, I couldn't give any more. Like, it's been just so hard and I've given everything, everything I can, and occasionally, it's felt like they will have quite sullen faces or at the time to finish. It's as if...they feel they're not in touch with the feeling that they've had something or had enough at that point, they've had definitely had moments like that. And I felt like, ‘Oh, you know, you're getting a lot. But you're not feeling any, you're not realising you're getting it...’” (Julie)*

Julie’s description of their faces brings to mind an idea of sulking adolescents and she describes feeling frustrated with them, which indicates the participant taking on a parental role in this work, while the parents display more infantile and child-like emotions. She is then faced with conflicting feelings about wanting to end, talking about how she “*really battled*” with herself “*about whether to offer more sessions*” to the parents, recognising that “*they really still need a lot*” but at the same time feeling they are “*having sessions at the expense of other families that need work and support*”. She conveys her internal struggle, and links her feeling guilty to what

she has learned from the adoptive parents about their relationship with their daughter; that they feel guilty about not being able to give her everything she has wanted from them. I also get the impression of Julie being squeezed from all sides by team pressures, her perceived expectations of these parents, of unnamed and unknown families waiting. Her words give a sense of burden, giving a vivid image of other families already outside of her door bearing down on her to finish with these parents. Her words indicate her parent work as a complex situation with hazards underfoot, a sense of being overloaded by parental dependency and being locked in something condemned to only bring disappointment when she says of adoption “*it’s not like it just gets better*”. Her difficulty in planning or even thinking about ending with this case seems to be at the forefront of her mind, and I find myself wondering about her feeling alone in making this difficult decision.

For Emily, learning about the child’s adoption process was “*the most heart-breaking*” and she says she will never forget it. In amongst the powerful emotions aroused in the parent worker, she recognises the existence of a distance between her and the adoptive mother and how intrusive she felt when she tried to get closer to the adoptive mother. She doesn’t know who wanted the distance, she or the mother, but admits feeling “*very sad for her*”. She demonstrates an obvious despair and worry she has carried about this child even after the work with the parent finished, giving the impression of loneliness and confusion within this case. When she says she felt “*very sad for her*” a juxtaposition is created in the emphasis placed on the emotive response to the mother’s predicament with her daughter and in the wording “for her”. Emily’s emphasis on her sadness gives the impression there was a genuine strength to it but “for her” is interesting because it brings to mind an idea of separateness, of not experiencing something together. This gives the impression that Emily was the one to feel the sadness, that she felt it

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on behalf of the mother and took it within her rather than it being a shared emotional experience.

She conveys being subjected to a high level of emotion from this parent work case when she describes sharing an “*overwhelming worry*” with the mother about the child’s future adolescence. She talks about not seeing a way how it will be alright and she says “*I don’t*” four times before she completes the sentence: “*I don’t know how this is going to be able to, to kind of, be alright*”. The sense of dread she conveys portrays the prospect of adolescence for this adopted child as an awful scenario to be faced rather than a developmental milestone to be reached. She feels a “*real level of despair*” about her case and although there are “*so many*” aspects of it that are “*really good*” she admits she doesn’t “*think it’s going to be OK*”.

It is interesting when she uses a plural for the “*so many*” good things but when she talks about what will not be OK, she refers to “*it*”. Ending her point with the negative, and “*it*” brings to mind the whole picture rather than the parts that are good, making this negative all-encompassing and final. Her despair seems to really hit home, hit rock bottom, in this final part of the statement. The participant conveys her devastation. She interestingly moves to saying she doesn’t “*feel very hopeful*” to “*I am a bit hopeful*” and these two different sentences that really mean the same thing give an impression of trying to move on from one experience to another, with something different in mind, but reaching the same conclusion at the end.

### Making Sense

In this sub-theme the participants go on to describe how they were able to use countertransference to make sense of some very confusing and uncomfortable dynamics



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between them and the parents, using this as a way to see into likely dynamics that play out between parents and child at home.

Audrey conveys with certainty that using her countertransference has “*actually been very helpful over time*” and that dynamics that evoked countertransference feelings within her have “*gathered and intensified over time*”. Her emphasis on “*helpful*” gives the impression of relief, of a lifeline being used as a means to finding a way out of something unpleasant. The accumulation of experiences, and her description of it as a process that has “*intensified*”, brings to mind an idea that these have not been minor experiences.

However unpleasant the experience seems to be for Audrey, she tries to find meaning in it:

*“And, and, another way in which I'm not felt to be helpful in the least, that...I'm being humoured in the sessions... We have conversations along the lines that...I offer a perspective, maybe a different perspective to the one that they've come up with, and there seems to be interest in that and some exploration and then it's as though that perspective has just vanished when we see each other... So, my experience is that whatever, whatever is offered just isn't enough. Or it's not the right thing, or it's not good enough, or it's based on misunderstanding, or it's...that in the sessions, it's like, we seem to get somewhere. But then it's... That's very, very hard to sustain. And, and I'm left feeling well, just a bit useless, a bit not what's wanted. And of course, that does tally with the experience, I would say probably each, each of the people in the family have that feeling of not being wanted or not...bringing the right thing to the conversation or not*

*enough. I'd say that that is a powerful experience for each family member in different ways." (Audrey)*

When she emphasises just how incompetent she has felt she makes it clear this feeling is not a once off experience; there are different ways in which she feels useless to them. Her emphasis on "*in the least*" hammers home the absoluteness of this experience. There is no room for doubt here and it seems as if when she feels like this in the moment there is no space for her to be helpful in another way; her inadequacy is total.

She gives the impression that there are times when she doesn't feel the parents take what she says seriously, and when she says she is "*being humoured in the sessions*" it brings to mind a question about whether she feels respected in the work that she does, in what she brings to the sessions. "*Being humoured*" implies a silliness to the setting, an idea of something or someone being patronised or dismissed as insignificant. Her countertransference also seems to put her in touch with more dominating, forceful, and perhaps retaliatory aspects of her personality as evidenced when she talks about feeling as though she has "*steamrolled*" the parents, "*been a bully*" to them but also conversely experiencing the "*seesaw*" effect "*between bully and bullied*" where she becomes the one who is pushed around too. Her brutal turn of phrase to describe her feelings of being forceful with the parents gives an impression of someone being treated with cruelty, but also of wanting to be cruel and forceful to someone to get them under control. Her descriptions of the "*seesaw*" dynamics between the parents and her brings to mind powerful forces of control, manipulation and positions of helplessness. She evidences using this countertransference experience to bring into focus the family emotional dynamics giving an impression of a family in repeated conflict.

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For Julie, her experiences with the parents can be “*unpleasant*” and “*messy*” but that as part of her job she needs to experience this first hand so she can really know what it feels like to be these adoptive parents:

*“It is so painful, because, and I feel like as a parent worker, I'm really exposed to that, and I need to be, I really need to be in there with them. Kind of, in the quagmire of it almost, like really kind of am, absorbing the pain of it, because they're so isolated. And it's really painful, the parents, you know, their realisation that this is absolutely not what they imagined.” (Julie)*

In thinking about rejection, Emily initially dismisses this occurring in the transference relationship when she says, “*And I don't really have a... and... I, I didn't really feel that in the trans... I didn't feel that in the transference*” but goes on to say that there “*was a, kind of, maybe, a kind of lack of confidence*” that she did not feel “*there was very much*” she “*could do that would make much difference other than be present for her*”. It takes her three attempts to say with clarity that she did not feel there was an experience of rejection in the transference relationship. Furthermore, it takes her a while to get to recognising something between them in the transference relationship which gives an impression of a distance between the parent worker and the transference relationship, an idea of an unwillingness to recognise it in full. From her wording I sensed reluctance up until that point but when she does get to it, she says something truly devastating and utterly painful. Her acknowledgement of such a profound loss gives the impression of a truly painful case with echoes of an agonising reality:

*“I felt worried. And I felt sad. And I liked her a lot. But I didn't really, deep down, feel that there was very much that I could do. And I, you know, and that*

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*may have been, that may have been, thinking about it, you know, that may have been somewhere in the transference. That there may have been something fundamentally present between them, or in the mother, or both, which was that she couldn't, that she would never really be able to do much more than be present for her child. That she'd (the child) lost something that was just absolutely irreplaceable". (Emily)*

She links her limitations in the parent worker-parent relationship to the mother's parenting being limited through her inability to replace the lost birth mother.

Olivia also demonstrates reaching for transference and countertransference as tools for making sense of the couple's relationship with her and how it relates to their own individual experiences of being parented:

*"I think they've been essential, really, and making use of both. With this couple, one can work fairly directly with using both. You know, what it's making me feel like, that's reflecting something that's going on, particularly as in couple work that's going on in the couple at this particular point. And I think mom has closeness and a dependence on me which is greater than dad's actually. And that relates to her experience with her own mother. And the constant search for something more reliable than her mother was to her. And dad still has that capacity from cutting off from his own dependency needs." (Olivia)*

### **Super-Ordinate Theme 3: Dimensions of Time in Adoption**

This super-ordinate theme illustrates the role of time in parent work as demonstrated by 3 of participants. Time was discussed in several contexts such as time frames imposed by professionals, biology and age, time frame, pace and direction, and time dedicated to couple and parental issues. The participants also evidence that time committed to exploring complex family dynamics within the adoptive family comes with a feeling of burden. They will be evidenced in greater detail in the sub-themes 'Influences on Time', 'Never-Ending' and 'Needing to Slow Down'.

#### Influences on Time

In this sub-theme 3 participants discuss multiple factors which influence the passage of time. This can be seen in their accounts of the adoption process, timing of the couple relationships, the relationship between parental age and fertility, professional opinion and phantasy versus reality. How time passes, and what can be done within this time, appears to be dictated by the emotional needs and capacities of the adopted child and parent. The management of time falls to the parent worker, but this is repeatedly challenged and manipulated by the nature of the needs of the family and sometimes the context in which the work is happening. Time can fluctuate according to the session and what is being worked on in the moment, interactions can speed up or be slowed down, and there can be a sense of urgency and great need. As the results below show this is understood by these psychoanalytic psychotherapists as a communication of something more complex happening within the adoptive family dynamics.

Olivia talks about parents being forced into time frames by external forces pre and post adoption. She describes the contrast between parental anxiety in seeking support quickly, how they *“insisted”* on a professional consultation resulting in *“a one-off consultation with somebody”* *“on the day that they first met the child”* to discuss how they could approach the topic of her conception with her, and were told to *“go slowly with it over time”*, to match the pace of the child. The force of their longing to be parents moved them quickly into adoption. Olivia explains how *“they were seen as such an ideal couple, because they were committed, very together, intelligent and emotionally intelligent”* and *“would even take a child from rape,”* and yet they felt rushed, receiving their child too quickly and although *“they were overjoyed to have their child they felt rushed through the process”*.

Moreover, Olivia talks about events getting in the way of parents approaching a discussion with their child about her origins now that she is an adult. She views the adopted daughter's repeated identity problems and mental ill health as a communication that *“the point has been, that the child has never been ready, because she's always been off in some other crisis”*. She gives the impression of the now adult child shooting from crisis to crisis whilst the task of facing her origins is suspended in time. Olivia seems to view the child's crises as never ending leaving it impossible for the family to stand still long enough to look at her records.

Audrey also draws attention to the role of time in her parent work case and views it as having an important function in the work. She has been seeing this couple for several years and this is evidenced, not by her reference to the number of years, but by her knowledge of their relationship inside and outside of the sessions, and how it has developed during this time:

*“I think they are, they are a strong couple in many ways. And they do talk to each other. And certainly, in conversations with me, and we've been having conversations now for years. They are rather respectful and caring of each other, and, you know, quick to support each other.” (Audrey)*

It is clear that there is a relationship between the length of time she has given to them and what has been possible because of this.

Conversely, Julie refers to time being sabotaged by the parents when she conveys her ability to hold on to a time frame as coming under attack from them. She describes there being a battle between her professional time boundaries and parents wanting more and more of her. What they tell her about their daughter's overwhelming emotional hunger appears to transfer into them over eating the time she offers them where she ends up giving them too much and deprives herself of her professional boundaries at the same time:

*“Umm, often, I found out we'd like, for some time, I'd, like, run over the time. I could never finish on time, it's like there was just never... Seemed like more and more and more... Which mirrored very much what was going on with Lina, because...she has this insatiable need emotionally that never fills, and it's very hard to feel that she's had enough or got something inside.” (Julie)*

The adoptive parents' emotional experiences of parenting their daughter would appear to act as a powerful force that work against her time management.

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Audrey also describes time frames built around repetitions, resistance and force through the adoptive parents' experiences of parenting their children, and difference between having time to think about adoption and what it may bring, and the reality of what happens in post-adoption years.

*“In principle...adoption was something that they'd considered for, you know, in a relatively relaxed way...reality has been very different. And has really, I think, shaken them and they've, you know, felt very undermined, really, by, by what it's been like...by what they experience or what they feel is, you know, a relentless rejection of them as parents.” (Audrey)*

She also reflects on her own experiences in the parent work as feeling like she has emotionally “*steamrolled them*” although she has worked hard “*to get alongside them*”. She talks about time as paradox where she feels she has forcefully pushed them at an accelerated speed, and yet she also tries to moderate her pace, to slow things down by trying very hard to get alongside the parents. She recognises too, how time and biology have influenced the path this couples' parenthood would take. She says they “*had tried to have children, then had gone down the IVF route and it was more than 10 years before they decided to adopt*”. These parents did not rush in to becoming parents, biologically or through adoption, yet she conveys a sense of time speeding up once they became parents when she contrasts their “*relaxed*” consideration of adoption and the “*relentless rejection*” they experience from their adopted children.

Similarly, Olivia talks about the timing of the couple's relationship clashing with biological time and what they needed to consider because of this:



*“Yes, they came together quite late. Having had previous relationships that had ended, and so on. So, they came together when they were in their 40s. He's slightly older than her. And they just didn't conceive. And thought of that as being an age problem, which it probably was. They thought about IVF, and so on, but decided that they it was too late for that. And that they would rather go straight for adoption, they wanted a child, they wanted a child to bring up together and decided to go for adoption early on. I think they thought that the whole process of IVF and...failings of IVF and so on would take them too long.”*

*(Olivia)*

By the time Olivia's couple had found each other, and became a couple who wanted to be parents together they were biologically too late; time had decided their fate for them.

### Never-Ending

In this sub-theme Julie, Olivia and Audrey each mention the lengthy space of time they have given to these parents. Julie offers time specific to dealing with the parents' own trauma but this commitment seems to feel more like a sentence as she gives the impression that she will never be allowed to finish this piece of work. Similarly, Olivia recognises that 6 years is a long time for her parent work case to be going for, and Audrey too mentions the long time she has been seeing her case for. At the time of interviewing these 3 participants were still seeing these cases and none spoke of a planned ending on the horizon.

For example, Julie evidences using her intuition to structure the time frame at the beginning of the work when she says adopting has brought up “*so much trauma*” for the adoptive parents.

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However, with this insight comes an impression of a heavy weight with a potential to drag her to the bottom when she admits that “*much more work needed to happen with them first*”. She also demonstrates first steps and careful pacing as priorities, perhaps a warning to watch out for underlying complexity when an adopted child is referred to CAMHS.

She also refers to her time in the parent work with descriptions of endlessness. She repeats the time frame of 2 years several times, saying that she is “*still seeing*” the parents. Although she recognises that there have been improvements in the adoptive parents’ relationship with their daughter since they began working together, her comments about the length of time and her feeling as if she will never finish the work make it sound as though she has been sentenced to impossible labour:

*“Amm, but it's improved, particularly since they have thought of...I think taken in more, her as her, and all her...difficulties. They have taken that child in more now, whereas they couldn't accept her at all in that way. Whereas now they can and it is better. Em, but, still difficult. And it's like this feeling of things never really ever gonna be how they really wanted it to be. And I'm never gonna be able to finish this case and it will be wrapped up nicely... I've done as much as I can, but it's never going to be enough for what the phantasy is of like things really massively changing.” (Julie)*

Julie gives the impression of not having a time frame but there being an expectation for her to have completed something specific, to create massive change, and yet she sees this as impossible, unrealistic. It would seem that the reminder of time puts her in touch with something draining and unfair, and it appears as though when thinking about the complexity

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of the difficulties, she loses her grasp on time as a boundary in which to measure change and development. It becomes synonymous with burden and disappointment and detracts from the evidence of positive change brought about by her work with the adoptive parents.

Similarly, Olivia has been working with her case for “*nearly 6 years now*”, and believes that “*so much of this work needs to carry on for a long time*” but “*that's not always possible*” as “*this has taken place in a private context, not in the NHS.*” Audrey too comments indirectly about the length of time when she says they have “*been having conversations now for years*” despite this case being in the context of the NHS.

### Needing to Slow Down

In this sub-theme two of the participants - Olivia and Julie - discuss modifying the pace of the work to address couple and parental needs, slowing things down to give parents enough time and space to think about them as well as the adopted child.

Olivia's case wanted to talk about couple dynamics and she describes “*a long period of very painful couple work*” but this being interrupted during the Covid-19 pandemic as they “*couldn't proceed at that level of work together by Zoom*” due to their need to be physically together with her in the same room. Olivia highlights the adoptive parents need for her to give them enough time to work through issues within their couple relationship, to change the focus from the daughter to them, but how their ability to continue at the same pace became impossible when the parent work was changed to video sessions during Covid-19. Now, she recognises a need for them to return to the original focus of their daughter as “*they need to do more work again now on actually processing what is there about her and her origins*”.

Olivia acknowledges the level of disturbance that switching to working online due to the Covid-19 pandemic brought to her case when they couldn't continue their couple work. The pace and focus were altered by Olivia as the parents needed to be reunited with her in order to carry on that specific piece of work.

Related to this, Julie demonstrates her giving space to the adoptive parent's needs by pacing time, making assessments of the parent-child relationship and parents' experiences of being adoptive parents before embarking on a specific piece of parent work;

*"I saw them, the parents on their own, and then did a piece of work, the parents and the child together for a number of weeks before, em, I felt that parent work on its own was indicated. Because there was so much trauma in the parents from their experience of adopting Lina, that I felt much more work needed to happen with them first, before any more with Lina involved. That piece of parent work was for quite some time before that. So, I saw them initially weekly, but then fortnightly". (Julie)*

Despite recognising a high level of trauma Julie does not rush into a treatment plan, she spends time assessing the dynamics in the adoptive family, and it is interesting that she observes attending to parental trauma to be the most pressing need after meeting with the child and parents together. She is clear that parents must be tended to before embarking on a piece of therapy involving the child, and gives an impression of building up parental resilience before taking further steps. She evidences using her expertise in trauma and adoption alongside her

insight to create a thought-out individually tailored treatment plan that begins with the adoptive parents first.

#### **Super-Ordinate Theme 4: Perilous Journey**

This super-ordinate theme focuses on the sense of adoption as a perilous journey which was conveyed by all of the participants. Each participant gave the impression of the adoption process and experiences afterwards as type of mission that was to be endured by the parents where they faced obstacles and threats of attack, experiences which were shared by the participants in their parent work sessions. Themes of fears about what may lie ahead as well as well as fears of being abandoned were also present for some of the participants and can be seen in the sub-themes 'Adoption as a Mission' and 'Abandoned'.

##### Adoption as a Mission

This sub-theme demonstrates how all of the participants conveyed parental experiences of toil and turmoil as a result of the adoption process and their children's behaviour. This experience seems to be shared by the participants who go on to carry feelings of worry, fear and burden, trying to make sense of confusing and unpleasant emotional experiences which mirror their accounts of what parents have shared with them in their sessions.

For example, Julie describes parents as experiencing the adoption process as "*this mission*" and a "*battle*" which took several years. She talks about her impressions of parental views of the child as coming "*into their family, contaminated with some kind of lice infestation*" and she sees this view as some of the parents' own early enduring anxieties being realised in adopting

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a child felt to be a contaminant. Her descriptions of “*grappling*” and her feeling that the parents could “*erupt in a big way*” convey a sense of bracing herself against a potential threat of retaliation if she broaches the ending with them:

*“Because they can never just walk away from her. They can't just leave her. Or they could, but they won't. Whereas when a therapist like me, if I end, I feel like they will feel very furious that I'm just able to do that. I think...their wish is that they could walk away from her basically. Sometimes I think they really do feel that even though they also don't want to, they do feel it sometimes. They feel they just don't, they can't manage it anymore”.* (Julie)

She moves away from a perceived threat to a place of guilt when she identifies herself as someone who could walk away whereas the parents cannot. Interestingly, she gives an impression that she would be walking away from the child, as if in working with the parents she assumes the role of parent and therefore bears all responsibility towards the child like them. When she talks about the work ending, it sounds as if more than just parent work will finish, as if by sessions being brought to a close the family could fall apart. She also mentions a “*Saviour Complex*” theme running through the work, of parents rescuing a child from a deprived environment and links it to her own sense of omnipotence when she says, “*Oh I've got to help them*”.

Another participant, Olivia, recalls her earliest meetings where parents came wanting to “*share their sort of bewilderment about how they managed and what they could do with this child*”. In order to do this, she had to be “*in touch with them and unravelling what was going on and how they were feeling about it*”. She describes the problems facing the family as “*coming and going*”

throughout the work and the return of original bewildering issues where the parents are now “*facing full on at the moment and confusions at all levels*”.

Olivia speaks to a sense of bafflement in the parents and when she refers to their daughter as “*this child*” she gives an impression of not just a bizarre and unfathomable child but also a sense of a lack of identity in moments of utter confusion. “*This child*” gives an impression of the child not being felt as theirs in these moments, as if she returns to belonging to another parent when she behaves in such confounding ways. The parents wanted to “share” this bewilderment with the parent worker, as though they began the journey as a couple, then recruited Olivia along the way to untangle the mess of complications and confusions.

Similarly, Audrey talks about the adoptive parents facing a “*level of hostility*”, enduring a “*combative approach*” and “*dismissive attitude to parental authority*” from their children which “*does not tally*” with their own historical parental experiences. She gives an impression of increased risks in the adoption journey when her case is left facing unexpected challenges and she conveys a sense of a home that has become hostile territory since being inhabited by the adopted children. Her use of the phrase “*does not tally*” brings to mind an idea that had been drawn up and planned which does not correspond to the reality. “*Tally*” also gives the impression of something finite, which can be counted up and the limit reached and makes me wonder about where the limits may lie for these parents.

Olivia gives the impression that the future is a long-term worry when she talks about the daughter’s lack of engagement with supportive services. Olivia seems resigned to a painful story with no end in sight when she says of the parents, “*they will have to be the ones to help her*” “*to provide*” the daughter with what she needs “*because she doesn't seem to have sufficient*

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*support*” from her current support system due to her lack of ongoing engagement with them. The parent worker fears that her support network has mistakenly left her to be more independent and “*cut off a bit more than they should.*”

Emily too fears what the future may bring for the adoptive mother and daughter as remembered through the mother’s fear of what her daughter’s adolescence might look like:

*“Fear about the future. I think that was there right from the beginning. And it popped back. It wasn't a constant narrative at all. But...every now and again, it would pop up and you think oh, 'God, that yeah, that's, she's, that, that preys on her'. Fear for Ellie's adolescence, I think. So, fear, fear about that, very significantly, that.” (Emily)*

Emily conveys that despite the support of parent work the mother could not shake off the sense of dread she had about what lay ahead for her and her child. She gives an impression of something predatory lurking; adoptive parent and child living in fear.

### Abandoned

In this sub-theme two participants - Olivia and Emily - convey the weight of a burden that these adoptive parents carry, weighed down by fears and anxieties about what the future holds for their children and themselves. On one hand there are the parents who refuse to let go of the parent worker, and on the other there is the parent who has let go of the parent work sessions but seems to have left the parent worker carrying the feelings of premature separation and abandonment.



Olivia conveys this sense of burden in the adoptive parents' attachment and refusal to separate from her:

*“So, we had to work through all of that as well. And then they, \*sigh\*...after six years...they have become very attached, and find it very difficult to leave, though recently, for some time now, we've just been meeting once a month, because I felt, you know, they needed to go off, they needed to try things out on their own. But they've been really reluctant. They wouldn't wean.” (Olivia)*

She has encouraged them to be more independent however, this has evoked resistance in the adoptive parent and she conveys the parents' anxiety in separating from her. Her sigh before mentioning how long she has been seeing them and their reluctance to leave the parent work sessions, gives the impression of Olivia as a mother trying to have patience for her testing children. Her emphasis on *“they wouldn't wean”* highlights their resistance to her attempts to encourage independence. It brings to mind an idea of parents fearing being abandoned by her, as if ending their sessions could deprive them of their ability to parent, or perhaps their fear of being alone with their daughter again, of having to parent her without the support of Olivia's physical presence.

Although Emily recognises that due to the child having therapy, the child *“made lots of progress”* and *“lots of things shifted”* she says *“it ended too soon.”* For Emily, therapy ending meant there *“was never really”* *“time”* for them to get hold of the child's *“really significant...fixed feelings”* seen through *“her rage at not having what other people had, and*

*being determined to take it*” as well as her *“her rage at her mother for not being...her birth mother”*.

The results indicate an implication of abandonment mid-journey by Emily’s conviction that the child’s therapy ended prematurely and she was not given enough opportunity to work through fears of her mother leaving her *“all alone again”*. Interestingly, the participant describes these fears from the child’s point of view, but does not say who voiced them which makes me think perhaps this was the view of the parent worker. When she says, *“and I don’t think anyone thought that it hadn’t ended too soon”*, she gives the impression of a decision that contradicted common sense leaving her to carry the consequences alone.

### **Super-Ordinate Theme 5: Unwanted Experiences**

This super-ordinate theme explores how three of the participants - Olivia, Julie and Audrey - explored uncomfortable experiences that seemed to be forced on them and the adoptive parents through the adoption process, from being adoptive parents and from being a parent worker to adoptive parents. They are evidenced in further detail in the sub-themes ‘Dealing with it Alone’ and ‘Unwanted Child’.

#### Dealing with it alone

This sub-theme focuses on the recurrence of the participants reporting on adoptive mothers feeling loneliness and persecution in their attempts to parent. The participants convey a heaviness in their descriptions of what they have been told in the sessions, sometimes being

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exposed to parental projections and conveying a sense that they too suffer feelings of persecution and loneliness just like the parents.

The role and investment of mothers feature predominantly in Olivia and Julie's descriptions of the painful difficulties their cases face with their children despite those mothers being in couple relationships. For example, Olivia's descriptions of the mother being "*in dispute*" with social services by wanting to maintain contact between child and foster carer give the impression of a mother taking on a cold institutional force. With no mention of the adoptive father, it sounds as if the mother faced up to them by herself. Although she "*knew in her heart it was wrong*" she was told by social services "*this was the right thing from our experience for you to do*" so she submitted to the pressure, cutting off contact completely, and described to Olivia how the child "*was pining for her previous foster mother*" and they endured a difficult few weeks. Olivia's emphasis on particular words, again implies her own pain in learning about the child's needs being disregarded along with the dismissal of the mother's perspective.

In reflecting back on what she was told by the mother about the adoption process, Olivia conveys how deeply this has disturbed her, how the shock and disbelief are still strongly present with her as parent worker, despite her learning the fact of the adoption several years ago. Her words indicate she has not been able to make sense of this, it is madness for her, and I wonder how much she was able to think about this experience with the adoptive mother.

Julie also conveys the adoptive mother's lonely experience when she describes how her newly adopted infant "*would scream when the mother would come in the room*" leaving her feeling "*incredibly persecuted as if she was just, she was fine with everybody else, but her*". She describes the mother feeling as though she was being singled out for rejection by her child.

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Julie's account of the father opting to go to bed instead of attend his session without his wife speak to the presence of depression and rejection in the work. Julie was left with frustration, feeling as though, "*it was such a waste*". In her having to bear the unpleasantness alone the parents' projections of their unbearable experiences into her are evidenced. She likens her experience of the parents rejecting her whilst projecting into her to their relationship with their adopted daughter who "*pushes them away all the time*" and that this "*is something that I need to feel sometimes*".

Emily's case instead was a single adoptive mother. She speaks about how this mother planned to return to her country of origin as "*she felt she (the mother) was too alone*". Although from Emily's descriptions of the adopted child's demands the idea of the mother being anything other than alone seems difficult to conceive:

*"Loneliness, I think, being on her own. There was absolutely no room, really, for anybody else. Or anything else... We tried to...talk sometimes about how...important it might be for Ellie (adopted daughter), that, that Grace (mother) sometimes...at least had her own mind to herself... That she needed to be able to kind of occupy her own mind and have a little bit of space. And...how hard it was for both of them when...there wasn't... But both how hard it was for Grace that there wasn't another parent she could hand over to, when things were feeling that they were just a bit much, but also how hard it was for Ellie, that...the times when she couldn't have access to everything that her mother had... there was there was no explanation for it, other than her mother just didn't want to give her that... There wasn't another third somebody there*

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*to...have to share with...so, there was something about the kind of lack of the lack of a couple in some way.” (Emily)*

Emily seems to be talking too about the extra burden on the adoptive mother as a single parent, that without the presence of an adult partner to turn to, both mother and child end up feeling persecuted by one another. As if on one hand, through the mother's absence of a physical partner her daughter perceives her as greedy and withholding and therefore demands even more from her. On the other hand, by the mother trying to maintain a boundary of having a separate mind to her child, the child seems to experience this as her being a withholding parent. This brings to mind an idea of the child as having an all-consuming insatiable hunger, where she is driven to try and consume her mother completely in order to deny all sense of separation between them.

In describing the adoptive mother's attempts to understand her daughter's perspective, the parent worker describes the mother being baffled by her child in this lonely scenario:

*“She would she would try to...apply the rational to the emotional. So, she...could absolutely understand the idea that Ellie stole things on some level, because of a deep-down feeling of deprivation, she got that completely. She found good subtle ways of sort of conveying to Ellie something of her understanding of her states. But she couldn't understand why that didn't make it then go away. She understood something and found a way to talk to Ellie about it. That seemed for a moment to give Ellie relief. Grace couldn't understand why that then wasn't sorted, so she sort of... It was very difficult to get any sense of, of her own irrational feelings about Ellie”. (Emily)*

Emily conveys isolation and loneliness, of having to manage alone, through her descriptions of the work. She describes the mother's struggle to comprehend her daughter's baffling behaviour, of the child's communications flying in the face of her own "rational" perspective. When she talks of the child's loss of her birth mother as losing "*something that was just absolutely irreplaceable*" it gives the impression of both mother and daughter on either side of a loss that brought them together but their different experiences of this making them face it separately.

Emily also talks about aspects of the work as "*treading on eggshells*" and her being "*haunted*" by her knowledge of difficulties experienced by various adoptive parents. In talking about the adoption process of this particular case she asks, "*I mean h- h- how- how could that happen in a way? How could? How could that have happened?*" and describes it as "*a mad thing to do to the child*" and "*a mad thing to do to the mother*".

With Emily's previous references to the eggshells and distance between she and the adoptive mother, I am left thinking that perhaps this was not possible and the parent worker has had the shock of this experience projected into her and is still trying to digest it by herself.

### Unwanted Child

This sub-theme aims to capture the mis-match between the child who is perceived and the child who has been conceived. The participants give examples of the rejections suffered by the adopted child, the adoptive parents and in one case the parent worker. From the CAPT descriptions, the children who are adopted raise highly complex situations for their parents to grapple with, by themselves, and with the parent worker. However, what is made clear is that

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although the parent work sessions will come to an end, parent work in itself will not, as parents continue to try and come to terms with the child they have adopted.

Olivia recalls the mother telling her about “*the life story book, which was a very inadequate one that came with the child*”. The adoptive mother told Olivia about the child attending a “*contact*” session with the “*mother*” and the adoptive mother having to remove a photograph of this from the life story book as it was “*of the child in her baby carrier in a room on her own because the mother hadn't turned up*”. An experience for Julie that “*just wrenches your heart out*”. Her emphasis on “life” places a heaviness on the word, bringing to mind an idea of adoption not being as it should. Her account of the birth mother not attending a contact session whilst the child waited for her is made more evocative by her emphasis on “*contact*” and “*mother*”; I am left wondering about Olivia’s possible anger and blame towards adoption processes and what the child is subjected to during them, as if “*contact*” and “*mother*” are not synonymous with the child’s needs. When she says “*it just wrenches your heart out*” she conveys her own anguish in this story of abandonment and rejection.

Olivia talks about children who are wanted neither by birth nor adoptive parents as “*hard to place*” coming from undesirable categories of disability, incest and rape. Prospective adopters are given choices about which child they are willing to adopt; if they would adopt a child from one of these categories, or not. She describes the adopted daughter as “*hard to place*” within these descriptions and because the mother “*had ticked that she would accept a child of rape, of course, they got a child apparently of rape, hard to place*”, which has been “*the shadow sitting over the adoption*”. When she says “*of course*” it gives an impression of typical bad luck, as if them having an open mind about their future child lands them with a less desirable one. Referring to it as a shadow implies that there has been a sinister force lurking over all other

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experiences, something the parents could not shake. It brings to mind an idea that although the parents accepted this child conceived by rape, perhaps, as evidenced by their struggles to process her conception or look at her records – as outlined in a previous sub-theme - they have not accepted all of her.

Julie's description of the adoptive parents' "lovely" experiences with their birth child contrasts with the impression she has gotten of their adopted daughter, as "*this sort of alien who really disrupted everything*". She thinks about her countertransference which brings up feelings of inadequacy, depletion and frustration in contrast to the parents previously telling her they preferred her to their previous parent worker. She links reports of the child as never seeming to be emotionally satisfied by parents to her own thoughts, which seem to indicate a feeling of having failed them as their parent worker:

*"Am, so I often have felt like that. Very overwhelmed with the need that they have as parents, and this sense of them as being quite isolated. It's also probably important to say that I felt at times, when it's been really difficult, I've definitely felt, 'Maybe there's someone else out there that could have done this, and could have helped them.'"* (Julie)

Without saying it directly, Julie refers to the adoptive daughter as an unwanted child when she talks about her trying to help parents to accept their daughter for who she is, rather than who she is not as they had tried to "*really wrestle her into the child they wanted her to be*". She gives examples when she has felt "*a mess...as if I'm dishevelled or something*" and places herself in contrast to their "*very pristine*" background visible in their video sessions; the "*crisp room with white sofas*" reminding her of their anxieties about dirt and contamination, and



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thinks she may have gotten an experience of what “*it might feel like to be Lina (adoptive daughter) really, this kind of messy girl.*” Julie’s words convey the impression of the adoptive child as an unwanted guest in the home, and Julie’s feeling that she is not the right person for the parents links to her experience that no matter how much she gives they are never fully satisfied with her or by her, which is the impression she has gotten from the parents descriptions of parenting this “greedy” child.

Emily talks about the mothers’ wish to adopt a baby but instead getting a toddler whose relational life and language had been established pre-adoption, keeping this in mind throughout her reflections on the child’s destructive and confusing behaviour. Referring to sessions where they thought about the daughter’s propensity towards petty theft, she recalls the mother “*couldn’t say stealing*”, how they called it “*taking things*” and they “*only really began to be able to call it stealing quite late on*”. She admits feeling “*terrible even saying it now*”. The child’s greedy grasping of objects, her desperate attempts to possess what others have and make them all hers, sound less like a girl who is approaching adolescence and more like a toddler. The participant conveys the child as stuck in her emotional development, unable to comprehend ordinary separation from her mother, terrified of being completely abandoned like she had been by her birth parents. It brings to mind questions about the stage of emotional development the child had been in when Emily was the parent worker, as if her emotional state was reflecting the child’s early adoption experience.

By the time this adoptive family came together infancy had passed, the child was adopted as a toddler. I am left thinking about a possible connection to the adoptive mother and parent worker’s preference to call the child’s stealing as “*taking things*” and the child’s then emotional developmental stage. This term would be more appropriate to say to a toddler, rather than a

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latency aged child. It brings to mind thoughts about the mother wanting a baby and having to make do with a toddler, who was from a different country, familiar with a different language to her. The mis-match between the words that are used, and the reality of what has happened make me think about something unbearable being evoked if the whole picture and the truth of it is looked at. Linked to this, Emily conveys an avoidance of the truth by her and the mother using certain words as a possible attempt to make something actively disturbing into something more passive; petty-theft is minimised to “*taking things*”. Her feeling terrible calling it stealing indicates that something uncomfortable is stirred up in Emily by applying the appropriate word to the act, even after the parent work had finished.

## **CHAPTER 6**

### **Discussion**

This research explores the live experiences of CAPT in their reflections of ongoing or past cases of parent work with adoptive parents. The aim was to investigate how much could be uncovered of the experiences of being a parent worker to adoptive parents, and if psychoanalytic theory and the clinical experience of parent work provided by CAPT are helpful tools in understanding and providing support for these parents. By requesting participants to discuss the overall experience of one parent work case I sought to answer the question ‘What is the experience of psychoanalytically informed child and adolescent psychotherapists working with adoptive parents?’ The purpose of conducting this research has been to contribute in providing data on the importance and complexity of psychoanalytic parent work to adoptive parents and to help secure it as an important piece of treatment.

#### Summary of Main Results

In examining the data in-depth the results yielded 5 super-ordinate themes: ‘Complicated Truths’, ‘The Value of Countertransference’, ‘Dimensions of Time in Adoption’, ‘Perilous Journey’ and ‘Unwanted Experiences’.

The main results of the research evidence high levels of complexity in not just the relationship between adoptive parent and child as described by Green (2004), but between adoptive parent and parent worker, and this being explored by the CAPT in the sessions with parents, and is

further expanded in the research interviews in their reflections. All participants demonstrated using their countertransference to understand the parent-child relationship, as well as their own relationship with the adoptive parents in the sessions. The results show how these related to the child's pre-adoption experiences, to parents' experiences of the adoption process, to parents' own experiences of being parented as well as to complex feelings in the parents about their adopted child. The results evidence the important role that the CAPT plays in exploring both the parents' experiences as well as the child's experiences during parent work; how each parent worker works with the child indirectly by working closely with the adoptive parents. This is backed up by the literature of Margret Rustin (1998) and Klauber (1998).

Psychoanalytic theory and thinking are evidenced throughout the results with participants drawing on this particular model of learning to understand some highly complex relational dynamics at play within in the family, which can manifest within the parent work as evidenced in patterns of conscious behaviour and unconscious communications in sessions. The results also demonstrate parent workers holding certain amounts of anxiety and pain as a result of what they have learned about the case directly through their work with the parents, and their understanding that this is a necessary part of their role as they understand it to come from the adoptive parents' experiences with their adopted child.

In the following section each of the 5 super-ordinate themes are addressed and discussed in light of the previous literature. Moreover, the clinical implications, the strengths and limitations of this research as well as suggestions for further research are addressed.

### Complicated Truths

The results evidence participants' concrete grasp of how painful it can be for the adoptive parents to fully acknowledge some parts of their children's pre-adoption history, observing parents to employ defences against this full acknowledgement. This is explored by Canham (2012) in his recognition of the complexity adoptive parents and their children face when considering the truth of the child's origins. This recognition of the inescapability of the truth is shared by Virginia Woolfe (1928/2019) when she says that whatever reality touches it fixes itself to it, a view that is backed by the evidence seen in the results of how the past experiences of the adopted child and of the parent can make themselves apparent in present day life. The parent workers also demonstrate their awareness about the complexities these combined histories and experiences bring to how the adoptive family functions as a unit as seen by Canham (2012) and Green (2000).

The results also demonstrate a role for the parent worker in supporting parents to see what reasons may lie behind some of the more confusing and intolerable aspects of their children's destructive behaviour, which Green (2002) also explored in her paper. A joint task force seems to be applied in accessing the truth as evidenced in the parents seeking the parent worker's support, an alliance deemed as necessary by Green (2002), as well as clinicians using their training in countertransference and projective identification to inform them of some truths that are more difficult for adoptive parents to communicate (Edwards & Maltby, 1998; Green, 2000; Klauber, 2006).

Similar to Klauber's reflections in her paper on the potentially traumatic impact of parenting disturbed children (1998), the results demonstrate the emotional impact of the truth on both parent workers and adoptive parents. This was seen clearly in the description of events by one participant, who demonstrated such impact and the difficulty in talking about the truth, when

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she places emotive emphasis on certain words such as “*seeking asylum*” and “*rape*”. Those words are already likely to automatically conjure an emotional response in the other, which links with Roy’s views on adoptive parents projecting their feelings into the network (2020) making them feel something of what the parents had to endure over the years. This shows how the level of pain and confusion is not diluted as the truth is passed on; the parent worker emphasises what the parents have told her, bringing to mind an unconscious transmission of pain, brought in via the parent work sessions, making clear the difficulty faced by parents in their attempts to grapple with and process the full truth.

These results indicate a need in the parent worker to understand the awfulness of this truth, which mirrors the adoptive parents’ needs to convey their own dread and confusion. This may contain projections from their adopted child about their pre-adoption trauma as discussed by Tollemache (2006), where the adopted child projected her past experience of abuse into her adoptive mother. Bion’s view (1962) of the infant’s projections into the mother of what is unbearable and terrifying to contain and digest for him, can be linked to the adoptive parents need to use this communication phenomenon in their sessions so there may be a chance to process and work through, with the parent worker, the pain caused to them by knowing the unbearable truths of their child’s early history. This evidences that a crucial part of the role of these parent workers is seeing the full picture, to balance their objective and subjective stances, so they can be the ones to look at the truth first, and then perhaps it can be more bearable for the parents to do so after their suffering has been acknowledged as recommended by Boyd in her doctoral research (2020).

The results indicate that the parent worker is also looking for the truth and that in parent work this is a shared task between clinician and parents formed by the alliance Green (2000) and

Boyd (2020) recommend. One of the participants' description of the child as "spot on" in her voicing of the truth indicates an identification with the child at points in the work. This is a core feature of the CAPT's experience demonstrated by Rustin (1998). It raises the idea of a possibility of a shift in identifications when the CAPT is working directly with the parents and not the child, as if throughout the work CAPT moves from identifying with the child, to identifying with the parents, to then returning to the objective stance, as discussed by Morgan (2001). It is not unusual for a CAPT, where individual work with children is at the core of this training, to bring in her CAPT's perspective as evidenced in Green's paper (2000) who highlights the usefulness of this. It brings to mind an idea of the CAPT parent worker accessing the truth by encompassing what she feels is everyone's perspective, including her own, from what she has learned about everyone in the family through the parent work sessions. The results show how adoptive parents relate to the truth of early experiences and relational dynamics are communicated and explored in complex ways in the parent work sessions: through evidence of avoidance, projective identification, and dependency on the parent worker to face it and voice it first.

### The Value of Countertransference

It is noteworthy that the participants' countertransference experiences were mainly negative, leaving the participants with unpleasant feelings which did not seem to accurately mirror the reality of their working relationship with the adoptive parents. This indicates the presence of experiences that were more complex and difficult for the parents to communicate directly in the work, like Klauber's parental projections (1998). However, the parents' regular attendance and commitment to the work indicate that they experienced something positive in the therapeutic relationship with their parent workers, and an attachment to the CAPT. In the

literature this can be understood in the context of Youell's (2002) linking of the development of reliable internal objects and hope in the child to his lived experiences of being parented (2002) and this being replicated in the parent work through the CAPT regular and reliable presence where thinking is possible. The contrast between the negative transference relationship and positive attachment to the parent workers' experiences demonstrate that the relationship between adoptive parent and parent worker is not straightforward, which was where the CAPT countertransference was seen to be most useful.

The participants describe signs of progress which became undone between sessions, a sense of getting somewhere but going nowhere, and, as advocated by Klauber (1998), using countertransference to understand what may lie behind these false starts and what their own emotional responses could tell them about what these adoptive parents may be feeling about their children.

Particularly, one of the participants uses this technique assessing her own countertransference as a way to get back to familiar territory, as seen by her linking feeling useless and offering the wrong thing, to what she has understood from the family as she knows them. This sense of relief for the participants in having a way to understand complex communications from the parents that can be as much about the parents' own experiences of being parented as well as being adoptive parents can be seen across the cases in this study. For example, the results show this through one parent employing defences to keep him from becoming dependent on the parent worker, and another parent conversely doing so to ensure the CAPT is kept at an emotional distance from her, and these being understood by both parent workers as communication about the parents' own experiences of relationships via projections and countertransference. These results further demonstrate and illustrate the usefulness of



projections and countertransference in parent work, which was already reported in the literature by Edwards and Maltby (1998) and Klauber (1998).

The results reveal that there are parallels between the adoptive parents' sense of failure in parenting their child, as seen in Tollemache (2006), with one participant's experiences of feeling a failure in the parent work. This CAPT in particular feels "massively" guilty wanting to end the parent work, saying they "really still need a lot" but views their sessions as impinging on the needs of other families, as if giving to one means depriving another. She is bewildered at the end of some sessions, asking herself what she has achieved, reminding herself it has been two years, underlining her sense of failure. This can be seen with all participants as they and the adoptive parents, in the results, shared senses of depletion, despair and dismay similar to Klauber's reports of parents who are worn out from their efforts of parenting disturbed children (1998). This too parallels with all the participants who convey a sense of putting in significant amounts of effort but this not getting them to where they wanted to be with these parents. After all their efforts, they are confronted with unsatisfactory and anti-climactic endings, with unrewarding work, which is similar to the exhausting and despairing parental experiences that Tollemache (2006) and Roy (2006) describe.

### Dimensions of Time in Adoption

The results indicated the role of time in adoption, its movement and what evolved in the adoptive family relationship over the years, as well the adoptive parents' relationship with time, conveying it as a complex force, which played a significant role in the parents' decisions to adopt. Most of the participants cited age and fertility issues as reasons for parents deciding to adopt as seen in Flynn (2000), Cudmore (2005) and Tollemache's (2006) papers.

The results give an impression of CAPT reporting that there is an unwillingness in adoptive parents to move forward in time at a more ordinary pace, that negative experiences can repeat in a relentless manner, perhaps indicating the parents' need for them to be worked through in the parent work sessions (Klauber, 1998). The participants evidenced using their intuition in these instances, committing themselves to returning to recurring themes which could be experienced by the parent worker as an endless task. The results also showed that moving together and working alongside each other could get superseded by resisting forces that cause a steamrolling experience, as if time gets distorted by these unconscious processes, which calls for the need for the therapist to have a flexible approach as cited by Green (2000) and Rushton et al. (2006).

The results indicate a paradoxical situation where time can be split into completely different states whilst co-existing: as demonstrated by one participant in her example where a crucial aspect of the adopted child's identity is suspended in time whilst the rest of her hurtles from crisis to crisis. However, the need for parents to make an adaptation in their focus is recognised by the participant who helps to re-orientate them, which Klauber advocates for (1998). In amongst this the parents attend their regular parent work sessions, where the pace seems to be regulated by the parent worker's thoughts and considerations about the internal and external worlds of adopted child and parent, pre and post adoption, and it is evidenced that those were then internalised by the adoptive parents when positive changes occurred, validating what has been discussed by Green (2000).

The dimension of time seems to be linked concretely to the context and setting where parent work is provided. Indeed, the only parent worker interviewed who sees parents in private

practice acknowledges the private context that it is offered in and this resulting in a unique longer time frame; the probability that parents could not see her for so long in the NHS. However, the participant's acknowledgement of 6 years and no clear plan to end gives the impression that this case could continue indefinitely and her assertion that "so much of this work needs to carry on for a long time" implies a firm belief in adoptive parents needing an amount of time that is particular to them.

The results show how this participant holds on to the time frame and what needs to be prioritised for the family by her returning to unprocessed issues and by changing the frequency to induce parental independence from her. Opposite to the daughter's timeline which is punctuated by crises, in the parent work the participant creates time in a space where problems can be returned to, but must be processed in order to move on to the priority of the daughter's development. Some of the participants discuss the parents' need to access a time frame which allowed for thinking, which did not seem possible for them outside of the parent work sessions, particularly the need for the CAPT to take time to address parental and couple issues and needs, even when it was the child who was in crisis, giving a temporary adaptation to the focus of the work as recommended by Green (2002). The participants demonstrate changing the pace and direction of the work, drawing attention to issues that may exist in the couple relationship or parental dynamics that need to be taken out of the context of the child or the child's difficulties as explored by Rustin (1998) and Morgan (2001).

### Perilous Journey

In all of the cases discussed, the results conveyed the participants impressions of adoption processes followed by being an adoptive parent, as a long and exhausting journey as described

by Tollemache (2006). A time where parental capacity is challenged to its limits, previously described by Klauber (1998), and where parental anxiety, fear and disappointment feature strongly in the parent work sessions. There is evidence to show that these experiences are shared by the parent workers in their reflections on their work with these adoptive parents. All participants describe the adoptive parents being subjected to traumatic experiences by their adopted children (Klauber, 1998; Rushton et al. 2006) with some examples of parents having to suffer through questionable adoption processes.

One participant described how adopting had, in a way, shone a light on pre-existing parental anxieties about a risk of contamination, which became evident in the parent work sessions through the adoptive parents' projections into the parent worker, processes described in Klauber's (1998) paper. The results demonstrate how in parent work the CAPT are facing pre-existing anxieties and relational issues; all participants reflected on the adoptive parents' ways of relating to the parent worker, or their experiences of being parented, as spoken about in Flynn (2002) and Klein's (1928) papers.

The results show a shared anxiety experience between parent worker and adoptive parent of the future being a place to be feared, rather than looked forward to, as seen by Oedipus' birth father's behaviour in Sophocles' play (429BC/ 1984), and in Roy's acknowledging how as the child evolves so too can the problems experienced within the family (2020). The results demonstrate that the parent worker remains apprehensive for both adoptive parent and child's future, that even when the sessions stop, the CAPT continues to worry about the potentially devastating impact of the enormous pressures faced by adoptive parents that Roy refers to (2020).

The results reveal the levels of attack on parental capacity (Klauber, 1998; Morgan, 2011), with all participants making reference to repeated crises demonstrated through the adoptive parents' accounts of their children's behaviour. As the CAPT learn about the children's past trauma through the parents' experiences of it recurring in the present day, they make space for the impact of this on the parents to be thought about in the sessions (Rushton et al., 2006), as well taking an objective stance, as recommended by Morgan (2011), to consider the entire picture and not just what the parents portray of the child who Green (2004) describes as "*a complex being, spun in art from contemporary reality and in part from the parents' own internal history and accommodation to themselves*" (p. 45). Fears of abandonment and premature endings were revealed in the results of some participants' parent work, a feeling that seemed to be a shared experience between parent worker and adoptive parent, but for different reasons. In one case a fear communicated by the child and picked up by the CAPT through her work with the parent.

### Unwanted Experiences

The results show a particular skill in how the CAPT conduct themselves in the parent work; they convey a delicacy in addressing sensitive issues and evidence the presence of defences in the parent-parent worker relationship. In taking a psychoanalytic stance to understand the possible role of defences for these adoptive parents, I think of Canham's view of understanding the strength of the defence as an indication of the intensity of the painful experience it seeks to avoid (2003). All of the participants display willingness to think with parents about complex dynamics at play in the parent-child and parent-parent worker relationships, but when adoptive parents retreated behind the safety of their defences, the CAPT display a level of intuition as they change tack, becoming more sensitive and attuned to the adoptive parents' wary response.

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The latter may fear being judged by the parent worker as described by Klauber (1998), or who may fear something much worse if we refer back to Canham's point.

One participant gives the impression that some areas were off limits in fully exploring, as she talked about walking on "eggshells". This gives an impression of participant and parent keeping certain things out of the work, perhaps out of fear that discussing them could cause further damage, giving an idea of a fragile bond that could easily shatter; perhaps there is an unconscious communication from the adoptive parent to be sensitive and not cause her further pain, as advocated by Boyd (2020). This can be seen in the other participants experiences of having to use psychoanalytic insight to try and make sense of the significant unconscious communications recurring in the parent work sessions due to an apparent unwillingness, or inability, in parents to discuss sensitive issues in a straightforward way.

The results indicate a gap between expectations and reality as discussed by Green (2004), and the evidence shows this occurring in both parent work and the adoptive family. This is demonstrated by participants expressing disappointment in the limitations to what they could achieve with the parents, the unexpected frustrations, feeling lonely and rejected, unwanted by the parents as though they have failed them; experiences which the CAPT use psychoanalytic thinking and insight to view them as a link to parents' own accounts of their relationships with their adopted children (Tollemache, 2006). This does bring to mind a question about what the parents had hoped to achieve in adopting, as explored in Flynn's (2002) paper, and also what the parent workers had hoped to achieve in their work with these parents.

The results show that the CAPT parent workers accept that the discomfort they suffer in the sessions is crucial in informing them of something of the reality of the adoptive parent

experience (Klauber, 1998). When one participant admits to being haunted by her knowledge of adoption and the pain that lies within it, it creates an idea of the level of disturbance she, and the rest of the participants, have been exposed to through this work. I wonder about how she has been supported to manage it in this CAMHS setting, and it is striking how none of the participants, apart from one who uses the network to help her understand something, refer to seeking support from a team or colleague. I wonder about support available within the team, and what can the parent workers do with the disturbances they have been exposed to from the adoptive family's own disturbing experiences. From the heaviness conveyed by the parent workers, I get the impression that there is an expectation for them to be resilient enough to tolerate it (Klauber, 1998), perhaps alone, an idea that may come from the parent workers themselves or perhaps from the wider team, or indeed the CAPT field.

### **Clinical Implications and Relevant Future Research**

The findings from this study suggest there are many layers to be explored in parent work with adoptive parents. The results from these four interviews with CAPT working directly with adoptive parents, show that there are many facets to this work and that the focus of the work does not remain on one subject or one topic. The participants all demonstrated the presence of unconscious forces at play within the work which indicated complex ways of relating to one another, seen in the parent-parent worker relationship and in the parent-child relationship. Through the results, participants made clear that the quality of the relationship between parent and parent worker was of huge value and being able to think about the impact of trauma on their adopted children and its continuing presence in the parent-child relationship.

Three of the participants held firm views that their training and skills in both the recognition of psychoanalytic tools such as projections, countertransference and the transference relationship were crucial to working with these adoptive parents. One participant felt that other skilled clinicians who were not trained CAPT could do the work she had done with the adoptive parent. Interestingly, there did seem to be a reluctance in placing importance on the use of transference, yet when she did begin to acknowledge it, she spoke more about the presence of defences in the parent-parent worker relationship and about the pain and despair she carried about the case.

This study shows that within the adoptive family, family relationships, which in the most ordinary of contexts can be challenging, are put to the test significantly more due to the interplay between the adopted child's past experiences of abusive and/or neglectful parenting, and the adoptive parents attempts to overcome past deprivation through their own parenting styles, which have been influenced and shaped by their own individual experiences of being parented.

The CAPT draw on their psychoanalytic training in working directly with children and the infantile aspects of the personality to support the parents in understanding more about their child's perspective based on their pre-adoption experiences, as well as their expertise in working with the unconscious and the confusing ways in which it can manifest in traumatised children. Whilst keeping the child and her needs at the forefront of the work, the CAPT are made aware, by the parents own communications, conscious and unconscious, that they need to be listened to, understood and have someone on their side, while they face continuing baffling and worrying experiences from their adopted child's behaviour. There are confounding communications and layers of meaning described by the participants as coming from the



parents, but they also recognise that the parent cannot be viewed as entirely separate entities. The CAPT take into consideration the influence of the external world on the development of adoptive parents' internal worlds, beginning from their own individual early childhood experiences and how the adopted child can be seen to create problems that may have already been present in the parents.

The literature conveys the usefulness of psychoanalytic theory and approach in working with disturbed children and their parents. As we know, the majority of children today who are adopted have suffered from abusive or neglect and, while there is much literature evidencing working psychoanalytically with adopted children, there is a real dearth when it comes to providing psychoanalytically informed parent work for adoptive parents. This is disappointing given the significant amounts of research and literature to support psychoanalytically informed therapeutic input for adopted children. It raises the question about how working therapeutically with adoptive parents is viewed in the public health sector.

Due to the complex nature of the work described by the participants, and the negative quality of their countertransference experiences, this lack of research into and literature about working directly with adoptive parents, feels like this is an area which is being neglected by clinicians who work in this field. The almost shared countertransferential experiences of the participants, and their view that what they felt through it was some indication of the lived experiences of the adoptive parents, indicate this is a particular field which could really benefit clinicians, as well as adoptive parents and their children, if there were more research and literature on this topic.

As CAPT are not the only clinicians who work directly with adoptive parents, further research and literature looking at the presence of unconscious communications in this work, learning to recognise and understand something from them, may be experienced as useful by other professionals. Recognising how all participants were working with the parents for over 2 years, one needs to be able to balance the view that this is complex work, which can require a significant amount of time before positive change in the parent-child relationship can be seen. This is particularly significant considering the reality that CAMHS services are under increasing strain, with clinicians feeling pressure to close cases to make space for new ones, as described by one of the participants. Perhaps, if there is further research into CAPT parent work with adoptive parents, skills can be honed and awareness can be sharpened to spot the presence of certain dynamics earlier on, and shorter but just as rich work may be possible.

### **Limitations of Research and Relevant Future Research**

This study, focusing on interviews with 4 CAPT, allowed for a limited exploration of the question: What is the experience of psychoanalytically informed psychotherapists working with adoptive parents? As this was such a small sample size generalising the data is limited and therefore should not be considered to be the experiences of all CAPT working with adoptive parents. This research would benefit from further exploration with more CAPT, working in other CAMHS settings to get a broader view of this clinician group's experiences.

As the interviewees were the parent workers, the adoptive parental experience is based on the clinician's own subjective experiences from what they learned in the parent work sessions, and it should not be assumed that the CAPT impressions are the adoptive parents' actual lived experiences.

It would have been interesting to have interviewed parents about their experiences of the parent work sessions and whether they found them to be useful for them as adoptive parents. Perhaps, this could be kept in mind for further research. As the literature and research focusing on psychoanalytic parent work with adoptive parents is limited, from my findings, it would appear that this is a relatively new and under explored area, and so I hope this study will create awareness about some aspects of working with adoptive parents which could benefit from further research.

In further research I would also recommend focusing on the positive aspects of the parent-child relationship as well as the commitment parents demonstrated in their attending and participating in this long-term work. The fact of the parents' commitment to the parent work, is perhaps an indication of their commitment and love for their child; a determination to weather the storm and their wish to come out the other side of it, safe with their child. Perhaps CAPT need help accessing these more positive aspects of the relationship with adoptive parents.

The voices of the participants all come from white female working professionals. This was not surprising to me as from my experience on the Child and Adolescent Psychoanalytic Psychotherapy training was that this profession is dominated by white females. The much-needed research into this continues to, importantly, grow. While there were some similarities between the participants and the parents, such as them all being working professionals, what the parents did for a living is unknown to me as it did not come up spontaneously in the interviews. Likewise, while CAPT and the adoptive parents were currently working professionals and so presently middle class, the original class background for both groups were

not spoken about in the interviews and was not the focus of this research. It would be interesting to know these details so for future research it could be an informative area to focus on.

## **Conclusion**

In exploring the live experiences of CAPT this research shows the various levels of insight these psychoanalytic clinicians gain from working with adoptive parents using their psychoanalytically informed clinical practice. As it is supported by the psychoanalytic literature focusing on working with parents, the alliance formed between CAPT and adoptive parent is crucial to exploring some of the complexities faced by these parents such as facing the truth of their child's early history, the impact of complex trauma on family life, feelings of failure and loneliness, disappointment and losses. The clinicians evidence, that through this alliance, the parents entrust them with painful details of the pre-and post-adoption experience. The CAPT demonstrate their willingness to go a step further than just hearing about the adoptive parents emotional and lived experiences and they become more than a sympathetic ear. By accessing their own countertransference via the transference relationship, the CAPT seem to assimilate some of what the parents feel they can share, then this information is discussed with parents in a modified form in order to validate their experiences and make sense of huge confusions between the child and parent's own individual pre-adoption experiences which can bleed into the current parent-child relationship.

While there appeared to be a steady therapeutic relationship between CAPT and adoptive parent, the communication aspect of the relationship via the parent's use of projective identification, showed that simply talking and attempting to bring about lasting positive change to family dynamics required sophisticated levels of expertise in challenging this. The

possibility of how deep the work could go was dependent on parental ability to do this and on the clinicians' ability to address the limitations in the work.

The data also revealed that at times there was a shared and heavy burden between parent worker and parent. Some clinician's conveyed a sense of isolation and loneliness regarding the work, even when the case was no longer part of their caseload. This raises a question about how accessible supportive supervision is for these CAPT who are conducting complex work and how important it is that this crucial requirement is available to them. During Child and Adolescent Psychoanalytic Psychotherapy training, trainees grow accustomed to working under an intense level of supervision which is a crucial, and mandatory, part of their psychoanalytic and clinical development. Once qualified, this level of supervision decreases significantly, but access to regular and good quality supervision remains a requirement of our professional registration with our regulatory body, and is a necessity for effective clinical practise. This study highlights the dedication these CAPT give to working with adoptive parents and how this in turn is felt by the parents as demonstrated by their own commitment to attending sessions over several years and discussing very personal and painful experiences with their clinicians. Despite the increasing pressures and lack of resources in local CAMHS, as well as the heaviness of some aspects of this work, these psychoanalytic practitioners display sensitivity and thoughtfulness towards their cases and try their best not to let external demands impact the quality of their work.

The Covid-19 pandemic may have also played a role in some participants' sense of feeling depleted and unsupported, and perhaps their sense of loneliness could have been amplified by the pandemic and its forced isolations. Conversely, while the pandemic had created a significant change of setting for all of the participants and the parents, none of the families

were left alone during this life changing time; CAPT continued to offer sessions and support throughout despite the challenging context. By seeking support from CAPT adoptive parents show investment in their relationship with their child and this is mirrored by these psychoanalytic clinicians who invest in the relationship they build with the parents as a result of their parent work sessions. While most adoptions successfully lead to long term stability for child and adoptive parents, between 3% and 9% of adoptions are reported to break down (Adoption UK n.d), and 38% of adoptive families report they are currently facing severe challenges (Adoption UK, 2024) which indicates the need for specialist long term support for these families. The length of time the parents spoken about in this research remained in parent work indicates that they found it to be worthwhile and of value to them and indeed, some participants directly commented on parents finding it helpful.

This study supports the literature in favour of parent work with adoptive parents and the useful role psychoanalytic theory and practise can play in this work in addressing the unexpected complexities being an adoptive parent can bring to these families. As previous research highlights some of the benefits as well as the complexities surrounding adoption (Boswell and Cudmore, 2018; Duncan et al. 2021; Boyd, 2021; GOV.UK, 2023; Tarren-Sweeney, 2008), and how CAPT can be well-placed to work with adoptive parents (Creegen, 2017), this research wanted to add to those findings by focusing solely on CAPT with specialist experience of working with adoptive parents. Also, by focusing on a particular aspect of the work, the experiences of CAPT in parent work, I wanted to understand specifically how these particular psychoanalytic clinicians could be useful in this specific area. Their psychoanalytic skills and expertise in working in these specialist fields of adoption and trauma demonstrate their capacity to feel and contain the anxiety and worry that adoptive parents communicate about their experiences, and furthermore, by understanding and managing their own worry about these

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families they allow for what could be debilitating experiences to become something developmental and hopeful. However, the complexity of the work, as evidenced by the results, indicate that further research and focused support for the clinicians involved in this specific work could be beneficial given the high volume of adopted children being seen in CAMHS due to high levels of neglect and trauma that many of them have suffered from pre-adoption and the long-term impact this has on a child's emotional development.

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**Appendix 1: Ethical Approval**

The Tavistock and Portman   
NHS Foundation Trust

Quality Assurance & Enhancement  
Directorate of Education & Training  
Tavistock Centre  
120 Belsize Lane  
London  
NW3 5BA  
Tel: 020 8938 2699  
<https://tavistockandportman.nhs.uk/>

Catherine Brady

**By Email**

1<sup>st</sup> March 2021

Dear Catherine,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee (TREC) your application has been approved. This means you can proceed with your research. Please note that the Assessor has advised that you proof read all the documentation including outward facing docs as there are a few grammatical/spelling correction to be made.

**Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.**

For information governance purposes and in line with the Trust policies, please be advised that in order to conduct research/interviews using online video conferencing you must contact TEL (copied) to set up a zoom account. With regards to privacy, please ensure that meetings with yourself and your participants are conducting in a safe environment and that confidentiality is maintained.

Your updated TREC form is attached

If you have any further questions or require any clarification do not hesitate to contact me.

May I take this opportunity of wishing you every success with your research.

Regards,

Student Number: 1809106 Course Code: M80

Paru

**Mrs Paru Jeram**

Senior Quality Assurance Officer

(Research Degrees and Research Ethics)

Academic Governance and Quality Assurance

Tel: 07802543834

<https://tavistockandportman.nhs.uk/research-and-innovation/doing-research/student-research/>

**Appendix 2: Participant Information Sheet**

Version 2

Date: 11/1/2021

**Participant Information Leaflet**

*You have been given this information leaflet because you are considering taking part in this research study. This sheet describes the study and explains what will be involved if you decide to take part.*

**Research Question: What kind of insight can Child and Adolescent Psychotherapists gain from Parent Work with Adoptive Parents, and How Much of the Complexity of Being an Adoptive Parents is Addressed?**

**Who am I?**

My name is Cathy Brady, Child and Adolescent psychotherapist in Doctoral Training. I work in the Fostering, Adoption and Kinship Care Team at the Tavistock Clinic, 120 Belsize Lane, London NW3 5BA. I am conducting this study as part of my doctoral research thesis.

**What is the purpose of this study?**

This research study aims to further explore how Child and Adolescent Psychotherapists (CAP) in their work with adoptive parents - and through their psychoanalytic thinking - can uncover and make sense of the complexities of the experiences of adoptive parents, in order to gain more understanding in the broader clinical field about parental need for support through regular parent work sessions.

**I plan to:**

- Investigate CAP's experiences of providing parent work to adoptive parents.
- Investigate if common themes occur in parent work with adoptive parents.
- Explore whether CAP, in their work with adoptive parents, hear about the adoptive parents' past experiences and their transition into parenthood, and what their perspective on this topic is.
- Examine and reflect on the clinicians' relationships with the parents during parent work.
- Investigate the usefulness of psychoanalytic psychotherapy in parent work.

**What can you expect?**

I will ask you to take part in an interview conducted by myself. Before the interview I will ask you to have a particular family in mind where you are/have been the parent worker for more than 1 year. In the interview I will ask you to discuss your experiences with this family and it should last approximately 1 hour. Depending on COVID-19 restrictions the interview may need to be carried out via phone or video link, otherwise we can meet in person. The day and time of the interview can be chosen by you at a time that is most convenient. Participation in the project will have no impact on assessment/treatment /service-use or support and prior to interviewing there will be time to discuss any potential concerns you may have.



**What will happen to the information given in the interview?**

The information will be audio recorded, and once transcribed all identifiable patient, family and participant information will be anonymised. No names will be recorded - participant numbers will be used. The contents of the interview will remain confidential. It will be used in the writing of my doctoral thesis, presentations and possibly in future academic papers. Any extracts used from the interview will be anonymised and information gathered from interviews will be stored on encrypted files accessible only by me and protected according to General Data Protection Regulations 2018 (GDPR). Data generated in the course of this study will be kept in accordance with the University of Essex Data Protection Policy.

**Will I be recognisable to readers of the study?**

I will anonymise all personally identifiable information; however due to the small scale of the study it is possible that some colleagues may recognise your work.

**Do I have to take part?**

No, your participation is entirely voluntary and you have the right to withdraw from the study up to 3 weeks after the interview and withdraw all unprocessed data.

**What are the possible benefits of taking part?**

There is potential for learning by reflecting on past work with another clinician, an opportunity to reflect on a past experience of work and develop further understanding. This may have a positive impact on future work with patients and families.

*Please note: the information you provide may be subject to legal limitations in data confidentiality (i.e. data may be subject to a subpoena, a freedom of information request, or mandated reporting by some professions).*

**Any further questions or any concerns, please contact myself or my research supervisor:**

XXXXXXXX: XXXX@XXXXX.NHS.UK

XXXXXXXX: XXX@XXXXXXXXX.co.uk

**If you have any concerns about the conduct of the research please contact:**

Head of Academic Governance and Quality Assurance: XXXX XXXX

Email: [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)

**This project has been approved by: The Tavistock and Portman Research Ethics Committee (TREC)**

**General Data Protection Regulation (2018) arrangements**

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the United Kingdom. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it properly. I will keep identifiable information about you from this study for [*insert period agreed with your one-to-one research supervisor*] after the study has finished.

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but they will not be able to identify you and will not be able to find out your name or contact details.

Student Number: 1809106 Course Code: M80

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, XXX XXXX: [XXXX@XXXX.NHS.UK](mailto:XXXX@XXXX.NHS.UK)

**Appendix 3: Participant Consent Form**

The Tavistock and Portman   
NHS Foundation Trust

Date: 25/10/2020  
Version 2

**Consent Form**

**What Kind of Insight can Child and Adolescent Psychotherapists Gain from Parent Work with Adoptive Parents and How Much of the Complexity of Being an Adoptive Parent is Addressed?**


*Investigator: Cathy Brady, Child and Adolescent Psychotherapist in Doctoral Training*

	<i>Please tick</i>
I have read the Participant Information Sheet, version 1 dated 25/10/2020, and have had the opportunity to ask the researcher questions about the project.	
I understand that my participation is voluntary and I have the right to withdraw from the project completely up to 2 weeks after the interview. I understand once data has been processed after this period, I will no longer be able to withdraw my participation.	
I understand the interview will be audio recorded and digitally transcribed.	
I understand that if it is not possible to conduct the interview in person, I consent to it being carried out via telephone or via video-conference using zoom platform authorised by the Tavistock and Portman NHS Trust.	
I understand that all personally identifiable information will be removed from transcripts and anonymised so that I will not be recognisable in any reports, presentations or possible publications.	
I understand that due to the small sample size of the study it is possible that some colleagues may recognise data belonging to me. This is a limitation of the study that I am willing to accept.	
I understand that the information collected in this interview may be used by the researcher for future reports, presentations or publications.	
I confirm that I understand this interview is part of a research project.	

Student Number: 1809106 Course Code: M80

I understand the purpose and aims of the research and give consent to my participation.	
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**This project has been approved by: The Tavistock and Portman Research Ethics Committee (TREC)**

Participant's name:			
Participant's signature:		Date:	
Researcher's signature:		Date:	

**Thank you for agreeing to take part in this study. Your contribution is very much appreciated.**

**Appendix 4: Interview Schedule**

Version 2  
Date 11/01/2021

**Semi-structured interview schedule for child and adolescent psychotherapists working with adoptive parents**

**Research question:** What kind of insight can Child and Adolescent Psychotherapists Gain from Parent Work with Adoptive Parents, and How Much of the Complexity of Being an Adoptive Parent is Addressed?

**Interview question:** *Can you tell me about the parent work you've carried out with a specific adoptive parent where you have been the parent worker for at least 1 year?*

**Interview prompts:**

- How did the parent come to be offered parent work?
- How would you describe the parent work sessions?  
(In what way? What makes you say this?)
- What were the most common themes parents brought to their session when thinking about being a parent to their child? (Do you think this was how parents expected it to be?)
- How did parents come to be an adoptive parent? Did parents share their reasons for adopting in the sessions? (Do you think their own personal family experiences played a role in this? How so?)
- In supporting adoptive parents how much of your work with them was dedicated to exploring and reflecting upon how they came to be a parent and what this was like for them? If little time was dedicated to this area, what do you think the reason for this was?
- Thinking about transference and countertransference, can you tell me about your relationship with the parent during the work?

(Did it bring insight into the work, or facilitate certain areas of the work? While certain themes were being explored in the session what was your countertransference and how did you use it to understand what the parent was communicating?)

⊕ **Appendix 5: Transcription - Emergent Themes and Exploratory Comments**

Emergent Themes	Original Transcript	Exploratory Comments
	<p>Me:  <u>So</u> the research question is, what kind of insights can Child and Adolescent psychotherapists gain from parent work with adoptive parents? And how much of the complexity of being an adoptive parent is addressed? Right, my <del>my</del> question to you is, can you tell me about the parent work you've carried out with a specific adoptive parent where you've been the parent worker for at least one year?</p> <p>123:  Yes, I will. Can I ask you a question?</p> <p>Me:  Sure.</p> <p>123:  We're going a bit of off centre now, sorry. When you say what kind of an insight, I thought that's a very <u>wide open</u> question word. And I wondered if you're using it in a more specific way. Or more generally, in an open way, insight, whose insight? Insight for me? Insight for the parent? Or both?</p> <p>Me: 1:18</p>	<p>Ambiguous beginning</p> <p>Confusing beginning</p> <p>Unclear from the starting point, blurry beginning</p> <p><i>Insight repeated a lot. Open element of question seems to bring confusion/uncertainty.</i></p> <p><i>Who is this for? An idea of the work: are the sessions for parents or the child?</i></p>

<p>Clearing up uncertainty</p> <p>Clarity is important</p> <p>Wants to know what she's going into</p>	<p>Well now that you say that I feel... I think it's more both really more in the general. And then the kind of the insights that we'll pick up will be what you what you share, and then we get the insight in that way.</p> <p>123: Sure, sure. Okay. <u>So</u> it's about my working method as well. How I use what I pick up with the parents.</p> <p>Me: Yeah. Yeah.</p>	<p>She wants to make sure she understands my question. She wants to make sure <u>its</u> clear in her mind before we begin. <i>I'm getting an idea of how she begins something - how she works in her sessions. Clarity of the situation is important.</i></p>
<p>Making sure she understands what I'm interested in/ what I'm looking for</p>	<p>123: Sorry, sorry. Just been eating. Yeah. Okay. <u>So</u> let me tell you about the parent, shall I? Is that what you'd like to know, because I've been working with parents, mother and father, both adoptive</p>	<p>She wants to make sure she knows what I'm looking for, what I'm asking of her. <i>Similar approach in her work with parents? A focus on what they want/need from their sessions with her?</i></p>
<p>Working/ labour</p> <p>A lot going on A lot has happened Movement</p>	<p>mother and father for nearly six years now, a long time since their daughter was in psychotherapy with a colleague working privately and this has been private work that I've been doing. And they were referred to me by their previous worker who was a social worker at the Tavistock when she left London, and so they'd already been involved in some work, and came to</p>	<p>Heterosexual couple V long piece of work.</p> <p><u>Work mentioned frequently:</u> <i>not easy, challenging</i></p> <p>Sense of action in use of work, movement from one to another, referral,</p>
<p>Alarming things going on Anger, aggression, <u>detraction</u></p>	<p>at the Tavistock when she left London, and so they'd already been involved in some work, and came to</p>	<p>Daughter in private treatment Parents in private treatment</p> <p>Daughter: SH, self-sabotaging Self-destruction</p>

<p>Can't keep up Parody of life</p> <p>Loss</p> <p>Drowning/ Floundering Over their head</p> <p>Life-jacket</p> <p>Life v death instinct</p>	<p>me at a time when that <u>16 year old</u> only adopted daughter was <u>self harming</u> and getting into all sorts of <u>self sabotaging</u> behaviours at school, particularly, when they were at a problem when they felt they had very limited communication with for the previous two years, she'd sort of withdrawn into a shell. <u>So</u> it, they were referred to me for support as in their parenting of an adopted daughter as adoptive parents. And that was really where we started from.</p>	<p>'all sorts' daughter capable of myriad ways of harming herself/causing worry or panic</p> <p>Parents losing her in multiple ways</p> <p>Referred to X, sent to her, because of these problems. Not able to cope as they were. <i>Similar to child's coming to them? She was coming from a background of problems, needed to go to parents who could take care of her. Parents going to X so she could help take care of them and their parenting of daughter?</i></p>
<p>Home/finding a place/ safe harbour</p>	<p>Me 3:02 And how would you describe the sessions with them?</p> <p>123 3:07 <u>Well</u> the sessions were here in this room where I'm speaking from, and they came very much wanting support, and to share their sort of bewilderment about how they managed and what they could do with this child.</p>	<p>Familiarity. I get to see some of where X works with them (background behind her, wall and some shelves with books to her left). She is describing her work with them from the physical place in which she works with them. (Zoom experience)</p>
<p>Imposter child, who is this child?</p>		<p>Helplessness. Desperation. <i>What could they do with this child? Disconnect from her as their daughter? 'This child' not 'their child' Who does</i></p>



<p>Holding the child in mind</p> <p>Uncertainty and fear of unknown Unpredictability of what's to come</p> <p>Child as a ticking bomb Parents helpless in the face of it Watching their child become more unfamiliar to them Futile efforts of parents Best efforts blowing up in their faces</p> <p>Disappointment Not what they had expected</p> <p>Sickening closeness with another Getting close is dangerous, destructive Inappropriate relationship, alarming quality to relationship</p> <p>Confusion, mess</p>	<p><u>So</u> the session started by being very much focused on, you know, what was going on with her what her behaviours were about what the meaning was, how they could help her. And particularly, with <u>self harming</u>, they were very worried about that. It felt like an escalation from <u>non communication</u>, and not doing as well in school as they had thought she should be doing. And from some rather complicated relationships, including one with what sounded like a sort of an overbearing, potentially quite lesbian teacher at school, who took a particular interest in their daughter that they were uneasy about, and that she was <u>getting</u> quite worked up about in herself.</p>	<p><i>she belong to? Can't possibly belong to them when she behaves this way?</i></p> <p>She focuses on the child, what is happening for her. Looking at her and what she is doing. Seeing her. <u>'How they could help her' - enabling language, empowering. Parents have a role, function.</u></p> <p><u>'harming... worried...escalation...'</u> <u>Damage, destruction, anxiety, sense of acceleration of destruction in child. Parents as viewers? Watching a bomb detonate?</u></p> <p>Disappointment -should be doing better in school. <i>Should be better child, not what they had expected from her. School but also herself?</i></p> <p>Odd closeness with teacher, <u>parents 'uneasy' rhymes with queasy, more than uncomfortable wording.</u> <u>'Getting...worked up' - escalation again, arousal, 'lesbian' sense of sexual arousal/excitement in this close relationship/ Things become inappropriate when there is closeness</u></p>
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<p>Untangling the mess with PW</p> <p>Trying to see through the fog of confusion and anxiety</p> <p>Unexpected turn of events</p> <p>Who is she? What is she capable of? Who wants her? Is she desirable?</p> <p>Possibilities are exciting Things get mixed up What belongs to who? Who belongs to who?</p> <p>Hopes get dashed</p> <p>Creation leads to disposal/abandonment</p> <p>When someone gets interested/excited by her interest she abandons it</p> <p>Rejecting creativity Possibilities too painful/frightening</p> <p>Hard to stay with something/someone -too risky</p>	<p><u>So</u> it was a very sort of complicated structure. So that was being in touch with them and unravelling what was going on and how they were feeling about it. And focusing on that, as she went and tried out, see many different kinds of confusing behaviours, both in her relationships at school and with other children at school. Well, young people in her school, she was in a comprehensive school, which was your just very average one locally. Um, confusions around sexuality. What else can one say? Well, just about everything that was happening, picking things up and dropping them. <u>So</u> she would have a terrific interest in something which might be painting or photography or writing something parents would say, lashes, finding something, and then she would drop it. And that has been a very continuing pattern for her. And <u>certainly</u> one of the things that she gave up after about six months of my being with them was her psychotherapy. Because she said, she didn't like the way that the psychotherapist, male, was just focusing on the adoption. Now, whether that was so or</p>	<p><u>'unravelling'</u> -things get <u>mixed up</u>. PW untangling something convoluted in this relationship, experience, looking at it with parents, looking at child and at parents.</p> <p>Confused child</p> <p>Ordinary surroundings. At <i>odds with her</i>? Nothing <u>'average'</u> about her, about her relationships.</p> <p>Sexuality/identity. Who is she? Who does she like? What is attraction in is various forms?</p> <p><u>"Terrific interest"</u>: <u>excitability in her being interested in sth.</u> <u>Who's interest? Hers? Parents? PWs? Getting swept up in possibility of something new/good?</u></p> <p><i>Attainment connected to loss/disposal.</i> All creative interests. Something she can make/create. <i>Creation ends in disposal.</i> Ending/abandoning happens quickly. Interests (including therapy) all dropped -<i>Before something good can be created?</i></p> <p>She doesn't want to focus on her creation in her adoptive</p>
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<p>Bitter disappointment for all Long lasting disappointment</p> <p>High hopes Openness willingness</p> <p>'Good parents'</p> <p>Parents and child very different At odds with one another</p> <p>Parents attachment to parent worker Parents need for help/support Fear of abandonment Fear of being left to manage by themselves</p> <p>Parental figure for parents</p>	<p>not, that I don't know. But it was what she said to the parents she didn't want to go on. And <u>so</u> they were bitterly disappointed in that. And they came with some great openness, really, they'd had a good expectation from the previous work. And it was difficult for them to transfer to somebody new from what they had been doing before. <u>So</u> we had to work through all of that as well. And then they, as you can tell, after six years, in a sense, they have become very attached, and find it very difficult to leave, though recently, for some time now, we've just been meeting once a month, because I felt, you know, they needed to go off, they needed to try things out on their own. But they've been really reluctant. They wouldn't wean. Just currently, as of yesterday, they're involved in a major crisis around the daughter, so I can tell you about that later.</p> <p>Me 6:22 : Oh. So, so, their start, it sounded then that they were reluctant, or there are some it was a bit</p>	<p>family, <i>creation in her birth family?</i> Rejection of psychotherapy by child.</p> <p><u>"Bitterly disappointed"</u> <i>Painful, bitter taste, not what they wanted, lingering...</i></p> <p>Parents good 'patients' open, hopeful -is this how they came to adoption too? Such hope and openness to adopting their daughter.</p> <p>Parents at odds with how child is -they are open and willing to see PW. Unlike child and her own therapy. They have stuck with X, stuck with their work with her, unlike their daughter.</p> <p>Openness -almost childlike? Difficult for them to transition</p> <p>Attached -childlike neediness? Attached to PW PW aware of this -reducing frequency of sessions <u>"try things out on their own"</u> Sense of giving them independence</p> <p><u>Reluctant – "wouldn't wean"</u></p> <p>PW becomes a parent figure for them at times</p>
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<p>Parents need holding through transitions</p> <p>Working through previous losses and transitions in work</p> <p>Wording important Couple need to be seen as a couple Couple, parents, daughter</p> <p>Confusion within child creates difficulties in couple</p> <p>Attack on couple Coupling up as confusion Parents coupling up not to be trusted</p> <p>Oedipal anxieties</p> <p>Coupling up leads to abandonment/ suffering</p>	<p>tricky to transfer them to you.</p> <p>123 6:33 :</p> <p>It was and it wasn't. Because the person they transferred from knew me, but not well, but knew about me. <u>So</u> she had made sort of quite a positive link for them. And we worked through a lot of their sort of missing her and how it was different, et cetera, et cetera before they felt really that they could talk much about more than about the daughter. So over time, of course, that work shifted, and became much more focused on them as a couple, both as a parental couple, which is where it started, but very much more about them the couple, and what the difficulties with the daughter were doing to their relationship, various aspects were coming out much more into the open. And in the much more... There, there were major splits in the family, which the daughter in a very Oedipal way was sort of linking into. <u>So</u> she had a very close relationship with the father, and projected an enormous amount of her difficulties on to the mother, who became extremely distressed by this and felt,</p>	<p>Not straightforward transition although previous worker prepped them for working with X. They needed time to mourn their loss of previous worker -X allowed them to work through this before moving on with her.</p> <p>Couple –“difficulties with daughter” doing <u>sth</u> to their couple. <u>X’s use of language - difficulties in daughter, not daughter alone per say, pain/confusion in daughter as expressed by her doing something to their relationship. Blame not placed on anyone.</u></p> <p>Psychoanalytic theory informing thinking, used as a way of understanding how she relates to her parents.</p> <p>Mother given a harder <u>time</u>, father more idealised</p> <p>Mother suffers more</p> <p>Daughter uses each parent differently, to all their detriment</p>
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<p>Difficulty in being a triad - family. Resistance to triad. Daughter tries to come between couple, not join up with them as 3</p> <p>Parent worker facilitates exploration of painful matter The unavoidable cannot be avoided in PW</p> <p>Highly qualified in work and education</p> <p>Differing parental roles Avoidance v willingness</p>	<p>of course, that dad wasn't doing his bit. She wasn't getting sufficient support, and looked to me very much and in the room for support. So those splits had to be talked about and thought about.</p> <p>Me: <u>So</u> it sounds like those were some of some themes that were happening in the work.</p> <p>123: Some themes that were happening in the work was this highly intelligent, particularly the mum, who has a PhD and has a sort of <u>high powered</u> job. And dad who's in the entertainment and hospitality industry, and is a very sort of benevolent appearing person, but hadn't wanted to look in the same detail that the difficulties as mom did.</p> <p>Me 8:37 : Sorry, there's a loud noise</p> <p>123 8:39 : I can I can hear it all right.</p> <p>Me 8:41 : A car party on the street. Could you say a bit more about those, the most common themes in the work?</p>	<p><u>"Had to be talked about" pressing issue, not to be dismissed. Must be taken up and is.</u></p> <p>Successful careers. Work has been a success for them. Achievements in working life.</p> <p><i>Insecure father, outside of work?</i></p>
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**Appendix 6: Super-Ordinate Theme of One Participant****(pp 789)**

<u>UNWANTED EXPERIENCES</u>	page/line	
Inadequacies	2, 44	“absolutely nothing like they imagined”
Rejection	2, 46	“she was pushing them away”
Disappointment	3,24	“really disrupted everything”
Splitting	3,34	“so very quickly”
Not good enough	4,35	“didn’t really like our other therapist”
Good breast	4,41	“depleted”
Bad breast	4,43	“I just needed to sleep”
Love/hate	4,43/47	“kind of they need...to preserve Something good”
Not good enough	5,12	“feeling of nothing was enough ever”
Feelings of inadequacy	5,25	“could have helped them more”
Idealisation and splitting	5,32	“this phantasy therapist”
phantasy v real life	5,38	“this phantasy of her as a princess”
Separation as cutting off	6,26	“they’re not in touch”
Unfair feelings	6,36	“as if they hadn’t had anything ever”
Rejection of something good	6,47	“will not eat the meal that’s been cooked”
Control	7,34	“this child they wanted her to be”
Taking in bad, rejecting good nourishment”	7,4	“but won’t take in the
Projections	8,28	“I would often feel quite a mess”
Dread of separation	9,43	“you could really displease them”
Rejection	10,36	“turn away from the help when he’s most in need”
Unwanted positions	13,7	“almost like I’m sort of The One”

## Appendix 7: Super-Ordinant Theme across all participants

### Countertransference as Super-ordinate Theme

<u>pp 123</u>	Page/line	
Parent attachment and separation	3.15	“find it very difficult to leave”
<u>pp 456</u>	Page/line	
She’s let them down	7.7	“not felt to be helpful <i>in the least</i> ”
inadequate	7.16	“isn’t the right thing”
Feeling forceful	14.16	“steamrolled”
<u>pp 789</u>	page/line	
Failure	6,9	“feeling of failure”
Conflicting feelings	7,10	“massively guilty often about... the thought of trying to end”
Squeezed from all sides	7,15	“I do also have to think about other families”
Unpleasant, messy	7,26	“quagmire”
assuming positions	14,44	“omnipotent sort of rescuing feeling”
Projections	15, 25	“that feeling of that they invite harshness cos it’s in there in them”
Lost battle	6,12	“I failed this...been seeing them for two years”
Thankless	6,21	“ungratefulness”
Feeling mistreated	6,36	“as if they haven’t had anything ever”
<u>pp 1011</u>		
Feeling inadequate	4.2	“I’m not doing terribly good job here”
despair	9.29	“I don’t know how this is going to be...all right”
heartbreak	11.9	“it is the most heart-breaking”
Something unprocessed	14.10	“I’m just rambling!”
Sadness	16.38	“I felt saddened”
it hurts	18.2	“I feel a real level of despair about this”
longing to know	21.3	“it’s feels sad...not to know how they are”