DOCTORAL THESIS

Exploring attachment state of mind, trauma, reflective functioning, and the lived experience of mid-life adoptees

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Exploring Attachment State of Mind, Trauma, Reflective Functioning, and the Lived Experience of Mid-Life Adoptees

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A thesis submitted for the Degree of Doctor of Philosophy

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I can confirm the word count of this thesis is less than 100,000 words

Dedication

To my Granda Maurice Macauley, who, despite being renowned for his intellect, never had the privilege of pursuing an education. Thank you for embodying the epitome of a sensitive and secure caregiver and teaching us the true value of love and support.

CONTENTS

	Page
ACKNOWLEDGEMENTS	i
LIST OF TABLES AND FIGURES	ii
LIST OF ABBREVIATIONS	iii
THESIS ABSTRACT	v
CHAPTER ONE	
Introduction	1
1.1 Overview	2
1.2 Becoming care-experienced	2
1.2.1 Adoption in the UK and RoI	3
1.2.2 Figures across the UK, NI and the RoI	4
1.2.3 Issues with population terminology	5
1.3 Significance of the study	6
1.4 Thesis aims	8
1.5 Outline of the thesis	9
CHAPTER TWO	
Literature Review	11
2.1 Introduction	12
2.1.1 Defining attachment	12
2.1.2 Attachment Theory	13
2.2 John Bowlby	14
2.2.1 The Attachment Behavioural System	16
2.2.2 Internal working models	18
2.2.3 Bowlby key concepts summary	20
2.3 Mary Ainsworth	21
2.3.1 The Strange Situation Procedure	22
2.3.2 Sensitivity	25
2.3.3 Ainsworth key concepts summary	28
2.4 Mary Main	29
2.4.1 Conditional Strategies	30
2.4.2 The Fourth Pattern	33
2.4.3 Fright without resolution	35
2.4.4 A Move to the Level of Representation	36
2.4.5 State of mind with respect to attachment	38
2.4.6 The Adult Attachment Interview	39
2.4.7 Coherence	41
2.4.8 AAI classifications	42
2.4.8.1 Secure-Autonomous	43
2.4.8.2 Dismissing of attachment	44
2.4.8.3 Preoccupied	45
2.4.8.4 Unresolved with regards to loss or trauma	46
2.4.8.5 Cannot classify	47
2.4.9 Main key concepts summary	48
2.5 Research using the AAI	49

2.5.1 Early research 49
2.5.2 Correspondence with the SSP 49
2.5.3 Validity of the AAI 53
2.5.4 Selected at-risk, vulnerable and underrepresented samples 54
2.5.5 Empirical AAI research with small sample sizes 57
2.5.6 In psychotherapy and clinical research 59
2.6 Narrative vs Self-Report measures of attachment 60
2.6.1 Narrative measures 60
2.6.2 Self-Report measures 62
2.6.3 Research comparing self-report and narrative measures 65
2.6.4 Rational for using the Adult Attachment Interview 68
2.7 Attachment Theory and Adoption 69
2.7.1 Attachment research from institutionalised settings 69
2.7.2 Attachment transference within non-biological dyads 73
2.7.3 Research on the pre-adoption period 75
2.7.4 Research of the post-adoption period 78
2.7.5 Rationale for the current investigation 82
2.7 Conclusion 83
CHAPTER THREE
Methodology 84
3.1 Overview of chapter 85
3.2 Aims and Objectives 85
3.3 Research designs 86
3.3.1 Theoretical underpinnings 86
3.3.2 Rationale for using qualitative data 90
3.3.3 Rationale for a mixed methods approach 91
3.4 Data analysis 93
3.4.1 Methodological overview of study one 93
3.4.2 Methodological overview of study two 94
3.4.3 Methodological overview of study three 95
3.4.3.1 The Adult Attachment Interview 95
3.4.3.2 Reflective functioning 96
3.4.3.3 Complex trauma questionnaire (ComplexTQ) 96
3.5 Data Collection 97
3.5.1 Sampling procedure 97
3.5.2 Participants 98
3.6 Interview Procedure
3.6.1 Audio-recording 101
3.6.2 Transcription 101
3.6.3 AAI protocol 102
3.6.4 Virtual interviews 103
3.6.5 Ethical considerations 104
3.6.7 Reflexivity 105
3.7 Conclusion 106
CHAPTER FOUR
Empirical paper 1: Attachment State of Mind and Trauma in Mother-and-baby Home Adoptees 107
4.1 Abstract 108
4.2 Introduction 109

4.3 Methods 112
4.3.1 Participants 112
4.3.2 Procedure 112
4.3.3 Measure 112
4.3.4 Data Analysis 113
4.4.4 Ethical considerations 114
4.4 Results 114
4.5 Discussion 123
4.5.1 Strengths and limitations 126
4.5.2 Future research 127
4.5.3 Clinical implications 128
4.5.4 Conclusion 129
CHAPTER FIVE
Empirical paper 2: Trauma in mid-life adoptees: a qualitative analysis of Adult Attachment Interview narratives 130
5.1 Abstract 131
5.2 Introduction 133
5.3 Methods 136
5.3.1 Design 136
5.3.2 Participants 136
5.3.3 Procedure 137
5.3.4 Data Analysis 138
5.3.5 Ethical considerations 139
5.4 Results and discussion 140
5.5 Conclusions 163
5.5.1 Future research 165
5.5.2 Practice and policy 167
5.5.3 Strengths and limitations 168
CHAPTER SIX
Empirical paper 3: Attachment state of mind, reflective functioning and early relational trauma in mid-life adoptees 169
6.1 Abstract 170
6.2 Introduction 172
6.3 Methods 178
6.3.1 Participants 178
6.3.2 Procedure 178
6.3.3 Measures 179
6.3.3.1 The Adult Attachment Interview (AAI) 179
6.3.3.2 AAI classifications 180
6.3.3.3 Reflective functioning (AAI-RF) 182
6.3.3.4 Complex trauma questionnaire (ComplexTQ) 183
6.3.4 Data analysis 184
6.3.5 Ethics 184
6.4 Findings 185
6.4.1 Attachment State of Mind 185
6.4.2 AAI distribution comparison 188
6.4.3 State of mind scales 190
6.4.4 AAI subclassifications 192
6.4.5 Reflective functioning 192
6.4.6 ComplexTQ 193

6.5 Discussion 195
6.5.1 Future research 201
6.5.2 Strengths and limitations 201
6.5.3 Conclusions 202
CHAPTER SEVEN
Overall discussion and conclusions 204
7.1 Introduction 204
7.2 Aims 204
7.3 Summary of the main findings 206
7.3.1 Study 1: Mother-and-baby homes 206
7.3.2 Study 2: Lived experience of adoption 209
7.3.3 Study 3: Attachment State of Mind 211
7.3.4 Reflective functioning 212
7.3.5 Early Relational Trauma 213
7.4 Integration and Discussion of the Main Findings 214
7.4.1 Trauma and abuse 214
7.4.2 Attachment 218
7.4.3 Loss 222
7.5 Implications of the findings 227
7.5.1 Theoretical Implications 227
7.5.1.1 Model of adoption trauma 227
7.5.1.2 A higher threshold for security transmission 230
7.5.1.3 Attachment consequences of prospective caregiver vetting 233
7.6 Suggestions for future research 235
7.6.1 Adoption Trauma 235
7.6.2 A higher threshold for security transmission 236
7.6.3 Attachment consequences of prospective caregiver vetting 238
7.7 Implications for Practice and Policy 239
7.7.1 Practice 239
7.7.2 Areas for intervention 241
7.8 The AAI in practice 243
7.8.1 Assessment 244
7.8.2 The AAI as a vetting tool 245
7.8.3 Targeting RF 247
7.9 Policy 249
7.10 Limitations and challenges 251
7.10.1 Strengths 252
7.11 Conclusion 253
CHAPTER EIGHT
Reflection 257
8.1 Reflexivity 257
8.2 Personal Reflections 259
8.3 Contextual Reflections 261
8.4 Interpersonal Reflections 262
8.5 Methodological Reflections 263
REFERENCES 265

APPENDICES 312

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List of tables and figures

Table	Description	Chapter	Page
2.1	AAI classifications alongside the analogous infant SSP forms	2	51
3.2	Showing participant demographics and care-experiences	3	99
4.1	Participant AAI classifications	4	115
4.2	Thematic framework of mother-and-baby home subset	4	116
6.1	Showing all participant AAI classifications and RF scores	6	187
6.2	Showing four-way distribution comparison with non-clinical, clinical and at-risk populations	6	189
6.3	Showing AAI state of mind scale scores	6	191
6.4	Showing AAI scales scored for experience	6	192
6.5	Showing total mean scores for each trauma form by security	6	194
Figure	**Description**	**Chapters**	**Page**
5.1	Thematic map showing relationships between themes and subthemes	5, 7	141, 228

List of abbreviations

AAI	Adult Attachment Interview
AAI-RF	Reflective Functioning on the Adult Attachment Interview
AAP	Adult Attachment Projective Picture System
ACE	Adverse Childhood Experiences
AHQ	Attachment History Questionnaire
AQS	Attachment Q-Sort
ASA	Attachment Script Assessments
ASD	Autism Spectrum Disorder
(CC)	Cannot Classify
ComplexTQ	Complex Trauma Questionnaire
CU	Callous-unemotional behaviours
DfE	Department for Education
DMM-AAI	Dynamic-maturational model of attachment and adaptation
DoH	Department of Health
(DS)	Insecure-dismissing
DSED	Disinhibited social engagement disorder
(E)	Insecure-preoccupied
ECR	Experiences in Close Relationships
ECR-R	Experiences in Close Relationships – Revised
EMDR	Eye movement desensitisation and reprocessing
ERAS	English Romania Adoption Study
(F)	Secure-autonomous
FFI	Friends and Family Interview
GSR	Galvanic skin response
IPA	Interpretative Phenomenological Analysis

IPPA	Inventory of Parent and Peer Attachment
IWM	Internal Working Model
MBT	Mentalisation-based therapy
MCAST	Manchester Child Attachment Story Task
MM	Mind-mindedness
NI	Northern Ireland
NSPCC	National Society for the Prevention of Cruelty to Children
PBI	Parental Bonding Instrument
PTSS	Post-traumatic stress symptoms and emotional problems
RAD	Reactive attachment disorder
RoI	Republic of Ireland
RF	Reflective-Functioning
RQ	Relationships Questionnaire
RSQ	Relationship Scales Questionnaire
RTA	Reflexive Thematic Analysis
SLE	Systemic lupus erythematosus
SOM	State of mind (with respect to attachment)
SSAP	Story Stem Assessment Profile
SSP	Strange Situation Procedure
TA	Thematic analysis
TAS	Tellegen Absorption Scale
U/d	Unresolved/disorganised
UK	United Kingdom
USA	United States of America

Thesis abstract

BACKGROUND: According to recent statistics, 95 children enter the care system in the United Kingdom daily. The total number of children living in care is at an all-time high. Studies have demonstrated that extended periods spent in care can result in long-term impacts on an individual's outcomes. Equally, exposure to adverse factors that give rise to concerns about the child's safety and well-being while living with their birth family, such as incidents of maltreatment, can also have long-lasting effects (Thomas et al., 2019; Angelakis et al., 2019). Adoption offers permanence, allowing the child to form attachments with new caregivers (Raby & Dozier, 2019). However, the permanence adoption provides means that it also fundamentally alters the rest of an individual's life. Research on attachment in adoptees has mainly been conducted in children, using quantitative measures (Field and Pond, 2018). Only some studies have examined adoption in older (30+) adoptees, despite the recognition that adoption is a lifelong process (Brodzinsky et al., 1998; Lifton, 2002). This research has produced contradictory results however, making it unclear what impact adoption has throughout the entire lifespan.

METHODS: This thesis aimed to investigate the attachment state of mind and lived experience of older adoptees (n=17) (30+ years). A primarily qualitative mixed-methods exploratory sequential design was adopted to achieve these aims. The Adult Attachment Interview (AAI) was the primary data collection tool with the data analysed using four methods: the manualised AAI coding and classification system, Reflexive Thematic Analysis (RTA), the Reflective-Functioning (RF) coding manual, and the Complex Trauma Questionnaire (ComplexTQ).

RESULTS: Most participants had an insecure state of mind with respect to attachment (76%). The four-way distribution of the sample showed that 53% of participants were classified as unresolved (U/d) and cannot classify (CC). The most prevalent organised state of mind among participants was insecure preoccupied. Participants also showed a low average RF score (M=2.71, SD=1.99). All participants had experienced some form of trauma before age 14, as assessed by the ComplexTQ,

with neglect being the most common type of trauma experienced. Adoptive mothers were responsible for more total trauma occurrences than fathers, except in cases of domestic violence and separation. Insecure participants had higher mean trauma scores across all forms, and only those with an insecure state of mind experienced further separation. RTA enabled the identification of three distinct themes: (i) 'Coming out of the fog' (ii) Unresolved Grief (iii) Living in Fear, and four additional subthemes. These themes enabled the definition of adoption trauma, defined here as the cumulative direct and indirect consequences of being an adoptee. Direct consequences include events such as removal from the birth family, placement into care, and arrival into the adoptive home. Indirect effects refer to experiences and mental states arising from those events, such as lack of control, feelings of difference, and maltreatment. The impact of these consequences is subjective and depends on individual coping mechanisms and personal meaning. Our findings emphasise the enduring and ongoing nature of adoption and the importance of acknowledging the complexities associated with adoptive status to inform and guide practitioners.

CONCLUSIONS: Overall findings highlight the prevalence of trauma in the lives of older adoptees and the impact this has on their attachment state of mind. Loss is a central theme in the adoption experience and can contribute to lasting trust, attachment, and relationship issues. Adopted children may need their parents to be especially sensitive and attuned to their needs to effectively address the difficulties of caring for a child who has experienced trauma. Therefore, it is crucial to be mindful of ambiguous loss and disenfranchised grief when working therapeutically with care-experienced individuals. These findings highlight the importance of sensitive adopters with an educated awareness of the impact of trauma on child functioning and an ability to separate the child's behaviour from the child empathically. Finally, the lack of gold-standard attachment measures used within the care system context can lead to severe implications for adoptees, such as incorrect assessments of the child's attachment quality with birth or adoptive parents and hinder the development of targeted treatment and support plans. Adding gold-standard attachment measures to

the adoption process will ensure accurate and consistent assessments, leading to better outcomes for adoptees and their families.

Chapter 1

Introduction

1.1 Overview

The purpose of this chapter is to present the broader context of the topic and population under investigation within this thesis. This chapter provides a rationale for the terminology used throughout the subsequent chapters and the reasons children enter care. This is followed by contextual information regarding the different care pathways and the current statistical data on the number of children residing in and adopted from care in the United Kingdom (UK) and the Republic of Ireland (RoI). Finally, a rationale for the research is provided, succeeded by an outline of each thesis chapter.

1.2 Becoming care-experienced

Whilst each nation within the UK, and RoI, have differing definitions of what constitutes a looked-after child, the commonality across all definitions is that looked-after children are those who either: reside with foster parents, live in a children's home or other residential settings (NSPCC, 2022). A child is no longer considered to be looked after if they return home to their birth families, become adopted or turn 18, and adoption services must provide support for adoptees up to the age of 21 (NSPCC, 2022). Although there is no data in the UK and RoI detailing the specific reasons children enter the care system, it is known that children are placed into care for various reasons, but mostly due to abuse or maltreatment (McGrath-Lone et al., 2016; NSPCC, 2021).

1.2.1 Adoption in the UK and RoI

Adoption is commonly considered a social intervention that allows children to live in a family free from maltreatment and neglect. There are three main types of adoption in the UK and RoI: domestic adoption, which is where the child is already a resident of the same country they are adopted in; step-parent adoption, and intercountry adoption, where a child is adopted from a different country than the country they were born in. Adoptions can be referred to as closed or open. Both are broad terms, and neither are legal terms. Open adoption allows an adopted child to maintain contact with their birth family, open adoption can take various forms, ranging from direct face-to-face contact, to indirect contact through letters or emails. In contrast, closed adoptions mean that there is no longer any form of contact between the adoptee and their birth family (Ward et al., 2022).

Unlike other Western countries such as the United States of America (USA), Australia and New Zealand, legal systems in Western Europe did not recognise child adoption until the early 20th century (Burns & McCaughren, 2021). Dissimilar to other European nations, the UK never recognised 'simple' adoption, where legal rights are not removed from the birth parents; instead, new parents are added to the child's list of caregivers. The UK was the earliest European accepter of full child adoption, where adoption terminates the rights of birth parents, and these rights pass onto the child's adoptive parents (Burns & McCaughren, 2021).

The adoption process in all UK nations and RoI are similar. Prospective adopters follow a set of procedures, including an initial enquiry, compulsory counselling, and an interview, in addition to preliminary checks. Subsequently, the prospective adoptive parents must successfully complete a preparation course and undergo pre-assessment assessments. The final step in the process is the adoption agency panel decision, which determines if the potential adopters are suitable to become adoptive parents. In the UK and RoI, all statuses' are accepted to adopt a child, meaning adopters do not have to be in a partnership or living with a partner to adopt (NSPCC, 2021; AAI, 2022).

Adopters must be over 21 years old; gender or sexuality does not impact an individual's application to adopt.

Dissimilar to the UK, most adoptions in the RoI within the last decade were intercountry adoptions (AAI, 2020). This is a remnant from Ireland's past, where the enmeshed and insidious relationship between church and state shaped Ireland's history with adoption. Namely, the process was enshrined in secrecy and involved exporting children to foreign nations such as the USA (Burns & McCaughren, 2021). Changes and improvements to Ireland's adoption process have been happening alongside criticisms and investigations into prior practices, specifically the all-Ireland practice of mother-and-baby homes, which are discussed further within chapter four of this thesis. Mother-and-baby homes were also present in the UK. However, there has not been a UK governmental report or investigation into the conditions of the homes, or the treatment of the children and women who lived within them, or how prevalent they were here.

1.2.2 Figures across the UK, NI and the RoI

The latest figures have shown that in 2021, 95 children entered the care system in the UK every day. In Northern Ireland (NI) alone, the number of children in the care system has risen by 41% in the past 10 years (DoH, 2021). By 31st March 2019, there were 3,281 children in care in NI. This is the highest recorded number since the introduction of the Children (Northern Ireland) Order in 1995, which established a framework for adoption in NI. Four-fifths of these children resided in foster care placements (79%) (DoH, 2019). From March 31st, 2018, to March 31st, 2019, there were 73 children adopted from care in NI. The average adoption age was four years and three months, which was an increase of one month since the previous year (DoH, 2019). The latest figures for the UK as a whole show that the amount of children in the care system is at an all-time high (n=102,538), with a total of 34,570 adoptions across the three countries (DfE, 2022; Scottish Government, 2021; Welsh Government, 2021; DoH, 2021).

In contrast to the UK and the North of Ireland, intercountry adoption is still the principal adoption form in the RoI, predominantly sending children to other countries. The most recent statistics for the RoI in 2020 show that more children were adopted from Ireland to other nations, mostly England and the USA (n=163), than those adopted into Ireland from other nations (n=21). The number of adoptions in the RoI has dramatically decreased since records began in 1953. From the 1960s to the 1980s, adoptions were at their highest totalling an average of 1,200 per year. This contrasts sharply with the most recent 2020 figures, which show 81 domestic adoptions (AAI, 2020). Of those 81 domestic adoptions, most (n=58) were step-parent adoptions, only 16 were adopted from foster care, and five were adopted as infants.

The impact of mother-and-baby homes on adoption practices in the Republic of Ireland can still be felt today, although the homes themselves are remnants of the past. The practice of mother-and-baby homes is likely responsible for the disproportionate number of domestic adoptions in Ireland from the 1960s to the 1980s. The legacy of these institutions has created a cultural and historical context where intercountry adoption remains the principal form of adoption in Ireland; the presence of well-established international adoption networks and agencies in Ireland may contribute to Ireland still having a higher number of intercountry adoptions than seen in the UK.

1.2.3 Issues with population terminology

The purpose of the current investigation was to investigate the attachment state of mind and life experiences of those who had experienced permanent separation from their birth families. There were challenges in defining such a population. From the outset, the term 'care-experienced' was used, as those who lived in long-term foster care and have been adopted would meet this criterion. That said, care-experienced can refer to anyone who has been through the care system, even if just for one day (NSPCC, 2021).

Similarly, the term 'adoptee' is often used for such a circumstance, but adoption does not always mean that the child is no longer in contact with birth families. The most common type of adoption in the UK is step-parent adoption (DoH, 2021), where the child still lives with one of their birth parents. It is rare for infants to be adopted directly from birth in the UK and RoI. Birth parents cannot consent to adoption until the child is six weeks old (Adoption and Children Act 2002). For some, adoption may not be considered until after a period spent in care, as it is hoped that birth family situations improve. For others, adoption is regarded as the best care scenario soon after the child enters the care system (DoH, 2022). Although it varies by area, there is a minimum period in which a child must live with adopters before the adoption order can be made. The average adoption age in the UK and RoI is around three years old (DoH 2021; AAI; 2020).

Consequently, adoptees within the UK and RoI are predominantly care-experienced, but not all those who are care-experienced become adoptees. The participants within this thesis were no exception, all had been adopted from care; owing to this fact, and for clarity, the population under investigation will henceforth be referred to as adoptees.

1.3 Significance of the study

Research shows that those who have been through the care system face long-term consequences including significantly greater mental health problems (Kääriälä, & Hiilamo, 2017); difficulties navigating relationships (Field & Pond, 2018; Miranda et al., 2019); insecure and disorganised attachment classifications (van den Dries et al., 2009; Pace et al., 2019; Muzi & Pace, 2022) and less social support than non-care-experienced peers (Courtney et al., 2007). In addition, care-experienced individuals are disproportionately at-risk for homelessness (Clare et al., 2017) and have poorer educational attainment (Hollingworth & Jackson, 2016) and an increased likelihood of incarceration (Bateman et al., 2018).

Despite these documented concerns, support services that adoptees can avail of for free in the UK and RoI typically end at the age of 18 (DoH, 2022). National adoption charities in the UK and RoI, such as Adoption UK and Barnardo's, provide support to adopters but not adult adoptees. Some services help access adoption records or search for birth families, such as PAC-UK, but there are no services for other issues relating to adoptive status. Additionally, most studies on adopted individuals focus solely on children, providing only a limited understanding of their life experiences (Field and Pond, 2018). Therefore the extent of the challenges faced by adult adoptees are largely unknown, services they can avail of are scarce, and any existing services lack an empirical evidence base from which to inform therapeutic intervention specific to the needs of adoptees.

Adoption offers permanence that allows the child to form attachments with new caregivers (Raby & Dozier, 2019). This is important, as forming secure and stable attachments is a crucial factor in protecting against mental and physical ill-health (Fearon et al., 2010; Ehrlich et al., 2019). However, the permanence adoption provides means that it fundamentally alters the rest of a child's life. In fact, studies have demonstrated that extended periods of time spent in care can result in long-term impacts on an individual's outcomes. Equally, exposure to adverse factors that raise concerns about the child's continued residency with their birth family, such as instances of maltreatment, can also have persistent effects (Thomas et al., 2019; Angelakis et al., 2019).

The law in the UK already operates under the assumption that adoption is the best outcome for children, as it supports children to "*build strong attachments and to bond with their adopted parents from the first introductory meeting*" (DoH, 2021, p. 8) and should therefore occur as quickly as possible. Given this, the UK government's new adoption strategy aims to reduce the time children spend in care and help them find their permanent families "*as quickly as possible where they will be safe and secure*" (DoH, 2021, p. 3). Further removing, "*unnecessary barriers and bureaucracy placed in the way of those seeking to adopt are removed*" (DoH, 2021, p, 3). Preadoption checks are

referred to as a hindrance to the process, and the increased speed adoptions have taken place over recent years has been praised.

Others have expressed worries that adoption may not be the best option for child welfare, but instead this choice is driven by the government's need to reduce expenditure on the population who remain in care (Rushton, 2004). Additionally, looking at the childcare system in this segmented fashion, that is, considering which placement type may be better than the other, detracts from the interconnecting reality of the system; that these are available placements and which pathway best suits one situation or child may not suit another.

Given the current government's preference for adoption and its efforts to reduce the amount of time children spend in care and expedite the vetting process for prospective adoptive parents, now more than ever, it is crucial to gain a thorough understanding of the lasting impact of the adoption process. It is unclear what impact the loss of birth families, and the building of attachment relationships to strangers would have on individuals long-term, and the challenges faced by adopted adults.

1.4 Thesis aims

The overarching aim of this thesis is to explore the attachment state of mind and attachment experiences of adults from a range of care backgrounds, with a particular focus on adoptees using the Adult Attachment Interview (AAI).

This thesis followed a largely qualitative mixed-methods exploratory sequential design. Additional objectives were generated based on initial findings, leading to the creation of the following aims:

1. To investigate the lived experience and attachment state of mind amongst adults adopted from mother-and-baby homes.
2. To explore the lived experience of mid-life adopted adults.
3. To establish the attachment state of mind of mid-life adopted adults. .
4. To investigate early relational trauma in mid-life adopted adults.
5. To assess the reflective functioning of mid-life adopted adults.
6. To integrate the findings of the four analyses to gather a holistic understanding of attachment and the impact of adoption within this population.

1.5 Outline of the thesis

The remainder of the current thesis is presented and organised into eight chapters and includes three empirical studies (Chapters 4-6).

Chapter two: This chapter provides a review of the relevant literature relating to the current investigation. This literature review includes an overview of attachment theory and relevant adoption research. In addition, the rationale for using the attachment measure and the age range of the population used within this thesis are provided.

Chapter three: This chapter describes the methodology and methods used within this thesis. The overarching aim of the research and a rationale for the methods and theoretical underpinnings are presented.

Chapter four: Presents the results of the first study within the thesis, which focused on a subgroup of participants who were born and spent their early childhood in mother-and-baby homes. These findings were used to inform the subsequent investigations.

Chapter five: Presents the findings of a reflexive thematic analysis of the Adult Attachment Interview (AAI) transcripts of all participants. The qualitative findings are discussed and reviewed, and a conceptual model of 'adoption trauma' is presented.

Chapter six: Describes the third research study of the thesis. Here the AAI scoring and classification system is applied to participant transcripts alongside the manualised Reflective Functioning (RF) analysis and the clinician's version of the Complex Trauma Questionnaire. Participant AAI distributions are compared to other populations, and the findings' significance is discussed.

Chapter seven: This chapter aims to integrate the findings across the three study chapters and discusses the implications for future research, policy and practice.

Chapter eight: The final chapter is a reflexive account detailing the role of the researcher throughout the research process, as well as a reflection on the research journey and personal experiences and thoughts of conducting this research.

Chapter 2

Literature Review

2.1 Introduction

This chapter aims to provide a review of the literature relating to the current investigation. The chapter will begin with an overview of the three phases of attachment theory, detailing the relevant concepts and figures within each phase. The two prominent schools of thought regarding the assessment of attachment in adulthood will then be discussed, and a rationale for the attachment measure used within the thesis will be provided. Finally, the relevant literature on attachment theory and adoption will be presented, followed by a review of key adoption literature, and a rationale for the age range of the population is provided.

2.1.1 Defining attachment

Attachment is the term commonly used to describe the innate propensity in humans and other hominids to form strong affectional bonds with members of their species (Bowlby, 1977). This instinctive process evolved through natural selection to ensure the survival of a species young at a time when they are most vulnerable (Bowlby, 1969). In addition to this inherent predisposition, in his writings, Bowlby also used the term attachment to encompass a variety of related concepts, like, dyadic relationships (Bowlby, 1973), discrete behaviours (Bowlby, 1969) and subjective experiences (Bowlby, 1973).

Within the broad term ‘attachment’ there are a number of theoretical concepts which will be discussed and defined within this review. For example, these terms pertain to how attachments form both interpersonally and how these attachment relationships and experiences are consolidated within the mind. In adulthood the variance between the conceptualisations of attachment are particularly salient, as these differences not only determine how attachment is measured but they also inform

how attachment is thought of, as ‘attachment’ does not have the same meaning across developmental stages (Granqvist, 2021).

The current investigation is primarily interested in individual differences in attachment and attachment-related experiences, and specific to the current population, how permanent separation from one's birth family and forming bonds to strangers has shaped participants’ state of mind with respect to attachment.

2.1.2 Attachment Theory

The evolution of attachment theory occurred in three stages. The first stage drew from ethology and evolutionary psychology and established the concept of an attachment behavioural system, serving as the foundation for future growth (Bowlby, 1969/1973/1980). The second stage focused on behavioural responses to an observation paradigm aimed at triggering the attachment behavioural system, bringing the theory of attachment into empirical examination (Ainsworth et al., 1978). Finally, the third stage, known as ‘a move to the level of representation’ (Main, 1985), shifted the focus from studying attachment behaviours to representational processes. The proceeding sections of this review will be organised around the evolution of attachment theory and the work of the key figures in each of these three stages of attachment theory. In doing so it will discuss their contributions as well as the relevant debates.

2.2 The first phase of Attachment Theory: The Foundations

2.2.1 John Bowlby

Following his psychology degree at Cambridge, Bowlby volunteered at a school for children with behavioural difficulties. Bretherton (1992) explained that this experience prompted Bowlby to pursue a career in psychiatry and simultaneously undertook training to become a child psychoanalyst under the supervision of Melanie Klein. In 1946, Bowlby joined the Tavistock Clinic in London and by 1948 founded a research unit which specialised in studying the impact of maternal deprivation (Van der Horst, 2011).

Bowlby hired James Robertson to work as a research assistant to study the behaviours of children who were separated from their mothers through hospitalisation or institutionalisation. Robertson had received training in child observation whilst working in Anna Freud's nursery for homeless children in Hampstead. Together they created an influential film called '*A two-year-old goes to hospital'* (Bowlby & Robertson, 1952), which helped improve children's care in hospitals in the UK and provided evidence of children's distress following parental separation (Bretherton, 1992).

In the 1950s, attachment bonds between individuals were considered to be driven by the need to reduce certain drives, such as food in infancy and sex in adulthood. These drives were seen as primary motivational factors, and relationships were considered secondary (Bowlby, 1977). However, Bowlby saw evidence that children become attached even to abusive mothers, ruling out the possibility that attachments were driven by pleasurable drives (Bowlby, 1956).

Dissatisfied by available psychological theories, Bowlby looked beyond psychology to explain his clinical observations. Inspired by Konrad Lorenz' (1935) work on filial imprinting in geese, Bowlby began to work with an established ethologist, Robert Hinde. With Bowlby's support,

Hinde established a colony of rhesus monkeys to further his research on maternal separation. Although the social structure of the monkeys is different from humans, Hinde noticed that his separation studies closely resembled the behavioural patterns Bowlby had witnessed in children (Hinde et al., 1991).

Hinde's findings showed that infant monkeys would be impacted even by brief separations from their mothers years later and reacted more fearfully in strange environments (Hinde et al., 1978). Although there were individual differences in the reunion behaviour between mother and infant, some monkeys seemed to adjust once reunited with their mothers. A crucial component of this adjustment appeared to be the relationship between mother and infant before separation. Infants more affected by separation had mothers who had previously rejected their feeding attempts (Hinde, 1991).

Another significant influence for Bowlby was Harry Harlow's (1958) research in rhesus monkeys, which implied that bonds formed between mother and young did not just depend on food. When given a choice between a 'wire' mother with food or a soft mother without food, the monkeys would choose to cling to the soft mother when frightened. Harlow's findings countered the commonly held view that a baby's interests in their mother lay solely in the desire for food. These ethological findings allowed Bowlby to conclude that the child's need for their mother was biologically driven and not a secondary drive deriving from other desires as commonly thought (Freud, 1910; 1957). Moreover, there appeared to be an intergenerational transmission of poor care following these experiences in the infant monkeys. Surrogate-raised infant monkeys, who then had their own offspring, showed inadequate caregiving behaviour to them and many showed sexual dysfunction (Harlow and Harlow, 1966).

The basic foundations of attachment theory were first presented across three papers addressed to the British Psychoanalytical Society (Bretherton, 1992). In his first paper, "*The Nature of the*

Child's Tie to His Mother" (1958), Bowlby proposed that an infant's attachment behaviour comprises of innate responses that function to bring the infant and mother in close proximity. He stated that during the first six months of life, these attachment behaviours, such as crying, reaching out and clinging, become more specified and focused on the mother. In this paper, Bowlby uses the term '*attachment behaviours'* (Bowlby, 1958, p. 351) to refer to proximity-seeking and contact-maintaining behaviours. Finally, Bowlby concludes that attachment and 'detachment' are functions in and of themselves and not evidence of regression, but attachment behaviours are a healthy and regular part of development.

2.2.1 The Attachment Behavioural System

In a letter written to his wife in the same year (Letter to Ursula Bowlby, cited in Hesse and Main, 2000, p. 1104), Bowlby writes:

> "*Most people think of fear as running away from something. But there is another side to it. We run to someone, usually a person*"

A central concept from Bowlby's papers is the 'attachment behavioural system'. In ethology, behavioural systems are motivational systems that receive information from internal and external stimuli and evaluate this information based on their adaptive goals (Leedom, 2014). Although behavioural systems are separate, any one system may influence the other to form "*an organisation of interconnected networks*" (Baerends, 1976, p. 731). Behavioural systems evolved through natural selection; the attachment behavioural system is no different and would have been selected for due to its survival advantage. Bowlby theorised an attachment behavioural system protects infants from danger by motivating the infant to engage in behaviours that increase the proximity to a caregiver (Bowlby, 1982;1969).

The attachment behavioural system has a clear adaptive goal of seeking and maintaining proximity to a caregiver who can provide safety and care when we are at our most vulnerable. From birth, infants have a repertoire of species-specific behaviours which promote proximity to a caregiver, such as, signalling, crying, smiling, clinging, and non-nutritive suckling (Gribble, 2016). These behaviours appeal to the caregiver and in turn, activate caregiving behaviour. In the beginning, these behaviours are emitted randomly, but overtime, they become specified and are directed to one or more close caregivers. Bowlby proposed that there would be five behavioural systems relevant to attachment: attachment, caregiving; exploration, fear and aggression.

Behaviours can arise from more than one system, and they can also come from the activation of two systems at once. In Bowlby's basic model of behavioural systems, instinctive behaviour comprises of species-specific behaviour patterns controlled by two complex mechanisms, one which activates and the other which terminates. Bowlby suggested that separation anxiety occurs when the attachment behavioural system is activated by the absence of the primary caregiver and cannot be terminated until reunion (Bowlby, 1960). There have been later criticisms about whether physical proximity is necessary to terminate the attachment system (Scannell & Gifford, 2014), or whether simply feeling secure would be enough to lead to termination (Sroufe & Waters, 1977). Others have proposed that it is best to think of the attachment system as continuously active, and that the behaviours change in response to different stimuli rather than becoming activated and terminated (Bretherton, 1980).

2.2.2 Internal working models

A second major concept deriving from the volumes of *Attachment and Ethology,* is the theory of ‘internal working models’. According to Bowlby, internal working models (IWM) are mental representations that develop from the experience of interacting with attachment figures (Bowlby, 1969). Infants who receive sensitive and responsive caregiving come to view themselves as worthy of care, find others trustworthy and see the world as a safe place. Conversely, infants who have received insensitive caregiving will come to represent themselves as unworthy of consideration, untrustworthy and perceive the world as a dangerous place.

Neisser (1967) laid the groundwork for a theory of mental representation based on schemas. A schema is a mental representation that is constructed and used to help organise world knowledge. These mental representations or scripts allow individuals to anticipate, predict and interpret experience. In the first volume of Attachment (1969), Bowlby describes how the IWM would fine-tune the responsiveness of the attachment behavioural system. Children who expect their caregivers as unavailable when emitting their attachment signals would develop a lower threshold for the system's activation and a higher threshold for termination. Children who have developed confidence in their caregiver's availability develop a higher activation threshold and a lower threshold for termination. IWMs help the child predict the caregiver’s likely behaviours and plan their responses accordingly.

In *Separation* (1973), IWMs are credited as having a role in the intergenerational transmission of attachment classifications. According to Bowlby, developing an IWM that is not secure would result in psychopathology. In *Loss*, Bowlby (1980) elaborates on how emotional states incompatible with an individual’s IWM can be defended against and disregarded. Defensive exclusion of information protects the individual from mental conflict and pain but consequently interferes with the functioning of the IWM with regard to the external world (Bowlby, 1980).

Bowlby described the work of Tulving (1972), who distinguished between episodic and semantic information storage. Memories of specific events are stored in episodic memory, whereas general ideas relating to the world from either personal experience or learned from others are stored within the semantic memory system. Bowlby related this to his therapeutic practice and detailed that he would observe inconsistencies between patients' generalisations of attachment figures and what episodes the patient recalled. For example, patients who described their parents in idealised terms but reported episodes that sharply contrast these generalisations. Bowlby referred to the generalisations stored by semantic memory as IWMs or representational models.

Despite the elaborations of the term throughout these three volumes, the concept of the IWM was still broad and conceived as applying to all representations relating to attachment relationships (Bretherton & Munholland, 2008). It is unknown whether the IWM intended to refer to a specific relationship or a range of relationships across the lifespan. Due to the lack of clarity, it has been criticised as an oversimplification of unconscious processes (Fonagy, 1999). It is also worth noting that the term is used differently by social psychologists, who use the term more narrowly to refer to affective representations individuals make about their attachment figures and their availability (SEAS, 2021). Many attachment researchers have since discarded it, and it is rare to see this within modern attachment theory writings (Duschinsky, 2021). Mary Main revisited IWM in her early writings and attempted to revise the concept with a concrete definition (Main et al., 1985) but ultimately abandoned it in later writings (Hesse & Main, 1999).

2.2.3 Bowlby key concepts summary

- All infants become attached when there is an available caregiver, even if said caregiver is maltreating or neglectful.
- The propensity to attach is innate and has evolved to increase the survival of species young at a time when they are most vulnerable.
- Attachment behaviours are behaviours which help to form and maintain attachments to others, such as crying, clinging, smiling etc. Following birth these behaviours are emitted randomly, over time they become directed to the infant's caregivers.
- Attachment behaviours are governed by the attachment behavioural system. The attachment behavioural system operates like other motivational system in that it is triggered by internal and external stimuli and is influenced by the system's adaptive goals. The attachment behavioural system's main adaptive goal is to promote and maintain proximity to a caregiver who can provide safety and care.
- IWM is a term used to describe an internal mental representation of self and others that individuals form in their childhood based on their experiences with their caregivers. Although this term has since been rejected by modern attachment theorists due to lack of clarity.

2.3 The second phase of Attachment Theory: Patterns of Attachment

2.3.1 Mary Ainsworth

Mary Ainsworth's research significantly advanced our understanding of individual differences in attachment security and brought theoretical attachment concepts to empirical study. After working as a research associate for three years with John Bowlby, they continued a friendship and working relationship spanning 40 years until his death in 1990 (Ainsworth & Bowlby, 1991).

Ainsworth spent two years in Uganda in 1954, where she conducted an observational study of infant-mother interactions between 26 infant-mother dyads at the East African Institute for Social Research in Kampala. Ainsworth visited the families for two hours twice a month for nine months. Data recorded at the time consisted of detailed notes of the interactions between infants and their mothers and mothers' answers when interviewed about various aspects of infant care (Bretherton, 2013). The data collected led to a critical observation that some variation in infant attachment behaviour would predictably increase proximity to the caregiver. Yet, some kinds of behaviours appeared to isolate the caregiver, and some infants seemed unphased by maternal separations. Even from this preliminary study, she began to divide the infants into three groups: secure, insecure and non-attached (Ainsworth & Bowlby, 1991).

Upon writing the results of her time in Uganda within *Infancy in Uganda* (1967), Ainsworth also recognised the social and economic pressures these mothers experienced and that ideal parenting might not be possible in these difficult circumstances. One surprising finding from the Ugandan study was that maternal 'warmth' such as holding the infant with apparent joy or treating the infant with affection did not correlate with security. Ainsworth revisited this finding later during her Baltimore study, and once again, it was unrelated to attachment security. Additionally, within this book, she notes that some previously secure infants would later appear to be insecure and vice versa.

2.3.1 The Strange Situation Procedure

The Baltimore Project followed in 1964. This was a naturalistic longitudinal study of 26 white, middle-class Baltimore families recruited prenatally (Ainsworth et al., 2015). Compared to her Uganda data, Ainsworth chose to investigate infant-caregiver interactions under advantageous social-economic conditions.

Ainsworth and her team ran 18 home visits between the first month and 54 weeks of development. Each visit lasted four hours for the first 15 families, resulting in up to 72 hours of data collected per family (Ainsworth et al., 1978). The second group of 11 families had two-hour weekly home visits for the first two months, and then at six weeks began to follow the schedule of the prior group (Bretherton, 2013). At the end of their first year, each infant would complete a controlled laboratory-based session known as the Strange Situation Procedure (SSP; Ainsworth et al., 1978). Ainsworth analysed the SSP findings in conjunction with the home visits' notes and referred to this type of analysis as "*back-and-forthing*" (Ainsworth, 1988, pp. 10-11).

Home observations led to the realisation that the departure of a caregiver from the room would be a useful starting point for structured observation. As attachment behaviours have evolved to seek proximity, it was predicted that the stress of the caregiver leaving would engage the attachment behavioural system to elicit behaviours which could then be observed. Ainsworth stated that after spending so much time conducting home observations and witnessing separation and reunion behaviours, constructing the episodes of the SSP "*came naturally*" (Ainsworth, 1995, p. 12).

The SSP was therefore created to be a more structured observation of infant behaviour to coincide with the naturalistic home observations (Dushinsky, 2021, p. 129). Constructing a controlled situation to observe behaviour would cut down the time required for the naturalistic study of infant behaviour. It was designed to observe how an infant could use their mother as a secure base from which to explore a novel environment and observe the extent to which attachment behaviour could gain dominance over exploratory behaviour (Bell, 1970). Behaviour during the SSP is

observed in a connected room through a two-way mirror. Two researchers simultaneously dictated the entire narrative during the original study, and a timer would click every 15 seconds to add time points to the analysis. Recordings were then transcribed, consolidated and coded. Five forms of behaviour were scored: proximity and contact seeking; contact maintaining; proximity and interaction-avoiding; contact and interaction-resisting; and search behaviour. The scoring of the five types of behaviour took into account the strength of the behaviour, frequency, duration, latency, and the type of behaviour itself carried different weights (Ainsworth & Bell, 1970). All scales created were derived directly from the meticulous examination of behaviours described in the home visits and from the SSP narratives.

Based on their behaviour, Ainsworth et al., (1978) could see that there were three patterns in which the infants could be organised into: insecure-avoidant attachment (Group A), secure attachment (Group B), and insecure-ambivalent/resistant attachment (Group C). An infant classified as secure (Group B) during the SSP appears to use their attachment figure as a secure base for exploration of the room. The infant may interact with their caregiver but is not preoccupied with their whereabouts and thus interacts with the toys. When separated, the secure infant may be distressed but accepts comfort from their mother upon reunion. Group A infants appear to restrict their engagement with their caregiver and actively try to inhibit their attachment behaviours. They are unlikely to be distressed during separation and reunion and show signs of ignoring or turning away from their caregivers. Group C infants do the opposite; they show sustained, and compulsive attention to the caregiver before and during separation may be inconsolable. On reunion, they either display passivity or anger towards the caregiver. It is important to note that these patterns are relationship specific, meaning that the infant may show one pattern to a particular caregiver and a different pattern to another (Main et al., 1985).

Mothers of infants who had been categorised into Group A had the lowest scores for affectionate holding, and their infants cried most frequently and longer than the other infants. Group C mothers

held their babies awkwardly and were least often to hold them affectionately; these infants had the lowest scores for positive responses and the highest scores for negative reactions to being held (Bretherton, 2013). The longest delay in responding to infants' signals was exhibited by Group C mothers, who also disregarded the longest duration of crying. In contrast, Group B mothers demonstrated the highest level of affection towards their infants, as evidenced by the longest duration of holding, which elicited the most positive responses from their infants. These observations prompted Ainsworth to consider the key parenting factors that contribute to infant security.

One criticism of the SSP is that it is primarily focused on mother-infant attachment, which may be evidence for a cultural bias to societies where mothers are typically the main caregiver for children. Research in cross-cultural samples have produced mixed findings, some supporting the notion that the SSP is a valid measure of security in non-Western samples (Jin et al., 2012). Whilst another study which attempted to use the SSP in a sample of children of foragers from the Central African Republic, found that these children did not display much reaction to maternal separation as there was usually a number of different caregivers nearby. Children within this context displayed attachment behaviours to around six different caregivers, most who were sensitive to the children's signals (Meehan & Hawks, 2013). Earlier research has also revealed that the sociability of the stranger in the procedure may determine SSP classification in a sample of kibbutz-reared infants (Sagi et al., 1986). Granqvist et al. (2017) also advised caution when applying the SSP in child protection contexts, as insecurity could be wrongly perceived as pathology or maltreatment.

What was remarkable about Ainsworth's work was that she was not content with finding a theory that fits most of the infants within her sample, but strived to find a theory that would explain all infants' behaviours within that sample. She did not rely on the frequency of observed behaviours but on detailed descriptions of the behaviour and the context in which it occurred (Main, 1999). Ainsworth's SSP has become a hallmark of her legacy in the field of attachment research. Despite its widespread use, Ainsworth expressed regret over its creation as it redirected the focus of subsequent

attachment researchers away from naturalistic observations (Waters et al., 2013). Nonetheless, the SSP continues to be widely recognised as the ‘gold-standard’ measure of attachment quality in infancy (van IJzendoorn et al., 2004).

2.3.2 Sensitivity

Ainsworth first referenced the term maternal sensitivity in her *Infancy in Uganda* book (Ainsworth, 1967). In addition to naturalistic observations, she interviewed mothers about their care practices and each infant’s development. Ainsworth noticed that mothers who responded sensitively to their infants' signals early on created secure infant-mother attachments (Ainsworth & Bell, 1970). It was not the number of times a baby was picked up that ensured a secure attachment but the contingency of the pick-up in line with infant signalling behaviour. How the infant was held and handled was also meaningful; securely attached infants reacted positively to being picked up and were readily comforted when upset (Ainsworth, 1979).

As the term security has its own colloquial meaning, it is often misinterpreted, making the underlying concept intended by Ainsworth difficult to understand. Securely attached infants were those who would use their mothers as a secure base and, in the context of their homes, receive sensitive caregiving, which gives them a sense of security and are thus accustomed to caregiver availability. The secure infant can switch between the exploratory and attachment behavioural systems, which are activated at appropriate times, free from preoccupation of the mother’s whereabouts or complicated by inhibition.

Ainsworth expanded on Bowlby’s idea that infants used signals to seek proximity to their mothers by proposing that this can only be achieved if the mother’s caregiving responses are also triggered (Ainsworth et al., 1974). Experiencing consistent, sensitive feedback in response to the infant’s signals will build up a set of expectations of the mother over time. If this is consistent, the infant will form a working model that their mother can be relied upon to be accessible and

responsive when in need. Ultimately this will result in feelings of security about her (Ainsworth, 1977b). According to Ainsworth (1969), sensitive mothers are those who can see their infant's point of view. They are sensitive to the idiosyncratic signals their infant emits and can respond to these timely and appropriately. On the other hand, insensitive mothers interpret their infant's signals based on their own wishes, defences, mood or not at all. How insensitive mothers respond to their infants are based on their own desires and wants (Bretherton, 2013, p. 465).

In their original work, Ainsworth et al. (1978) demonstrated that mothers rated as more sensitive were more likely to have a secure attachment pattern with their infant. De Wolff & Van IJzendoorn, (1997) conducted a meta-analysis of 66 studies of parental antecedents of attachment security to investigate whether maternal sensitivity is related to infant attachment security. In the study, 19 experienced attachment researchers, with an average of five years of active involvement in the field, were tasked with sorting and ranking 40 maternal caregiving behaviours according to their perceived significance for attachment development and proximity to Ainsworth's concept of sensitivity. The concepts were then grouped into five clusters and separate meta-analyses were performed for each cluster. The results showed that maternal sensitivity is an important precursor of attachment security, but the high effect size, $r(21)=.78$, of the original Ainsworth (1978) study could not be replicated. Authors observed a medium effect size of $r(1,664)=.22$ for sensitivity, and when assessed strictly using the original Ainsworth scale this increased to $r(835)=.24$. Other concepts of maternal behaviour yielded similar but higher effect sizes, namely 'mutuality' and 'synchrony', leading to the conclusion that there are additional aspects of maternal behaviour which need to be explored further. Notably, the associations between maternal behaviour clusters and attachment security were found to be significantly weaker in lower socioeconomic and clinical populations, indicating that the validity of the SSP, which was constructed based on a middle-class, non-clinical sample, may be limited in these alternative populations.

However, Nievar and Becker (2008) argue that the sorting process in the DeWolff and van IJzendoorn meta-analysis lacked a strong theoretical basis, and that the definitions given to the two concepts mutuality and synchrony were encompassed within Ainsworth's definition of sensitivity. Nievar and Becker redefined sensitivity to include synchrony and mutuality and re-ran the meta-analyses using the same effect sizes and confidence intervals from the De Wolff and van IJzendoorn (1997) meta-analysis. The updated meta-analysis revealed that when including the two neighbouring concepts yielded a significantly stronger association with attachment than all other maternal behavioural constructs, and therefore sensitivity is the most powerful predictor of attachment security.

2.3.3 Ainsworth key concepts summary

- Whilst all infants attach, there are individual differences in the *quality* of these attachments.
- The SSP is an experimental paradigm constructed by Ainsworth to create mild attachment stress, by separating infants from their caregiver. This mild stress prompts the infant to display attachment behaviours.
- Attachment behaviours can be categorised into three organised attachment patterns: Secure, Insecure-Avoidant, and Insecure-Ambivalent/Resistant.
- Secure infants are those which can use their caregiver as 'secure base' from which to explore the world. They are confident that should they become distressed, they can rely on their caregiver to alleviate this distress. And thus, when observed in the SSP, they become comforted by their caregiver's return following separation.
- Attachment patterns reveal the quality of the attachment between the infant and the caregiver under investigation in the SSP.
- Quality of the attachment between caregiver and infant is dependent on the quality of care experienced. Mothers who show more sensitive caregiving, are more likely to have children who are classified as secure.

2.4. The third phase of Attachment Theory: A move to the level of representation

2.4.1 Mary Main

Mary Main applied for her PhD at John Hopkins University and was granted the opportunity to join on an apprenticeship basis, working under the supervision of Mary Ainsworth. Despite initially finding the topic of infant attachment "*singularly uninteresting*" (Main, 1999, p. 686), Main hoped to redirect her focus to language acquisition at some point. Little did she know that her interest in language processes would later profoundly impact the field of adult attachment. Main's contributions to the understanding of adult attachment have since been widely acknowledged and have helped to shape our current understanding of attachment theory and research.

During her PhD, which involved coding many SSPs, Main noticed that secure infants had the longest attention spans. These infants could seamlessly alternate between exploratory and attachment-related behaviour without being hampered by anxiety or preoccupation regarding the location of their attachment figure (Main, 1973). This finding was notable as it highlights the characteristic flexibility and ease with which secure infants manage exploration and attachment-related behaviour. Furthermore, beyond the scope of her PhD, Main began to document behaviours like those described in other species by Hinde (1966) amongst the infants in the SSP (Main, 1999). These behaviours were referred to as ‘conflict behaviours’. These two observations would be revisited later by Main and play a crucial role in the development of her theories regarding attachment.

During her first independent research position in the 1970s at the University of California, Berkeley, Main sought to expand upon the original Baltimore study conducted by Ainsworth by including both parents in the study and working with a larger sample size. The sample used in Main's study was deliberately selected to be composed of only middle and upper-middle-class families. This decision to work with a low-risk sample was informed by the desire to establish a baseline for the

distributions of attachment patterns in a relatively homogeneous population, which could then be compared with the results from future research on more diverse populations (Main et al., 2005). The initial findings confirmed the attachment distributions first observed in Ainsworth's Baltimore project, further validating Ainsworth's categorisation of attachment behaviours.

2.4.1 Conditional Strategies

Main revisited her observations from her PhD and proposed a new conceptualisation of individual differences in attachment patterns as reflecting variations in the direction of attention towards attachment-related processes. Main refers to attachment patterns as attachment strategies, which have evolved over time to increase survival and have the ability to adapt to a range of different environments, including those characterised by adversity (Main, 1990). To support her argument, Main drew upon the concept of 'conditional strategies' as described by John Maynard Smith and Richard Dawkins (Smith, 1979; Brockmann & Dawkins, 1979). Conditional strategies are behaviours or actions that are based on certain conditions or circumstances. The primary attachment strategy is to seek and maintain proximity to the attachment figure in order to increase survival. However, under certain conditions, it may be necessary to employ a different strategy.

Main challenged the idea put forth by Bowlby and Ainsworth that deviations from the primary goal of secure attachment are pathological. In (Main, 1990) she argued that it is inaccurate to consider insecure attachment patterns maladaptive. This view is rooted in the assumption that security is the ideal or optimal strategy for all situations, disregarding the fact that other strategies may be more beneficial in the short term, especially when the individual is faced with adversity. Additionally, this perspective fails to take into consideration the concept of parental investment. Parental investment is the resources and effort that parents put into caring for their offspring, with the aim of increasing the offspring's chances of survival while also reducing their ability to invest in other existing or future offspring (Trivers, 1974). The amount of parental investment a child receives

is based on the costs and benefits of both the caregiver and the child. Costs refer to the resources used to care for that particular infant, and the benefits are the reproductive success of that offspring. In the early stages of child development, there is a relatively low cost to parents and high benefits to infants. As children grow, the demand for resources becomes higher, and the interests of the parent and child begin to diverge (Trivers, 1974).

Main (1990) proposed that the principles of attachment should be understood from an evolutionary perspective. With the concept of parental investment in mind, one can see how it may not always be in a parent's best interest to be fully responsive to their infant's demands. In contrast, it is in the infant's interest to signal their need for parental proximity even when facing rejection. By maximising their own behaviour to increase parental proximity, the infant is adopting an adaptive strategy. Although an ultrasensitive mother may enhance the reproductive success of her infant, this could come at her own cost. In certain situations, the mother may benefit from distancing herself from her baby's cries. For example, prolonged feeding which could decrease her long-term reproductive success (Trivers, 1974). Main's theory recognises that not all children are of equal evolutionary value to their parents, as factors such as the health of the infant, maternal well-being, and the environment in which the child is raised can influence the level of caregiving they receive (Trivers, 1974). Attachment insecurity may arise when one or more of these variables are disrupted, leading to low parental investment (Szepsenwol and Simpson, 2019).

Ainsworth's research demonstrated that parental sensitivity and responsiveness could alleviate a child's distress when alarmed (Bell & Ainsworth, 1972; Pederson et al., 2014). Main's (1990) idea of the conditional strategy provides an explanation for why, when faced with insensitive parenting, children develop alternative coping mechanisms to deal with the limitations of their parent's behaviour.

With this in mind, the avoidance strategy seems contradictory to the evolutionary drive for proximity to an attachment figure. Drawing from an ethological concept of the 'approach-withdrawal model' whereby an animal shifts between approach and withdrawal to regulate stimulation intensity (Schnierla, 1965). Main suggested that avoidance is a strategy that permits proximity wherever possible under the conditions of maternal rejection (George & Main, 1979). It would not be beneficial to the infant to behave how a secure infant would when faced with rejection. Avoidance may serve proximity in two ways: it keeps the caregiver relatively near without alienating them through approach behaviour; it helps the infant gain control over and maintain flexibility of their behaviour. An infant shifting away their attention is an attempt to reorganise or to maintain organisation (Main & Weston, 1981). Without this, there is the possibility of becoming dysregulated or disorganised (Blanchard & Main, 1979). Avoidant behaviour is, therefore, not primarily characterised by avoidance of the caregiver but as '*avoidance of behavioural disorganisation'* in the service of proximity (Main, 1981, as cited in Landa & Duschinsky, 2013, p. 223). This explained why the infant's looking away behaviour correlated with insensitive parents but not parents attentive to their infant's needs (Brazelton et al., 1974). In-home observations, mothers of avoidant infants rejected physical contact with them, avoiding touch and more often reacted to attachment behaviour in an angry manner (Brazelton et al., 1974).

Finally, Main first conceived of the two insecure strategies as either 'maximising' or 'minimising', owing to the distinct and contrasting manner these strategies are exhibited. One strategy is characterised by heightened emotional reactivity in attachment-related situations (Main, 1983), for example, the resistance to comfort exhibited by ambivalent/resistant infants during the SSP. The other strategy, minimising, refers to the marked low distress and active avoidance, such as that displayed by avoidant infants in the SSP. The maintenance of a maximising or minimising strategy depends on controlling or manipulating attention alongside other cognitive functions such as memory, emotion and awareness of the current surroundings (Main, 1983). Consequently, Main

proposed that these two conditional strategies would inevitably lead to the defensive exclusion or distortion of particular memories or perceptions and impact how the individual processes important information regarding their attachment experiences (Main & Goldwyn, 1984; Main, 1991).

2.4.2 The Fourth Pattern

Whilst the organised infant appears to have a consistent coping strategy for rejecting or inconsistent caregiving, this is not true for the infant whose caregiver causes distress. Researchers working with high-risk samples reported difficulty assigning infants to one of the three organised attachment patterns while coding the SSP (Main & Solomon, 1990). This led to the question: *What if the safe haven is also the source of fear?*

To address this question, Main returned to the conflict behaviours she noted alongside her PhD and the 13% of unclassifiable infants identified in Main and Weston's low-risk sample (Main and Weston, 1981). Working with Judith Solomon, they examined recordings of 200 unclassified infants. They found that most of these infants displayed a range of odd, contradictory and disorientated behaviours in the presence of their attachment figure (Main and Solomon, 1990). Behaviours, that did not seem organised. For example, the infants would exhibit conflicted behaviours such as crying during separation but moving silently away from the parent during reunion, approaching but then stopping and rocking on hands and knees. Main had identified that disorganisation was a theme throughout all of these behaviours. Disorientation was also used to describe behaviours that were not obviously disorganised but showed a lack of orientation to the current environment (Hesse and Main, 2000).

Main and Solomon (1990) stated that it would have been impossible to collate a list of all anomalous behaviour observed in disorganised infants, so instead presented seven themes of behaviour. These were: sequential display of contradictory behaviour patterns; undirected, misdirected, incomplete and interrupted movements and expressions; stereotypies, asymmetrical

movements, mistimed movements, and abnormal postures; freezing, stilling, and slow gestures and expressions; direct indices of apprehension regarding the parent; direct indices of disorganisation, disorientation, and confusion. These seven themes became criteria which place an infant into the disorganised category when coding the SSP. However, it is not uncommon for an infant to only exhibit disorganised behaviours in just one episode lasting only 10 to 30 seconds. Therefore, the disorganised attachment pattern is not a lack of strategy but a "collapse of behavioural and attentional strategies" (Hesse and Main, 1999, p. 484). Consequently, a best-fitting organised alternative classification is also given in addition to the classification of disorganisation (Hesse and Main, 2000).

To contextualise this paradoxical behaviour, Main drew a comparison to an observation Charles Darwin made in *The Voyage of the Beagle* where he described a sea lizard that, when frightened, would never flee towards the water, which one might expect as a refuge, but instead would retreat towards the shore, the source of its fear (Darwin, 1839, p. 334-5). In this anecdote, Darwin describes the shore as "*its place of safety*", noting how the lizard's behaviour towards the shore was a fixed and hereditary instinct (Darwin, 1839, p. 335). Due to the evolutionary drive to attach to an available caregiver, the infant has developed no means to separate an abusive or fearful caregiver from one who provides safety and care. The infant is left in a paradoxical position where their safe haven is also the source of fear. This paradoxical situation leaves the infant stuck in an irresolvable positive feedback loop of approaching-fleeing-approaching (Main & Morgan, 1996). This explains the observed contradictory behaviours shown by infants classified as disorganised during the SSP (Hesse & Main, 2000).

Research in high-risk samples found a prevalence of disorganised attachments (Carlson et al., 1989; Baer & Martinez, 2006), leading authors to conclude that a history of maltreatment increases the risk of disorganised attachment. A meta-analysis of over 6,000 infant-parent dyads determined that disorganised behaviour is two (or three in the case of maltreatment) times more likely to be

observed in clinical groups. But as Main recognised, this cannot be the case for all infants classified as disorganised. To her, it was improbable that 13% of infants in her low-risk sample were experiencing maltreatment at home, especially as there was no evidence of this. It has since been uncovered that in non-clinical middle-class families, the disorganised attachment pattern prevalence is 15% (van IJzendoorn, 1999). When reviewing observations between maltreated infants and those from their low-risk sample, Main and Solomon (1990) found slight variation in the behaviours exhibited. Disorganised infants from low-risk samples rarely showed fear of the caregiver and disorientation, yet they still exhibited behaviours which warranted a disorganised classification.

2.4.3 Fright without solution

Main and Hesse (1990; 1999) theorised that unintegrated or dissociated fear from unresolved loss or trauma could manifest in parental behaviours, which are fearful to the infant. Repeated exposure to fearful parental behaviour would result in disorganised infant behaviour. Disorganised behaviours, then, arise not only from maltreatment or trauma experienced by the infant directly but can also occur through the parent's lack of integration and fear of their own traumatic experiences, resulting in a 'second generation' effect (Hesse and Main, 2006). Main and Hesse (1990;1999) suggest that features of the environment that are unconsciously associated with a trauma trigger the parent into a fearful or frightened state. Similar state shifts are likely to happen when the individual is at home with their children, triggered by thoughts, feelings, or memories relating to unresolved traumas.

Main and Hesse's theory is supported by evidence showing that adults classified as unresolved regarding loss or trauma during a narrative assessment of attachment in adulthood (The Adult Attachment Interview) are significantly more likely to have infants classified as disorganised by the SSP (Main & Hesse, 1990; Verhage et al., 2016). Additionally, indices of the unresolved classification appear to fit a dissociation model, some fitting starker forms of dissociation such as "segregated systems" and other milder forms like absorption (Hesse and Main, 2006). These lapses

in the monitoring of reasoning and or discourse exhibited during the AAI have been significantly associated with the Tellegen Absorption Scale (TAS; Tellegen & Atkinson, 1981; Hesse and van IJzendoorn, 1999). The TAS measures one's capacity for absorption, that is, to be fully engaged in a given situation.

This theory lead to the development of a coding system for frightening, threatening and dissociative parental behaviour known as FR behaviour (Hesse and Main, 2000). Research has shown an association between FR behaviour, especially from mothers, and attachment classification. For example, mothers who were unresolved and had an underlying insecure classification on the Adul Attachment Interview had higher scores of FR behaviour (Schuengel et al., 1998). The same study showed that FR behaviour observed during home visits significantly predicts the disorganised attachment pattern in the SSP. However, those who were unresolved with an underlying secure classification had a low FR behaviour score suggesting security may be a protective factor against the expression of FR behaviour.

2.4.4 A Move to The Level of Representation

Main formulated a theory of individual differences of attachment which extended to adulthood and detailed her thinking in a seminal chapter referred to as '*a move towards the level of representation'* (Main et al., 1985). Within this chapter, Main draws attention to observations of children separated from their parents, regardless of duration, showing hostile and detached responses even within a different setting where the separation had occurred. One example came from Robertson's film (Robertson and Robertson, 1967-1972) of a two-year-old who was first observed kissing a photograph of his mother during a stay in foster care, only to turn away from the photo later and focus his attention elsewhere. Main highlighted that the mother was not physically present, and no aspect of her *behaviour* caused the child's reaction, but the child *presumed* changes in their relationship due to her absence (Main, 2000). These observations suggest a particular 'view' (Hinde,

1982) or IWM of the relationship or 'state of mind' regarding the attachment relationship (Main et al., 1985).

In Main (1985), she first refers to individual differences in attachment as differences in the "*representation of the self in relation to attachment*" (Main et al., 1985, p. 68). As explored previously in 2.2.2, Bowlby's use of the term IWM was never clarified. In Main et al. (1985) the term is used with a specific definition:

> "*A set of conscious or unconscious rules for the organisation of information related to attachment and for obtaining or limiting access to that information, that is, to information regarding attachment-related experiences, feelings, and ideations*" (Main et al., 1985, pp 66-67).

However, in later writings, Main (1991) noted that the term IWM may be misleading, as unlike secure speakers, those who are insecure with respect to attachment present incoherent, lack integration of, or lack access to information relating to attachment. Insecure speakers struggle to describe and evaluate their attachment relationships and experiences, and present cluttered and contradictory viewpoints, thoughts and feelings which could barely be called a model (Main, 1991). Main's post-1991 writings alongside the unpublished AAI coding manual show that all references to these original thoughts have since been discarded.

2.4.5 State of mind with respect to attachment

It is difficult to gain clarity on the precise meaning of the term 'state of mind' with respect to attachment. This is because Main's work is scattered amongst published and unpublished works, her earlier thinking has been revised, and some published works have been withdrawn (Duschinsky, 2021). Main's frequent collaborator van IJzendoorn (1992) defined the state of mind as providing "*rules and rule systems for the direction of behaviour, the felt appraisal of experience, and the direction and organisation of attention and memory*" (van IJzendoorn, 1992, p. 80).

This definition of the state of mind will be adopted for the current thesis, as it encompasses Main's emphasis on attention processes underpinning individual differences of attachment. Whilst references to IWMs or attachment representations were no longer used by Main and colleagues, the individual differences assessed by the AAI are best thought of as a measure of the coherence of the speaker's overall impression of their attachment history. The concept of coherence is explored further in 2.4.6.

At the heart of this definition is the theoretical assumption that once individuals reach adulthood, what were once individual attachments to different caregivers integrate into a singular and relatively stable state of mind with respect to attachment (Hesse, 2016). Furman and Simon (2004) investigated this theory, administering the AAI twice to 56 college students aged 17-26 years. The first AAI focused on their mothers, and the second focused on their fathers. Authors discovered that each parent's individual states of mind were significantly related to each other, providing evidence for a singular state of mind in adulthood.

2.4.6 The Adult Attachment Interview

State of mind with respect to attachment is assessed using the AAI (George et al., 1985). The interview is said to elicit the state of mind by "*surprising the unconscious*" (George et al., 1985, p. 19), as the coder is able to evaluate the degree of conscious integration of an individual's attachment history (Main, 2000). The interview protocol was created with Bowlby's expansion of Tulving's model of episodic and semantic information processes in mind (Bowlby, 1980).

Bowlby stated that episodic memory processes derive directly from the individual's personal experiences, whereas semantic information is more generalised descriptions of relationships. These generalised descriptions are not necessarily from personal experience but could also be acquired from information shared by others. Main and colleagues developed the AAI questions to evoke specific memories, accessing both episodic and semantic processes, allowing the coder to decipher the coherence or disparity between the two. The coder does this by considering the narrative's internal consistency, relying on the episodic information given and comparing this to the speaker's semantic interpretations of events. The coder must also consider the external consistency of the narrative, considering: How true these things are likely to be in the external world? How true is what is being said across the transcript as a whole?

The most recent version of the AAI protocol consists of 20 questions and prompts, which are followed in order and in their entirety unless the individual becomes too distressed. The protocol has a particular rhythm, beginning with a general question asking the participant to describe their relationship with both parents overall. This is followed by asking for five adjectives to describe each parent, the adjectives are discussed in turn, and the participant must provide episodic memories to evidence these adjectives. The rest of the interview involves questions such as which parent were you closer to and why? Participants are asked about what happened when they were hurt or upset, if they ever felt rejected; how did they react during separations; if their parents were ever threatening;

if they experienced any other traumatic events; the speaker is also asked to reflect on their experiences and to consider why their parents behaved as they did; their current relationship with their parents is probed, as well as their relationships with their own or imagined children.

AAI transcripts must be transcribed verbatim, and a manualised coding system is used to delineate the speaker's state of mind regarding attachment. A researcher must undergo training to administer and analyse the AAI. Following training, a certification process begins where the researcher undertakes reliability checks, coding a total of 30 transcripts. Once the reliability checks are complete, the coder is considered reliable in their coding.

Transcripts are coded and analysed in three sequential stages. Firstly, sections of the narrative pertaining to childhood (up to age 14) are checked for evidence of likely parental behaviour. Coded sections of text are then rated using the inferred parental behaviour scales. There are five inferred parental behaviour scales, one loving scale and four 'unloving' scales. All scales within the AAI manual follow a nine-point system, but not all are scored similarly. The second stage of analysis makes use of the state of mind scales. Three states of mind scales concern the speaker's parents, and eight relate to the speaker's discourse and narrative. The final stage of the analysis is to consult the classification system taking a 'top-down' approach, here, the coder carefully considers the classification descriptors that match how the speaker has retold their narrative and ultimately places the transcript into one of five potential classifications (See Section 2.4.8*)* .

2.4.7 Coherence

A vital concept of the AAI analysis is coherence. The original Berkely research showed that overall coherence was strongly correlated to infant attachment security (Main et al., 2002). Descriptions of coherence by Main and Hesse show a dual meaning to the term, one relating to discourse and the other to the coherence of mind. The lack of coherence in insecure and unresolved speakers is indicative of a lack of cohesion between different models of reality. Insecure speakers have *contradictory* models of the *same* aspect of reality (Main, 1991). These contradictory models are not within the speaker's conscious awareness but can be strikingly obvious to a coder when analysing the transcript. One of the reasons why the term IWM is so misleading is because insecure speakers presenting with contradictory views of reality do not appear to have one model of their attachment experiences. As a result, they struggle to maintain a consistent narrative and cannot express attachment-related experiences free from distortion (Main, 1991). This idea built upon what Bowlby had termed as 'multiple models' in *Separation* (Bowlby, 1973).

The second meaning of the term coherence relates to the language itself. Interview discourse is analysed using Grice's cooperative principle (1975). The cooperative principle is based on four principles or 'maxims' a speaker must follow to have a coherent and collaborative discourse. These maxims are:

1. *Quality* – be truthful, have evidence for what you say
2. *Quantity* – be succinct, yet complete
3. *Relation* – be relevant
4. *Manner* – be clear and orderly

The transcript is scored for adherence to and violations of these maxims. The interview places two demands on the interviewee; to recall and reflect on their attachment life histories while maintaining a coherent and collaborative discourse. Grice's maxims help score these demands as

they are conceptualised in terms of comparing internal consistency (*quality*) with collaboration with the interviewer and the interview process (*quantity, relation*, and *manner*) (Main et al., 2002). Insecure transcripts often contain multiple violations of Grice's maxims, and although secure transcripts can include some violations, these are generally very limited. Main found that Grice's cooperative principle was consistent with the AAI manual's early directions for analysis and scale development (Main, 2000).

2.4.8 AAI classifications

Individual differences in the narratives during the interview are classified into five possible states of mind, three of which are 'organised': *secure-autonomous (F)*; *dismissing of attachment* (Ds); *preoccupied/entangled* (E). Sometimes speakers have experienced a loss or trauma that has been so profound that it has impacted current functioning. This can be observed during discussions of loss or trauma and manifests in lapses in the monitoring of reasoning or speech or references to or exhibition of extreme behavioural reactions. When this is the case, the speaker is placed into a fourth disorganised classification known as *unresolved* (U/d). The speaker is additionally classified by the source of the disorganisation, i.e. loss or trauma. Rarely a speaker cannot be classified into any of the previous classifications and is then placed into the fifth category, *cannot classify* (CC). Additionally, there are 12 possible subclassifications, which are discussed in turn under their corresponding main classification in the next subsections.

2.4.8.1 Secure-Autonomous

Secure speakers exhibit coherent and collaborative discourse throughout the interview and can objectively discuss their relationships and experiences, regardless of how favourable they are. Secure transcripts show minimal, but often not a lack of violations of Grice's maxims. Secure speakers appear capable of switching between the two demands of the interview with apparent ease. Their evaluations of their attachment-related experiences and relationships are consistent with the episodic memories they present. Speech within secure transcripts is often noticeably fresh and original. They do not present generalised or 'canned' accounts of relationships but narratives that are personal and specific to the speaker. Secure parents are likely to have secure relationships with their children (Ainsworth et al., 1978; van IJzendoorn, 1995).

The subclassifications of the secure state of mind can be thought of as part of a continuum, as most possess partial insecurity. The subclassification F1 known as '*some setting aside of attachment*' and F2 '*somewhat dismissing or restricting of attachment'* are secure subtypes with dismissing traits. Whilst F4 '*strong expressed valuing of relationships, accompanied by some manifestation of preoccupation with attachment figures, or past trauma*' and F5 '*somewhat resentful/conflicted while accepting of continuing involvement*' are secure with mildly preoccupying traits. The F3 subclassification is prototypically secure. There is limited research focusing on subclassifications, it is unknown whether security as a protective factor differs depending on which form of security the individual has.

2.4.8.2 Dismissing of attachment

Dismissing speakers unconsciously defend against attachment difficulties and minimises their effects. Investigations of galvanic skin responses (GSR), generally associated with anxiety, found that despite their minimal responses dismissing speakers exhibited higher anxiety levels than secure speakers when asked about attachment-related difficulties (Dozier and Kobak, 1992). Research in therapeutic settings suggests that dismissing speakers can become angry or upset when pressed to consider the weight of attachment-related experiences (Berns et al., 1999).

Upon reading a dismissing transcript, it appears that the person might have never considered the impact of their attachment relationships. Often these transcripts are minimal and violate the maxim of quantity in the opposite manner of a preoccupied speaker; that is, too little is said. Speakers may be classified as dismissing based on claiming a lack of memory to block discourse when asked about attachment difficulties or trauma. The dismissing state of mind has four subclassifications but two distinct forms: one categorised by high levels of idealisation (Ds1) and the other by high levels of derogation (Ds2). Unlike preoccupying anger, derogating statements are typically short. The person does not ‘own’ the statement but speaks of the attachment figure as if beneath consideration. Ds3a and Ds3b are categorised by transcripts that are restricted in feeling. Linguistically the narrative has a superficial nature to the discussions of attachment experiences. Ds4 is the rarest dismissing subclassification. It is only found in those who have committed murder or violent crime (Main et al., 2008). The Ds4 subclassification is the only empirically derived category. Research in prison populations found that those who had committed murder or violent crimes would spontaneously and at inappropriate points during the interview report fear of their child or imagined child dying (Main et al., 2008). Out of this research came the fear of loss scale, which only purpose is to determine if the speaker is Ds4.

2.4.8.3 Preoccupied

Preoccupied speakers do the opposite of dismissing speakers. They give sustained and compulsive attention to attachment relationships and experiences and maximise their effects. When asked about something which may have occurred years prior, a preoccupied speaker may discuss it as though it happened yesterday or can become so absorbed within the memory that it is expressed like it is presently happening. Upon reading or interviewing a preoccupied speaker, it can appear on the outset as though they can recall specific memories to evidence their answers like a secure speaker. But closer inspection of the transcript makes it clear that there are typically only a few specific memories that are repeatedly brought up throughout the narrative. Analogous to the ambivalent-resistant infant, the preoccupied adult cannot pull their attention from the caregiver or attachment-related memories.

The preoccupied state of mind takes three forms. Angrily preoccupied (E2), passively preoccupied (E1), and fearfully preoccupied (E3). Angrily preoccupied transcripts are the most common of the three. In an angrily preoccupied transcript, the speaker overwhelms the narrative with multiple instances of diverting away from the question and listing numerous grievances of the parent or the event. In the process, the speaker typically violates Grice's maxim of quantity by fixating on the problem and extending the answer to the question. More rarely, speakers can exhibit passive preoccupation. A passively preoccupied transcript has a distinct quality of vagueness throughout. Whilst there are many indices of passivity ranging from nonsense terms to 'child-like' speech, transcripts of this kind typically violate the maxim of manner. Rarer still is the fearfully preoccupied transcript. Speakers of this kind reference fear thematically through the transcript. Additionally, there can be a distinguishing cinematic quality to the speech and descriptions of events suggesting absorption within these fearful memories. Fearfully preoccupied classifications are overrepresented among individuals with borderline personality disorder (Fonagy et al., 1996; Steele et al., 2020; Hashworth et al., 2021).

2.4.8.4 Unresolved with regards to loss or trauma

In addition to the three organised classifications, speakers can be classified as unresolved/disorganised (U/d) if they exhibit: lapses in the monitoring of reasoning or discourse during discussions of loss or trauma; extreme behavioural reactions during these discussions, or descriptions of extreme behavioural responses that occurred during the time of the event. Lapses of monitoring of reasoning can be disbelief that the person lost is dead; disorientation with respect to space and time, or psychologically confused statements. Lapses in the monitoring of reasoning are prevalent in clinically distressed populations and may be evidence of absorption into traumatic memories or dissociation (Main, 1996). Lapses in the monitoring of discourse are related to subtle changes, which suggest difficulty in discussing the topic. These lapses are attributed to lapses in working memory caused by fear (Hesse and Main, 2006).

Like the infant disorganised SSP pattern, adults' unresolved state of mind is a sporadic collapse of the individual's attachment strategy (Main et al., 1985). Those who present with the adult form of disorganisation are at a greater risk for psychopathology (Liotti, 1999; Lyons-Ruth et al., 2017; van IJzendoorn & Bakermans-Kranenburg, 2008). The unresolved adult classification has been empirically associated with the disorganised attachment pattern (Main et al., 1985; Verhage et al., 2016). This means that disorganised attachment is a risk factor for later psychopathology in adulthood and that disorganisation may be transmitted from one generation to the next.

2.4.8.5 Cannot classify

There is an additional fifth category known as cannot classify (CC) for transcripts that do not fit into any of the previous classifications. The cannot classify category is not a miscellaneous category; there is criteria for belonging to this classification, such as the speaker exhibiting a maximising and minimising strategy simultaneously or being below the threshold of coherence to be able to code the transcript. The CC classification is clinically relevant but under-researched (Speranza et al., 2017). CC is only seen in 0.3% of normative transcripts, but 4% is present in clinical populations (Bakermans-Kranenburg and van IJzendoorn, 2009). Whereas the unresolved classification is based on disorganisation during discussion of loss and trauma, the CC category is considered global disorganisation.

2.4.9 Main key concepts summary

- Main observed that infants classified as secure had longer attention spans, leading her to propose that attentional processes play a significant role in shaping attachment patterns. Main believed that differences in attachment behaviour were due to variations in attention towards attachment-related experiences.
- Main viewed attachment patterns as strategies that have evolved through different environments, including adverse ones. The primary strategy is seeking proximity to increase survival, but under some conditions, a different strategy is necessary. For example, infants may use an avoidance strategy to maintain proximity wherever possible under the conditions of maternal rejection, as this strategy helps them avoid disorganisation.
- Main and Solomon (1990) analysed SSP recordings of infants who did not fit into the three organised attachment patterns and identified seven themes of behaviour that established a fourth pattern called disorganised. This behaviour is seen because infants are predisposed to attach to an available caregiver, even if the caregiver is maltreating or frightening, the infant is left in a confusing situation where they are compelled to approach but also afraid.
- Disorganised attachment patterns are often seen in high-risk or maltreating samples, but can also occur in low-risk, non-maltreating samples. Main and Hesse explained that parents with unresolved trauma or loss may behave fearfully in front of their infants when reminded of their past trauma, which can scare the infant and cause disorganisation, even without direct maltreatment.
- By adulthood, attachments to multiple caregivers and experiences of relationships integrate into what is called a state of mind with respect to attachment. The attachment state of mind shapes how we think, feel, and behave in relationships and how we reflect on these attachment-related experiences and memories. The Adult Attachment Interview (AAI) assesses attachment state of mind.

2.5 Research using the AAI

The following section presents the application of the AAI in empirical research, beginning with an overview of early AAI research. Next, a summary of the use of the AAI in non-normative populations is given, followed by literature using the AAI in smaller sample sizes. Finally, the utility of the AAI within clinical psychology and psychotherapy research is outlined.

2.5.1 Early AAI research

The foci of early AAI research were to investigate the relationship of the AAI and the SSP both between and within subjects to test the reliability and validity of it as a research tool, and to explore how the AAI can be used in different populations (Hesse, 1999). The AAI was first detailed in Main et al. (1985), a report which has since been cited over 9,000 times and ignited a new phase of attachment research. Main et al. (1985) presented the findings of a six-year follow-up study of 40 mothers, fathers and their six-year-old children who had been assessed previously using the SSP. All families involved were university-educated, White or Asian, and upper-middle-class. The research demonstrated that different speech patterns exhibited during the interview could place adults into categories analogous to infant attachment patterns.

2.5.2 Correspondence with the SSP

Empirical evidence has shown that individual differences in responses to the AAI can predict corresponding differences in parental behaviour towards their children, as reported by Main et al. (2000). This pattern has been observed in infant responses to the SSP as well as in the original Berkeley study (Main et al., 1985). In fact, the correspondence between infant attachment pattern and adult state of mind with respect to attachment was even significant between the infant and adult sub-classifications (Hesse, 2016).

In 1994, Benoit and Park conducted the first three-generational study of attachment transmission using the Adult Attachment Interview (AAI). Participants included mothers assessed pre- and post-birth when their infants were 11 months old, and grandmothers assessed using the AAI, and infants evaluated at 12 months using the SSP (SSP, N=96). The findings indicated a strong correlation between mothers' states of mind and infants' attachment patterns, with 90% accuracy for the three-way distribution and 77% for the four-way distribution of classifications. Similarly, mothers' and grandmothers' states of mind predicted infant attachment patterns, but to a lesser extent, at 81% and 75% accuracy for the three-way categories and 68% and 49% for the four-way categories, respectively.

A meta-analysis conducted by van IJzendoorn (1995) additionally reported a strong predictable association between parental AAI classification and offspring attachment pattern, with an overall 75% secure-insecure match, and a large effect size (.72). This association has even been found in non-biological dyads, such as foster carers with their fostered children (Dozier et al., 2002), and before the first child is born (Fonagy et al., 1991). In another pre-birth study, an independent team of coders administered AAIs during pregnancy and again when the children had reached five years old, which revealed a high (86%) degree of stability in the four-way classifications (Steele et al., 2007).

Table 2.1

Showing AAI classification with the parallel SSP attachment pattern.

State of Mind with Respect to Attachment (AAI Classifications)	SSP Attachment Pattern
Secure/Autonomous (F)	Secure (B)
Dismissing (Ds)	Avoidant (A)
Preoccupied (E)	Ambivalent/Resistant (C)
Unresolved/disorganised (U/d)	Disorganised/disorientated (D)

Note. AAI = Adult Attachment Interview; SSP = Strange Situation Procedure. Adapted from Ainsworth et al. (1978) and George et al. (1985).

Support for the association between parental state of mind and infant attachment pattern has also been found cross-culturally. Kondo-Ikemura et al's, (2018) longitudinal project followed 45 Japanese mother-infant dyads using the SSP and later the AAI, finding a strong correlation (Cramer's v =.59) between AAI-SSP secure vs insecure correspondence. The strongest association was found between mother's unresolved classification and their infant's disorganised attachment pattern (Cramer's v =.73). Comparing AAI-SSP's three-way classifications found no significant associations, suggesting that whilst parental security predicts infant security, and parental insecurity predicts infant insecurity, the transmission of insecurity is not specific. Both the unresolved and CC adult classifications have both been found to predict infant disorganisation (Hughes and McGauley, 1997; Main et al., 2005). Hughes et al. (2001) found a significant correlation between unresolved mothers who had experienced a stillbirth with their first child, and infant disorganisation seen in their next-born child.

In the last 20 years the effect sizes for the association between the SSP and AAI have decreased (r=31. vs r=.48 for secure transmission) (Verhage et al., 2016). Authors have suggested several reasons for this decrease in effect size, including publication bias. However, when investigated, there was no significant difference between the effect sizes in published and unpublished studies. Another suggestion is that over time there has been deviation from the original coding systems, this is possible as it is known that the amount of training strongly correlates with the effect size in the original meta-analysis (van IJzendoorn, 1995) and has been significantly associated with effect sizes in the coding of disorganisation (Reijman et al., 2018). Relatedly, the meta-analysis itself contained studies where all coders were not trained by certified AAI trainers and did not record how many coders had completed reliability checks (Verhage et al., 2016).

Studies investigating the continuity of attachment within individuals have shown that secure behaviour towards the mother in infancy could predict AAI security in adulthood. Waters et al. (2000) conducted follow-up AAIs in 50 young adults who had been previously assessed by the SSP at 12-months old. The 20 year follow-up study showed a significant 72% match in participant's secure vs insecure classifications, this correspondence rate was higher (78%) when intermittent trauma was controlled for. Similarly, the most recent report of the longitudinal Berkeley study following 42 participants from infancy to six years old and then to 19 years old found a within subject concordance of 80% after controlling for intervening trauma (Main et al., 2005).

2.5.3 Validity of the AAI

The AAI was the first and is still, to date, the most empirically valid and reliable measure of adult attachment. It has been rigorously tested since its inception in 1985 (George et al., 1985; Hesse 1999). In a meta-analysis of 25 years of attachment assessments, the AAI was deemed the most reliable and valid across all 29 tested measures (Ravitz et al., 2010). As such, the AAI alongside the SSP are often referred to as the 'gold-standard' measures of attachment (Hesse, 2008; Haltigan et al., 2014).

Psychometric studies of the AAI have shown that its classifications are stable over time at a rate of 90% and were not associated with attachment-related and general memory capabilities (Sagi et al., 1994). Results of the AAI have been found to be independent of most measures of intelligence, social desirability, interviewer effects, and general personality measures (Bakermans-Kranenburg and van Ijzendoorn, 1993; Sagi et al., 1994; van IJzendoorn, 1995).

As discourse is central to the analysis of the AAI, Crowell et al. (1996) tested general speaking style using an interview that followed the format of the AAI protocol but instead focused on the speaker's work history. Authors discovered that classifications deriving from the work history interview were independent of the classifications coded during the AAI, demonstrating that the AAI protocol elicits its own linguistic properties.

Early AAI literature, spanning from 1984 to 1995, was consolidated in van Ijzendoorn's (1995) meta-analysis, which confirmed the findings of Main et al. (1985) showing a strong correlation between the AAI and the SSP. This meta-analysis was later updated in 2009 to include 25 years of AAI research from 1984 to 2009, including various clinical and non-clinical populations. The distributions of these populations are compared in Chapter Six of this thesis. The use of the AAI in research has increased steadily, with the number of studies utilizing the AAI doubling from an average of eight per year between 1985 and 2008 to approximately 16 per year between 2008 and

2015 (Hesse, 2016). Given the vast number of studies, it is not possible to represent all instances of the AAI used in research. However, the aim of the subsequent sections is to highlight the diverse range of studies in which the AAI has been employed.

2.5.4 Selected at-risk, vulnerable and underrepresented samples

Although the original Bay area study used a low-risk upper middle-class sample, the AAI without alteration has been proven to be valid across a range of different populations. In 1995, Ward and Carlson investigated the first high-risk sample, comprising of 74 pregnant adolescent mother-infant dyads, to examine the relationship between AAI attachment classification, maternal sensitivity, and SSP attachment patterns. The findings indicated that mothers classified as secure prior to the birth of their child displayed significantly higher levels of sensitivity during the 3- and 9-month postpartum period compared to insecure mothers. However, no significant association was found between maternal sensitivity and infant attachment. In terms of AAI and SSP correlation, the study found a three-way concordance rate of 78% between mother and infant classifications and 67% when considering four-way categories. Similarly, Madigan et al. (2012) administered the AAI in a sample of pregnant adolescents (n=55), many of whom had a history of abuse. They found that sexual abuse was a significant predictor of the unresolved classification. These two studies highlight the utility of the AAI in high-risk populations and shed light on the role of adverse experiences in shaping attachment patterns.

Two further examples demonstrate the use of the AAI in at-risk samples. The first study conducted by Martin et al. (2017) evaluated the attachment state of mind in a sample of young adults (n=120), half of whom had engaged in non-suicidal self-injury, and compared it with a control group of 60 age and sex-matched individuals. Participants completed the AAI and the Self-Injury Inventory (Martin et al., 2013). The results revealed that a preoccupied attachment state of mind was associated with self-injury behaviour. In research by Brisch et al. (2005), the AAI was used to examine

attachment state of mind in mothers of high-risk, low-birthweight preterm infants who were also assessed by the SSP at 14 months. The findings showed no significant difference in attachment pattern distribution than would be expected in full-term infants or in the attachment state of mind of their mothers. However, did not establish any correlation between the attachment patterns displayed by the infants and the attachment state of mind observed in their mothers.

In order to gain a deeper understanding of the relationship between attachment classification and clinical disorders, van IJzendoorn and Bakermans-Kranenburg conducted a comprehensive meta-analytical review in 2008. The study analysed 105 AAI studies using clinical populations and aimed to uncover any systematic patterns. The data demonstrated a marked overrepresentation of insecure and unresolved classifications within clinical populations. Individuals with internalising disorders tended to have higher rates of preoccupied and unresolved categories, while those with externalising conditions showed a higher prevalence of insecure organised classifications and fewer unresolved states of mind (van IJzendoorn & Bakermans-Kranenburg, 2009). These results have significant implications for evaluating and treating mental health disorders. The assessment of attachment state of mind can provide clinicians with a deeper understanding of the psychological mechanisms that contribute to the development and persistence of the disorder, enabling the creation of more targeted and effective treatment plans.

In trauma research, Harari et al. (2009) investigated if having a secure state of mind was a potential protective factor in Dutch veterans with and without posttraumatic stress disorder (PTSD). Despite finding no such protective effect, the study discovered a strong relationship between an unresolved state of mind and scores on a standardised PTSD assessment. Another example from trauma research is a study by Sagi-Schwartz et al. (2003), who administered AAIs with female Holocaust survivors and their daughters. Although the survivors exhibited more unresolved and insecure classifications than non-Holocaust survivors, their daughters' classifications did not differ from the control group. The authors presented two possible explanations for this outcome. The first

was that their parents were not responsible for the traumatic events imposed on them; therefore experience of the Holocaust did not lead to a breakdown of trust in the attachment figure. Secondly, the Holocaust survivors within this study had a period of normative family life before the Holocaust. In this period, trust and attachment quality to caregivers may have developed, arming the survivors to adjust to life after the war and become attachment figures themselves.

Within neurodivergent populations, a small-scale study (n=20) in adults with autism spectrum disorder (ASD) (Taylor et al., 2008) found that this sample exhibited the same proportion of the secure classification as expected in neurotypical populations. This study provided initial evidence that the AAI is a valid assessment tool for use in this population. Although, it is essential to consider the heterogeneity of ASD when interpreting the results of studies in this demographic. Findings from studies of the relationship between attachment and physical illness and disability are mixed. For instance, in a study of women with a physical illness, systemic lupus erythematosus (SLE), Barbasio & Granieri (2013) found a high prevalence of unresolved (32.5%) and preoccupied (25%) classifications. But, research in adults with physical disabilities has provided contrasting results. In particular, a study involving deaf adults found no significant difference between the prevalence of secure attachment in their sample and that of normative populations (McKinnon et al., 2004). Similarly, a study of individuals with congenital blindness showed no evidence that their disability harmed their attachment security as their sample's distribution of attachment states of mind was comparable to sighted populations (Ardito et al., 2004). Adenzato et al. (2006) also conducted a later study on adults with acquired blindness and found no significant difference in the distribution of AAI classifications compared to normative populations.

2.5.5 Empirical AAI research with small sample sizes

The AAI has been shown to be a valuable addition to research with a range of sample sizes. The interview generates rich data sources for studies with smaller sample sizes, operationally defined here as those with fewer than 30 participants. Studies with smaller sample sizes typically combine the AAI with a qualitative analysis approach, but some have adopted a case study design. Examples of smaller scale AAI studies will be discussed in the ensuing paragraphs.

Civilotti et al. (2020) used the AAI to examine the connection between stalking behaviour and attachment issues in 14 male detainees. Results of the AAI analysis showed that all participants had insecure attachment states of mind, with most having a dismissing classification. The authors then utilised Interpretative Phenomenological Analysis (IPA) to better understand the link between the two. The integration of findings from the AAI and IPA analyses led the authors to postulate that individuals engaging in stalking often have insecure attachment states of mind and unresolved trauma. Additionally, the IPA analysis identified six narrative themes that could be employed to guide the development of clinical protocols for treating stalkers.

Likewise, Bain and Durbach (2021) combined the manualised AAI analysis with interpretive thematic analysis (Clarke & Braun, 2013) to better understand the experiences, coping strategies, and attachment state of mind of six women who were exposed to intimate partner violence in childhood. All participants were rated secure as their organised classification, albeit none prototypically. Furthermore, the comprehensive analysis permitted the identification and discussion of the adaptive defensive strategies the women developed to protect themselves against trauma and how these strategies contributed to proximity maintenance and maltreatment avoidance.

Other small-scale AAI studies have taken a multiple-case study approach. For example, De Haene et al. (2010) used the AAI to explore the traumatic life and attachment experiences of adult

refugees (n=11) and their families (n=7). The authors presented an in-depth report on the long-term impact of refugee trauma and the prevalence of insecure and unresolved states of mind.

Similarly, Goldwyn and Hugh-Jones (2011) conducted the AAIs on ten care-experienced adolescents who presented with reactive attachment disorder (RAD). This research was presented as a ten-case study; all participants were classified as insecure or unresolved. The authors discussed issues with coding the AAI with this sample and described high participant distress during the interview process. In addition, the authors presented two potentially new AAI phenomena, derogation that was elevated beyond what could be captured by the derogation scale and extreme detachment from primary caregivers. Finally, the authors theorised that participants might be unresolved regarding the loss of their birth families, which is not currently recognised by the AAI coding manual.

A final example of a multi-case study approach is a study by Porreca et al. (2016). Here authors presented four individual case studies of women with drug and substance dependencies. The AAI was utilised alongside measures of mother-child interactions with the overall aim of assessing their parenting longitudinally. The research indicated that over and above drug dependencies, having a secure state of mind with respect to attachment correlated with more positive mother-child emotional exchanges.

Green et al. (2012) studied the relationship between traumatised low-income women (n=23) and their healthcare providers. The AAI was employed alongside a study-designed semi-structured interview concerning women's healthcare experiences. This study took a novel approach. Transcripts from participants were then divided into codes based on whether they were positive or negative statements; the number of each was then compared with attachment classifications and analysed statistically. Using this approach, authors could discern that those with an unresolved state of mind reported significantly more negative interactions with healthcare providers.

Finally, the AAI has been used for single case studies within psychoanalytical research. For example, Buchheim and Kächele (2003) conducted a case study of a woman diagnosed with narcissistic and borderline personality disorder, and Minde and Hesse (1996) used the AAI in combination with the SSP to present a clinical case of an infant and his mother who was classified as Cannot Classify.

2.5.6 In psychotherapy and clinical research

The case studies examined earlier highlight the AAI's applicability in both psychotherapy and clinical research contexts. Furthermore, the AAI has been effectively employed as an evaluative instrument in therapeutic practices (Steele & Steele, 2008). Understanding a client's state of mind can help the clinician to be cognisant of the subject’s susceptibility to therapeutic intervention. Attachment state of mind has been shown to affect how clients recall and reflect on their therapeutic relationship with their therapist at the end of treatment (Talia et al., 2019). For instance, individuals who are insecure dismissing attachment seem to have limited recall of their therapy sessions when interviewed after treatment. In contrast, preoccupied speakers spoke of their therapeutic relationships in a disjointed and non-objective way. Talia et al. (2019) suggested that knowledge of a client's AAI state of mind can be used to pre-empt this and to lend more attention to insecure clients.

The AAI has also proven useful in tracking changes resulting from therapeutic interventions; Hauber et al. (2020) conducted AAIs in a group of adolescents (n=33) who were receiving intensive mentalisation-based therapy (MBT). Prior to treatment, the sample showed overrepresentation of Cannot Classify classifications (46.7%); after one year of therapy post-treatment, AAIs revealed that almost half (48.5%) showed positive changes in attachment state of mind, that is, were classified as secure. A similar study by Civilotti et al. (2019) used the AAI to assess changes in attachment classification and reflective functioning following eye movement desensitisation and reprocessing (EMDR) treatment in adults (n=20) with traumatic memories. This research found a significant

decrease in participants who were classified as unresolved post-treatment. These research examples further demonstrate that the AAI is an effective research tool and provide evidence of its usefulness to guide, monitor and assess therapeutic interventions.

2.6 Narrative vs Self-Report measures of attachment

Broadly, the assessment and theoretical framework of attachment in adulthood can be classified into two overarching paradigms with contrasting views. One school of thought deriving from developmental psychology employs interview and projective measures, while the other from social psychology relies on self-reports. Despite opposing ideas, both claim to have theoretical roots stemming from the work of Bowlby and Ainsworth (Mikulincer & Shaver, 2007a; Main et al., 1985).

The following sections will present a brief overview of the narrative and self-report measures of attachment, beginning with narrative assessments. This section will be followed by research which has compared the two types of measures, preceded the rationale for using the AAI in the current thesis.

2.6.1 Narrative measures

The assessment of individual differences in attachment through narrative measures involves prompting the individual to provide an account of their perceptions and experiences about their attachment relationships. Other than the AAI, another widely used narrative measure in adulthood is the Adult Attachment Projective Picture System (AAP; George & West, 1999), which requires the adult to describe characters and their relationships in a series of pictures. Attachment classification is then determined based on how the individual perceives and describes the relationships depicted in the pictures. While the AAP offers valuable insights into an individual's attachment, it has limitations. One critique of the AAP is that, as a projective measure, it relies on the assumption that individuals project their own attachment experiences onto the depicted characters. This premise may

not hold true for individuals whose descriptions may be more likely to be influenced by social desirability or other external factors. Additionally, it may not take into consideration cultural norms (George & West, 2011).

Some examples of narrative measures of attachment in childhood include the Story Stem Assessment Profile (SSAP; Hodges & Hillman, 2004). During SSAPs, children are asked to complete a set of 13 dilemmas which may occur within family situations. For each dilemma, they then have to answer what they think will happen next, assessing their expectations of relationship dynamics (Hodges et al., 2003). A second example in childhood is the Attachment Q-Sort (AQS; Waters & Deane, 1985). During the AQS, a child's behaviour is evaluated on nearly 100 attachment-related behaviours, like how they use their secure base, emotional responses, social cognition etc. The observer then sorts these behaviours based on how frequently they occur. The end result is a rating of security or insecurity, but the AQS cannot classify the type of insecurity observed. A final example in childhood is the Manchester Child Attachment Story Task (MCAST; Goldwyn et al., 2000). The MCAST uses four attachment-themed story stems and dolls representing the caregiver-child dyad under investigation. The story stems and dolls are said to evoke the child's mental representations of attachment. The child's responses are video tapped and coded, and an attachment classification is given (Green et al., 2000).

2.6.2 Self-Report measures

Self-report measures of attachment are psychological instruments used to assess an individual's attachment style. These measures consist of self-administered questionnaires that ask the individual to reflect on their attachment experiences and answer questions related to their attachment history, relationships, emotions, and beliefs about attachment. Self-report measures of attachment can range from brief and simple checklists to more complex and lengthy inventories, but all aim to capture the individual's subjective reported attachment experience.

Self-report measures of attachment trace back to a questionnaire created by Hazan and Shaver (1987), the ‘love quiz’ which was designed to categorise adults into one of Ainsworth’s three organised attachment patterns. The questionnaire consisted of three sets of statements, each representing an attachment pattern. Participants were then asked to select from the set of statements those which best described their feelings. Hazan and Shaver (1987) claimed that this indicated what later became known as an attachment ‘style’.

In Shaver and colleagues' (Shaver and Mikulincer, 2004) theory of adult attachment, there is no singular state of mind with respect to attachment but an associate network of memories which are placed above others as critical examples of how relationships work (Mikulincer et al., 1990). This hierarchical network of relationships is continuously updated based on new information. It includes secure, maximising, and minimising models of relationships. Individuals can switch between thinking about relationships in terms of security or maximising or minimising ways at any time. However, overreliance on specific strategies can make certain associate networks more readily accessible, resulting in the individual's distinct attachment style. (Mikulincer & Shaver, 2003).

An important advancement in this field was the introduction of a fourth attachment style, brought about by Bartholomew and Horowitz (Bartholomew & Horowitz, 1991). Their model proposed that attachment styles reflect an individual's thoughts about their partners and themselves,

based on whether they view their partners as accessible and responsive to requests for support and whether they view themselves as desirable to others. This led to the development of the Relationship Questionnaire (RQ), which consisted of four sets of statements representing four categories of attachment: secure, dismissive, preoccupied, and fearful (Bartholomew & Horowitz, 1991). Research has demonstrated that these four attachment styles are distinct and related to other psychological variables (Scharfe & Bartholomew, 1994).

One debate between self-report and narrative traditions is whether individual differences in attachment quality should be thought of as belonging to different categories or are best measured dimensionally. Fraley and Spieker's (2003) taxometric analysis of SSP data showed that Ainsworth's three attachment patterns could be modelled as two dimensions of avoidance and security and resistance and security; this meant that these scales could be used quickly and with larger sample sizes to increase statistical power. Two commonly used self-report measures of attachment make use of this idea of dimensionality, the Experiences in Close Relationships (ECR) questionnaire (Brennan et al., 1998) and the Experiences in Close Relationships – Revised (ECR-R) questionnaire (Fraley et al., 2000). A combination of high or low scores on both dimensional scales results in four distinct attachment styles: secure (low anxiety and low avoidance), preoccupied (high anxiety and low avoidance), dismissive-avoidant (low anxiety and high avoidance), and fearful-avoidant (high anxiety and high avoidance).

The case for dimensional measurement on the surface appears compelling as even experienced coders generally come across cases which do not fit easily into one particular category (Sroufe, 2003). However, Sroufe argues that the dimensional approach would not capture all patterns observed in the SSP, providing an example of C2 children who are classified as ambivalent but often receive resistance scores no higher than secure children. C2 children are classified by qualitative features such as their passivity and poor-quality play (Sroufe, 2003). It would not be possible for two or even four dimensions to capture the nuances between categories and the depth of study required

when using the SSP. Additionally, others have challenged defining security simply as the absence of anxiety or avoidance, as this does not adequately represent the concept of security conceived by Bowlby and Ainsworth (Bäckström & Holmes, 2007).

Unlike the narrative tradition of attachment research, which views attachment as intrapsychic, the self-report measures of attachment style consider attachment as an interpersonal construct. Self-report measures assess current views of relationships and, by definition, perceptions of which the individual is consciously aware. Self-report measures, therefore, cannot detect defences or distortions of experiences or attachment relationships (Leak & Parson, 2001; Bartholomew & Moretti, 2002). Individual differences in attachment classification within this tradition are generally thought of as different patterns of attitudes the adult holds about how they and others operate in relationships (Ravitz et al., 2010).

One reason behind the increased use of self-report attachment measures is that most are freely available and require no training to administer or analyse. Whilst training on the AAI and the SSP is open to everyone, the cost and time commitment of the training means that many people will be unable to undertake it. Training on the AAI now takes place in Europe, and due to the Covid-19 pandemic, for the first time, training took place online in 2020. On the other hand, training on the SSP still only takes place at the University of Minnesota, making it difficult for researchers outside of the USA to be trained. The extensive training required for using narrative measures could be perceived as a disadvantage; however, one could also argue that it is crucial for ensuring the accuracy and reliability of the research. Conducting research using assessments based on complex theoretical frameworks necessitates a thorough understanding of the underlying theory. In this context, rigorous training serves to equip researchers with the necessary expertise to properly administer, interpret, and analyse these measures, ultimately enhancing the validity of the findings.

2.6.3 Research comparing self-report and narrative measures

Whilst research directly comparing both types of measures is limited, research investigating the convergence rates between the AAI and self-report measures found that the two are largely in disagreement with each other (Bailey et al., 2012; Bennett et al., 2006). Bernier and Matte-Gagne (2011) for example saw no significance between classifications assessed by the AAI and the ECR (Brennan et al., 1998). However, whilst they did find a relationship between the AAI and caregiver sensitivity and the SSP, the ECR showed no significant association with caregiver sensitivity or the SSP. One of the fundamental premises of attachment theory outlined by Ainsworth is that attachment quality depends on the quality of care given by the caregiver. If this is the case, we should expect to observe a relationship between parental attachment and their children's attachment behaviour. The authors concluded that both measures assessed different attachment-related phenomena, as ECR anxiety correlated with marital dissatisfaction. Paley et al. (1999) also found no relationship between the three organised classifications on the AAI and self-reported married couples' perceptions of love and intimacy.

This lack of agreement has practical implications. For example, one large scale investigation of attachment style in individuals with psychosis found a prevalence of self-reported secure attachments (Bucci et al., 2017). This contrasts with a smaller scale study using the AAI in the same population (MacBeth et al., 2011) and with a large-scale AAI meta-analytical finding (van IJzendoorn et al., 2009), which showed an over-representation of insecure and disorganised states of mind in clinical populations. In Bailey et al. (2016), mothers self-reported few relationship difficulties yet were rated insensitive on observational measures, and their infants showed more avoiding and less proximity-seeking behaviours. The authors stated that this lack of awareness of relationship difficulties might foster insecure attachment patterns in their children.

Bowlby and Ainsworth put forward three arguments which are in opposition to the use of self-report measures. The first relates to the concept of multiple models (Bowlby, 1973). Individuals with insecure states of mind present with multiple models of singular aspects of reality. This can be manifested in distorted or exaggerated views of relationships and experiences or unconscious dismissal of memories or relationship difficulties. In these circumstances, the semantic content of what is said does not match the episodic memory of actual experiences. The AAI permits the evaluation of both semantic and episodic memory processes and their interactions, the individual's underlying strategy can be observed rather than invalidating the assessment itself. Howard et al., (2017) also found significant differences between how insecure speakers disclosed adverse childhood experiences using self-reports vs the AAI; dismissing individuals were shown to under-report ACEs in self-reports versus the amount captured by the AAI, whereas preoccupied speakers overreported during self-reports. Additionally, there is evidence for a theoretically consistent relationship between priming effects and secure and dismissing classifications measured by the AAI (Maier et al., 2004)

Bowlby had shared concerns with Ainsworth that self-report methods would not be capable of accurately assessing defensive processes, which may inflate security scores (Ainsworth & Bowlby, 1991), making self-reports susceptible to biases arising from the attachment system itself. Self-report measures do appear to display false-positive results in terms of security. Crowell et al. (1999) found that whilst 81% of those classified as secure on the AAI also self-reported themselves to be secure using the Attachment History Questionnaire (AHQ; Pottharst, 1990) and the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987), only 42% of participants with AAI insecure classifications self-reported their insecurity. Maier et al., (2004) noticed that self-reported security was associated with a longer time taken to answer the question on the IPPA when participants had been primed with maternal rejection. This delay between the negative prime and the time taken to answer questions suggests evidence of social desirability. Similarly, preoccupied speakers who have

been shown to exaggerate difficulties would also give a distorted view of the reality of their experiences. This criticism was accepted by Shaver, who acknowledged that some people might defensively report not having any attachment difficulties (Shaver & Mikulincer, 2004).

The final argument Ainsworth presented is that an individual may be unable to give insight into their own needs and feelings, and that "*pencil-and-paper tests cannot reflect the nature and extent of this maladjustment*" (Ainsworth & Ainsworth, 1958, as cited in Duschinsky, 2021, p. 434). Given that there are individual differences in the ability to interpret mental states of the self and others (Fonagy et al., 1994; Meins, 1997), it is illogical to assume that all who complete a self-report would do so equally. It is assumed that the individual is capable of accurately interpreting their mental states, and in many cases, can accurately interpret the mental states of others. The individual is tasked with interpreting their own mental states and the mental states of others, but further in some instances to rate this subjective experience objectively on a Likert scale. To score a measure like this accurately would require a normative or above degree of mentalization (Fonagy et al., 1999).

Whilst evidence illustrates that self-report and narrative measures do not always relate to one and other and are often regarded as measuring different phenomena (Jones et al., 2015), researchers within the narrative traditions have agreed that self-report measures can be helpful with regards to measuring adult romantic relationships (Sroufe, 2016). For example, it is possible that individuals can give accurate generalisations of their overall 'style' in relation to a romantic relationship, as attachment self-report measures do correlate with various other aspects of romantic relationships (Feeney, 1999). Despite this, this generalised impression of romantic relationships appears to be a different construct than what is captured by the AAI. It also seems that those who are capable of providing an accurate impression of themselves within attachment relationships possess a high degree of objective reflection, which is why the AAI and self-report measures moderately overlap on security alone. Further, a recent systematic review (Justo-Núñez et al., 2022) of 24 self-report measures of adult attachment determined that these assessments have little psychometric support,

including two of the most widely used measures, the Relationships Questionnaire (RQ; Bartholomew & Horowitz, 1991) and the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994). The review underscored the lack of self-report attachment measures with adequate psychometric support across a range of criteria, including measurement properties of reliability like internal consistency and properties of validity such as content validity. Further, the review revealed that many studies in this area suffer from methodological limitations, including inadequate statistical methods.

2.6.4 Rationale for using the Adult Attachment Interview

As the current project aims to understand adoptees' attachment-related experiences and life history, measuring state of mind with respect to attachment is the most appropriate attachment construct. As presented, the AAI does not fall victim to the shortcomings of self-report measures and is the most valid measure of adult attachment (Hesse, 2008; Ravitz et al., 2010; Haltigan et al., 2014). Additionally, the AAI can reveal unresolved trauma and loss and give an insight into adverse childhood experiences. The AAI can capture thoughts and feelings relating to all relevant caregivers; this is key in a population who have experienced many placement changes and different carers throughout their lives. The AAI also generates a rich data source for an exploratory research design (Daniel, 2011; Civilotti et al., 2019). The current project is not concerned with participants' opinions of their current relationships but rather how permanent separation from birth parents and the task of forming new attachments to strangers has shaped participants' state of mind with respect to attachment. It is most beneficial for informing practice and policy to produce research using a measure of attachment with the most empirical validity, reliability and clinical utility. Further, understanding the relationship between attachment and adoption is key to developing effective practices and policies that can support the well-being of individuals affected by adoption.

2.7 Attachment Theory and Adoption

The subsequent sections of this chapter present an overview of attachment research relevant to the context of adoption. First, an overview of early adoption research and adoption from institutionalised settings will be provided. Following this, a review of attachment research in non-biological dyads and pre- and post-adoption periods will be presented. The final section will present research on adult adoptees and the rationale for the age range of the population used within this thesis.

2.7.1 Attachment research from institutionalised settings

The impact of brief and prolonged maternal separation has been a crucial focus of attachment theory since its inception (Bowlby, 1952, 1953, 1969). Bowlby (1951, p. 46) deduced that "*the prolonged deprivation of the young child of maternal care may have grave and far-reaching effects on his character and so on the whole of his future life*." Early research on children who were separated from their birth families and placed into institutions revealed cognitive issues, problems with social relationships, clinging behaviour, and aggression (Burlingham & Freud, 1944). Spitz and Wolf (1946) found that children who were returned to their mothers around three months would resume normal behaviour. Yet, those who experienced prolonged periods of separation would present with severe depression, insomnia and lack of affect. Robertson and Bowlby (1952) and Heinicke (1956) also later wrote about the distressing depressive behaviour observed in infants separated from their caregivers.

When parents are deemed no longer fit to care for their children, these separations may be permanent. When this occurs, children are placed into care, which can eventually result in adoption. But it is also possible for children to remain in long-term foster care or to spend their childhood and adolescence living in institutionalised settings (Triseliotis, 2002). Institutionalised care is one of the most extreme potential pathways a child could end up in, as the provision of care is regimented and impersonal (Desmond et al., 2020). Children do not gain the experience of being cared for by one or

more consistent attachment figures. Instead, they are met with multiple staff who may swap and work different shifts depriving children of the opportunities to form secure and stable attachments (Bakermans-Kranenburg, 2021).

It was initially thought that children who lived in institutions could not develop attachments to new parents (Goldfarb, 1945). However, research has shown that post-institutionalised children form attachments later when placed for adoption or fostering (Raby & Dozier, 2019). This is seen even in the most extreme social and sometimes globally depriving circumstances that can occur within institutionalised settings (Rutter al., 2007). For example, the conditions observed within the state-run Romanian institutions. These were considered to be globally depriving; that is, the quality of care was deprived in all domains, not just psychosocially but lacking basic needs such as nutrition. Although there was variation within the institutions, Rutter et al. (2007, p.6) described these conditions as ranging from "*poor to abysmal*". The child-to-staff ratio ranged from 10 to 1 for children under two years old and up to 20 to 1 for children over three years old (McMullan & Fisher, 1992). Inadequate staffing levels meant that children in these institutions would spend as long as 20 hours a day in cribs with little interaction (Ames & Carter, 1992).

Chisholm et al. (1995) assessed attachment security in children who had spent at least eight months within globally depriving Romanian institutions. This study comprised of a Canadian-born non-adoptee comparison group (CB), a group of Romanian adoptees adopted from institutions before the age of four months (RC) and Romanian adoptees who spent at least eight months institutionalised (RO). Attachment quality was assessed using the AQS (Waters & Deane, 1985). RO children scored significantly lower than CB and RC groups, and RC children did not score significantly differently than CB in terms of attachment security. However, it should be noted that the authors used the parental self-report version of AQS, where parents reported their child's behaviours, which has been shown to be less valid than the observer-rated version (Cadman et al., 2018).

In contrast, Marcovitch et al. (1997), used the Cassidy and Marvin (1992) way of coding the SSP, and discovered a prevalence of insecure and disorganised attachment classifications regardless of the age of adoption and time spent within institutions. Furthermore, post-institutionalised adopted Romanian children observed a complete lack of avoidant attachment patterns. This finding is unusual, as avoidant, like dismissing, measured by the AAI, is the most common organised insecure attachment classification. That being said, some have questioned whether standardised measures of attachment, such as the SSP, can be appropriately used within institutionalised settings (Bakermans-Kranenburg, 2011). The SSP was not designed for use in such environments, and the prevalence of disorganisation could represent the lack of opportunities for selective attachment rather than "*fear without solution*" (Section 2.4.3) (Main and Hesse, 1990).

A recent study comparing institutionalised adolescents (Muzi & Pace, 2022) affirms that institutionalisation is a risk factor for insecure and disorganised attachment. This study included three groups of adolescents: those who had been placed in residential care, those who were late-adopted, and a low-risk community sample (Muzi & Pace, 2022). Attachment distributions were assessed using the Friends and Family Interview (FFI; Steele & Steele, 2005). The authors reported that only children who had spent their early lives in residential care had more insecure and disorganised classifications than the other two groups. The late-adopted and community sample did not differ in attachment distribution, suggesting that institutionalisation is a risk factor over and above late-placed adoption.

A unique longitudinal investigation by Vorria et al. (2015) began to follow infants who still lived in a residential care place called the Metera Babies Centre. Infants residing within the centre did not receive personalised care, but it was said not to be globally depriving or lacking in nutritional needs. Yet echoing the results of Macrovitch et al. (1997), the Metera study discovered a prevalence of disorganised attachment patterns via the SSP compared to a control group of infants living with biological parents. However, a follow-up study in adolescence found that the difference between the

Metera group and their comparison group had reduced. Furthermore, whilst the comparison group showed more security (58% vs 50%), this difference was no longer statistically significant.

Another notable longitudinal study of institutionalisation is the English Romania Adoption study (ERAS) led by the late Michael Rutter and colleagues who followed Romanian children who had been adopted into England (Rutter et al., 2007). These children were compared with domestic adoptees who were less than six months old at the time of adoption. The ERAS did not have a general population comparison group, as the aim was to investigate the impact of institutionalisation. It was unknown if these children, when placed into new families, would be capable of making a developmental recovery and what challenges lay ahead for adoptive parents. It was presumed that children with the biological need to attach would likely learn to attach superficially and indiscriminately to multiple caregivers.

This indiscriminate friendliness observed in the ERAS is now considered an example of an attachment disorder known as disinhibited social engagement disorder (DSED) (Kumsta et al., 2015). In DSED, attachment behaviours are expressed but without specificity. Individuals with DSED cannot discriminate between relationships with strangers and close relationships with loved ones (Guyon-Harris et al., 2018). As a result, they cannot understand the appropriate social queues and boundaries in different types of relationships (Lehmann et al., 2016). Macrovitch et al. (1997) noted a prevalence of indiscriminate friendliness in children who had experienced early institutionalisation. Kennedy et al. (2017), in a later follow-up of the ERAS in adulthood, had a similar finding, arguing that there is evidence of DSED persisting into adulthood.

Despite the sheer extent of the deprivation faced by children adopted from Romanian institutions, the ERAS results' generalisability could be called into question. Whilst children demonstrated a remarkable catch-up in psychological functioning, children still exhibited cognitive deficits at later time points. The authors determined that institutionalisation was responsible for four types of

psychopathology observed within this population but not in the domestic adoptees; this included DSED and poor peer relationships at age eleven. Unfortunately, a standardised procedure for assessing attachment was not used, so it is unknown what impact the institutions had on adoptees' quality of attachment.

The previous studies within this section demonstrate that institutions offer a 'natural' experiment to study the impact of growing up in a depriving environment without a primary caregiver. But post-institutionalised children, when placed into foster care or adoption, can form attachments, which is a testament to the strength of that innate propensity to form attachments when a caregiver is available.

2.7.2 Attachment transference within non-biological dyads

Research has shown an intergenerational transference of attachment security even within non-biological dyads. For example, Dozier et al. (2001) examined the relationship between foster mothers' (n=50) attachment state of mind with their foster infants' (n=50) attachment pattern. All infants had been placed with their foster mothers between birth and 20 months. The authors found the relationship between maternal attachment state of mind and infant attachment pattern, as measured by the SSP, to be similar to those in biological dyads. Even those who had experienced multiple placement moves, and had been exposed to abuse and neglect, formed secure attachments when placed with caregivers who had a secure state of mind. The findings of the study suggested that secure attachment can still form even in the presence of multiple placement changes and experiences of abuse and neglect, has implications for research, policy, and practice in the realm of adoption.

Similarly, The Attachment Representations and Adoption Study, led by Miriam Steele, created in collaboration between the Anna Freud Centre, Coram Family and Great Ormond Street explored attachment using narrative assessments in late-placed children (children who had been adopted between the ages of four and eight ((mean age six years, one month)), with children adopted as infants and their prospective adopted parents. The late-placed group (n=63) had been placed in

multiple settings and had experienced various forms of abuse, such as physical, sexual, or neglect, while the control group (n=48) had experienced no maltreatment and were adopted as infants (Steele et al., 2003). Children were assessed using the SSAP (Hodge et al., 2002). All assessments were repeated one year and then two years later.

The findings showed that the late-placed group demonstrated more negative representations in their story stems (avoidance, aggression and disorganisation), with those who had experienced maltreatment exhibiting more catastrophic outcomes in their stories. All children displayed more themes of security within their story stems with more time in placement (Kaniuk et al., 2004). However, whilst secure themes formed, negative themes persisted, leading authors to propose that it may be easier for children to adopt and internalise positive themes of security than discard negative themes. Few children showed a decrease in these negative themes, these children were statistically more likely to have parents who had a secure state of mind (Steele et al., 2009). Additionally, eleven children failed to make any progress; these children had adoptive mothers who had an unresolved state of mind (Kaniuk et al., 2004).

Correspondingly, Pace and Zavattini's (2011) longitudinal study of at-risk adopted children found that placement with one or more parents rated secure can lead to changes in adopted children's security over time. Pace and Zavattini (2011) investigated late-adopted children's attachment representations using the Cassidy and Main Separation-Reunion Procedure (Cassidy 1988; Main & Cassidy, 1988) to assess child attachment behaviour, alongside the MCAST (Goldwyn et al., 2000). Researchers observed 20 dyads of late-adopted children and their mothers during the first 7-8 months post-adoption placement compared with twelve biological children and their mothers. The mother's state of mind was assessed using the AAI. The results revealed that, at two months post-adoption, only 15% of late-adopted children were secure, while most were avoidant (50%) and 35% were ambivalent. By comparison, biological children were 67% secure, 25% avoidant, and 8% ambivalent. After six months, late-adopted children were 50% secure, 30% avoidant, and 20%

ambivalent. The attachment classifications of biological dyads remained stable between times one and two. Adoptive mothers were predominantly secure (67%), with some being dismissing (20%) or preoccupied (13%). Adoptive mothers with a secure attachment state of mind were more likely to have children who became secure over time. In contrast, children adopted by insecure mothers showed no change in attachment classification, and their attachment patterns were primarily insecure.

In a more recent report of the Pace and Zavattini (2011) longitudinal project, Pace et al. (2019) showed a shift in late-adopted children from insecurity in childhood to security in adolescence, correlating with their adoptive mother's secure state of mind. This provides further evidence that investigating attachment state of mind may be crucial to ensuring the longevity of adoption and care placements and the well-being of care-experienced and adopted children.

2.7.3 Research on the pre-adoption period

Despite the variation in pre-adoption experiences, more children who come to be adopted have experienced some early adversity (Grotevant & McDermott, 2014). Experiencing trauma during childhood can have long-term consequences for an individual's development, resulting in them becoming one of the most vulnerable members of our society (Cassidy et al., 2016). Given the likelihood of abuse and neglect leading to the removal of a child from their birth family and subsequent adoption, it is not unexpected that prolonged exposure to these circumstances may result in more severe negative outcomes for adoptees. This is supported by meta-analytical findings, which have shown that older age of adoption is associated with a greater prevalence of insecurity and disorganisation (Van der Dries et al., 2009) and more emotional and behaviour problems (Juffer & van IJzendoorn, 2005). The probability of maltreatment exposure may also increase with the older age of adoption. For example, Cyr et al.'s (2010) meta-analysis findings demonstrated that maltreated children are at a heightened risk of developing attachment patterns that are insecure and disorganised.

Van den Dries et al.'s (2009) meta-analysis of 17 studies comparing adopted children's attachment classifications to those from normative samples found that adopted children primarily showed less secure attachment (47% vs 62%) and had a greater prevalence of disorganised attachments (31% vs 15%) when compared to normative distributions. Furthermore, the authors found differences concerning the age of adoption; those who were adopted before the age of one showed the exact prevalence of attachment security as non-adopted children. Children adopted after their first birthday exhibited less attachment security than non-adoptees, suggesting that early adoption is a protective factor against attachment insecurity. However, regardless of adoption age, adopted children were twice as likely to have disorganised attachments than non-adoptees.

Pace et al. (2022) investigated emotional-behavioural problems, verbal skills and attachment representations (Steele & Steele, 2005) of late adopted adolescents using the FFI, finding that adopted adolescents displayed more internalising, externalising and total behavioural problems. The older age of adoption was not a predictor of later problems alone, but rather the experiences adoptees had faced before adoption, such as maltreatment. The adolescent adoptees in this study were reported to be well-adjusted regarding verbal abilities and attachment.

Similarly, Hornfeck et al. (2019) investigated the influence of adopted children's preadoption history and adoptive parents' characteristics on the psychological adjustment of domestic and intercountry adoptees in Germany. Their results indicated that prior experience of maltreatment and neglect was a key predictor of emotional and behavioural problems in adopted children. Although adoptive parents' reported stress levels were comparable to those of biological parents, there was a significant correlation between adoptive parents' capacity to regulate stress and the severity of emotional and behavioural difficulties exhibited by the adopted child. Finally, positive parenting was related to fewer emotional and behavioural problems in the adopted child.

Collectively these studies of the pre-adoption period and institutionalisation research suggest that the older age of adoption is a risk factor for emotional, behaviour and attachment problems. This is likely due to prolonged exposure to risk factors leading to birth family separation, such as neglect or maltreatment. Nevertheless, positive parenting and the relationship quality with adoptive parents may serve as protective factors, underscoring why adoption is considered a social intervention that helps children recover from early pre-adoption trauma. Yet, concluding the totality of an intervention whilst only investigating the years immediately following it, is a hypothesis at best. Particularly when adoptees spend those years living dependently on those who are often the subject of investigation, adoptive parents. Adoption is fundamentally an intervention of two parts. Firstly the child is removed from an environment deemed harmful; secondly, they are given new caregivers. There is great variation between how each of these acts play out, the severity of the environment which deemed the removal necessary, and the time it took for the removal to occur. Additionally, the number of new caregivers a child had to form attachments to before their parents were made permanent, and so forth. This is why it is crucial to understand the second act, how do adoptees adjust to new caregivers? and how does this impact attachment and lived experiences in older adoptees?

2.7.4 Research of the post-adoption period

Research in adult adoptees can help to answer the question of recovery from early trauma and how adoption shapes their lives. Despite a plethora of research exploring adopted children, the following section contains the only known investigations of attachment in adult adoptees.

Borders et al. (2000) studied mid-life adoptees (ages 35-55) with a peer-matched comparison group using standardised and researcher-designed self-report measures to investigate several factors, including attachment. Attachment was measured using the Adult Attachment Scale (AAS; Bartholomew & Horowitz, 1991). Authors found that adoptees were significantly less likely to classify themselves as secure than the friend-matched comparison group and more likely to classify themselves as preoccupied and fearful but not dismissing. The adoptee group was then split into those who had searched for their birth families versus those who had not. However, there were no significant differences between the two adoptee groups in terms of AAS classifications. Findings indicate that the adoptee group reported less social support from family and friends than the comparison group, experienced more depression and were more likely to have sought counselling.

In another study using self-report measures of attachment, Feeney et al. (2007) investigated attachment within adult adoptees and non-adoptees using the Attachment Style Questionnaire (ASQ; Feeney et al., 1994) and the Parental Bonding Instrument (PBI; Parker et al., 1979). The adoptee group reported a significantly higher amount of insecurity than the comparison group, especially in the 'fearful' attachment style. Despite these significant associations, adoptive status only accounted for 7% of the variance in attachment across the two groups. The PBI scores indicate a negative correlation between parental care and avoidance, and paternal care was negatively associated with anxiety. Also, adoptees who had initial dissatisfactory meetings with their birth parents reported higher levels of attachment avoidance and anxiety. The authors also found that late adoption was associated with family loneliness and perceived risk of intimacy and that younger adoptees

experienced social loneliness to a greater extent than older adoptees. These findings suggest that adoption may be a risk factor for perceptions of relationships later in life but that the negative impact of adoption may decrease over time or through more experience in relationships.

Farr et al. (2014) explored open adoption communication and perceptions of attachment relationships within adoptive families during early adulthood (aged 21-30 years). The IPPA (Armsden & Greenberg, 1987) and an adoption communication interview were used to evaluate attachment relationships. The results indicated that differences in communication with adoptive parents were correlated with self-reported security. Adoptees who described themselves as secure reported more positive experiences of conversations about adoption with their adoptive parents. Furthermore, open and positive communication between adoptees and their adoptive parents was linked to greater satisfaction in birth-parent contact. This provides evidence that the quality of the relationship with adoptive parents may mitigate the effects of adoption on attachment security.

An analogous study by Grant-Marsney et al. (2015) investigated adopted adolescents' self-reported closeness to adoptive parents and whether this predicted later attachment styles in relationships outside the family during early adulthood (ages 21-30 years). This study used two self-report measures of attachment, the IPPA and the ECR (Brennan et al., 1998) finding that adoptee-adoptive parent closeness in adolescence predicted attachment style in early adulthood. In addition, self-reported closeness to parents in adolescence was associated with decreased avoidant attachment style in adulthood. Conversely, anxious attachment style was not predicted by closeness to adoptive parents, but this closeness buffered against attachment anxiety in relationships outside the family in early adulthood. Together the Farr et al. (2014) and Grant-Marsney et al. (2015) studies underscore the critical role that adoptive parents can play in promoting the well-being and healthy development of adopted children, particularly with regards to their attachment relationships.

There were only two studies identified which have explored attachment in adult adoptees with the use of narrative measures. A study by Irhammar and Bengtsson (2004) investigated attachment state of mind in a group of adult intercountry adoptees (n=40) (aged 25-34), alongside other measures of identity and a self-report measure of psychosomatic and emotional distress. Comparison to known meta-analytical findings of normative populations van IJzendoorn & Bakermans-Kranenburg (1996) found that adoptees had lower rates of security than expected (47.5% vs 58%), but this difference was not significant. Further, participants who were adopted younger were more likely classified as secure. In comparison, those adopted later and who had memories of the pre-adoption period were more likely to be classified as unresolved. Adoptees with insecure attachment classifications were more likely to search for information regarding their biological families. Still, both secure and insecure adoptees had an equal desire to visit their country of origin.

The second study using narrative measures is Schoenmaker et al's (2014) follow-up report of a longitudinal study which followed a group of young adult intercountry adoptees (n=190) since they were infants. Although this study focused on the stability of attachment classifications and the influence of maternal sensitivity, it was also reported that the adoptees' average scores on the Attachment Script Assessments (ASA; Waters & Waters, 2006) were not statistically different from the mean scores of non-adoptees. Maternal sensitivity in childhood predicted adult attachment representations in early adulthood. Greater sensitivity resulted in more secure attachment relationships in childhood and more secure attachment in adulthood, emphasising the importance of sensitive caregiving in forming secure attachments within non-biological dyads. In agreement with Farr et al. (2014), this research highlights the importance of relationships with adoptive parents. In addition it also supports the findings of Feeney et al. (2007), indicating that the negative impact of adoption on attachment could be reduced over time

More recently, Benjamin et al.'s. (2019) study of family relationships and lived experiences in "Fa'a'amu" adults (n=22) used the AAI, but explored the transcripts qualitatively. Fa'a'amu is a type of adoption which is common in French Polynesia. Fa'a'amu involves an open and informal arrangement for the adoption where the child is raised by caregivers who are not their biological parents but commonly remain in contact with them. Interviews were conducted using the AAI and a 'Fa'a'amu Experience Interview'. In addition, interview data were analysed using thematic analysis (Braun and Clarke, 2013). Although most participants expressed positive experiences in adoption, several factors were identified that negatively impacted participant well-being and sense of belonging. These included an older age of adoption, death or rejection of birth parents and, or adoptive parents, adverse childhood experiences, and hostile relationships between birth and adoptive parents. Although member checking may have compromised the depth of these themes, this practice limits the interpretation of participants' meanings that are not often recognisable to participants (Braun and Clarke, 2022).

The reviewed studies of post-adoption research highlight the importance of investigating attachment in adult adoptees and provide insight into how adoption shapes their lives and impacts their relationships. Findings suggest adoptees may be at increased risk of insecure attachment and lower social support compared to non-adoptees. However, the negative impact of adoption on attachment may decrease over time or through more experience in relationships. Adoptive parents can play a critical role in promoting adopted children's well-being and healthy development, particularly regarding their attachment relationships. In addition, the studies indicate that factors such as the age of adoption, communication with adoptive parents, and initial meetings with birth parents may impact attachment and perceptions of relationships later in life. Maternal sensitivity in childhood is also emphasised as a critical factor in forming secure attachments within non-biological dyads. Finally, they suggest the importance of providing social support for adult adoptees and

addressing any negative experiences or adverse childhood events that may impact their well-being and sense of belonging.

2.7.5 Rationale for the current investigation

The research presented here shows a conflicting picture of attachment literature in adult adoptees, demonstrating a clear need for more research. There have been many investigations of the pre-adoption period and histories of neglect and abuse which cause a child to enter the care system. Still, few studies have explored life with adoptive parents and the experience of being an adoptee. The primary focus of this project is to study the impact of adoption through an attachment lens; the population under investigation here are adults who have experienced permanent separation from their birth parents and have had to reform new attachments to adoptive parents. We are also interested in the consequences of this on their life experience, as adoption is not a singular event but a continual life-long process (Brodzinsky et al., 1998; Lifton, 2002). Studying the impact of life experience through the adoption or care system gives us a unique insight into attachment relationships.

Additionally, there is an apparent neglect of gold-standard attachment measures used within adoption research. There appears to be an assumption that attachment problems may be present and will rectify over time spent with adoptive parents (Feeney et al., 2007; Schoenmaker et al., 2014). What is currently unknown is how do adoptees make sense of being adopted? And how do adoptees feel about adoption later in life? Is there shared meaning across adoptee experiences? Especially in those who live independently from adoptive parents, thus may have had the distance required to reflect. Through an exploratory qualitative approach combined with the AAI analysis to study attachment, this PhD study begins to answer these questions. The importance and originality of this thesis is the use of a gold-standard measure of attachment to explore attachment and the lived experience of an under-researched population, that of mid-life adopted adults (aged 30 years+).

2.8 Conclusion

The primary aim of this chapter was to review the key literature relating to the current investigation. Based on this review, the necessity for research to be conducted on older adoptees has been acknowledged, and the measure of attachment used was justified. In the next chapter, the methodology and methods used to achieve the thesis aims will be outlined, as well as the theoretical underpinnings of the research project and the rationale of the methods.

Chapter 3

Methodology

3.1 Overview of chapter

This chapter aims to provide a detailed description of the methodology and the methods used within this thesis. The purposes of this chapter are to (i) outline the overarching research aim and objectives, (ii) describe the theoretical underpinnings of the project and outline the process of data collection, including the sampling procedure, (iii) provide a rationale for and description of the methods of data analysis used within this thesis.

3.2 Aims and objectives

The overarching aim of this thesis is to investigate the state of mind with respect to attachment and the lived experience of older (30+ years) adoptees. The Adult Attachment Interview (AAI; George et al., 1985-1996) was used to gain data and was analysed using four types of analysis: (i) the manualised AAI coding and classification system (Main et al., 2003), (ii) Reflexive Thematic Analysis (RTA; Braun & Clarke, 2022), (iii) the Reflective-Functioning coding manual (RF; Fonagy et al., 1998) (iv) the Complex Trauma Questionnaire (ComplexQT; Maggiora Vergano et al., 2015).

These analyses occurred over three empirical studies, each with the following objectives:

1. To investigate the lived experience and attachment state of mind amongst adults adopted from mother-and-baby homes.
2. To explore the lived experience of mid-life adopted adults.
3. To establish the attachment state of mind of mid-life adopted adults. .
4. To investigate early relational trauma in mid-life adopted adults.
5. To assess the reflective functioning of mid-life adopted adults.
6. To integrate the findings of the four analyses to gather a holistic understanding of attachment and the impact of adoption within this population.

3.3 Research design

This thesis utilised a primarily qualitative mixed-methods exploratory sequential design to uncover the attachment states of mind and to investigate the lived experience of mid-life adoptees. The subsequent section begins with a discussion of the theoretical underpinnings of language analyses used within this thesis and reporting the challenges faced with combining these approaches. Finally, the rationale for using a mixed-methods, and primarily qualitative design is presented.

3.3.1 Philosophical position

All analyses (RTA, AAI, RF and ComplexTQ) complement each other regarding how they view language. All adhere to the view that it is possible to use language as a tool to convey meanings and that it can be used to reflect people's thoughts, feelings or states of mind. Where they do differ is the contrasting interpretative orientation of participant meanings (Braun and Clarke, 2021), which will be discussed in turn. As the ComplexTQ functions only to tally up the number of forms and instances of trauma, there is no need to discuss this in further depth. The reflexive thematic analysis (RTA), AAI and RF, however, have contrasting hermeneutic viewpoints.

The AAI and RF adopt a hermeneutics of suspicion approach when interpreting the content (Gadamer, 1984). Hermeneutics of suspicion takes a skeptical approach to the text, in which language is not seen as a transparent expression of meaning, but that it is mostly distorted and masks deep meanings beneath the text's surface (Ricoeur, 1970). The focus in analysing the text can be drawn to linguistic markers or what is not said, hesitations, denials or contradictions of the account. The role of the researcher is therefore to uncover the hidden meaning of the language rather than take what is said at face value (Josselson, 2004). In the case of the AAI and RF analyses, the text is decoded with predefined linguistic markers to consider the weight of these across various nine-point scales.

Although RTA is a flexible method which does not subscribe to one specific paradigmatic foundation, it is the role of the researcher when using RTA to make explicit which RTA approach is best suited to the study in question. In the current thesis, RTA was underpinned by a critical realist ontology, which exerts that whilst there is the existence of an external reality independent of ourselves, the perception of reality is still shaped by and embedded within the individual's cultural context, language and social positioning (Danermark et al., 2002; Willig, 2013). Given this, critical realism was the best fit for the project as it allowed for the combination of the lived experience of participants whilst also highlighting the impact of the events which adoptees commonly go through. After all, adoption is considered and widely recognised as an intervention (van IJzendoorn & Juffer, 2005; Kroupina et al., 2012), and the project aims to bring recommendations which can better shape this practice whilst bringing attention to subjective experience.

RTA was used in an opposing interpretative manner to the AAI and RF analyses. Like most thematic qualitative methods, the function of RTA in the current thesis was to identify and report themes within participants' narratives. RTA was employed to view the text from a hermeneutics of faith position (Ricoeur, 1970). Hermeneutics of faith assumes that language is accepted as an accurate symbolisation of the intention and meaning behind the words. The role of the researcher is to listen and respect what is conveyed as much as possible in its pure form, trusting that the participant is telling their subjective experience and personal meaning as accurate as possible. This is not to say that when using this interpretative orientation, meanings cannot be implicit or residing within the depths of the text, only that the language used is understood as a presentation of those depths (Josselson, 2004).

Combining these two hermeneutic stances is possible but not an effortless endeavour (Josselson, 2004), and there were times where one analysis had to give way to the other. In order to combine these two approaches, it was important to be aware of their differences and at times concede and agree upon which version best represented participants but also fitted the project's overall aim. Ricoeur (1970) proposed that the two can be combined through oscillation between scepticism and restoration of meaning.

An early report on integrating these two orientations came from Allport (1965), who used both to analyse a single case study. Allport (1965) deemed the hermeneutics of faith interpretation as a 'surface' reading of the study, with a hermeneutics of suspicion interpretation similar to a Freudian or Jungian reading of the text. Allport determined that whilst it is possible to find truth in both approaches, he considered "*to what extent and in what direction, is each approach most valid?"* (p.211). Josselson (2004) suggested that to combine these approaches, one would first have to restore the meanings of the text from a hermeneutics of faith perspective before beginning the decoding i.e., of suspicion.

These two accounts prompted the consideration of what would work best to achieve the thesis aims. Like all qualitative coding decisions, combining hermeneutics of faith and hermeneutics of suspicion within the same dataset cannot occur without conscious and purposeful decisions by the researcher. With Allport's question of validity in mind, the first major coding decision was that all reports of attachment-related characteristics would be given priority to the AAI analysis. Given that self-report measures and the AAI produce contrasting findings (Bailey et al., 2012; Bennett et al., 2006), any description of how a participant feels that they behave within an attachment-related context was treated as a self-report. In these instances, the validity of the AAI as a measure of attachment, was given preference over the faith based hermeneutic orientation of the RTA.

Therefore, in contrast to Josselson's (2004) suggestion, for effective analyses in the current thesis, it was necessary to keep the suspicious approach in mind during the RTA. A prerequisite to achieving this was to undertake and study AAI analysis before RTA. This was crucial for the following reasons (i) the participant's understanding of attachment was different to the conceptualisation of attachment as a state of mind (ii) the AAI surprises the unconscious, and the protocol elicits its linguistic markers, which are coded during analysis (George et al., 1985; Crowell et al., 1996). In other words, RTA coding was conducted with the AAI in mind. This allowed the researcher to define boundaries within the text and omit self-reported depictions of how the participant feels they conduct themselves in relationships which may have contradicted the AAI analysis.

There were instances in which the two were in conflict. For example, some participants would describe how they conduct themselves in relationships in a dismissing-like manner, albeit these sentences were enshrined within preoccupied narratives:

"And I'm opposite to that I kind of, um I'm yeah, compulsively independent."

(Participant 15)

"I suppose that the only person that you can really rely on is yourself I think"

(Participant 17)

If the hermeneutics of faith approach to the text had been applied to such instances, there might have been a theme or subtheme relating to dismissing-like traits. The overall analyses of the thesis would produce two opposing views of the participant's state of mind. They would have been ineffective in delivering the project's ultimate aim to inform practice, policy and future research. In such occurrences, the AAI analyses are better positioned to categorise this particular form of expression. The analysis followed what the AAI analysis calls 'showing not stating', where an AAI

coder must primarily focus on the former and be aware of the latter to recognise contradictions within the narrative. Therefore, to successfully combine these analyses, one must be cognisant of the function of both analyses and separate the information which could be gleaned from each to best suit the aims of the thesis.

What ensued then was a separation between attachment-specific language and life-experience language. However, some overlap did feature in the final analysis. For example, the AAI found an overrepresentation of unresolved loss and trauma. Loss and trauma were critical themes throughout the RTA. But both had different roles; the RTA provided a more detailed background to the AAI finding. For example, participants conveyed a trauma related to their adoption experience, loss in the form of identity and perceiving the permanent separation from birth parents as a loss. These findings could not have been uncovered by the AAI alone as loss and trauma in these forms are not consider in the AAI manual.

In contrast to the decision that had to be made for the AAI and RTA to work, the AAI-RF analysis complimented both approaches and could be applied without hindrance. It was not affected by attachment-specific language or life-experience statements. It was possible to survey both for instances of RF, likely because the focus of the investigation was attachment and lived experience. Participants' degree of RF was not a qualitative focus and therefore did not hinder RF assessment.

3.3.2 Rationale for using qualitative data

The mixed-methods design employed was largely qualitative. However, unlike typical qualitative and quantitative designs with separate data collections pertaining to each, all data was collected using the AAI. A bespoke adoption interview was considered, but following AAI training, the AAI interview was deemed comprehensive enough to capture all life-experiences relevant to the current investigation. Interview data has been considered one of the best qualitative data collection techniques (McLeod, 2007). The AAI is said to surprise the unconscious (George et al., 1985), prompts the individual to reflect on their life experiences and gives a thorough narrative of the speaker's attachment history.

Qualitative methodologies are beneficial for understanding individual subjective experiences and the meaning individuals or groups assign to social or human problems (Creswell, 2007). Qualitative research can enrich research by providing a deep and rich understanding of the research topic through the lens of human experience. Qualitative research allows researchers to explore and understand the meanings and perspectives of participants in a way that is not possible using quantitative methods alone (Creswell, 2013). As such, qualitative methodologies are best suited when researching under-researched topics, allowing the researcher to lay a foundational understanding of the topic for future research (Allan, 2020). Too little is known about older (30+ years) adoptees to inform a more deductive research approach. By collecting qualitative data, the researcher could explore themes across participants' narratives and generate further avenues for investigation. In addition, qualitative methodologies permit research questions to be explored flexibly and adaptively, as the design and subsequent stages of the inquiry can be modified as new insights are gained (Creswell, 2013).

3.3.3 Rationale for a mixed methods approach

Mixed-methods research is an approach that blends qualitative and quantitative methods within a study to improve the overall strength of the research rather than what can be achieved through qualitative or quantitative approaches alone (Creswell & Plano, 2007). Consequently, mixed methods designs increase the validity and reliability of research findings, allowing the researcher to triangulate results, corroborate or contradict findings and identify potential biases (Abowitz & Toole, 2010). Moreover, these designs lead to a more nuanced understanding of complex or relatively unknown phenomena, providing a holistic perspective of the research problem, allowing researchers to address multifaceted research questions, and giving rise to more robust, actionable insights (Hesse-Biber & Johnson, 2015).

Typically, mixed-methods research collects numerical and text data to answer the research question or explore a relatively unknown phenomenon (Ivankova & Creswell, 2009). According to Creswell (2014), three fundamental mixed methods designs exist. These are convergent parallel, explanatory sequential, and exploratory sequential. In a convergent parallel mixed methods design, researchers combine quantitative and qualitative data from sources collected concurrently in the same phase of the research process. Both methods are weighed equally and integrated during the interpretation of the overall results. In an explanatory sequential design, quantitative analysis is conducted initially, and the results are analysed. The findings are then explored further and in greater depth using qualitative research. The design is considered explanatory because the aim of the qualitative data is to provide further insight into the quantitative results, and sequential due to the order of the research phases. Like an explanatory sequential design and an exploratory sequential design are also conducted in different stages, but is the reverse. In this approach, the researcher begins with a qualitative research phase; this data is then analysed and used to inform the subsequent quantitative phase.

As there is little evidence of adoption's impact across adoptees' lifespan, this thesis used a sequential exploratory design. This study design is useful when little is known about the phenomenon under study and allows for further exploration of emergent findings (Creswell et al., 2003). The RTA and AAI were conducted without any deductive reasoning of the outcomes of the analyses; this occurred in study papers one and two of the current thesis. The outcome of both of these analyses prompted the researcher to explore two further analyses: (i) what appeared on the surface to be a considerable amount of reflection from participants was investigated for RF (ii) the early relational trauma participants had experienced was evident both in the RTA and in the AAI findings and was explored in more depth using the ComplexTQ in the third study paper. Combining different qualitative methods and quantitative measures makes the overall research richer and more useful, strengthening the findings.

3.4 Data analysis

The following section presents an overview of the four types of analysis used within this thesis, beginning with a description of reflexive thematic analysis (RTA). Next, an outline of the subset of participants who were born into mother-and-baby homes which informed the subsequent analyses is given. Following this, the AAI, reflective functioning and complex trauma questionnaire analyses are discussed briefly, accompanied by an overall conclusion of this chapter.

3.4.1. Methodological overview of study one

Five of the participants recruited had spent their early lives living in mother-and-baby homes. These five were grouped, prioritised, and analysed first due to the ongoing government and media investigations into the practice of mother-and-baby homes in Northern Ireland and the Republic of Ireland (Mother-and-baby homes Commission Final Report, 2021; McCormick et al., 2021). Despite the media attention and government reports, there had never been an empirical investigation into the aftereffects of these homes. The five mother-and-baby home adoptees were analysed using the AAI

analysis (Main et al., 2003), and then the AAI transcripts were analysed using TA (Braun & Clarke, 2006). The findings of this became the project's first study and were used to inform further investigations, that is, the TA conducted for this study became a framework used to build upon in the later RTA of all participants. In addition, the findings of the mother-and-baby home study prompted the researcher to begin to consider adoption as a traumatic experience; it was also during this investigation where the researcher noticed the potentially reflective capacity of participants' narratives and as a result reflective functioning and the complex trauma questionnaire were added to the following analysis of all participants.

3.4.2 Methodological overview of study two

The AAI protocol can be used to generate a rich source of data for qualitative analysis. Although there are numerous possible approaches to qualitative analysis, RTA was chosen because of the theoretical flexibility the method offers. As RTA is not tied to any particular theoretical position, it means that the researcher can apply this method through a critical realist lens, providing the opportunity to capture not only participants' individual perspectives but also an insight into the common experiences shared through experiencing adoption as an intervention. Additionally, RTA provides the opportunity to produce inductively-orientated insights into the data and has been shown frequently to be mixed with other qualitative approaches (Braun et al., 2016). It should be noted that the first empirical paper of this thesis employed an earlier iteration of RTA, referred to only as thematic analysis (TA). TA was guided by Braun and Clarke’s earlier work (Braun & Clarke, 2006) because this analysis was conducted before Braun and Clarke’s most recent update (Braun & Clarke, 2022).

3.4.3 Methodological overview of study three

3.4.3.1 The Adult Attachment Interview

The AAI was considered to be the best measure to explore attachment due to its empirical validity, reliability and clinical utility (Bakermans-Kranenburg & van IJzendoorn, 1993; van IJzendoorn, 1995; Crowell et al., 1996; Steele & Steele, 2018). It was identified during a literature review that most adoption research had explored attachment interpersonally. By investigating attachment intrapsychically, the current project would be able to explore the impact that adoption and life with non-biological caregivers has had on participants' state of mind with respect to attachment.

Additionally, the AAI allows for the exploration of several topics, including the early relationship with parents, current relationship with parents, separation, rejection, loss, traumatic experiences as a child, and wishes for current or future children. The researcher undertook AAI training virtually at the Stockholm Institute and was trained by Professor Pehr Granqvist and Dr Tord Ivarsson. Two intensive weeks of training took place from 9th November until 20th November 2020, followed by the completion of post-training materials and subsequent reliability checks. The AAI reliability check consists of coding a total of 30 transcripts at three six-month intervals. In order to achieve reliable status, the 30 transcripts must be coded accurately at a rate of 80%. All three reliability checks have been completed by the researchers since January 2023, AAI certification can be found in Appendix C of this thesis.

3.4.3.2 Reflective functioning

Despite an overrepresentation of insecure and unresolved states of mind, it was noted during RTA of the transcripts that there appeared to be a degree of self-reflection and reflection upon one's experiences amongst most participants. The AAI's meta-cognitive monitoring scale is still a draft (Main, 1991). To explore this finding further, the researcher undertook training on Reflective Functioning (Fonagy et al., 1998) from 10th-12th November 2021 delivered online by the Anna Freud Centre. The researcher was trained by Dr Tobias Nolte and Dr Hannah Katznelson. Subsequent practice transcripts were completed prior to coding participants, and reliability checks have been initiated but not completed, it is planned these reliability checks will be completed by June 2023.

3.4.3.3 Complex trauma questionnaire (ComplexTQ)

The prevalence of unresolved states of mind in most participants and the identification of trauma as a prominent theme in the discourses of participants' narratives prompted further investigation. This then led to the addition of the Complex Trauma Questionnaire (ComplexTQ) (Maggiora Vergano et al., 2015). The ComplexTQ has been validated for use using the AAI transcripts (Maggiora Vergano et al., 2015). The clinician version was used, as the self-report variation has not yet been validated. The clinician version is completed in the same way as a self-report but by the researcher instead. The participant's transcript is then used to total up the forms of trauma observed and the incidence of these.

The ComplexTQ gave a rounded view of the participant's early relational trauma experiences. One important aspect of the AAI is the idea of showing and not stating. For example if the speaker considers their parent to have been unkind towards them, this is not taken into consideration unless the speaker can provide evidence of this. The ComplexTQ in contrast, takes into consideration how

the individual felt as a result of the caregiver's actions. For this reason, the combination of the AAI analysis and the ComplexTQ gives an overall in-depth impression of the trauma experienced.

3.5 Data Collection

3.5.1 Sampling procedure

A purposive sampling approach was taken to research recruitment, employing snowball sampling to recruit further participants if necessary. Specific groups and organisations which stated that they offered care leaver and post-adoption support for adults were identified to raise awareness of the project and invite participation. These included: Thai Adoption Group Ireland, The Centre for Adoption UK, Adopt Northern Ireland, Family Care Adoption, Therapeutic, Education and Support Services in Adoption NI, Barnardos, Action for Children and Helping Hands.

A meeting with the director of the Northern Ireland branch of Adoption UK was arranged and took place in September 2020 to discuss the project and gain support in inviting participation. Additionally, social media was used to recruit participants as this has been shown to be a successful recruitment method in hard-to-reach populations (Vollert et al., 2020). Traditional recruitment methods such as flyers and posters were also considered, but due to the ongoing Covid-19 pandemic, recruitment was limited to online means.

A purpose-built Twitter and Facebook account was created, and a post containing a poster advertising the study, a description of what was entailed and contact information was generated. The call for participants on Facebook was posted directly to two UK and Ireland adoption and care-experienced support groups. The post on Twitter was posted from the study account and shared 46 times. The recruitment period took place from November to December 2020, and the study received an overwhelming amount of applicants. Given this, it was considered unnecessary to contact any further support services or organisations. Those who had reached out to volunteer were provided

with a study information sheet and a consent form if they still wished to participate after reading the information sheet (Appendix: B).

3.5.2 Participants

The aim was to recruit participants aged 30+ years, as this age group has been largely neglected from adoption and care-experienced literature. Furthermore, as the research was concerned with adoption from an attachment lens, the aim was to recruit participants who had experienced permanent separation from their birth parents and were tasked with forming attachments to strangers. Consequently, the recruitment process extended to adoptees and individuals with care experience, as those who had spent their early years in long-term foster care also fulfilled the inclusion criteria. It is worth noting that not every adoptee met the criteria, as some adoptees are placed with relatives or stepparents through kinship care. Fortunately, all who volunteered to participate in the study met the criteria. Only one participant (Participant 9) experienced an adoption breakdown and spent her teenage years living in a children's care home.

Table 3.2 shows the demographics and care experiences of participants. There was a total of 17 participants who took part in the current research project (eight females, nine males). Participants had an age range between 33 to 66 years old, and an average age of 52. The age of which participants were adopted ranged rom 6 weeks to 7 years old (mean age of adoption was 9.4 months). Most participants had been adopted by their adoptive parents in infancy, but few were adopted in later childhood or lived in foster care prior to adoption. Some participants experienced additional caregivers before the age of 15, such as nuns or their birth parents. After age 15, all participants were cared for by their adoptive parents, except for participant 9.

Table 3.2

Showing participant demographics and care-experiences

Participant number	Sex	Age	Age of Adoption	Caregivers before 14 years old	Caregivers after 15 years old
1	M	55	1 year old	Nuns, adoptive parents	Adoptive parents
2	F	59	6 months	Nuns, foster parents, adoptive parents	Adoptive parents
3	M	56	6 months	Nuns, adoptive parents	Adoptive parents
4	F	66	2.5 years old	Nuns, adoptive aunt, adoptive parents	Adoptive parents
5	M	63	2 months	Adoptive parents	Adoptive parents
6	F	60	5 months	Birth mother, adoptive parents	Adoptive parents
7	M	47	3 months	Adoptive parents	Adoptive parents
8	F	48	7 years old	Birth parents, multiple foster homes, adoptive parents	Adoptive parents

9	F	56	27 months *	Adoptive parents, foster parents, council care home	Council care home
10	F	64	2 years old	Adoptive parents, birth mother	Adoptive parents
11	F	58	6 weeks	Adoptive parents	Adoptive parents
12	M	43	3 months	Adoptive parents	Adoptive parents
13	F	43	4 months	Adoptive parents	Adoptive parents
14	F	33	7 weeks	Adoptive parents	Adoptive parents
15	F	48	2 months	Adoptive parents	Adoptive parents
16	F	46	6 weeks	Adoptive parents	Adoptive parents
17	F	56	16 months	Birth mother, Adoptive parents	Adoptive father

3.6 Interview Procedure

3.6.1 *Audio-recording*

The interviews took place via Microsoft Teams, video was used by both the researcher and participants, but only audio was recorded. The audio was recorded using Audacity software, which can record audio from video calls without including the video. In addition, a Dictaphone was used to make a backup recording of each interview.

3.6.2 *Transcription*

Interviews were transcribed verbatim per the guidelines outlined and detailed in the AAI manual supplementary material (Main, 1996). The transcription must include indications of speaking difficulty and genuine errors from the participant and the interviewer. All speech must be transcribed exactly how it was said, including stammers, expressions of assent and dissent, and placeholders. All names, places and references to ethnic origins are replaced in the following way: Person 1, Place 1, Ethnic 1 etc., throughout each transcript. Each AAI protocol's central question is numbered, bold, and underlined. A different paragraph is given to each speaker, and the interviewer's speech is transcribed in bold. Brief over-riding or under-riding remarks which are not part of the main discourse are added in italics within parenthesis. Punctuation is critical to the analysis and is used to represent the spoken language rather than what would be deemed grammatically correct. Pauses of less than two seconds are marked using two dashes, and pauses beyond this are marked using dots. Each dot indicates one second, excessively long pauses are written within curly brackets, and interruptions are implied using slashes. This lengthy process takes around two full working days to transcribe one AAI.

3.6.3 AAI protocol

The AAI protocol consists of 20 questions and prompts, which the interviewer must closely adhere to. To achieve this, the protocol must be memorised. Secondly, an AAI interviewer must allow the participant the opportunity to exhibit their characteristic discourse style without prompting too frequently, as the speaker may appear more coherent than they are. Finally, the interviewer must also be aware of the participant's level of distress throughout and be prepared to terminate the interview if necessary.

The interview begins with a warm-up question, asking the speaker to detail their early family life and their family constellation. The speaker is then asked to describe their relationship with their parents in early childhood by choosing five adjectives to describe each parent in turn and evidence each adjective with a specific event or memory. Speakers are asked to recall which parent they felt closer to and why, what happened when they were upset and to recount their first separation. Next, interviewees are asked if they ever felt rejected in childhood and if they were threatened or abused by their parents. Following this, the speaker is asked to reflect on their overall experiences with their parents, how these experiences impacted their adult personalities and to speculate on why their parents may have behaved as they did during their childhood. Speakers are asked about loss and any other traumatic experiences which had not been discussed; they are asked about changes in their relationship with their parents in adulthood; they are asked about relationships with their children or imagine children and to reflect on what future they would wish to see for their children. Finally, speakers are asked what they learned from their early life and what they would hope their children would learn from being parented by them.

The AAI protocol was carried out entirely and without alteration. That is, no special interest questions were added. The addition of special interest questions was considered, but according to the protocol, these questions must be added to the end of the interview schedule. The interview is designed to end on an optimistic note, in which the participant considers their children and their future. So it was felt that adding a potentially upsetting question to the end of this would put the interview into discord. However, mention of adoption-specific experiences were probed further; for example, when the term “adoption trauma” was spoken about by participants, they were then asked what this meant to them. As per AAI protocol guidance, the AAI was the only procedure administered on the interview day. There were no follow-up interviews or tasks involving stressful life events.

3.6.4 *Virtual interviews*

Participants were interviewed via the online platform Microsoft Teams. Interviewing via an online platform offered several advantages; for example, conducting interviews online expanded the recruitment pool, enabling access to participants from different locations. It also meant that participants could participate without taking the time or costs to travel to a location. Participants are also afforded the opportunity to be interviewed in a safe environment (Hannah, 2012), which may help them feel more at ease with the interview topics. Research comparing in-person and online mediated interviews (Jenner & Myers, 2019) has shown that participants were not more withholding or less inhibited when interviewed via the online format. Indeed, prior research into the benefits of online interviews has suggested that participants may be more at ease when speaking about personal topics when doing this virtually and at a location of their own choosing (Gray et al., 2020)

Interviews took place in January 2021. As per Covid-19 restrictions at the time of data collection, it was determined for both participant and researcher safety that interviews should take place in a virtual format. Due to security concerns with the Zoom platform, Microsoft teams was

selected as the most suitable platform for interviews. The interview occurred in a private and quiet area of the participant and researcher's home. Participants' consent was re-established throughout. In places where they found it difficult to answer a particular question, they were instructed to respond only if they felt comfortable doing so.

3.6.5 Ethical considerations

The study was approved by the University School of Psychology Ethics Committee. The target sample was 30+ years adults, so they were not considered to be a vulnerable group. There were no risks to the physical health of participants or the researcher. Participation was entirely voluntary; participants were made aware that they did not have to continue with the interview process and that questioning could stop at any time. Participants who became visibly upset were reminded that the process was voluntary and that they were not obliged to answer any questions they did not want to. The identity of participants was protected using participant numbers and the removal of any identifying information from transcripts and study outputs. Participants were informed before the interview that most people have not been asked to review their attachment experiences in such detail as is required during the AAI. And as a result, they may sometimes feel that the questions are personal or upsetting. Participants were informed that they had the right to withdraw from the process at any time. Additionally, participants were given contact details of support services that could be accessed if needed. Participants had the right to stop the interview at any time and could withdraw up to one week after the research was completed without giving any reason. As per AAI protocol guidance, a copy of the protocol (Appendix C) was provided to the ethics committee during the ethics application.

3.6.7 Reflexivity

Carrying out qualitative research is not a disembodied practice. The researcher is responsible for guiding the analysis and making coding decisions throughout. It is important to acknowledge that the root the analysis takes will always be influenced by the researcher's experiences and social, cultural and political environment (Hoshmand, 1999).

Reflexivity refers to considering the researcher's own situatedness within the research and reflecting on how this may impact the data being collected and the interpretation of that data (Berger, 2015). Researchers must acknowledge their own biases, beliefs and personal experience and how this will have an effect on their work. As subjectivity is at the heart of qualitative research, it is crucial to routinely reflect on and be aware of how the researcher's views can shape the research process (Finlay & Gough, 2003). This can include: awareness of social privilege; political and ideological views; personal background and life experience; outlook of the discipline the research is rooted within; and how the researcher is positioned within the specific topic; that is, if they are a member of the group that is being studied or an outsider of the study population (Braun & Clarke, 2022).

In conducting research reflexively, researchers must recognise that it is never possible to ultimately give a voice to participants as who we are shapes the observations and meanings of the text and the narrative we construct (Fine, 1992). Therefore, I am aimed to work reflexively and have created a reflexive account of my coding decisions which is included in chapter 8.

3.7 Conclusion

The current chapter presented an overview of the methodology and methods employed in this thesis, including the rationale for these choices. The proceeding chapters are structured around the three empirical studies conducted within the thesis, with a detailed description of the methods and data analysis strategy being provided. The ethical issues relevant to each respective study will also be included, alongside the results and the implications of these findings in relation to relevant literature, policy and practice.

Chapter 4

Study 1: Attachment State of Mind and Trauma in Mother-and-baby Home Adoptees

Reference:

Dalton, N., McLaughlin, M., & Cassidy, T. (2022). Attachment state of mind and trauma in mother-and-baby home adoptees. *Adoption & Fostering*, *46*(1), 73-87.

4.1 Abstract

Objectives. This study two had two aims: (i) to establish participant's state of mind (SOM) with regards to attachment using the Adult Attachment Interview (AAI) (George, Main, and Kaplan,1985-1996) and to explore the experiences and impact of adoption amongst adults adopted from mother-and-baby homes in the UK and Ireland.

Methods. The current study made use of all information gained by the AAI by analysing the interview transcripts in two ways: (i) by using the AAI scoring system (Main et al., 2003) to assess each participant's SOM (ii) thematic analysis of the transcripts producing an inductive set of themes.

Results. All participants had an insecure SOM with regards to attachment. Three out of the five participants had an unresolved SOM, and preoccupied was the highest represented three-way classification. Qualitative analysis of transcripts identified four overarching themes: (i) Identity and Belonging; (ii) Trauma; (iii) 'Silenced' Coping and (iv) Adverse Parenting which reflected their experiences of adoption.

Conclusion. Findings indicate that mother-and-baby home adoptees may be more susceptible to trauma associated with loss. This highlights the importance of suitable adoption placements and vetting of potential adopters. Mental health professionals should be aware that there may be multiple causes contributing to trauma experienced by mother-and-baby home survivors. These results have clinical and research implications and add to the broader discussion of trauma related to adoption.

4.1 Introduction

Mother and baby homes were institutions developed to provide accommodation for unmarried mothers and their children. Many of these establishments gained notoriety because of the maltreatment that occurred within them. The report by McCormick and colleagues (2021) on mother and baby homes in Northern Ireland was based on an extensive trolling of records and oral histories collected from women, staff, service records and the children who experienced them. The report states that "in the vast majority of cases, trauma and, often, mental health issues have been an outcome of birth mothers' experiences around their pregnancy" (McCormick, et al., 2021: 21). The survivors reported that these consequences were more prevalent where adoption was the outcome, and that these institutions created barriers to accessing their birth records. Available evidence suggests that 26% of children were left with their mothers, 32% went into institutional care, 23% were adopted and 15% went into foster care.

Adoption research offers a unique insight into the nature of attachment relationships. Many adoptees and care-experienced individuals are faced with attachment disruption and the task of forming attachments to new caregivers. The length of time spent in care and its quality and nature, as well as adoption pre-histories, vary significantly among individuals but it is highly likely that infants placed for adoption will have experienced prenatal or birth complications and have had parents with higher levels of psychopathology than is the case for the general population (Edens and Cavell, 1999). However, mother and baby homes were atypical from an adoption and fostering perspective. The common situation where children are removed from abusive homes does not apply; these children had caregivers. Previous research considering risk factors attributed to birth parents' lifestyle, addiction or abuse in the pre-adoption period may not therefore apply to mother and baby home survivors. Women were committed to the homes and

children were removed from their care only because they did not conform to what was deemed socially acceptable by religious orders at the time.

Mother and baby homes were also unique from an attachment point of view because some children could spend their early lives with their mothers, albeit in an institutional setting. Meta-analytical findings have shown that institutional care is a risk factor for disorganised and insecure attachment classifications (van den Dries et, al., 2009; Lionetti, et al., 2015) and attachment disorders (Kennedy, et al., 2017). In addition, adoption itself appears to be a further risk factor for insecure attachment and disorganised classifications (van Ijzendoorn and Juffer, 2006). Knowledge of attachment classification is important because attachment security can profoundly impact an individual's life course. Clinical research has found a strong association between psychiatric diagnoses and attachment insecurity (van Ijzendoorn and Bakermans-Kranenburg, 2008) and that attachment security is a protective factor against mental (McMahon, et al., 2006; Bakermans-Kranenburg and van Ijzendoorn, 2009; Fearon, et al., 2010) and physical ill-health (Dagan, et al., 2018; Ehrlich, 2019; Ehrlich, et al., 2019). There also appears to be a transgenerational risk of parental insecurity, as adult attachment classification measured by the Adult Attachment Interview can predict infant attachment patterns (van Ijzendoorn, 1995).

The Berkeley Adult Attachment Interview (AAI) (George, et al., 1985) remains the gold standard measure of adult attachment. It comprises an hour long semi-structured, semi-clinical interview containing 20 questions that focus on the interviewee's early and present-day attachment relationships and past experiences and the effects of these on current functioning (Main, 1991). It places two demands on the interviewee; to recall and reflect on their attachment life histories whilst simultaneously maintaining a coherent and collaborative discourse. The analysis of the transcripts therefore centres not only on the speaker's ability to recall events from

their childhood but also on the coherence and plausibility of their narrative. From this information, it allocates the speaker to a classification for their overall state of mind (SOM) with respect to attachment (Main, 1985). The SOM is said to provide "….rules and rule systems for the direction of behaviour, the felt appraisal of experience, and the direction and organisation of attention and memory" (van IJzendoorn, 1992: 80).

There are five main classifications to which the participant can be assigned: secure-autonomous; insecure-dismissing; insecure-pre-occupied; unresolved with respect to loss or trauma and cannot classify. There are also 12 further sub-classifications. An extensive body of research has shown that the individual differences in the narratives produced during the AAI significantly correlate with infant's responses during a behaviour-based assessment of separation and reunion, known as the Strange Situation Procedure (SSP) (Ainsworth, et al., 1978; van IJzendoorn, 1995). This well-established relationship between parental AAI classification and infant SSP attachment pattern has been found among foster carers with regard to the children they look after (Dozier, et al., 2001). It has even been shown to predict infant attachment pattern before the first child is born (Fonagy, et al., 1991).

Despite numerous reports and commentaries, there appears to be no empirical research on the impact of adoption from mother and baby homes even though it is known that over 10,500 women were admitted to such establishments in Northern Ireland alone (McCormick, et al., 2021). It is, therefore, unimaginable how many lives across the UK and Ireland have been affected by this practice. This study aims to shed light on the attachment and experiences of the now-adult children adopted from this source, and to inform future research and clinical practice.

4.3 Methods

4.3.1 Participants

Participants were recruited as part of a broader study of attachment in older (30+) adopted and care-experienced adults recruited via social media posts on Twitter and Facebook. Five of the participants in this study cohort were born in mother and baby homes in Ireland and the UK. These individuals were then grouped and analysed separately for the current study.

4.3.2 Procedure

Due to the ongoing Covid-19 pandemic, a decision was made for reasons of both researcher and participant safety that interviews should be conducted via an online format. Although only audio was recorded, video was used by both parties throughout to recreate an in-person interview. Both participant and researcher undertook the interviews in a quiet and private area of their homes away from other people. The interviews were transcribed verbatim in accordance with the guidelines detailed in the AAI manual supplementary material (Main, Goldwyn and Hesse, 2003).

4.3.3 Measure

The AAI (George, Kaplan and Main, 1996) was used to determine participant SOM with regards to attachment. It typically takes at least an hour to administer, and the interviews for this study lasted on average for one hour and 11 minutes. The procedure rates inferred parental behaviour across five different scales, followed by scoring from 12 state of mind scales. It then allocates the participant to one of the classifications laid out in the system section of the manual. There are three main organised states of mind:

secure-autonomous (F),

insecure-dismissing (Ds) and

insecure-preoccupied (E).

Two further classifications, unresolved/disorganised (U/d) and cannot classify (CC) are possible along with 12 sub-classifications.

Respondents are considered secure if they appear to be valuing attachment, if they are objective about relationships and experiences and seem able to flexibility switch between the two demands of the interview. A secure narrative is, therefore, coherent and collaborative. Both types of insecure classifications (D and E) have marked incoherences in their discourse. Participants deemed to be insecure-dismissive (D) disregard or minimise attachment relationships and their impacts; they defend against conscious awareness of attachment difficulties and may idealise or degrade relationships. Preoccupied (E) speakers, in contrast, do the opposite; they give sustained and obsessive attention to attachment relationships and experiences and maximise their effects, expressing this through anger or, more rarely, passivity or fear. In addition to these three organised strategies, respondents who show lapses in monitoring of reasoning or discourse during discussion of loss or trauma are placed into the unresolved (U/d)category and transcripts that cannot be placed into any of the previous categories are assigned 'cannot classify'

4.3.4 Data Analysis

The study made use of all information gained by the AAI by analysing the interviews in two ways: (i) by using the AAI scoring system to reveal each participant's SOM, and (ii) analysing the transcripts qualitatively to produce an inductive set of themes.

An inductive approach was taken to the qualitative analysis due to the lack of quantitative data on this population. Thematic analysis (TA) was guided by Braun and Clarke's six-step framework, (2006) and managed by NVivo 12. Transcripts were line-by-line coded and initial codes were sorted into categories. Once an initial thematic framework was created, data sets were reassessed with potential themes in mind. Each theme was reviewed in correlation to references from the transcripts and the data set as a whole. TA was conducted by two researchers who independently analysed the transcripts and then met to agree on the emerging themes.

Decisions regarding refinement and sub-themes were recorded throughout the entire process in NVivo 12.

4.3.5 Ethical considerations

The study was reviewed and approved by the University School of Psychology Ethics Committee. The researcher undertook training in administering and using the AAI prior to the study. The interviews were carried out through virtual media and the researcher was in close contact with supervisors at all times. Participants were fully informed, provided written consent to participate and were given information on support services.

4.4 Results

The results of this study are presented in two sections: (i) AAI classifications (Table 1) and (ii) thematic framework and themes. All five participants were classified as having an insecure SOM by the AAI scoring system, as shown in Table 1. Four of them were unresolved (U/d) and 'preoccupied' (E) was the most prevalent organised classification. When participants are rated as unresolved, the coder must choose a best-fitting alternative organised classification. In the case of participants 1-4, this underlying classification was insecure-preoccupied. The preoccupied classification takes three forms: angrily preoccupied (E2) (most common), passively preoccupied (E1) and fearfully preoccupied (E3). Two participants had the subclassification E2. During E2 interviews, the speaker goes beyond what is asked in the question and overwhelms the narrative with grievances of one or both parents. Participants 1 and 2 exhibited rarer forms of the preoccupied classification, falling into the sub-classification E1 'passively preoccupied' and E3 'fearfully preoccupied' respectively. The E1 subclassification is found approximately in two out of 120 normative transcripts and, interestingly, is also uncommon in clinical and violent populations (Main, Goldwyn and Hesse, 2003). Finally, participant 5’s transcript was classified

as insecure-dismissing and placed into the Ds1 sub-classification, making him the only participant to have an organised yet insecure primary classification. In his transcript, he appeared to dismiss most attachment-related thoughts and seemed unaware of the effects of early experiences.

Table 4.1

Showing participant AAI classifications

Participant	Sex	Age	Primary classification	Sub-classification
Participant 1	M	55	Unresolved/disorganised	U/E3
Participant 2	F	59	Preoccupied	E1
Participant 3	M	56	Unresolved/disorganised	U/E2
Participant 4	F	66	Unresolved/disorganised	U/E2
Participant 5	M	63	Dismissing	Ds1

Table 4.2

Showing the Thematic framework

Superordinate themes	Sub-themes
Belonging and Identity	• Never fitting in • Being flawed • Disposable
Trauma	• Abuse • Understanding trauma/reflecting on trauma • Recovery/Post traumatic growth
'Silenced' Coping	• Self-reliance • Suppressed emotions
Adverse parenting	• Harsh parenting • Parental apathy • Balanced view of parenting • Lasting impact on relationships

The four superordinate themes were : 1) belonging and identity, 2) trauma, 3) 'silenced' coping and 4) adverse parenting. Although the impact of adoption was not directly questioned, all participants spoke of the effect their adoption from mother and baby homes had on their attachment relationships. Each theme will now be discussed in more detail.

1. Belonging and Identity

The first theme captures how participants' adoptive status impacted how they saw themselves, and how they viewed their relationships with others. All participants stated that they never felt like they fitted in with family and or peers. Some had expressed a marked difference between themselves and other family members, either in childhood or recently in adulthood, participant 1 stated:

> *"But the way I processed it is, I'm not the same as everybody else, that I'm very different. So you have Jamie is a member of the family, Sarah is a member of the family, Jill is a member of the family, but there is something a little bit unusual about me. I'm not a member of this family."*

Every participant spoke of feeling flawed or not good enough:

> *"But you always, always live with the idea that never, never good enough-- no matter what you do, what success you have, there's always a little bit that holds back"*

Participant 2 highlighted how this feeling may be related to being an adoptee:

> *"Um, but--I I felt flawed, and I don't know and and that might be a common thing for adoptees anyway"*

Participants spoke of feeling disposable in romantic relationships or recounted memories of adoptive parents threatening to "send them back" or disowning them. Those who had not reported memories of direct threats of abandonment mentioned that it still felt as though this might happen or spoke of fears of being "*sent away again*".

> *"…though I do remember my mother being very angry once and and seemed to be telling me she was going to send me back."*

2. Trauma

A prominent theme identified from the data was trauma. Four out of the five participants spoke of trauma they had experienced and the process of coming to terms with trauma. The same participants also spoke of their recovery processes. It is of note that the only participant who did not mention trauma, participant 5, had an insecure-dismissing SOM.

Most participants had experienced physical, emotional, or sexual abuse, either at the hands of their adoptive parents, and or others. In the following extract, the participant touched on the physical abuse committed by his adoptive father:

> *"Er, and then when he when I got up to kind of 13, 14, h-he used the closed fist quite a bit as well. So quite violent"*

Participant 4 spoke of sexual abuse by an unknown perpetrator.

> *"…unfortunately I was sexually abused as a child."*

Every participant who spoke of trauma also talked about the lengths they had gone to understand or reflect on their trauma. Participants seemed aware of the impact trauma may have on current functioning:

> *"I've got quite a strong startle reflex, and, um, I'm always, I can how that's carried into adulthood is if I'm with a partner, I might say, are you all right? And like my partner says, stop, ask if I'm all right, but really, I know that's a hangover from childhood going, are you all right, Mummy?"*

The final sub-theme within this superordinate theme, recovery, encapsulates the descriptions of participants recovery process. All had spoken of attending therapy either in the past or are still regularly attending therapy.

> *"I had therapy and I'd become clearer thinking, you know, you sort of start to realise that actually my reaction to something is completely-- not right. So why am I doing that?"*

Participant 1 talked about pouring the pain of his adoption experience into his artwork, which helps to aid his recovery as well as helping others within the adoptive community.

> *"I am able to contribute to the adopted community in a very rich, and a very meaningful way. And I don't think I would be able to unless I had the experiences I've had."*

3. 'Silenced' Coping

When asked about childhood, all participants indicated that they did not feel like they could approach their adoptive parents in times of hurt or distress, and as a result, had learned to cope with hurt by themselves. This theme was created to capture references to lack of needing and suppression of help seeking behaviours described by participants.

Every participant recounted self-reliance when hurt or upset in childhood. The following quote from Participant 3 was answered in response to the question *"what did you do when you were upset as a child?"*

"Erm, I I generally, just got on with it and shut up"

Similarly, in the following example, participant 4 recalls handling physical hurt independently:

"I'd come off of a swing though really badly and walked myself home."

As a consequence of feeling like they could not turn to their parents in childhood alleviate distress, participants spoke of learning to cope by suppressing and internalising their emotions when upset:

> *"I probably would have an internal tantrum. and get over it and then try to figure out how to how to deal with the situation".*

One participant describes regulating her behaviours to hide upset:

> *"things you let show and you'd internalise them. –even a small, you know, as a sort of, probably a 10-year-old, you could face and, you know, just make it look as though you were fine."*

4. Adverse parenting

The final theme identified from the data was adverse parenting. Four out of the five participants had reported harsh parenting through severe disciplinary actions or emotional maltreatment, which left a lasting impression on the participant. Participant 1 recounts how his adoptive father would physically punish him for wrongly repeating the alphabet

> *"Ahm, and I'm dyslexic and I have a memory of me repeating the alphabet and every time I got it wrong, he would hit me with a wooden spoon."*

In the below quote, the participant describes his adoptive father forcing him and his siblings to go to work with him in childhood.

> *"Which was torturous for us as children, because as soon as we were, kind of big enough to be able to go working with him, he dragged us to go out working with him, hail rain or fucking shine."*

Participant 5, who had an insecure-dismissing SOM did not mention harsh parenting of any kind. Descriptions of parental behaviour in childhood revealed parental apathy, either through examples of disinterest in achievements or activities or belittling childhood interests. For example one participant spoke of receiving the lead role in a play and that her parents did not turn up to watch. In the later quote she states that she would have been surprised if they had:

> *"But, ahm, you know where you stand when your parents don't turn up."*

> *"I probably wasn't expecting them to turn up-- I'd probably be shocked if they had."*

Despite accounts of harsh parenting and parental apathy, all participants considered their parents' points of view and would explain their possible motivations or place parenting styles within the context of the era.

> *"…she was a single mum with four kids, ahm, it was very, very stressful. She had to learn how to drive a car, she had to learn how to get a job. Ahm, and she was stressed and she took it out on us, and took it out on me."*

Every participant expressed how the experiences with their adoptive or birth parents impacted their current relationships. One participant described how his birth mother visiting and leaving had caused him to have an ambivalent view of relationships today.

> *"[Birth mum] to visit and I used to love seeing her, but then she would go and I'd be very upset. So I then started to associate her coming with the upset of her leaving. So, it was extremely confusing, and I ended up ah, having a very mixed relationship with [birth mum] arriving in the first place, at least that's my theory. And, in, when I look back on my my adolescence, and my adult life, I can I can imagine or I can see this a pattern of me, sort of wanting a relationship, but also sort of wanting to hold back at the same time."*

Participant 5, who spoke of having had a good relationship with his adoptive parents theorised that never seeing them argue or address potential problems may have affected his conflict resolution skills. However, participants who spoke of harsh parenting or abuse by their adoptive parent(s) touched on how this has had a detrimental and lasting effect on relationships since:

"I think there's always a sense I don't want to rely on any one person. I don't want to, I don't want to commit to that person because I don't want to give everything to that person, because what happens if they go?"

4.5 Discussion

This study has studied five adults adopted from mother and baby homes in order to reveal each participant's SOM with regards to attachment, explore their experiences and assess the impact of adoption. The aims were achieved using the AAI, which was analysed in two ways: (i) by using the AAI scoring system (Main, Goldwyn and Hesse, 2003) to uncover each participant's SOM, and (ii) thematic analysis of the transcripts which produced an inductive set of themes.

The AAI analysis determined that all participants had an insecure SOM which in most cases was unresolved. The most prevalent three-way organised classification was 'preoccupied'. Participants 1and 2 had rarer preoccupied sub-classifications, E1 and E3, the first of which, as explained earlier, is found in approximately two out of 120 normative samples and does not have a higher prevalence in clinical or violent populations (Main, Goldwyn and Hesse, 2003). Qualitative analysis of the transcripts produced four themes: issues of belonging and identity; the prominence of trauma in participants' discourses; adverse parenting from adoptive parents; and the tendency to for paticipants to internalise emotions and cope with distress by themselves, a response we have labelled 'silenced' coping.

The findings are consistent with previous research which found institutionalised settings and subsequent adoption to be risk factors for disorganised and insecure attachment classifications (van IJzendoorn and Juffer, 2006; van den Dries, et al.,2009; Lionetti, et al., 2015). A meta-analysis of more than 4,200 AAI classifications conducted by van IJzendoorn and

Bakermans-Kranenburg (2008) revealed that both types of insecure SOM are overrepresented in clinical populations. Specifically, individuals with borderline personality disorder and those who have experienced abuse or suicidal ideation more often have an insecure-preoccupied classification. Unresolved classifications are also strongly correlated with borderline personality disorder, abuse and suicide and, again, are overrepresented in clinical populations. The unresolved classification, therefore, remains crucial in understanding patients with various clinical diagnoses. Our AAI analysis supports these findings; most participants had experienced abuse in childhood and had primary classifications of unresolved and forced three-way organised classifications of 'preoccupied'.

The four participants who had an unresolved classification had higher U scores regarding loss, in that they exhibited signs of disorientation and disorganisation during discussions of loss more so than trauma. Benjamin and colleagues (2019) postulated that loss of a loved one could be exacerbated in adoptees due to the past loss of birth parents. In addition, Goldwyn and Hugh-Jones (2011) reported that the experience of a permanent and sometimes sudden loss of one or both birth parents through fostering or adoption is in itself traumatic. Goldwyn and Hugh-Jones (2011) also found evidence for disorientated speech, namely failure to name, during separation discussions. Whilst participants in the current study did not exhibit marked disorientated speech when referencing the separation from their birth parents or adoption, there were eight references to separation from birth parent(s) through adoption being perceived as a loss. Participants in the Goldwyn and Hugh-Jones (2011) were adolescents aged 14-17 years old and it is possible that over time and through experience, participants in this study have learned to resolve verbal incoherences in discourse regarding separation from birth parents.

The McCormack research and the Final Report of the Commission of Investigation into Mother and Baby Homes (2021) both show that the experiences of women who were committed to mother and baby homes were traumatic. The present study echoes this finding in mother and baby home adoptees as trauma was a prominent theme alongside unresolved SOM in almost all participants. Research has shown a significant relationship between parental unresolved AAI classification and infant disorganised attachment pattern (van IJzendoorn, 1995). Main and Hesse (1990) theorised that the exact mechanism which gives rise to lapses in the monitoring of reasoning or discourse during discussions of loss or trauma could also bring about frightening and frightened parental behaviour during interactions with their children. It is likely therefore, that mother and baby home adoptees were already at risk for transgenerational trauma. This, combined with early life spent in institutional care, permanent separation from birth parents and abuse and harsh parenting from adoptive parents presents a sobering insight into the aftermath of mother and baby homes.

Findings also indicate that issues with identity and belonging were a consequence of adoptive status. All participants spoke of not fitting in with peers or family members, feeling flawed and feeling disposable. Given how participants spoke about themselves, this finding would imply that self-esteem has been affected by adoption. However, this diverges from meta-analytical findings of over 10,000 adoptees (Juffer and van IJzeendoorn, 2007) which found that adoptees, albeit adoptee children, had higher levels of self-esteem than non-adoptees. Nevertheless, given the uniqueness of mother and baby homes and time spent in institutions, it is difficult to directly compare mother and baby home survivors with all adoptees.

Crucially, the present study highlights the importance of appropriate adoption placements and scrutiny of potential adopters. Adoptive parents' abuse and adverse parenting caused participants

to engage in emotional internalising and suppression of help-seeking behaviour. But despite these negatives, a growing body of research shows that when adoptive or fostered children are provided with sensitive and well-organised placements, they can develop secure attachments with their carers and others (Steele, et al., 2009; Smyke, et al., 2010; Bakermans-Kranenburg, et al., 2011).

4.5.1 Strengths and limitations

The current research has several strengths; it is the first study to utilise the AAI with a sample of mother and baby homes adoptees. To our knowledge, it is also the first study to use the AAI analysis in combination with thematic analysis; both analyses being performed by the same researcher who is AAI trained. Using this approach, we were able to present a more thorough understanding of attachment difficulties and trauma faced by the participants. Furthermore, we have not neglected sub-classification reporting in the results of the AAI analysis. Sub-classification provides additional information regarding the participant's SOM which is relevant both clinically and empirically. Finally, by interviewing participants directly, respondents could represent themselves and their experiences in their own words giving rise to nuances in the data which would have been missed using self-reports. The findings contribute to the broader discussion of trauma related to adoption and give practitioners a small-scale insight into a unique care-experienced population.

A limitation of the study is that participants were recruited via a larger study of care-experienced and adopted adults. As mother and baby home survivors were not the focus of recruitment, many survivors who may have wanted to talk about their experiences may not have volunteered. Additionally, a larger sample size would have enabled us to test for a significant difference

between our AAI findings and the ratios expected for the general population and compare these to that from clinical populations.

4.5.2 Future research

Research focusing on birth parent separation as a loss to adoptees is limited. A recent study (Barroso and Barbosa-Ducharne, 2019) concluded that most adoptees within their sample did not identify loss with their adoption experience. Yet participants in the current study were unresolved with regards to this. This finding cannot be attributed to loss of birth parents because separation from birth parents is not currently considered on the loss scale of the AAI. Unlike the responses in the Goldwyn and Hugh-Jones (2011) study, no signs of marked disorientated speech during discussions of birth parents were observed.

Nonetheless, there were eight references coded to separation as a loss during the qualitative analysis of the transcripts. Therefore, disorientated speech or further lapses associated with unresolved classification might have been observed if a special interest question regarding this separation had been added to the AAI protocol. Future research, therefore, could fruitfully further investigate adoptees' perception of loss of birth parents, perhaps including the impact of shame. It is extremely likely that mothers committed to mother and baby homes felt and were made to feel shame for having children out of wedlock, and feelings of shame are known to be a significant predictor of PTSD symptoms (Andrews, et al., 2000; Lee, et al., 2001). Finally, to advance the field of attachment research and clinical understanding of attachment, more transparency is needed in future reporting of AAI classifications, including sub-classification and the specific cause of unresolved status.

4.5.3 Clinical implications

The relationship between attachment and trauma is inextricable. Mothers such as those committed to mother and baby homes, with traumatic life histories and therefore probable insecure or unresolved attachment classification, increase the likelihood of their children having a similar classification (Main and Hesse, 1990; van IJzendoorn, 1995; Lyons-Ruth, et al., 2005). Practitioners should consider the use of attachment-based interventions, such as Minding the Baby (Sadler et al., 2013), to break this cycle of transgenerational trauma transmission. As well as the likely transgenerational risks faced by this population, participants faced abuse and harsh parenting at the hands of their adoptive parents. The most recent update of the Berkeley Longitudinal Study showed that intervening trauma was strongly associated with a change in security from infant Strange Situation pattern to adult AAI classification (Main, et al. 2005). Thus, there is a need for trauma-informed practice and appropriate intervention which address the additional traumatic experiences faced by patients with similar life histories.

Our results also indicate that participants may be more susceptible to unresolved loss. This information may be particularly relevant to practitioners working with similar populations to inform therapeutic interventions to address loss. It is important that AAI analysis carried out in clinical settings distinguish between those who are unresolved with regards to loss or trauma, as the two may bring about different interventions.

4.5.4 Conclusion

This was the first study to analyse the attachment SOM and adoption experiences of the now-adult children adopted from mother and baby homes in the UK and Ireland. All participants had an insecure attachment SOM, the majority had an unresolved SOM and 'preoccupied' was the most prevalent forced three-way classification. The results indicate that this group of adoptees may be more susceptible to trauma associated with loss and the value of securing appropriate adoption placements and vetting of potential adopters.

Chapter 5

Study 2: Trauma in mid-life adoptees: a qualitative analysis of Adult Attachment Interview narratives

Reference:

Dalton, N., McLaughlin, M., & Cassidy, T. (2022). *Trauma in mid-life adoptees: a qualitative analysis of Adult Attachment Interview narratives*. Unpublished manuscript.

5.1 Abstract

Objectives: Despite adoption being recognised as a lifelong process, few studies have examined the experiences of adoptees during mid-life. The aim of this study was to explore the lived experiences of mid-life adoptees, utilising the Adult Attachment Interview (AAI; George et al., 1985-1996) to generate data that could be analysed qualitatively using Reflexive Thematic Analysis (RTA).

Method: This study employed the Adult Attachment Interview (AAI) to explore attachment in mid-life adoptees. A total of 17 participants (12 females and 5 males) with a mean age of 52 were recruited. The interviews were transcribed verbatim and analysed using Reflexive Thematic Analysis, guided by Braun and Clarke (2022). NVivo 12 software was employed to manage the data, and an initial thematic framework was developed. The final set of themes was reviewed and discussed with an experienced practitioner in the field of adoption.

Results: The analysis resulted in the identification of three distinct themes: (i) 'Coming out of the fog' (ii) Unresolved Grief (iii) Living in Fear. In addition, four subthemes shared themes among the participants, despite the variation in their pre-and post-adoption experiences. The results indicated adoptees are likely to face unique and shared trauma based on their experiences, which can be classified as direct and indirect consequences of adoption. Direct consequences refer to concrete events such as removal from the birth family, placement into care, and arrival into the adoptive home. In contrast, indirect effects pertain to experiences and mental states arising from those concrete events, including feelings of lack of control and different feelings due to adoptive status.

Conclusions: This study provides evidence of trauma associated with adoptive status. Our themes captured the unique challenges of being an adoptee, regardless of the variation within the adoption experience. The implications of these challenges for future research, practice and policy are discussed.

5.2 Introduction

Adoption continues to be considered the best way to provide care for children when their parents are no longer deemed able to (Barth and Miller, 2000). Zamostny et al., (2003) noted that there is a lack of adoption research within psychology, yet it has been widely explored in other fields such as social work and anthropology. Adoption research within psychology has placed much emphasis on the pre-adoption period (Juffer & van IJzendoorn, 2005; Sheridan & McLaughlin, 2014; Gunnar & Reid, 2019) and underscored the significance of pre-adoption experiences in shaping the psychological well-being of adopted individuals. Additionally, this research has been mostly quantitative (Field & Pond, 2018), with an observable lack of depth in analysis and little exploration of adoptees' subjective lived experience (Jordan and Dempsey, 2013).

Consideration of the adoption process came to the attention of mental health professionals as early research reported an overrepresentation of adopted children in psychiatric settings (Jerome, 1986). This overrepresentation was observed as 100 times the expected average from the general population (Schechter, 1960). Meta-analytical findings have shown that this is still the case, and adopted children exhibit greater externalising and internalising symptoms (Juffer & van IJzendoorn, 2005).

The circumstances that bring about and lead to adoption are often considered traumatic, children often come to be adopted due to prior experience of neglect and or maltreatment (McGrath-Lone et al., 2016; NSPCC, 2021). But there is a lack of research investigating the impact of living as an adoptee and the post-adoption period. Many adoptees are unsure of their birth origins or do not know their birth family, with those who have been permanently separated from their birth parents having to deal with this loss or rejection. Some may never get the opportunity to meet their birth parents or find out who they were. Living with these unknown

and unresolved feelings may accumulate and cause trauma (Powell & Afifi, 2005; Lifton, 2009). A web search for 'adoption trauma' produces numerous accounts of personal experiences of adoptees, written on social media and blog posts. But empirical research appears to have largely neglected this area of investigation. Atkinson et al. (2013) acknowledged that there is a need for adoption specific mental health services. However, more research on the impact of adoption across the lifespan is necessary to inform such services.

Adoptees experience attachment disruption and must form attachments to new caregivers. Such a task, it is predicted, would have a lasting impact on how the individual operates within and navigates attachment relationships (Frederick and Goddard, 2008). As attachment is at the core of the adoption process, it is likely that permanent separation from birth parents, being tasked with forming multiple attachments to and separating from caregivers, will impact an individual's attachment security and shape their lived experience.

The Adult Attachment Interview (AAI) is the gold-standard measure of attachment in adulthood due to its empirical and clinical validity (Bakermans-Kranenburg & van IJzendoorn, 1993; Steele & Steele, 2008). AAI narratives are transcribed verbatim, and using the manualised scoring and classification system, each transcript is assigned a state of mind with respect to attachment. In addition, the transcripts capture in detail the lived attachment experience of participants and provide a rich source for qualitative exploration. By combining the AAI with reflexive thematic analysis, a broader context can be considered in which attachment experiences have occurred. This approach allows for the capture of a more nuanced understanding of the interplay between an individual's state of mind and their experiences. As well as a deeper understanding of attachment, the addition of RTA allowed consideration of the lived experience of being an adoptee.

To our knowledge, there is no literature exploring the lived experience of being an adoptee in mid-life. Although adoption is recognised as a life-long process (Brodzinsky et al., 1998; Lifton, 2002), few studies extend exploration to mid-life (Penny et al., 2007; Grant & Rushton, 2018). Mid-life is a challenging time for many people. During this stage of life, we face changes that may prompt people to reflect on their own attachment experiences, such as illness, loss of parents, having children, marriage, and divorce. For adoptees, this reflection may be additionally challenging and open up wounds of complex early experiences, and adoption-related trauma (Penny et al., 2007).

Given this context the present study explored the lived experience of mid-life adoptees, using narrative data from the AAI. Reflexive thematic analysis was employed to provide a comprehensive understanding of the unique challenges adoptees face during this stage of life. The themes derived from participants' narratives offer valuable insights that can inform practice and policy, ultimately contributing to more effective support for adoptees throughout their lives.

5.3 Methods

5.3.1 Design

The AAI was used to generate all data used within the current study. The data was acquired within the broader context of relationships and attachment-related experiences as part of a wider project exploring attachment in mid-life adoptees. State of mind with respect to attachment was assessed for each participant but is not presented here as this was not the focus of the current study (See Chapter 6). The AAI, known to ‘surprise the unconscious’ (Main et al., 1985), and facilitates an open and genuine examination of participants' lives without being obstructed by generalised statements about their early life experiences. This depth of insight generated can help reveal underlying patterns, themes, and relationships that might otherwise remain undiscovered. Furthermore, the AAI's focus on narrative allows participants to share their experiences in a contextualised manner, encouraging a richer and more nuanced exploration of participant lives.

5.3.2 Participants

Participant recruitment occurred between November and December 2020. Individuals volunteered for the study by responding to an advertisement shared on social media platforms, specifically Twitter and adoption support groups on Facebook. The advertisements were posted using custom-made Twitter and Facebook accounts created exclusively for the purpose of the study, rather than for personal use. A total of 17 participants took part, twelve females and five males. The mean age of participants was 52 (age range = 33-66 years, SD = 8.63). The participants' ages at the time of adoption ranged from 6 weeks to 7 years, with an average adoption age of 9.4 months. Most participants were adopted by their adoptive parents during infancy, while a few were adopted later in childhood or resided in foster care before adoption.

Some participants had additional caregivers before turning 15, such as nuns or their biological parents. After turning 15, all participants were cared for by their adoptive parents, except for participant 9, who lived in residential care throughout her childhood and teenage years

5.3.3 Procedure

Due to the Covid-19 pandemic, interviews were conducted online via Microsoft Teams. All the interviews were conducted during January 2021. All participants sat the AAI, administered by a fully trained AAI coder (ND). Participants were asked to fill out a brief questionnaire on Qualtrics to gain demographic data and help orientate the researcher during the interview. Although video was used to mimic a face-to-face interview, only the audio was recorded and saved for future analysis. The interviews took place in a private and uninterrupted area of both the researcher's and participant's homes.

The interview began by asking a 'warm-up' question to explore family background in childhood (up to and including age 14). Next, the participant was asked to provide adjectives to describe their relationship with each parent and then give a specific memory that illustrated each adjective. Interviewees were asked which parent they preferred and why; what happened when they were hurt or upset; if they can remember a time when they were separated from their parents; if they ever felt rejected in childhood; if they experienced threats or abuse from their parents; to reflect on how these experiences impacted their personality; losses during childhood and adulthood; if there were any adults they had been close to in childhood; if they had experienced any other traumatic situations; changes in their relationship with parents across the lifespan and relationship with their own or imagined children; finally, to reflect on what they had learned overall from their childhood experiences and what their children may learn from being

parented by them. Adoption was not probed, but those who had mentioned birth parents or described adoption trauma were asked to expand upon what that meant to them. Once completed, the interviews were transcribed verbatim per the guidelines outlined in the AAI manual (Main et al., 2003).

5.3.4 Data Analysis

The data was analysed using Reflexive Thematic Analysis (RTA), guided by the process laid out in Braun and Clarke (2022). RTA was selected as it is a versatile method which does not adhere to one paradigmatic foundation. In the current study RTA was underpinned by critical realist ontology, which posits that even though there is an external reality which exists independently of ourselves, our perception of reality is influenced by the individual's cultural context, language and social positions (Danermark et al., 2002; Willig, 2013). To manage the large amount of data produced by the AAI protocol NVivo 12 software was used. Transcripts were reviewed to gain familiarity with the data, and initial thoughts and ideas were noted. Following this, transcripts were line-by-line coded to generate initial codes; this produced a high volume of data with an average of 148 codes per transcript. Once the initial codes were complete, codes were then arranged into categories, keeping a log of coding decisions throughout. These collated categories formed a set of potential themes. Duplicate codes were removed from categories, and codes that contained similar phrases were combined. The next step was to produce an initial thematic framework. Coded extracts were reassessed once more with this thematic framework in mind; this stage was completed using a combination of NVivo 12 and hand-drawn mind maps. Themes were then reviewed in relation to the entire data set, producing a final set of themes. Once the final themes were created, another research team member independently analysed the transcripts (MMcL), and nuances between the final themes were discussed. Neither researcher has any

personal connection to adoption. Finally, candidate themes were discussed with an experienced practitioner who has worked with adoptees and care-experienced individuals for decades.

5.3.5 Ethical considerations

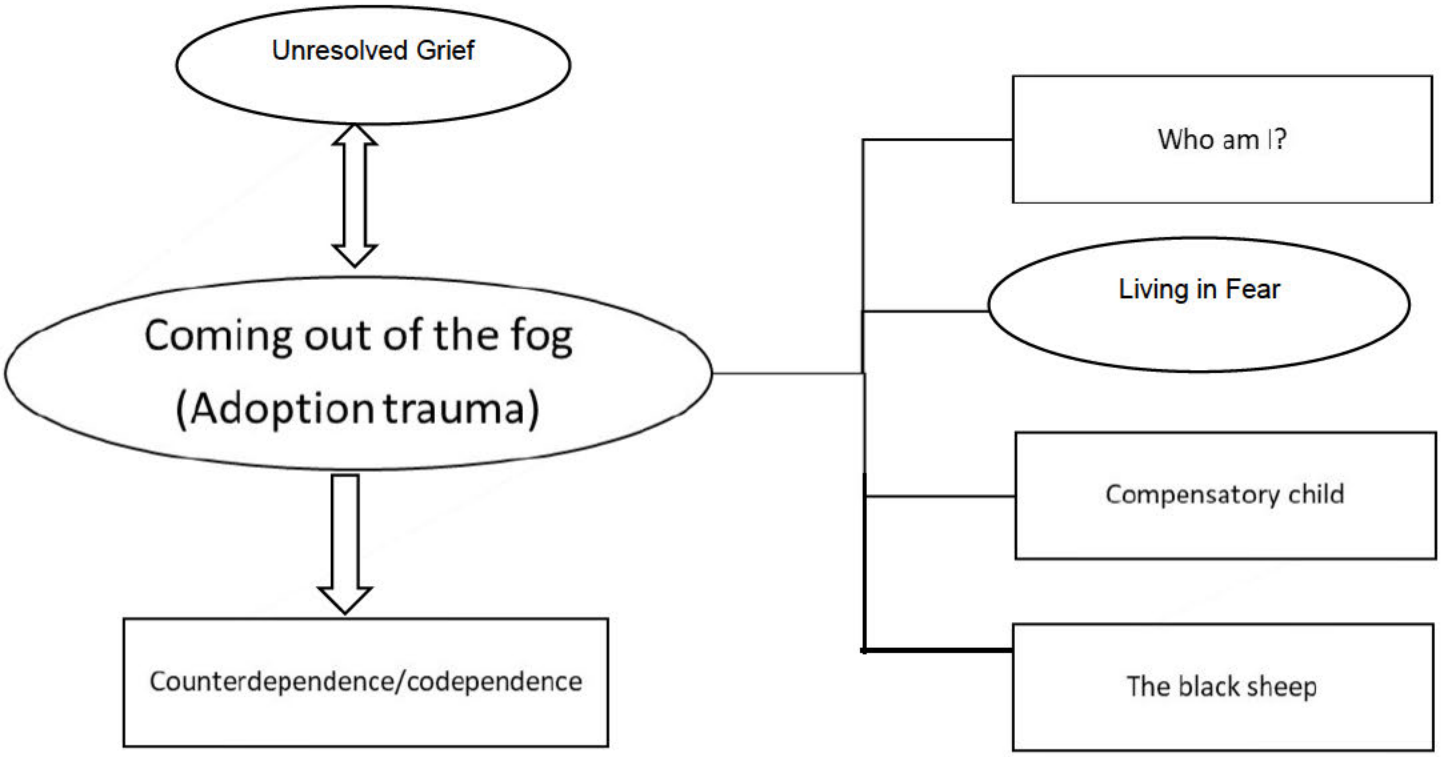
The University School of Psychology Ethics Committee approved the study. The researcher (ND) undertook training in administering and using the AAI before the study. Participants were fully informed, provided written consent to participate and were assured that they could withdraw at any point during the process. Adhering to the protocol and not changing the order of the questions is also a crucial component of the ethics of administering the AAI interview. The interview is designed so that it begins with warm-up questions, more distressing questions are in the middle, and it ends on an uplifting note. Participants were informed that parts of the interview may be emotionally challenging before beginning. Participants were told that they were free not answer any question at any time, to pause the interview and suspend the interview as any point of the process. The interview was followed by a debrief and contact information for support services was provided. Participants' identities were protected through the use of pseudonyms, and identifying information was removed from research outputs. All data collected during the research process was stored securely and made accessible only to the research and chief investigator of the research team.

5.4 Results and discussion

All themes were encased within an overarching theme of loss, which enabled the orientation and selection of key themes related to the lived experience of being an adoptee across the dataset. Through critical analysis of potential themes and discussions with an experienced practitioner, three themes were selected, reflecting the latent ideas underpinning the discourse of participant's transcripts. These were (i) 'Coming out of the fog' (ii) Unresolved Grief (iii) Living in Fear. In addition, there were four subthemes. Figure 5.1 shows how each theme relates to the other. The four subthemes: Who am I?; Counter dependence/codependence; Compensatory child, and The black sheep, are considered issues or consequences of the adoption experience, contributing to adoption trauma. Unresolved loss is traumatic, and experiencing trauma due to the adoption experience could exacerbate feelings of loss, which is why both are represented as bidirectional in our thematic map. Finally, the trauma responses, counterdependence or codependence are presented as unidirectional as repercussions of adoption trauma.

Participants spoke of their attachment experiences in the context of their adoption. It was clear that adoption was a salient frame of reference for participants to reflect on their attachment life histories. Despite the range of care experiences captured, it was striking how cohesive the ideas expressed by participants were. Participants were united by shared experience and mutual expression of feelings due to their status as an adoptee and their experience through the care system. For our participants adoption was not spoken of as a singular event occurring in the past, but an ongoing process that is reflected upon and contended with daily.

Figure 5.1. Thematic map showing relationships between themes and subthemes.



5.4.1 *Theme 1 - Unresolved Grief*

This theme represents participants' expressions of experiencing a sense of loss when reflecting on their birth parents. Loss is at the core of the adoption process; there would not be adoption without loss. Smith and Brodzinsky (2002) state that feelings of loss are common in adoptees, but the extent of this experience differs from person to person. For our participants, those who spoke of loss specifically expressed grief for their birth mothers.

> *"Me [My] birth mother, but I can't remember it but I know I lost me [my] birth mother it was a loss. And I think that's why I cried so because I think I was actually grieving." (P6)*

In adoption, even the idea of a mother is complicated, as the birthmother holds a contradictory position of being the biological mother, yet at the same time is not a primary caregiver. Adoptees are faced with the task of holding not just two people in mind for the role of a mother but two different models of what a mother is, and the same for their fathers. Adoptees exist on the border between two family systems and must learn to integrate a place for both. Adopted children may struggle with this integration and not fully comprehend the effect of loss, leaving complicated feelings to aggregate and be processed later in life. In mid-life particularly, the notion of loss may be more prevalent. Mid-life is typically associated with many changes which would cause an individual to reflect on their attachment relationships and experiences, such as the loss of parents, having children or the breakdown of relationships (Powell & Afifi, 2005; Penny et al., 2007). Borders et al. (2000) suggested that adoptees' feelings of loss may increase during milestones in life, such as the birth of their own children or their parent's death. One participant made direct reference to this, stating that feelings that were experienced in childhood would not have been processed as a loss until the present day:

> *"Yeah, I don't think as a child I would have called it a loss, I don't know that I would have known that, but now I do see it as a loss and I see how my physical and emotional health has been impacted it." (P15)*

With loss comes grief, but the process of grief is complicated by a lack of closure and, consequently, no concrete end to the losses. There are no ceremonies to put to rest the bodies of loved ones or to share with close relatives the painful experience of mourning. For adoptees, this is a private, continual process without resolve. This unresolved grief can either remain a conscious fixation or be driven into the unconscious, only to be triggered and readdressed with every subsequent loss (Silverstein and Kaplan 1982). This overwhelming sense of grief that could not be resolved was evident within participants' narratives; many participants never had the opportunity to meet their birth mothers or know their birth fathers. Some described reaching out and trying to contact birth mothers only to be rejected. Others spoke of not having access to their birth records and, as a result, are unable to find out who their birth families were:

> *"But at the time when they [adoption agency] searched, my birth mother told them, you know, don't contact me again" (P13)*

> *"I think it was one rejection too many. I just um I just couldn't take it, I remember getting up and I didn't feel very well and I just collapsed…as it happened my oldest son was um, is a trained nurse and he um, works in resuscitation and all that. And he said that he'd never seen anything like it, he just watched my body shutting down it was just like I couldn't cope any more it had taken me over the edge." (P10)*

For some, their birth mothers had passed away before they had the opportunity to meet them. For adoptees who are told that their birthparents are still alive may begin to fantasize about what it would be like to meet them. If the imagined relationship with the parent is contrasted

with a negative birth-parent reunion, this may feel like an additional loss. Research has suggested that making contact with birth parents can be an emotional and distressing experience for adoptees (McDowell et al., 2019),

Research has been conducted on the extent of adoption communication openness between adoptees and their adoptive parents (Skinner-Drawz et al., 2011; Henze-Pedersen, 2019); however, such studies generally focus on different aspects of adoptive status, not the openness of dialogue concerning feelings of mourning. Adoptees may not feel able to discuss these feelings with their adoptive parents; participant 15 references explicitly this:

> *"I mean I've had-- curiosity about my birth parents, always, that and I have memories of it specifically in my teens and I just don't have memories beyond that, but um, my curiosity about them feels to me like it is a demonstration of there being a loss, um, and one that I wasn't really a loss a loss that felt taboo a loss that wasn't really talked about because it would hurt my adoptive family" (P15)*

Doka (1999) described how when grief goes unrecognised in this way, that is, it cannot be openly acknowledged or publicly mourned, it is referred to as 'disenfranchised grief'. This type of grief is more difficult to resolve without the individual feeling supported or their feelings validated. In Brodzinsky (2011), disenfranchised grief experienced by adoptees is said to lead to clinical symptomatology such as depression. Brodzinsky reports of a 38-year-old adoptee who spoke of a lack of understanding from others regarding her pain of being adopted and that she should feel grateful (Brodzinsky, 2011).

During the AAI, participants are asked two key questions about experiencing loss in their childhood or adulthood. Although participants considered the loss of their birth mothers as a type of loss, permanent separation from birth parents is not counted a loss in the scoring manual and classifications system (Main et al., 2003). According to these guidelines, only

death or miscarriage are recognised as a loss. When discussing loss, many participants inquired about the definition of loss, suggesting that adoptees may view loss differently from non-adoptees based on their experiences. Seeking clarity on the definition of loss also reveals an awareness of the limitations of others' thinking and an acknowledgement that how they may view loss may not coincide with what is typically viewed as loss.

5.4.1.1 Subtheme: Who am I?

For others, grief was not centred on central attachment figures but a broader sense of losing identity. The loss of the birth family brought a related loss extending to an unknowing of the self and the absence of knowledge about their birth family, including their physical appearance and whether their biological family was aware of their existence. As a result, they felt disconnected from the person they were before their adoption and the person they are today. Adoptees who learned about their adoptive status later in life expressed mourning for the person they believed themselves to be before this discovery. Perl and Markham (1999) reiterated this as a sense of disconnection between the person they were born as and the new identity gained as part of an adopted family. Brodzinsky et al. (1992) recognised this second type of loss, stating that adoptees lose their origins and grieve for the lost aspects of themselves. Participant 13 conveyed this feeling directly:

> *"I remember like explaining it to my mum because my mum's got lines on the top of her lip that she got from her mum and she'd always say, oh I hate them, I hate them, and I was like but at least you know where they come from. You've got them from granny you know, she was like, well, I hadn't thought of that, I think that really helped her understand where I was coming from."* (P13)

In Howe and Feast's (2001) study of adult adoptees, 80% had wondered what their birth parents might look like, including adoptees who had never initiated a search for their birth

families. In Henze-Pedersen's (2019) qualitative study of openness and identity amongst adult adoptees, participants conveyed feelings of stress due to a lack of access to information regarding their births. Other implications include not knowing genetic predispositions and what is likely to be passed onto their children, which adds anxiety to starting a family. Adoptees revealed that knowing more about their pre-adoption past would positively impact their identity formation and sense of self (Carsten, 2007). Kim's (2021) study of intercountry adoptees adopted into the United States found that participants discussed feelings of loss directly resulting from the limited knowledge of their birth and biological families.

> *"It's been very hard because I've been actually questioning well who am I? I was somebody else for six weeks and then I had to fit into a family which is completely different from my backgrounds really." (P15)*

Adoptees face the added difficulty of developing a sense of self internally and with their adoptive family, birth family, and the broader context of how adoption is viewed in society (Grotevant et al., 2000). Wegar (1998) found that most adoption placement workers reported that they felt matching physical and mental attributes was a principal factor in ensuring successful placements. To these workers, the attachment between parent and child is solidified by common physical features. By selecting a child who could best look like the biological kin of the potential adopters, there is an underlying perception of genetic supremacy and conformity to societal ideals of the nuclear family.

Intercountry and same-race domestic adoptees had distinct yet united feelings regarding this subtheme. Intercountry adoptees experienced a sense of cultural loss and living in a family that did not ethnically reflect them, yet both expressed grief about the lack of information regarding their birth. Lee (2003) acknowledged that the adoption experience of transracial adoptees is different from same-race adoptions. Still, we should also consider that

there may be an overlap between the two groups regarding loss of personal identity. For our intercountry adoptees, this included a loss of ethnic background and culture. One participant described living in a family which did not ethnically reflect her. This led to feelings of being an outsider, and it became apparent that their parents would see the world differently than her as they were not impacted by racism and prejudice being white British living in England:

> *"Adoption is a massive setback, isn't it? Because it's just-I just lost my whole identity, I'm actually-I was put into a family that doesn't even ethnically reflect me. So I lost all that." (P11)*

Transracial adoptees deal with the stigma associated with looking different from their adoptive parents (Samuels, 2009). Adoptees are expected to take on the cultural environment of their adoptive parents unquestionably. However, research has shown that when adoptive parents embrace their children's cultural heritage, this can lead to adoptees feeling more secure in their identity (McGinnes et al., 2009).

5.4.2. Theme 2- Living in fear

This salient theme derived from participants' narratives of early lives with adoptive parents and the lasting impact of these experiences. Most of our participants spoke of abuse their adoptive parents perpetrated; this included physical, emotional, and sexual abuse. In addition, participants would talk about feeling fearful of their family homes or the attachment figures who were the source of this fear. It is well documented that adoptees experience maltreatment and, or neglect in the pre-adoption period, which is often why children enter the care system (Beek & Schofield, 2002; Sedlak et al., 2010; Greeson et al., 2011). However, there is a lack of research regarding maltreatment post-adoption or through foster care by new caregivers.

An alarming study by Miller et al. (2007) revealed 18 fatal cases of abuse on intercountry adoptees by their adoptive parents in the United States. Additionally, at least two further cases from Sweden and Northern Ireland. Euser et al. (2014) reported three times more physical abuse than the general population in two types of care placements, residential and foster care. Spencer and Knudsen (1992) revealed that sexual abuse was twice as likely to occur in foster care than with biological parents; similarly, Rueter et al. (2009) reported more conflict in adoptive families than in nonadoptive families. Recently Landers et al. (2021) examined maltreatment in a sample of 230 United Statesn Indian and White adults who experienced foster care or were adopted in childhood. Participants in this study reported a high recurrence of maltreatment in their foster and adoptive homes.

The notion of being removed from an unsuitable home only to be placed into placements and experience further neglect and abuse is unimaginable. Removal of children from homes does not always protect them from maltreatment. The following are example extracts in which participants make explicit reference to the abuse perpetrated by adoptive parents:

> *"…he [adoptive father] had a stick he had a stick as well. But like a bamboo stick that he would whip us with. Er, and then when he when I got up to kind of 13, 14, h-he used the closed fist quite a bit as well. So quite violent." (P3)*

> *"But the adoptive parents, they were physically [abusive], ahm, at times life-threatening" (P9)*

> *"Um, th-th- my adoptive mother was incredibly abusive to me physically and emotionally as well, um, physically, up until about the age of 12, when I could defend myself and emotionally up until I left to go to university at 18." (P12)*

> *"Ahm, and I do remember times having been well and truly beaten up by her [adoptive mother], ahm—and it take it would take, ahm, and it was completely over the top." (P4)*

Except for one participant who experienced abuse by her birth mother:

> *"[Birth mother] when she would smack hard she would smack hard. And I do have, and I don't know how it happened but one of the times when I went into hospital I'd got a fractured skull." (P8)*

It is not surprising that participants expressed feeling afraid in childhood and adolescence of their adoptive parents. Children are at increased risk for maltreatment when living with one or more adult males who are not related to them (Stiffman et al., 2002). Yet, for our participants, most instances of abuse were committed by their adoptive mothers. Walkner and Rueter (2014) found that adolescent adoptees had self-reported and were observed to have lower levels of closeness to and higher conflict with their adoptive mothers. For our participants, abuse from adoptive mothers was physical and emotional abuse, but males perpetrated the only mentions of sexual abuse, and in one case, this was by her adoptive father. This theme presents a sobering insight into an under-researched aspect of the care system.

Encompassed within this theme of fear was a second type of fear not directly tied to abuse or direct threats of abandonment but an imagined or perceived fear of things that may happen. While these fears were not directly linked to a concrete source, but they were understandable, given the inconsistent and insensitive caregiving many participants described. This included interpersonal worries like being afraid of disappointing the caregiver:

> *"But I would just lay in bed worrying about everything, school, money, eh, relationships, whatever. Yep, full of fear and fear failure, fear of not being good enough for my mother." (P7)*

This persistent fear and anxiety throughout the time spent with adoptive parents would become habitual and partly pertained to the lingering effects of actual experiences that persisted into adulthood. Participants described how the anxieties they would feel towards their caregivers in childhood were re-enacted later in life in present-day relationships:

> *"I've got quite a strong startle reflex, and, um, I'm always, I can how that's carried into adulthood is if I'm with a partner, I might say, are you all right? And like my partner says, stop, ask if I'm all right, but really, I know that's a hangover from childhood going, are you all right, Mummy?"* (P2).

5.4.2.1 Subtheme: Compensatory child

Like adoptees, the process of adoption is brought about by loss for adopters. This is either in the form of the loss of a child or the imagined child and family. This theme speaks to the motivations behind their parent's reason for adopting and how these reasons, or perceived reasons, influenced how participants felt about themselves. It was thematic in our sample that participants' adoptive mothers had lost a child before they were adopted or had been infertile, and consequently this was their motivation for adoption.

> *"…she always said that I saved her life because she'd lost a baby the year before, um through she had preeclampsia and she almost died herself. And it's even on my adoption record that it says a note from the doctor, Mrs X is going to adopt a baby as soon as possible to help come to terms with you know, what she's experienced" (P11)*

Kirk's (1964) research in adoption, compiling the experiences of 2000 adoptive parents, proposed that adults who could not conceive were stigmatised and would adopt to resolve this issue. However, they then discovered that this would not alleviate their pain of infertility. Schechter (1960, p. 48), writing from a psychoanalytical perspective, proposed that the adoptee is ''*as a constant reminder of the adoptive mother's barrenness''.* The idea that fertility issues would be resolved after adoption placement was also evident in the attitudes of adoption placement workers who were interviewed for Wegar's (1998) study on their perceptions of adoptive family life. This presumption was echoed by participant 15's descriptions of her adoptive mother:

> *"Umm, I have felt like -- she has been wounded by her infertility and her need to fit into society in a certain way, and she hasn't had the means to talk about that or find a community around it of other people to, to relate to around it. So instead, she's tried to fill the gap by creating a normal family in the best way that she could or the only way that she could." (P15)*

Participants evoked the idea that their adoptive parents had adopted to resolve issues regarding their loss or to fit into societal pressures to form a family. Placing her adoptive mother in the context of the time, participant 6 gives the impression of a woman's place then and the expectation of motherhood:

> *"You were a woman and you did just in womanly things, you didn't you didn't have thought processes of, of anything other than being a wife and a mother and running a house. And it didn't matter that, that was that that was her goal. That was, that was her set for life. And she married this person who-- was respected for want of a better word, who had money and who had status. And it was every working-class woman's*

dream come true. And then obviously, when she found out she couldn't have kids and she adopted us." (P6)

There was a sense that participants felt their parents had adopted, not to provide a home for a child, but to fulfil a desire or need within themselves. Even though adoption is more than common than ever before, Park and Wonch Hill (2014) found that it is still often viewed as a last resort when all other fertility measures have been attempted. Most (69%) of adoptive parents in the Berry et al. (1996) sample stated their reason for adopting was infertility. It is not surprising then that adoptees feel like their arrival into the family was an alternative strategy or 'plan B' for their adoptive parents. Hendry and Netherwood (2010) proposed that different life events can prompt the psychological impact of infertility to resurface. Authors proposed that feelings of loss associated with infertility are triggered by specific occurrences such as the arrival of the child into the home; contact with birth parents both direct and indirect; during different developmental stages of the child's life, such as reaching adolescence; the adoptee having their children.

Cudmore (2005) suggested that the adoptive parent's capacity to reflect on this loss is crucial to the relationship with the adopted child. In addition, feelings of loss of control are exacerbated in infertile couples seeking to adopt due to uncertainties regarding the child's background, the timing of the child's arrival in the home, and the completion of the adoption order (Thorn, 2010). Farnfield (2019), using the dynamic maturational model version of the adult attachment interview (DMM-AAI) alongside additional questions about infertility, observed a very low rate of security in adopted parents (13%) and a high level of unresolved loss (58%). Farnfield concluded that the adoptive parents appeared to have needs similar to a clinical population. This contrasts research using the original Main et al. (1985; Kaniuk et al., 2004) Berkely AAI system. Although, it is not possible to discern whether or not this is a

difference between the two versions or as a result of the additional questions asked about infertility.

5.4.2.2 Subtheme: The black sheep

This subtheme captures how participants felt within their nuclear family structures and the inferred attitudes of the wider adoptive family. For example, some recalled specific episodes of being treated differently from other family members biologically related to their adoptive parents. Sometimes, this was reflected in explicit examples of broader family members disagreeing with the adoption process and treating the adoptee differently from the rest.

> *"…my adoptive gran, erm, she'd been against adoption from the start [and] didn't agree with it. So when my mum died, apparently she said you can send them back now because it was only-my dad didn't really want to adopt it'd been my mum that wanted to adopt but he'd gone along with it. So, of course, my mum died, Grandma said you're not going to be able to cope, you can send them back and he didn't he refused…" (P17)*

The decision to have a child impacts parents, but both exist in a broader family structure. Following the thread of loss, extended adoptive family members may feel like they have lost an imagined relative they presumed their family member to have. Kirk (1964) stated that adoptive parents must integrate their adoptive child into their wider family circles and ensure that the adoptee feels a sense of belonging. March (1995) investigated the perception of adoption in 60 adoptees who had been reunited with their birth families. Most adoptees within her sample felt that adoptive families were regarded as different from biological families. Similarly, most of our participants referred to feeling different. Participant 1 explicitly expresses feeling a lack of integration within his adoptive family.

"But the way I processed it is, I'm not the same as everybody else, that I'm very different. So you have Jamie is a member of the family, Sarah is a member of the family, Jill is a member of the family, but there is something a little bit unusual about me. I'm not a member of this family." (P1)

Participant 6 conveys the notion of being different through a broader sense of disconnect with the adoptive placement itself. This lack of belonging is conveyed through an analogy of objects that cannot fit together.

"Erm but I do think that, that somewhere deep down, I've always known that I was in the wrong place. It was always like putting a square peg in a round hole." (P6)

Howe and Feast (2000) compared adoptees who had searched for their birth families with those who had not, and the relationships searchers had created with their birth families. Half of those who had searched for their birth families spoke of feeling different from their adoptive families when they were growing up. Hollingsworth (1998) stated that where this disparity exists between the adoptee and their adoptive family, adoptees may be confronted with identity issues earlier in life when they may not be developmentally ready to deal with these challenges. While this can be especially true for those from different ethnic and cultural backgrounds than their adoptive families (McRoy et al., 1984; Kim et al., 2010). For Participant 15, an intercountry adoptee, feeling different from her family led to a sense of rejection, particularly with her extended adoptive family:

"…in terms of a specific example of feeling rejected as a child-- I think I struggled to fit in a lot, especially with family, well, starting out with family beyond my parents. So I struggled to fit in and feel like I had a place within that family, not because they actively rejected me in any way, but just because I just felt so different from them and didn't and didn't feel able to what I would call now, bond with them but really I just

didn't know how to build a trusting relationship with them, I didn't, I didn't trust that they had a place for me in my life." (P15)

In Conrick's (2020) study, adoptee women reported feeling like an outsider in adoptive families and being treated differently than their siblings as children. Children who have experienced loss, neglect and maltreatment are more likely to experience feelings of mistrust and abandonment (Burnell et al., 2009). Therefore, this perception of being an outsider within the family is expected to become compounded. Conversely, family members and peer relationships can reduce the impact of early adversity (Groh et al., 2014). Individuals with early high-quality relationships are more likely to have better adaptive functioning and relationship quality in adulthood (Englund et al., 2011).

5.4.3 Theme 3 - "Coming out of the fog"

One participant spoke of the expression "*coming out of the fog*". This phrase is used within the adoption community to capture the feeling adoptees have when they realise that their adoption experience has been traumatic. This participant had explained for adoptees, confusing feelings related to adoption from childhood to early adulthood would not be understood until later in life. Adoption as a source of trauma would not be a focal point of reflection until later years. Many of our participants stated that this realisation came around the age of 30; they began to reflect and consider the impact adoption had on their lives. 'Coming out of the fog' means seeing that various personal and interpersonal struggles can, directly and indirectly, relate to adoptive status. But also, that the adoption experience is not tied to singular events such as removal from birth parents and placement with new caregivers but is an ongoing lived experience. It is a culmination of the various traumas that occur along the way and accumulate over time. After much theme refinement, it seemed the best phrase to capture this concept which ran throughout most participants' narratives. The idea that adoption itself is trauma and that the various traumas and traumatic experiences expressed by

participants are advert and inadvertently related to the experience of being and becoming an adoptee.

> *"So I think that's where it's where the trauma of my adoption came out, although I didn't realise that's what it was at the time." (P16)*

Merritt (2021) is the only empirical journal article, to our knowledge that references this concept of 'coming out of the fog'. Writing from her perspective of being an adoptee, Merritt explains that 20 years prior, she would not have described her adoption as traumatic and was adopted by loving and caring adoptive parents. But despite this positive experience, giving birth to her children became the starting point that ignited her to consider the relationship between her adoption and trauma. Greeson et al's (2011) study of 2,251 youth in foster care found that 70% had experienced complex trauma. However, research regarding trauma and adoption predominately references events that occurred within the pre-adoption period, and little attention is given to trauma that may arise after the adoption occurs. Indeed pre-adoption adversity is likely to leave a lasting impression on an individual's life history, yet for our participants who had the opportunity to speak of their entire life histories, this was not the focus of their narratives.

> *"Ahm, so I think I'm fairly well on my way to integrating, that adoption was a very, very painful experience in my life. It was a very traumatic experience which is a major impact on my identity, on my relationships" (P1)*

Trauma can be difficult to define, and various definitions and forms of trauma exist. However, Perrotta (2019) noted that all trauma theories are united by the thought that the event has a lasting impact on the individual's perception of well-being. The word itself derives from the Greek word "wound". Trauma can be experienced as a singular event or a collection of events accumulating over time. If trauma is not processed sufficiently, it can

result in adverse reactions ranging from mild distress to a profound lasting impact on their ability to function (Center for Substance Abuse Treatment, 2014). Individuals can also relive the psychological feelings associated with the trauma by encountering features in the environment that are unconsciously associated with the traumatic experience, referred to as 'triggers' (Van der Hart and Friedman, 1992). Mental health organisations such as MIND define traumatic experiences as events that prompt the person to feel: frightened, under threat, humiliated, rejected, abandoned, invalidated, unsafe, unsupported, trapped, ashamed, and powerless (MIND.org.uk, 2020). Using this definition clarifies our understanding of how adoptees may experience adoption as trauma, as at any point of the process, be it separation from birth parents or the task of forming attachments to new caregivers, could give rise to these feelings.

> *"…it's realising the trauma does happen, no matter how young you are when you're taken away from um, your birth mother."* (P16)

Adoption is primarily viewed as a preventative measure and a social intervention against the further occurrence of trauma. Adoptees in Cherot (2009) described how people assume they feel grateful for being 'saved' from their home countries. This unhelpful narrative could prevent adoptees from coming to terms with and resolving their underlying feelings with the adoption process. What was clear from our population was the process of coming to terms with adoption as the source of trauma and deconstructing that narrative.

> *"Now, I suppose if if I was well, hmm, I think that with adopted children, there well I don't know if it's different now but, you know, I'm hoping that people parents are made aware of the needs of adopted children, that you can't just put the child into family and treat that child as if they're, been born in that family, I suppose. That that*

I've only come to you to, if you'd have asked me these questions a few years ago I'd have probably said something different." (P11)

5.4.3.1 Subtheme: Counter dependence/codependence

There appeared to be two trauma responses or coping mechanisms gleaned from the descriptions of participants' early lives, but on occasion referenced as extending to the present day: one response a defensive unneeding, the other compliant. Adoption changes the individual's life, and adoptees are not included in the decision processes that led to their adoption. They are not provided with any authority or option to decide whether to remain with their biological family or to which family they will be assigned. The decisions regarding the outcome of their lives were made by adults in positions of power over them. It is no wonder that a response to this would be to engage in power struggles with their adoptive parents and other adults in positions of authority. This lack of control may bring about an enhanced sensitivity to rejection (Curtis and Pearson, 2010) to cope with this fear of rejection and, ultimately, further loss; this manifests in coping strategies of distancing or compliance. Both offer the individual a false sense of control. Van der Kolk et al. (2005) proposed that these responses arise to protect the individual when under real or imagined threat.

The term counter dependence was used to describe this trauma response. Unlike true independence, it is not a measure of being self-sufficient, as a child is not capable of being entirely self-governing. What was conveyed through participants' narratives was a sense of performed adulthood.

"I taught myself all the life skills that you needed to learn, you know, when you're lighting a fire at the age of nine, 10 year old and you're cooking meals and you're tidying a house and you doing the book, you're going to the shops, you're budgeting, you know that the money that's in that purse that's hers has got to last another two

weeks. So you're budgeting like mad, and trying to make the money go further because she wasn't well enough to go to the shops. So, you know, I was basically running a three bedroom house by the time I was 11." (P6)

Children turn to adults to help regulate their emotions and model behaviour. Some participants described childhood behaviours that were defensive and minimising of attachment difficulties.

"I'd come off of a swing though [hurt] really badly and walked myself home." (P4)

"So I think in that sense, I think when I was hurt I was relatively self-contained, I would deal with it" (P5)

Adoptive parents have reported adoptees as holding back a part of themselves and not demonstrating or accepting affection, even in infancy (Silverstein and Kaplan 1982). In addition, Herman et al. (1989) found that those who had experienced verbal abuse in childhood expressed a greater desire to be distant from others. This is in agreement with research by Paradis and Boucher (2010), who found that psychological maltreatment was related to increased fear of intimacy.

"Um, I think, I think I am, er, I think it's left a mark on how I conduct relationships though as in uh close, intimate relationships. So I have an absolute fear of getting married, and one of my uncles remembers me saying when I was seven. I've never, ever, ever going to get married. And um, I've been in a relationship now for 25 years, but, I can cope with that. But the idea of getting married makes me feel really ill. And I think that that might be because, there's I think there's always a sense I don't want to rely on

any one person. I don't want to, I don't want to commit to that person because I don't want to give everything to that person, because what happens if they go?" (P2)

It is challenging to place this second concept within empirical literature. The theme was initially defined as a 'fawn response,' characterised by passivity and a willingness to prioritise pleasing others over one's own needs. Fawning, more commonly referred to in the literature as 'tend and befriend', is a trauma response arising from early relational trauma. As a result of lacking the feeling of security from their caregivers, the individual develops a response of compliancy and people-pleasing to avoid further conflict, marked by difficulty setting personal boundaries out of fear of distancing themselves from or isolating others. This idea appeared to fit well with the concept of codependency. Although the term codependency also lacks a clear definition and conceptualisation, a systematic thematic analysis of codependency definitions presented four core themes at the root of the definition (Dear et al., 2004). These were: suppressing one's own emotions, self-sacrifice, external focusing, and attempting to control other people.

"I was very I'm a crowd pleaser, and I don't want anybody to have any reason to say I'm sending you away."(P11)

"I think, I probably just went along with a lot of stuff." (P17)

Exposure to chronic emotional and physical abuse can have a lasting impact on an individual's psychological, social and emotional well-being (Teicher et al., 2006). Including a disrupted sense of self resulting in not feeling good enough, a sense of inner badness, self-blame, guilt and shame (Harter, 1998).

> *"I don't cope with people not liking me and obviously as life moves on, that's normal some people like you and some people don't for no particular reason and as I've got older, to be honest particularly in my 40s, I've found things harder." (P8)*

History of emotional maltreatment has been associated with low self-worth and high self-criticism (Uhrlass & Gribb, 2007). This impact on the development of the self can result in poor later interpersonal relationships (Riggs, 2010; Reyome et al., 2010). Reyome et al. (2010) found a significant association between maltreatment, neglect, and codependency. This relationship was particularly strong in the domain of emotional maltreatment and codependency. In a related study, Crothers and Warren (1996) found an association between codependency, controlling and nonnurturing types of parenting, which Participant 8 made reference to.

> *"Ahm,-- we had a bit of a tough time with the oldest one as a teenager, but I think-- it was it was no different to what a lot of parents go through with teenagers, you know, they're, I wanted to, I kept control for too long. I was quite controlling and I know that now."(P8)*

In Boswell and Cudmore's (2014) study of five children's moves into adoption from the perspective of the foster carers, adopters and social workers, the children were described as being especially compliant with little expression of emotion. The adults involved in the process were described as feeling anxious about the children becoming distressed and putting a lot of effort into minimising this distress. When the children did not appear to be upset, they were relieved. Similar scenarios may play out when children move through the care system. Adults expecting children to display upset outwardly, children may pick up on the apparent relief or praise they receive when they do not express or show upset, inadvertently suppressing their emotions. Our participants had described compliance in childhood

similarly, but clearly, this did not mean they were not grappling with the difficulties associated with their adoption experience. Adults working in the care system or part of the adoption triad should be aware that a lack of emotional outbursts and compliance does not mean all is well. The child could be struggling to come to terms with and make sense of the situation they find themselves in. Additionally, these feelings of loss and fear of further loss and rejection could result in the child acting to appease the adults around them.

> *"Erm, overall not really really, like I said, it was easier to be compliant with my mum. And I [am] just generally a quiet person…" (P13)*

5.5 Conclusions

The themes expressed issues and consequences of the adoption experience, similar to what has been captured by previous literature (March, 1995; Perl & Markham, 1999; Penny et al., 2007; Cherot, 2009; Henze-Pedersen, 2019; Geddes, 2021; Kim, 2021). It has been said that there is no singular adoption experience (Brodzinsky et al., 2021). Whilst this is true, it is important to note that there is no identical personal experience for any group of individuals who share a common adversity, experience, or label. There will always be variation in the duration, the cumulation of, and the intensity of events within the experience, and how each individual copes with and makes sense of any experience or trauma. What was striking is that despite the variety of events in the pre-and post-adoption period, participant narratives were united by a clear set of themes. Many of these themes have been referenced in previous adoption literature.

Although the care experience may differ, there may be common feelings that derive from being permanently separated from one's birth family. There may also be common feelings that manifest from being placed into a new home, being presented with new caregivers, and having no control over these events. Therefore, it may be more productive to focus on the experiences and challenges adoptees have in common. By recognising that adoptees are likely to face a unique and shared trauma based on their experience, and work to shape interventions that help adoptees come to terms with these shared events.

It is productive to recognise the impact of the enduring process of adoption. Not to pathologise but to acknowledge the lasting and ongoing effects associated with adoption and to inform and guide practitioners of complexities that come with adoptive status. Adoption trauma is defined here as the cumulative trauma experienced as a direct and indirect result of being an adoptee. Direct consequences relate to concrete events such as removal from the birth family, placement into care, and arrival into the adoptive home. Regardless of how often

an individual has had to make this move, which may maximise the expression of the adoption trauma, this is a shared experience amongst adoptees. Indirect consequences refer to the experiences and mental states that arise from those concrete events. Such as the feelings of lack of control elicited from not having a choice in the adoption process or feeling different due to being placed within a family in which you are the only person with adoptive status.

Specifically for participants in our study, indirect consequences also referred to maltreatment. It is likely that adoption workers did not aim to place adoptees in maltreating homes. Nonetheless, the adoption process led to participants having those particular caregivers. It should be noted here that indirect consequences are not conceptualised as secondary or lesser traumatic than direct consequences; both contribute to and culminate in adoption trauma. The impact of these direct and indirect repercussions is entirely subjective. Personal meaning and individual differences in coping or the intensity of events will determine the effect of each factor on each specific person (Leitenberg et al., 2004; Bonannon & Burton, 2013).

Based on the current themes, a definition of adoption trauma has been presented. Importantly, the themes captured distinct challenges stemming from adoptive status, irrespective of the variations within the adoption experience. This is not to say that all adoptees face the same degree of adoption trauma. Like all other forms of trauma, individual differences in the ability to cope or make sense of these consequences will determine the degree to which adoption trauma is felt and reconciled (Leitenberg et al., 2004; Bonannon & Burton, 2013). It was clear that adoption is an ongoing and continual process in line with previous research. As there is a lack of literature exploring the adoption experience throughout the lifetime, it is unknown whether difficulties presented by our participants in mid-life reflect constant difficulty throughout the lifespan or if different milestones in life open up past wounds.

5.5.1 Future research

The emotional support provided to the child who has experienced loss and the depth of communication regarding it may be crucial for long-term recovery (Winnicott, 2005). Brodinsky (2011) urged professionals working with adopted children to focus on helping them come to terms with their adoption-related loss and grief. The current findings support this suggestion, highlighting the importance of considering adopters' loss and grief. It is recommended that adopters be provided with counselling to address these aspects. Future research should seek to explore motivations for adopting and how this may relate to loss. Research should also explore the communication of adoption experience within adoptive families in the context of loss. It may be of great benefit to adoptees to have and feel like they can have open and honest conversations with their adoptive parents regarding the loss of their birth families. As adoptive parents largely control the narrative and can decide which information to withhold and disclose (Freeark et al., 2008).

Research has highlighted the need for trauma-informed training of adoptive parenting and interventions (Lanktree et al., 2012; Krahn & Sullivan, 2015). It is naïve to presume that adoption or fostering is a cure for the adversity a child experienced prior. Or that gaining new caregivers will heal the loss of losing a birth family or the loss of a child. This process is ongoing; our participants were not cured of these feelings and traumas as soon as they were adopted. The sense of loss can become particularly pronounced or apparent during various milestones throughout an individual's life.

Those who would argue that adoption is not trauma view adoption as a societal intervention that aims to remove children from homes of adversity and provide them with permanent care. But as demonstrated in our ‘Living in fear’ theme, adoption did not save participants from abuse, and the extent of maltreatment that may occur in adoptive homes is

unknown. The current study and a recent quantitative study (Lander et al., 2021) have pointed to the potential for maltreatment by foster or adopted parents. This is a crucial area for future investigation. Landers et al. (2021) stated that the use of retrospective self-report in their research could mean that participants have underreported their maltreatment, despite the high numbers of those who had. Therefore, research seeking to explore maltreatment in foster and adoptive homes must use a variety of measures and methodologies in addition to a self-report. There are national statistics of adoptees who are violent towards their adoptive parents, but worryingly, there are no statistics of abuse committed by adoptive parents.

Future research and practitioners should also focus on relationships with adoptive parents. Acknowledging that whilst pre-adoption adversity is significant for adoptee outcomes and well-being (Juffer & van IJzendoorn, 2005; Sheridan & McLaughlin, 2014; Gunnar & Reid, 2019) this research has not extended beyond adolescence and early adulthood, and so should proceed with an open mind, and consider the impact of life with adoptive parents as this has shaped the majority of the individual's life.

Adoptive parents have the duty of integrating their adoptive children into a wider family, but there is currently no research examining this specifically. Future research needs to look at the experience of incorporating adoptees into wider family and friendship circles from the perspective of adoptive parents, but crucially from the perspective of adoptees. It must be considered how adopted children feel and are perceived by extended family members. Are they treated as grandchildren, nieces, nephews, or cousins? Or is there a sense of disconnect between the nuclear family and the extended family? More research is required to understand their position within the wider family, as our participants explicitly identified feeling different.

5.5.2 Practice and policy

This qualitative study aimed not to produce generalisable results but to shed light on the life experiences of mid-life adoptees. Even so, a striking consistency in themes was discovered despite the variations in care experience, prompting a need for reflection among professionals working with adoptees or informing policy. There has been a shift in recent years with a focus on trauma, with trauma-informed therapy, and trauma training for adopters and foster carers (Dozier et al., 2009; Sullivan et al. 2015; Sweeney et al., 2018) but those working within the care system should be cognisant of the relationship between trauma and loss. Particularly feelings of loss and trauma which adoptive parents themselves experience.

Therapeutic work should aim to uncover whether adopted children are experiencing grief of their birth families and or identity and target this area for intervention. This should take a narrative focus on helping the adopter cope with a child with complex needs and challenges, but equally addressing adoptive parents' loss and what they hope this child will mean for them before adoption. It is crucial to consider whether there is sufficient space for adopters to reflect on their complex needs and process potential grief, as well as to contemplate the meaning of the adopted child in their grief journey.

Practitioners should consider the impact of adoption across the lifespan, the interplay between developmental stages and life events, and how feelings associated with adoption may resurface in adoptees. Finally, much consideration needs to be given to bringing adoptees with lived experience to the table when informing decisions that impact adoptees' lives.

5.5.3 Strengths and limitations

The present study had many strengths. A lot can be gained from further research with adult adoptees, particularly interview methods, to capture the nuance and allow the individual to reflect upon their adoption experiences. The use of the AAI allowed for exploration of the individual's life experience across the lifespan and probed difficult experiences and traumas which a person may not necessarily volunteer. Additionally, the researcher was trained in utilising the AAI, which likely improved the quality of the interviews and the depth of the data collected. The use of reflexive thematic analysis enabled the researchers to explore the personal meaning of experiences to participants whilst also gaining an overview of commonly shared themes across the entire dataset. An expert clinician with decades of experience working with adopted and care-experienced individuals reviewed and confirmed the present themes increasing the overall reliability of the research. That being said, by incorporating specific questions focused on adoption and loss, a greater level of detail and depth could have been added to the findings. A further limitation is the potential for a biased sample, as participants who volunteered for the study may have had unique perspectives which diverge from the broader adult adoptee population. Relatedly, a larger sample size would have helped to increase the generalisability of the findings.

CHAPTER 6

Study 3: Attachment state of mind, reflective functioning and early relational trauma in mid-life adoptees

Reference:

Dalton, N., McLaughlin, M., & Cassidy, T. (2023). Attachment state of mind, reflective functioning and early relational trauma in mid-life adoptees.

6.1 Abstract

Objectives: Although adoption is recognised as a lifelong process (Brodzinsky et al., 1998; Lifton, 2002), there is a scarcity of research extending beyond adolescence and early adulthood within this context. Adoption research has mainly been conducted in children, and largely quantitative, with the use of self-report measures (Field and Pond, 2018). The current study explored the attachment state of mind and reflective functioning in mid-life adoptees, and how these compare to other populations. In addition, participant's early relational trauma which was uncovered during AAI analysis was investigated.

Methods: A total of 17 mid-life adoptees were recruited and undertook the Adult Attachment Interview (AAI; Main et al., 2003). Transcripts were analysed to assess attachment state of mind using the manualised AAI scoring and classification system. The study also used the Reflective Functioning Manual (Fonagy et al., 1998) to assess reflective functioning, and the Complex Trauma Questionnaire (ComplexTQ; Maggiora Vergano et al., 2015) to measure different forms of trauma in early childhood. Data analysis included a chi-square test to determine how the sample differed from the general population and at-risk and clinical samples.

Results: Findings showed that the majority of participants had an insecure attachment state of mind (76%,) and an average low to absent degree of reflective functioning (2.71). The current sample differed significantly from known European normative samples, suggesting a higher proportion of insecure states of mind than what would be expected; this was also observed when compared with at-risk samples. But participant's state of mind distribution did not significantly differ from what would be expected from samples of clinical populations (Bakermans-Kranenburg & van IJzendoorn, 2009) In addition, although all participants had experienced at least one form of trauma measured by the ComplexTQ, 13 out of the 17

participants had experienced at least four forms of the eight total trauma forms considered by the ComplexTQ. Implications for future research, policy and practice are discussed within.

6.2 Introduction

Adoption is a legal and social intervention aimed at safeguarding children from harmful environments and allowing them to grow and thrive in a supportive and stable home (Grotevant & McDermott, 2014). Despite this positive aim, previous literature indicates that adoptees may have a higher risk of insecure and disorganised attachments due to their pre-adoptive histories. Children who become adopted have typically experienced prior neglect and or maltreatment (McGrath-Lone et al., 2016; NSPCC, 2021), further increasing the risk of developing insecure and disorganised attachments (Steele et al., 2003; Roman et al., 2012; Pace et al., 2014). In addition, exposure to maltreatment and inadequate caregiving significantly increases the risks of later psychopathologies, such as depression, anxiety disorders and internalising and externalising symptoms (Cicchetti & Doyle, 2016).

It is, therefore, unsurprising that adoptive status is a risk factor for later maladjustment. Compared to non-adopted peers, adoptees are more likely to exhibit behavioural problems (Hawk & McCall, 2011; Keyes et al., 2008; Juffer & van IJzendoorn, 2005). Although the majority of adopted young people exhibit healthy adjustment, as a group, adoptees tend to experience more mental health issues and are disproportionately represented in mental health services when compared to their non-adopted peers (Askeland et al., 2017; Barroso et al., 2017). By adulthood, research has shown that adoptees are indistinguishable from the general population regarding social interactions, friendships and socio-economic success (Schoenmaker et al., 2015; Tieman et al., 2006). Bishop et al.'s (2019) meta-analysis of adopted and care-experienced adolescents and adults revealed that adoptees and care-experienced individuals experience similar high-quality romantic relationships as non-adoptees. However, not all research findings are optimistic, with some studies demonstrating that this improvement is not evident regarding attachment outcomes (Tieman et al., 2005; van der Vegt et al., 2009). For example attachment, research on adult adoptees using self-report

measures found that adult adoptees exhibited a higher rate of insecure attachments than non-adoptees (Borders et al., 2000) and Feeney et al., 2007). Additionally, a systematic review of adult adoptees' interpersonal relationships discovered that adoption could lead to difficulty forming secure attachments and anxiety and ambivalence within their intimate relationships (Field and Pond, 2018).

In addition to pre-adoptive adversity, adoptees may experience other challenges which exacerbate their trauma, such as coping with the loss of their birth families (Powell & Afifi, 2005; Dalton et al., 2022) and the identity loss experienced through the process of adoption (Kim, 2022). The adoption process itself is challenging and emotionally complex; adoptees may struggle with identity (Dunbar & Grotevant, 2004), trust (Passmore et al., 2007), and feeling good enough (Lifton, 2009), all factors which contribute to difficulty in forming and maintaining relationships. Many adoptees are raised in a family where they are the only one who has experienced adoption (Wegar, 2000). As such, adoptees may struggle with their place within their adoptive families (Docan-Morgan, 2010). Adoptive parents are tasked with helping the adoptee deal with pre-adoptive trauma. This may confound attachment issues if they cannot provide a secure and supportive environment. For intercountry adoptees, this process involves being raised in another country and adopting a new culture.

Although adoption is widely regarded as a lifelong process (Brodzinsky et al., 1998; Lifton, 2002), few studies have explored the experience of adoptees during mid-life. Instead, most research concerning adoptees has primarily focused on childhood and teenage years (Greco et al., 2014). Whilst this focus on early life experiences and life shortly after the adoption process is necessary, it leaves a gap in our understanding of how adoption and life as an adoptee impacts attachment at later life stages. In addition, this research has mainly been conducted using quantitative methodologies (Field and Pond, 2018). Therefore the gap

in our understanding is twofold; first, there is a need for more research on the impact of adoption in later life stages. Second, most research in this context has explored attachment interpersonally, investigating the attachment styles of adoptees with their significant caregivers. Therefore, there is a further knowledge gap and a need to investigate attachment using more valid and reliable measures and assessing attachment intrapsychically, by exploring state of mind with respect to attachment.

State of mind with respect to attachment is assessed using the adult attachment interview (Main et al., 2003; AAI), alongside the Strange Situation (Ainsworth et al., 1978), both are commonly referred to as the gold-standard measures of attachment (Haltigan et al., 2014). A meta-analysis of 25 years of attachment measures deemed the AAI to have the highest reliability and validity across all tested measures (Ravitz et al., 2010). The AAI is valid regardless of interviewer effect, memory, general personality measures, intelligence, discourse style, social desirability, and verbal fluency (Bakermans-Kranenburg & van IJzendoorn, 1993, Crowell et al., 1996, van IJzendoorn, 1995). Further, it has been shown to have a stability rate of up to 90% and a correlative and predictive relationship with the strange situation (Sagi et al., 1994; Benoit and Parker, 1994; van Ijzendoorn, 1995). While the AAI is used for understanding an adult's overall impression of their attachment life history, it can also be used to uncover trauma, adverse childhood experiences and loss experienced at the individual and group level (Steel et al., 2009; Thomson & Jaque, 2017).

Assessing attachment within this context is vital as attachment security can profoundly impact development. It is a protective factor against mental ill-health (McMahon et al., 2006; Fearon et al., 2010; Flykt et al., 2021), physical ill-health (Dagan et al., 2018; Ehrlich et al., 2019; Walsh et al., 2019) and is beneficial socially and within relationships (Groh et al., 2014; Tan et al., 2016). Attachment is a crucial area for investigation within adopted populations as adoptees may face permanent separation from their birth parents and

are assigned to the task of forming attachments to new caregivers. For some, having to form attachments to new caregivers may have occurred multiple times, particularly for those who spent time moving through the care system before permanent adoption. Those with open adoptions or an awareness of their birth parents must also hold multiple models in mind for the idea of a mother and a father. As multiple models of the same aspect of reality are considered during the AAI (Main, 2006), we predict that the very nature of adoption would negatively impact the individual's attachment state of mind.

In addition to attachment state of mind, we aim to explore two further factors to understand adoptive status in mid-life comprehensively: early relational trauma and reflective functioning. Reflective functioning (RF) refers to the operationalisation of an individual's mental capacity, particularly within an attachment context (Fonagy et al., 2008). Mentalization is defined as the ability to understand and interpret our own behaviour and the behaviour of others as expressions of intentional mental states (Fonagy et al., 2002). Mentalization can be thought of as encompassing several neighbouring concepts including, affect consciousness, mind-mindedness, empathy and mindfulness. Research has shown a positive correlation between attachment security measured by the AAI and an average or high degree of reflective functioning (Fonagy et al., 1991; Slade et al., 2005). In fact, Fonagy et al. (1991) found that reflective functioning better-predicted infant attachment as measured by the strange situation than any singular AAI scale, leading authors to predict that coherence may be a measure of reflectiveness.

The capacity to mentalize is thought as intrinsic to the development and maintenance of relationships (Slade, 2005), affect regulation (Fonagy et al., 2002) and self-development (Köber et al., 2019). Whilst we are all born able to develop a mentalizing capacity, the quality of early relationships creates the opportunity for children to learn about mental states and are critical to its development (Slade, 2005). Crucially moderate to high reflective functioning

appears to mediate the impact of early relational trauma (Berthelot et al., 2019; Halfon & Besiroglu, 2021). But experiencing childhood trauma may lead to deficits in the ability to mentalize (Fonagy & Bateman, 2008; Lyons-Ruth & Jacobvitz, 2016). Therefore, it is likely that the ability to recognise and understand adverse experiences empowers the individual to consolidate and reconcile the impact of those experiences. By utilising RF analysis, we are enabled to investigate participants' mentalizing capacity. In addition, RF has been credited with playing a vital role in forming and maintaining healthy relationships (Slade, 2005; Katznelson, 2014). RF has been associated with attachment security (Fonagy et al., 1991; Slade et al., 2005); therefore in the current study RF will serve with the additional benefit of corroborating the findings of the AAI.

Early relational trauma will be investigated using the Complex Trauma Questionnaire (ComplexTQ). The ComplexTQ is a reliable and valid measure of early relational trauma which can be used in conjunction with the AAI (Maggiora Vergano et al., 2015). The ComplexTQ is a tool designed to measure adverse childhood experiences in terms of their form and frequency. As the focus of adoption research has primarily been childhood to early adulthood (Field and Pond, 2018), and therefore much centred on pre-adversity, little attention has been given to post-adoption trauma and life with adoptive parents. By using the ComplexTQ applied to AAI narratives, we are able to delve deeper into the traumas that participants have experienced in the post-adoption period, an area which has been largely neglected from adoption research. The ComplexTQ enables the exploration of trauma perpetrated by attachment figures, such as adoptive parents in the current study. Allowing us to quantify and measure early relational trauma, providing a standardised way to assess the severity and impact of traumatic experiences in adoptees.

Given the contrary evidence on attachment in adult adoptees, we refrain from speculating how adoptees will compare and approach the analyses from an exploratory

design. By using these three analyses, we aim to understand the impact of adoptive status in midlife. Therefore, the present study's novelty is that it offers a multifaceted approach to exploring the impact of adoption on attachment security, and trauma in midlife. Examining these factors in midlife adoptees allows for a more comprehensive understanding of the long-term effects of adoption and early relational trauma on individuals as they navigate different stages of life. By using a smaller sample size of 17 participants, we performed a more in-depth analysis of each participant's experiences, leading to a richer understanding of the nuances and complexities of attachment and trauma. It is hoped that such detailed analysis can reveal tentative evidence of common patterns and themes, which can be applied to and explored further using a larger sample of adoptees. In addition, we aim to compare the AAI distribution of our participants to other known AAI distributions of normative, high-risk and clinical samples taken from Bakermans-Kranenburg and van IJzendoorn's (2009) meta-analysis of the first 10,000 AAIs. It is our hope that in doing this we will be able to identify specific challenges faced by midlife adoptees which can help inform targeted interventions and support strategies.

With this in mind, the aims of the following study are to (i) assess state of mind with respect to attachment in a sample of midlife adoptees. (ii) to compare their attachment distribution with known samples of normative, clinical, and high-risk samples in order to contextualise our findings and gain insights into either the negative or positive impact of adoptive status at this stage of life. (iii) measure the degree of reflective functioning within our sample to understand participants' mentalising capacity and support the AAI findings. (iv) Finally, to assess the number of trauma occurrences and experiences using the ComplexTQ and combine all analyses to gain a holistic understanding of attachment and trauma within this population. Ultimately, the present study aims to identify potential areas of vulnerability or resilience by using empirically and clinically valid assessments of attachment, RF and

trauma to contribute to the current understanding of the impact of adoption and provide evidence which can be used to support the development of interventions for adoptees and their families.

6.3 Method

6.3.1 Participants and Recruitment:

Recruitment took place from November to December 2020. Participants volunteered to take part in the study by responding to an advertisement posted on the social media platforms Twitter and Facebook via accounts made specifically for the research study. A total of 17 participants were recruited, twelve females and five males. The inclusion criteria for the study were those who had experienced permanent separation from their birth parents. Participants were recruited regardless of how many placements they entered or the age at which they were adopted. The average age of participants was 53 years (age range = 33-66 years, SD = 8.63). Most participants (65%) were adopted before they were one years old, 35% were adopted at the age of, or older than one year old (average age of adoption = 1.33 years). The majority of participants had experienced more than one placement move during their childhoods (59%).

6.3.2 Procedure:

Participants expressed interest in participating via social media advertisements. Due to the Covid-19 pandemic, the AAIs were conducted online via Microsoft Teams. Video was used throughout to replicate an in-person interview, but only audio was recorded for the analysis. Participants were required to fill out a brief questionnaire on Qualtrics prior to the interview to gather demographic information. All interviewers were administered by a fully trained AAI interviewer, and lasted on average 90 minutes. Interviews were transcribed verbatim in

accordance with the requirements outlined in the AAI manual supplementary material (Main et al., 2003).

6.3.3 Measures:

6.3.3.1 The Adult Attachment Interview (AAI):

The AAI is a semi-structured, semi-clinical interview schedule consisting of 20 questions and prompts. The interview places two demands on the speaker, to recall memories whilst simultaneously maintaining a collaborative and coherent discourse. The AAI analysis works by assessing variations in discourse style and coherence during the interview, coherence not just of language but that the speaker demonstrates a singular model of the relationships and experiences presented. Therefore it is not a retrospective measure in the traditional sense, as it is not about how much is recalled, but the way it is said.

Transcripts are coded and analysed following the AAI scoring and classification manual (Main et al., 2003). Firstly, the likely parental behaviour during childhood (up to 14 years old) is coded and scored using the five inferred parental behaviour scales. Secondly, state of mind scales relating to the characteristics of the state of mind classifications are used. Three of these scales are associated with the speaker's parents, and eight correspond to the speaker's narrative. The final stage of the analysis is to consult the classification system taking a "top-down" approach. Here the coder considers the classification descriptors which match how the speaker has retold their narrative and places the transcript into one of five potential classifications. The transcript can additionally be placed into one of 12 subclassifications.

6.3.3.2 AAI classifications:

Speakers who can discuss their attachment relationships and life-histories in a manner that is objective, with minimal violations of Grice's maxims and appear to switch between the two demands of the interview with ease are considered to be secure (F). Speakers who dismiss or minimise their attachment relationships and their effects are classified as insecure-dismissing (Ds), and those who give sustained and compulsive attention to their attachment histories and maximise the impact of these experiences are classified as insecure-preoccupied (E). Sometimes speakers have experienced a loss or a traumatic event that has been so profound that it has impacted their current functioning. During discussions of loss or trauma, these speakers may show lapses in the monitoring or reasoning or discourse, or reference or exhibit of extreme behavioural reactions. When this is the case the speaker is placed into a fourth disorganised classification known as unresolved (U/d). Additionally, the speaker is classified by the source of the disorganisation i.e. unresolved with regards to loss or trauma. Rarely a speaker cannot be classified into any of the previous classifications and is then placed into the fifth category, cannot classify (CC).

AAI transcripts are coded in three stages, all scales within the AAI follow a nine-point system, but they are not all scored the same way. Firstly, the text is coded for likely evidence of parental behaviour and scored on the five inferred parental behaviour scales. Next, the coder makes use of the state of mind scales to, three of which relate to the speaker's accounts of their parents and eight relate to the speaker's discourse style and overall narrative. Finally, the AAI coder consults the classification system taking a 'top-down' approach and considering how the descriptors of each classification match the speaker's narrative, leading to the transcript being placed into one of the five possible classifications.

In addition to the five main classifications, there are 12 subclassifications. The subclassifications of the secure classification can be viewed as a continuum with most possessing some level of insecurity. The subclassifications F1 and F2 are secure with dismissing traits, whereas F4 and F5 are secure with preoccupying traits, F3 is prototypically secure. The dismissing classification has four subtypes but two distinct forms, one which is marked by high levels of idealisation (Ds1) and the other by high levels of derogatory statements when discussing attachment figures (Ds2). The Ds3 subtype classified when the narrative is restricted in feeling and has a superficial nature to the account. Whereas Ds4 is the only used when the individual scores highly on the fear of loss scale. The preoccupied classification has three subtypes: passively preoccupied (E1), angrily preoccupied (E2) and fearfully preoccupied (E3). Angrily preoccupied is the most common form of preoccupied, here the speaker overwhelms the narrative with grievances of one or both parents. Passively and fearfully preoccupied are rarer. In passively preoccupied transcripts the narrative has a marked quality of vagueness throughout, whereas in fearfully preoccupied narratives fear is thematic throughout.

6.3.3.3 Reflective functioning (AAI-RF):

The Reflective Functioning Manual, Version 5.0 (Fonagy et al., 1998) was used to assess reflective functioning on participants' AAI narratives. An 11-point scale is used to assess five possible categories of moderate to high reflective functioning. Individual passages can be scored from -1 (an anti-reflective or exhibition of hostility towards an opportunity to reflect) to 9 (full or exception reflective capacity). Scores are weighted based on the type of question with the eight 'demand' questions i.e. questions which demand reflection from the speaker carry more weight than 'permit' questions. All scores throughout the transcript are then aggregated into a final overall score of reflective functioning. The overall scores follows the same point scale, but there are also subclassifications within ratings of -1, 1, 3 and 5. An overall score of 5 represents ordinary reflective functioning and is the most common score in non-clinical populations (Fonagy et al., 1998; Pedersen et al., 2012). Scoring below this threshold of 5 is representative of questionable to absent reflective functioning and is an indication that the speaker's score is what would be expected within a clinical population (Rudden et al., 2006; MacBeth et al., 2011; Ekeblad et al., 2015).

6.3.3.4 Complex trauma questionnaire (ComplexTQ):

The ComplexTQ measures frequency and intensity of the following forms of trauma: neglect, rejection/dislike, role-reversal, psychological abuse, physical abuse, sexual abuse, failure to protect, witnessing domestic violence, separation, and loss. By assessing the many different forms of trauma present in early childhood, the researcher gains a better understanding of the adverse environment the child was exposed to rather than focusing on one singular type of trauma. The clinician's version of the ComplexTQ was answered using participant transcripts and has been validated for this use (Maggiora Vergano et al., 2015). The measure considers a range of potential traumatic experiences as well as the frequency of occurrence. To complete the researcher uses the participant's AAI transcript to answer a 70-item retrospective questionnaire with a four-point Likert scale (1=never to 4=often) for the first 66 questions, then questions regarding separation which also follow four-point Likert scale but correspond to 1=never to 4=more than a year. The final question is a yes or no to whether the person mourned the loss of the caregiver. The frequency and occurrence of traumatic experiences are then automatically summed and averaged by the software of the ComplexTQ, providing a standardised and measurable insight into early relational trauma.

6.3.4 Data analysis:

In addition to the three measures, a chi-square test was used to determine how the AAI classification distribution of our sample differed from the general population sample taken from Bakermans-Kranenburg & Van IJzendoorn (2009) meta-analysis and an at-risk and clinical sample distribution from the same source. In this study, the authors used multinomial tests to compare the frequency distribution of AAI classifications across a large set of studies n= 206).

6.3.5 Ethics:

The study was approved by the University School of Psychology Ethics Committee. The researcher undertook AAI training and subsequent reliability checks prior to conducting interviews. Interviews were carried out online, participants were fully informed of the nature of the interview and provided written consent to participate. Participants were informed that they could withdraw at any point during the process, and up to one week following. There was full adherence to the AAI protocol, including no deviation from the questions, ordering and prompts.

6.4 Results

6.4.1 Attachment State of Mind

Attachment classifications and sub-classification can be found in Table 6.1. Most participants within our sample had an insecure state of mind with regards to attachment. Insecure and unresolved states of mind accounted for 76% of the total sample, with 24% having a secure state of mind.

One participant (Participant 7) could not be classified. For analysis of the four-way attachment classification distributions Participant 7 was placed alongside unresolved making this category unresolved/cannot classify, as this participant did not exhibit the criteria necessary to be considered unresolved. Participant 7 displayed both maximising and minimising behaviours which is the reason for being assigned cannot classify, and so could not be forced into either dismissing or preoccupied for the three-way classification breakdown. The four-way distribution (Table 6.2) of the sample showed that 53% of participants were classified as unresolved (U/d) and cannot classify (CC), 24% of the sample were rated secure (F), 18% were preoccupied (E) and 5% were dismissing (Ds).

There was a noticeable number of unresolved classifications (41%), particularly with respect to loss. Five participants were unresolved with regards to loss, and three with regards to trauma. A speaker is classified as unresolved when they demonstrate lapses in the monitoring of reasoning and, or the monitoring of discourse, or speak of, or exhibit extreme behavioural reactions during discussions or loss or trauma. With consideration of the loss and abuse scales, the most common markers of the unresolved classification observed in participants were lapses in the monitoring of reasoning particularly: "unsuccessful denial of the occurrence, nature or intensity of the abusive experience", "Psychologically confused statements", and "Indications of disbelief that the person is dead". Further we found evidence

of traumatic memory loss, the example below was also scored for "failure to name", here the use of the word 'that' stands in place of the trauma the participant faced.

> *"… erm…….well yeah 'cause I didn't remember any of that [that referring to traumatic experiences] 'til I was in my mid-30s, so the remembering of all of that was unbelievably traumatising".*

The forced three-way distribution, that is considering only the organised classifications (Table 6.2) showed that the majority of participants exhibited a maximising conditional strategy. That is, 53% of the participants had a forced classification of preoccupied (E) either as a primary classification or an underlying classification of unresolved participants. In the three-way distribution 24% of participants were secure (F) and 12% of participants were dismissing (Ds), one as a primarily classification and another as the underlying classification of their unresolved classification. Preoccupied and unresolved were overrepresented in our sample, but the dismissing state of mind was underrepresented.

Table 6.1

Showing participant AAI classifications and RF scores

Participant ID	Sex	Age	Primary classification	Sub-classification	Reflective functioning
1	M	55	Unresolved/disorganised	U/d/E3	2
2	F	59	Preoccupied	U/d/E1	1B
3	M	56	Unresolved/disorganised	U/d/E2	3A
4	F	66	Unresolved/disorganised	U/d/E2	5B
5	M	63	Dismissing	Ds1	3C
6	F	60	Unresolved/disorganised	U/d/E3/E2	1A
7	M	47	Cannot classify	CC/E2/Ds2	-1
8	F	48	Unresolved/disorganised	U/d/E1	1A
9	F	56	Unresolved/disorganised	U/d/Ds3a	1A
10	F	64	Secure	F5	4
11	F	58	Secure	F2	4
12	M	43	Secure	F5	7
13	F	43	Preoccupied	E2	3C
14	F	33	Secure	F3	6
15	F	48	Preoccupied	E2	1B
16	F	46	Unresolved/disorganised	U/d/F2	3C
17	F	56	Preoccupied	E1	2

6.4.2. AAI distribution comparison

Chi-square tests were used to compare our participant's attachment classification distributions with the expected distributions for the European non-clinical, high-risk and clinical population samples established in Bakermans-Kranenburg and van IJzendoorn's (2009) meta-analysis. The European non-clinical sample represents the distributions for a group of individuals who were not considered to have any clinical conditions or disorders. The at-risk population was defined by individuals with low socio-economic status and additional risk factors such as adolescent mothers. The clinical sample comprised of individuals who various psychological disorders such as borderline personality disorder, depression, abuse experiences etc.

Our four-way attachment distributions differed significantly from European non-clinical distributions, with participants exhibiting higher levels of insecurity and unresolved classifications (Bakermans-Kranenburg & Van IJzendoorn, 2009) (X^2 [df= 3] = 25.68; p = .00001). Participants' distribution also significantly differed from at-risk populations, again displaying higher levels of insecurity and disorganisation (X^2 [df= 3] = 8.87; p = .03). However, our participant's attachment distributions did not significantly differ from the clinical samples of the same meta-analysis (X^2 [df= 3] = 2.51; p = .47). Additionally, our sample had a higher percentage of unresolved/cannot classify than clinical groups (43%, Bakermans-Kranenburg & Van IJzendoorn, 2009). The current sample also differed significantly from the European normative sample when considering secure vs insecure participants, suggesting higher levels of insecurity than what would be expected (X^2[df= 1] = 5.23; p = .02), but again did not differ significantly from the clinical sample for the same secure vs insecure split (X^2 [df= 1] = 0.002; p = .89).

Table 6.2

Three- and four-way AAI distributions of the current population compared to the expected distributions from European non-clinical, at-risk and clinical groups.

Three-way AAI distribution	**Current sample**	**European non-clinical***	**At-risk populations***	**Clinical groups***
F	5 (24%)	267 (56%)	588 (41%)	528 (27%)
Ds	2 (12%)	143 (30%)	602 (42%)	724 (37%)
E	9 (53%)	67 (14%)	244 (17%)	724 (37%)
Four-way AAI distribution	**Current sample**	**European non-clinical***	**At-risk populations***	**Clinical groups***
F	4 (24%)	192 (52%)	410 (30%)	389 (21%)
Ds	1 (5%)	93 (25%)	438 (32%)	426 (23%)
E	3 (18%)	41 (11%)	96 (7%)	241 (13%)
CC/U	9 (53%)	44 (12%)	438 (32%)	797 (43%)

F = secure, Ds = insecure dismissing, E = insecure preoccupied, CC = Cannot classify, U = unresolved

*Bakermans-Kranenburg & Van IJzendoorn, (2009)

6.4.3 State of mind scales

State of mind scales are shown in Table 6.3. The highest average scores were observed for maximising strategies. Involving anger, specifically regarding participants' adoptive mothers, was the highest overall score (3.00). Secondly was the score for passivity (2.86), which is also a scale of the preoccupied state of mind. Metacognitive monitoring was the lowest average state of mind score. It is stated within the AAI manual that coherence of mind is the overall score that provides the most accurate and final indication of a speaker's state of mind with respect to attachment. This score has predicted infant security more accurately than any other single scale within the AAI manual (Fonagy et al., 1991). Overall coherence of mind takes into consideration the coherence of the transcript and any other contradictions that may lower the coherence of mind score, such as exhibiting multiple models of the same aspect of reality, which is often demonstrated through high unresolved scores. Our participant average coherence of mind score was 3.71, given that a 5 is required to possess moderate coherence of mind, this is a relatively low mean score. The overall unresolved score takes into consideration each participants' highest 'U' score, that is, their highest score of either unresolved trauma or unresolved loss. A score of 5 or higher is required for a participant to gain an unresolved classification, participants average U score was 4.53.

Table 6.3

AAI state of mind scale scores

Scale	Mean	SD	Min	Max
Idealising (Mother*)	2.09	1.78	1	7.5
Idealising (Father)	2.06	1.34	1	5
Involving anger (Mother*)	3.00	2.63	1	8
Involving anger (Father)	2.44	2.31	1	7
Overall derogation	1.82	1.94	1	9
Lack of memory	1.79	1.52	1	7
Metacognitive monitoring	1.24	0.35	1	2
Passivity	2.86	2.04	1	8
Coherence of mind	3.71	1.99	-1	7
Overall unresolved score	4.53	2.11	1	8
Reflective functioning	2.71	1.99	-1	7

Table 6.4

AAI scales scored for experience

Scale	Mean	SD	Min	Max
Rejecting (Mother)	3.06	3.51	1	9
Rejecting (Father)	2.00	3.09	1	9
Involving/Reversing (Mother)	2.13	2.69	1	9
Involving/Reversing (Father)	1.00	2.06	1	9
Pressured to Achieve (Mother)	0.69	0.46	0	1
Pressured to Achieve (Father)	0.88	1.13	1	5
Neglecting (Mother)	0.63	1.22	1	5
Neglecting (Father)	1.76	2.69	1	7
Loving (Mother)	1.56	2.96	-1	9
Loving (Father)	2.28	2.31	-1	8

6.4.4 AAI subclassifications

AAI states of mind can be classified into one of twelve further subclassifications. The most prevalent subtype (Table 6.1) within our sample was E2 which is angrily preoccupied (n=5). In angrily preoccupied transcripts, the narrative is overwhelmed by complaints and grievances of either attachment figures or attachment experiences. The preoccupied SOM has three subtypes, the other two are seen rarer, E1 (passively preoccupied) and E3 (fearfully preoccupied) were all found within our participants' narratives. It is also worth noting that we had one participant who was prototypically secure (F3).

6.4.5 Reflective functioning (AAI-RF)

The overall RF score of our participants was M =2.71 SD =1.99. A score of less than 3 is considered to be indicative of low to absent reflective functioning. We observed that our insecure participants scored below what would be required for ordinary or definite reflective functioning i.e. below a score of 5 (insecure M =1.92, SD = 1.44; secure speakers M=5.25, SD = 1.30), with the exception of participant 4, who demonstrated an ordinary level of reflective functioning with the subtype 5B. The subtype 5B refers to an inconsistent level of understanding, participant 4 on some 'demand' questions, that is questions which request the speaker to reflect, scored as high as 8, but on other demand questions displayed no reflective functioning negating this high score.

There were however some high scores amongst participants, two participants exhibited high reflective functioning i.e. greater than the expected average in a normative population. Those same two participants both had secure states of mind. Participant 12 demonstrated marked RF, with a global score of 7, it was striking from his transcript that he was able to maintain mentalising skills whilst discussing the emotive topic of abuse he had suffered by his adoptive mother. Secure speakers demonstrated a range of the categories of

moderate to high RF. Insecure participants who were able to demonstrate RF on demand questions primarily exhibited the B1 category of RF, which is 'accurate attributions of mental states to others'.

6.4.6 ComplexTQ

All participants had experienced some form of trauma as measured by the ComplexTQ up to and including the age of 14 years old. Out of the eight forms of trauma measured by the ComplexTQ in this study, 13 out of 17 participants (76% of sample) had experienced at least four forms of trauma during life with adopted parents. The most frequent form of trauma experienced by participants was neglect. In total, participants reported 292 occurrences of neglect, making up 47% of total traumatic experiences. Other trauma exposures included rejection/dislike (13%), role reversal (5%), psychological abuse (17%), physical abuse (10%), sexual abuse (5%), witnessing domestic violence (6%) and separation from adoptive parents (2%). Table 6.4 shows the mean scores for each trauma form. As all participants have experienced permanent separation from their birth families, separation was only recorded when the participant had experienced separation from adoptive parents. Separation can include not living with the caregiver due to divorce or work, or if the speaker was away from the caregiver for reasons unrelated to study or holidays. Only participants with insecure attachment SOM had experienced further separation of this kind. Insecure participants had higher mean scores across all forms of trauma.

Table 6.5

Total mean scores for each trauma form by security

Trauma form	Insecure	SD	Secure	SD
Neglect	17.38	9.22	14.75	9.73
Reject/dislike	6.62	4.48	3.5	3.04
Role reversal	3.08	3.34	0.5	0.5
Psychological abuse	8.77	6.42	5.25	5.36
Physical abuse	5.54	5.17	4	4.24
Sexual abuse	3	3.70	2.25	3.90
Witnessing domestic violence	2.92	2.70	2.25	2.86
Separation	1.38	1.60	0	0

6.5 Discussion

The present study sought to explore attachment, reflective functioning and early relational trauma in mid-life adoptees. This was achieved using the AAI, which was analysed for attachment state of mind, reflective functioning and early relational trauma using the ComplexTQ. Our findings show that the majority of participants had an insecure attachment state of mind (76%,) and an average low to absent degree of reflective functioning (2.71). In addition, although all participants had experienced at least one form of trauma measured by the ComplexTQ, 13 out of the 17 participants had experienced at least four forms of the eight total trauma forms considered by the ComplexTQ.

Neglect was the most prevalent form of trauma experienced by participants during their early lives. It is known that adopted, and care-experienced children experience neglect in the pre-adoption period (Turney and Wildeman, 2017; Hornfeck et al., 2019; Palacios et al., 2019). But what we have uncovered is a high incidence of neglect during the post-adoption period and during time spent with adoptive parents. This finding raises concerns about the adequacy of support systems and resources available to adoptive families and underscores the importance of pre-adoption assessment to ensure the well-being of adoptees.

The prevalence of insecure attachment states of mind was assessed when the narratives' focus was on life with adoptive parents. There is evidence of a correlation between parental state of mind and childhood attachment in non-biological dyads (Dozier et al., 2001). Therefore, the prevalence of insecure and disorganised states of mind in our sample relates to time spent with adoptive parents rather than pre-adoption adversity. All but one participant spoke of their adoptive parents as sole caregivers during the AAI. This participant talked of her birth parents and adoptive parents as she was not adopted until eight years old.

Our population exhibited an overrepresentation of maximising attachment strategies; this can be concluded by the number of participants with preoccupied as a primary classification and the underlying forced classification of unresolved participants. Specifically, participants' average scale scores were highest for preoccupying anger, particularly higher when discussing adoptive mothers than fathers. This corresponded to ComplexTQ scores which showed that adoptive mothers were the foremost perpetrators of early relational trauma. Adoptive mothers were responsible for more total trauma occurrences than fathers (52% vs 47%), they were responsible for more occurrences of six out of the eight trauma forms measured by the ComplexTQ. But fathers had been responsible for more instances of domestic violence and separation. In addition, only male perpetrators were responsible for any sexual abuse experienced by participants, including one account of rape committed by an adoptive father.

When considering the wider literature base, it is surprising that in the case of our participants, adoptive mothers were the main perpetrator of trauma. Many studies have shown that fathers are responsible for more instances of domestic violence (Vu et al., 2016; Humphreys et al., 2019) and separation (Dubowitz et al., 2000), in line with the current study's findings. In addition, the likelihood of maltreatment from father figures increases when children live with a male who is not biologically related to them (Yoon et al., 2020). The incidence of non-biological maltreatment was explored by van IJzendoorn et al. (2009) who reviewed data from 17 Dutch child protective services amounting to 13,538 cases of child maltreatment. The authors determined that while households with stepparents had an increased risk of abuse, adoptive parents showed significantly less child maltreatment than typically observed in the general population. It is worth noting, however, that only 16 of the total cases in this study came from adoptive families, amounting to just 0.12% of the entire sample. Given that incidence of trauma was so frequent in our sample of 17 cases, a larger

sample of adoptive families is required to gain an accurate representation of maltreatment occurring post-adoption. Additionally, the post-adoption experience in the Netherlands may not represent the post-adoption experiences of the current participants who were adopted from the UK and Ireland. This is because the Netherlands has extensive post-adoption support and a long tradition of adoption research (ter Meulen, 2019), factors which may lead to adoptive parents feeling more supported and thus reducing the likelihood of maltreatment or neglect.

Adoptive mothers may face unique stressors and difficulties arising from the adoptive process, which could have influenced the observed results. Research has suggested that adoptive parents may be at a higher risk for experiencing mental health issues like depression and anxiety (McKay et al., 2010). Although there has been much progression in women's rights in the recent decade in the Western world (Moghadam, 2019), mothers are still disproportionately taking on most caregiving responsibilities (Gausman & Langer, 2020). Given that the adoptions in the current sample took place mainly in the 1970s when this inequality of caregiving was much higher (Swinkels et al., 2019), it is possible that the burden of being a primary caregiver, combined with the additional stressors that come with being an adopter has contributed to the current findings.

It is also known from prior research on adoptive parents selection that social workers were more likely to select adoptive mothers who had a prior history of adverse childhood experiences (ACEs) (Steele et al. 2008). Authors speculated that this was because they felt the mothers could better relate to adoptees with a similar background. Although we do not know the prevalence of ACEs amongst adoptive mothers of our participants, it is known that maternal history of childhood maltreatment is a risk factor for child abuse and neglect (Bartlett et al., 2017). It is possible that where vetting occurred within the parents in our sample, mothers with similar backgrounds as the adoptees were selected, or, owing to similar

life experiences choose to adopt. This possibility is worth considering for further research into the prevalence of adoptive parents or, specifically adoptive mothers' maltreatment.

Data from the meta-analysis by Bakermans-Kranenburg & Van IJzendoorn (2009) was used to compare our sample and the expected AAI distributions observed in the European non-clinical population, at-risk groups and clinical groups. The distribution of attachment classifications in our sample significantly differed from the expected distribution of the general European population and at-risk populations. However, our sample did not significantly differ from the expected distributions seen in clinical samples. This finding was true for both the four-way distribution and dividing participants into security (secure vs insecure). Our sample showed a higher percentage of unresolved and cannot classify distributions than the expected clinical distribution (53% vs 43%). Whilst the prevalence of unresolved classifications is higher than what has been observed in clinical populations, it is theoretically consistent with previous findings of the associations between childhood maltreatment and an unresolved state of mind (Steele et al., 2003; Bailey et al., 2007). Prevalence of unresolved classifications has been frequently found in studies of maltreating, high risk, and within clinical populations (Madigan et al., 2006; Bakermans-Kranenburg & Van Ijzendoorn, 2009).

No noticeable difference was observed between the number of trauma forms and the reflective functioning (RF) score. Although consistent with previous research, secure participants had, on average higher RF scores (Fonagy et al., 1991; Slade et al., 2005b). Participants' mean RF score was less than has been found in non-clinical populations (2.71 vs 4.25-5; Fonagy et al., 1998; Pedersen et al., 2014). This low RF score is similar to what has been observed in clinical groups, such as those with borderline personality disorder (2.7-3.21; Levy et al., 2006; Gullestad et al., 2012), depression (2.4-4.0; Tauber et al., 2011; Fischer-Kern et al., 2013; Ekeblad et al., 2015) and eating disorders (2.4-4.1; Ward et al., 2002;

Maxwell et al., 2017). We are not suggesting that participants have one of the aforementioned disorders, but that this low RF score may indicate mental ill-health, and future research should investigate this possibility within a larger sample of mid-life adoptees. However, since the sample used in this study did not include any exclusion criteria pertaining to mental health, the results should be interpreted with caution in terms of generalisability to populations with pre-existing mental health conditions. Participants' RF scores provide a potential avenue for future investigation and indicate possible areas for treatment, as mentalisation-based therapies have been shown to improve both reflective functioning and attachment quality (Oehlman Forbes et al., 2021).

There is an inextricable relationship between attachment and trauma. It is known that the state of mind with respect to attachment is vulnerable to trauma (Main et al., 2005), and conversely, attachment security can be a protective factor against the aftereffects of traumatic experiences (Erozkan, 2016; Jardin et al., 2017; Erickson et al., 2019). Other researchers have concluded that trauma is not directly related to the process of adoption itself or its aftereffects (Brodzinsky et al., 2021), but rather to the preadoption adversity that some adoptees face. It is important to note that while our study revealed multiple forms of trauma and a high incidence of trauma, particularly neglect during the time spent with adoptive parents, it is not representative of all adoptive families. It is crucial to acknowledge that there are many adoptive parents who provide loving and nurturing environments for their adopted children (Raynor, 2021). Therefore, it is essential to consider the wide range of experiences within the adoptive community. Additionally, it is worth noting that experiencing maltreatment is associated with an increased risk for insecure attachment classifications (AAI) and a greater amount of more negative inferred childhood experiences (Roisman et al., 2017), but this may not apply universally to all individuals who are adopted.

These findings raise cause for concern, not only for adoptee well-being but also for the intergenerational consequences of this practice. It is known that children who experience maltreatment are more likely to become abusive parents (Lyons-Ruth & Block, 1996; Pears & Capaldi, 2001). Research has shown that physical neglect and insecure attachment measured by the Experiences in Close Relationships (ECR) questionnaire (Brennan et al., 1998) had an adverse impact on maternal reflective functioning, which will impact a mother's ability to be a sensitive parent (San Cristobal et al., 2017). Similarly, Zajac et al. (2019) found that parental state of mind predicted parental insensitivity. Parents who had insecure and unresolved attachment states of mind interacted less sensitively with their children during early and middle childhood.

Our findings also offer debate for practice and policy, as we know that attachment classification is also predictive between non-biological parents and their children (Dozier, et al., 2001). Further, research by Steele and colleagues (2009) uncovered that late-adopted and previously maltreated children, when placed with just one adoptive parent who was classified as secure by the AAI, showed increased security signs in their story stem assessments after six months within placement. Given the intergenerational transmission of attachment between non-biological dyads (Dozier, et al., 2001) and the benefits of security, particularly in the recovery from adversity (Measelle & Ablow, 2016), assessment of attachment state of mind or reflective functioning should be considered when making decisions of potential adopters and intervening relationships between the adoptees and their adoptive parents.

6.5.1 Future research

Adoption is a lifelong process (Brodzinsky et al., 1998; Lifton, 2002), yet we have little understanding of what happens during the post-adoption period and the lifelong impact of forming attachments with strangers. This study highlights crucial areas for future investigation, namely the extent of maltreatment that may occur within adoptive homes and the impact of trauma caused by adoption. Future research should explore the impact of adoption beyond early adulthood and investigate the trauma older adoptees feel. Although more qualitative research is required to understand adoptive status at various stages throughout an individual's life course, there is also scope for larger-scale studies to explore the outcomes that we have presently drawn attention to.

6.5.2 Strengths and limitations

This study is not without limitations; we could have explored and drawn differences between our sample and different samples with a more significant degree of statistical power with a larger sample. Additionally, a larger sample size would have allowed us to increase the likelihood that our findings did not occur by chance. Further, the effectiveness of the ComplexTQ in capturing the full extent of complex trauma experiences may be subject to the accuracy and honesty of participants' self-disclosure, potentially limiting the comprehensive assessment of complex trauma in our study.

However, the present study has many strengths; this research employed the use of the gold standard measure of attachment in adulthood; it is the first to explore three rigorous analyses within a sample of mid-life adoptees and has shed light on trauma and attachment difficulties that may be part of adoptive status. We hope that our findings prompt a pause for reflection for practitioners and policymakers and that future research will explore further adoption throughout the lifespan.

6.5.3 Conclusions

Our findings showed a prevalence of insecure and unresolved attachment states of mind amongst mid-life adoptees. Participants also exhibited an average low to absent degree of reflective functioning (RF), indicating a lack of low mentalizing capacity. Low to absent is associated with attachment insecurity (Slade et al., 2005), and is more often seen in clinical populations (Fonagy et al., 1998; Pedersen et al., 2012). All participants had experienced at least one form of early relational trauma as measured by the ComplexTQ, 74% of the sample had experienced at least four out of the eight possible forms of trauma measured. Neglect was the most prevalent forms of trauma experienced by participants. Adoptive mothers were the main perpetrators of all trauma forms except for domestic violence and further separations. The AAI, RF and ComplexTQ findings all pertained to life spent with adoptive parents.

Chapter 7

Discussion and Conclusions

7.1 Introduction

The overarching aim of this PhD was to investigate attachment state of mind and the lived experience of older (30+ years) adoptees. This chapter will summarise, discuss and integrate the key findings of this thesis. First, an overview of the thesis aims is provided. Next, a summary and integration of the main conclusions is given. Following this, the implications for future research and policy are discussed. Finally, an overview of the strengths and limitations of the PhD is presented.

7.2 Aims

This project took a mixed-methods exploratory sequential approach to investigate attachment state of mind and the lived experience of older (30+) adoptees. The Adult Attachment Interview (George et al., 1985-1996; AAI) was used to generate all data used, which was then analysed using four types of analysis: reflective thematic analysis, AAI coding and classification manual (Main et al., 2003); reflective functioning manualised analysis (Fonagy et al., 1998), and the complex trauma questionnaire (ComplexTQ). Additional objectives were generated based on the literature and initial findings, leading to the creation of the following aims:

1. To investigate the lived experience and attachment state of mind amongst adults adopted from mother-and-baby homes.

2. To explore the lived experience of mid-life adopted adults.

3. To establish the attachment all participants' states of mind of mid-life adopted adults. with respect to attachment.

4. To investigate early relational trauma in mid-life adopted adults.

5. To assess the participants' reflective functioning of mid-life adopted adults.

6. To integrate the findings of the four analyses to gather a holistic understanding of attachment and the impact of adoption within this population.

7.3 Summary of the main findings

The findings were structured around three distinct studies designed to explore different aspects of the research topic. In the subsequent sections, a brief summary of each study will be provided, and the findings of each will be discussed.

7.3.1 Study 1: Mother-and-baby homes

A subset of participants were born into mother-and-baby homes. These participants were grouped and analysed separately using thematic analysis and the manualised AAI analysis and coding system (Main et al., 2003). Children placed in mother-and-baby homes were not removed from their birth families due to neglect or maltreatment but were separated from their families because of social attitudes and practices during that time. This set mother-and-baby homes apart from the typical reasons for removal in adoption and fostering. According to the Mother-and-baby homes Commission Final Report (2021), the majority (80%) of women and girls admitted to these homes in Ireland were between 18 to 29 years old. The republic of Ireland's report on mother-and-baby homes states that "*the majority [of women] were indistinguishable from most Irish women of their time*" (Mother-and-baby homes Commission Final Report, 2021, p. 2), and the age range varied from girls as young as twelve to women in their forties.

Religious organisations typically ran mother-and-baby homes, and mothers who had children out of wedlock were encouraged to, or forced to (Mother-and-baby homes Commission Final Report, 2021), give up the care of their children. Children and mothers were then placed in these institutions. Some homes gained notoriety due to the maltreatment of women and children within them, and many operated like workhouses. The sole characteristic that led to the admission of women to mother-and-baby homes was that they were unmarried and pregnant. Once institutionalised, women were pressured to place their

children up for adoption (Mother-and-baby homes Commission Final Report, 2021, p. 6). It is, therefore, unlikely that the children of women admitted to mother-and-baby homes had experienced maltreatment or neglect, which is statistically higher in samples of birth parents from care-experienced and adopted populations (McGrath-Lone et al., 2016; Anthony et al., 2019). Mother-and-baby home adoptees were also unusual from an attachment perspective, as many were able to live with their mothers, albeit within an institutionalised setting. Still, the amount of contact between each individual was variable; for many, this was unknown.

Findings revealed that this subgroup of participants all had insecure states of mind with respect to attachment. Four of the five participants were unresolved, all regarding loss, and the most prevalent forced organised classification was preoccupied. By using thematic analysis of these transcripts, four key themes were identified relating to their lived experience:

1. Identity and belonging
2. Trauma
3. 'Silenced' coping
4. Adverse parenting

The first theme had three subthemes (i) Never fitting in (ii) Being flawed (iii) Disposable. These subthemes pertained to how the participants felt about themselves in relation to their attachment relationships and experiences as a result of their adopted status. Participants described feelings of not belonging or feeling like outsiders within their own adoptive families or with peers. Secondly, all participants spoke of not feeling good enough or flawed; one participant suggested that this may be a common feeling within adoptees and something referred to in wider literature (Penny et al., 2007). Finally, the subtheme ‘disposable’ related

to how some participants spoke of feeling expendable in romantic relationships, but that this assumption was reinforced by memories of adoptive parents threatening to "send them back".

The second key theme contained three further subthemes (i) Abuse (ii) Understanding trauma/reflecting on trauma (iii) Recovery/Post-traumatic growth. These themes referred to the abuse participants had faced within their adoptive homes and the steps they had taken to understand and reconcile these experiences. Most mother-and-baby home subset participants had experienced physical, emotional or sexual abuse perpetrated by their adoptive parents and others. Despite this, every participant who retold abuse could describe the impact this trauma had on their current functioning. Relatedly, participants spoke of attending therapy either in the past or are still seeking therapy regularly.

Theme three, was labelled 'silenced' coping. Within this theme were references from participants of being made to feel unable to seek out their adoptive parents in times of distress during childhood. This had two outcomes which were (i) Self-reliance and (ii) Suppressed emotions, both of which extended beyond childhood and into adulthood. The final theme, 'Adverse parenting', derived from participants' descriptions of their lives spent with their adoptive parents. This theme had four subthemes (i) Harsh parenting (ii) Parental apathy (iii) Balanced view of parenting (iv) Lasting impact on relationships. These subthemes referred to the harsh parenting four out of the five participants had faced from their adoptive parents; this included reports of cruel punishments or emotional maltreatment, which left a lasting impact on them. Despite these accounts of harsh parenting or parental apathy, all interviewees offered a balanced view of their parents; it was clear that they attempted to understand what made their parents behave this way or placed their behaviour within the context of the era. Finally, participants stated that these experiences had an enduring impact on their current relationships. For example, one participant spoke of not wanting to rely on anyone in

adulthood for fear of that person leaving and related this fear to their experiences with their adoptive parents in childhood.

Adopters from mother-and-baby homes were poorly vetted, if at all. Potential adopters were assessed by nuns who were not trained to make such judgements, and it has been documented that money was exchanged for children (Redmond, 2018). Children were placed for unregulated adoptions and sent to the USA (Mother-and-baby homes Commission Final Report, 2021, Pg 72). Consequently, this study highlights the need for careful vetting of adoptive placements.

7.3.2 Study 2: Lived experience of adoption

Through an in-depth qualitative analysis of AAI transcripts using reflexive thematic analysis guided by (Braun and Clarke, 2022), the following three key themes were selected to capture the lived experience of older adoptees:

1. Unresolved Grief
2. Living in Fear
3. 'Coming out of the fog'

All themes were encompassed within an overarching theme of loss. This overriding theme allowed for the selection of three key themes, and four further subthemes. Each theme reflects the impact that adoption had on participants' lives. Participants expressed unresolved grief at the loss of their birth parents. In particular, they spoke of grieving their birth mothers. A subtheme pertaining to the central theme of unresolved grief was "who am I" this theme related to references to loss of identity; for some, this included a loss of cultural identity through adoption. Related to this key theme was the subtheme 'Compensatory child', which pertained to the sense of loss experienced by adoptive parents, whether this was the loss of an actual child or the idea of a child and family that they had envisioned. It was reported

throughout our sample that participants' parents had lost a child prior to adoption. As such, some reported feeling like they had been adopted to resolve feelings of unresolved loss felt by adoptive parents or as a last resort when attempting to start a family.

The second key theme, 'Living in Fear,' derived from descriptions of abuse participants faced within their adoptive homes. A majority of participants spoke of fear and anxiety during their early lives with adoptive parents. Encompassed within this theme was a secondary type of imagined fear or anxiety, including descriptions of not feeling good enough or disappointing their parents Similarly, the subtheme 'The Black Sheep'; captured how participants felt within their adoptive families, particularly the deduced attitudes of their wider adoptive families. Several participants remembered experiencing differential treatment from extended family members and feeling like outsiders among other family members.

The final theme, 'Coming out of the fog' refers to the realisation adoptees come to when they recognise that their adoption experience has been inherently traumatic. Pertaining to this overall theme, there seemed to be two distinct coping strategies drawn from participants' descriptions of their early lives. These strategies were patterns of behaviour or thoughts that participants appeared to develop as a response to caregivers who were unpredictable or emotionally unavailable. The first referred to as 'counter dependence' describes those who recounted avoidance of emotional intimacy or described themselves as self-reliant and independent in childhood. The second coping strategy was 'codependence'. Codependence here is related to childhood behaviour marked by passivity and an inclination to please others, typically caregivers.

The qualitative findings of the current thesis suggest that despite the variation in pre- and post-adoption experiences, adoptees may share a distinct form of trauma as a result of their unique life experiences, referred to here as 'adoption trauma'. The themes derived from

participant narratives are supported by those captured in other empirical studies (March, 1995; Perl & Markham, 1999; Penny et al., 2007; Cherot, 2009; Henze-Pedersen, 2019; Geddes, 2021; Kim, 2021), and demonstrate the aftereffects of the adoption process.

7.3.3 Study 3: Attachment State of Mind

Analysing the transcripts with the AAI manualised analysis and classification system revealed that most participants had an insecure state of mind (76% vs 24% secure). These states of mind derived from narratives regarding their early lives and attachment experiences with adoptive parents, except for one participant who spoke of her adoptive and birth parents.

One participant could not be classified and was placed into the fifth category, Cannot Classify (CC). CC was included with the unresolved classification when examining the four-way distribution of state of mind classifications. The four-way distribution showed that 53% of participants were classified as unresolved, 24% were secure, 18% preoccupied and 5% were dismissing. This distribution significantly differed from European non-clinical samples (X2 [df= 3] = 25.68; p = .00001), and at-risk populations (X2 [df= 3] = 8.87; p = .03), but did not differ from clinical samples (X2 [df= 3] = 2.51; p = .47). All comparative samples were taken from the Bakermans-Kranenburg & Van IJzendoorn, (2009) meta-analysis of AAI distributions.

Considering only organised classifications, the three-way distribution of our sample revealed a prevalence of the maximising strategy. That is, 53% of participants had either a primary or underlying classification of preoccupied. The remaining three-way distributions were 24% secure, 12% dismissing. Overall, preoccupied and unresolved were overrepresented classifications, and dismissing was underrepresented.

Further examination of the AAI state of mind scales showed the highest average scores were for preoccupying anger, particularly when discussing their adoptive mothers (3.00). The second highest scores were for passivity (2.86); this scale also related to the preoccupied state of mind. Participants' overall coherence of mind score was 3.71. Considering that a score of 5 indicates moderate coherence of mind, this is a low score. Additionally, participants had a mean unresolved score of 4.53. Given that 5 is required to consider a speaker as unresolved, this is a relatively high score indicative of the number of unresolved classifications within this population.

Finally, concerning AAI subclassifications, the most prevalent subtype amongst our sample was E2, which is angrily preoccupied. This is not surprising taking into account the aforementioned high average scores on the preoccupying anger scale.

7.3.4 Reflective Functioning

Analysis of transcripts for relative functioning (RF) showed that participants had a low overall RF score (M=2.71, SD= 1.99). The average RF score expected in a non-clinical population should be around 5, indicative of ordinary or definite RF. This finding is consistent with previous research (Fonagy et al., 1991; Slade et al., 2005b), which has shown that low RF is associated with insecure states of mind. The overrepresentation of insecure attachment states of mind is likely responsible for the low RF score.

Except for one insecure participant, all higher scores of RF were from secure participants. Participant 12, who obtained the highest overall score for reflective functioning, had a secure attachment state of mind despite having experienced severe abuse by his adoptive mother in childhood. Secure speakers exhibited a range of RF categories throughout their transcripts. In contrast, insecure participants who demonstrated RF on demand questions

mainly displayed 'accurate attributions of mental states to others', which is the B1 category of RF, and is arguably a simplistic presentation of RF.

7.3.5 Early Relational Trauma

All participants in our study had experienced some form of trauma before age 14, as determined by the ComplexTQ assessment. The ComplexTQ measures eight different trauma of trauma; 13 participants (76% of the sample) had experienced at least four forms of trauma during their early lives living with their adoptive parents. The most common form of trauma experienced by participants was neglect, accounting for 47% of the total occurrences of traumatic experiences. Other forms of trauma experienced by participants included rejection/dislike (13%), role reversal (5%), psychological abuse (17%), physical abuse (10%), witnessing domestic violence (6%), sexual abuse (5%), and separation from adoptive parents (2%). As all participants had experienced permanent separation from their birth parents, separation was only recorded if they had experienced further separation from their adoptive parents. Adoptive mothers were responsible for more total trauma occurrences than fathers (52% vs 47%) in six out of the eight trauma forms measured by the ComplexTQ. However, adoptive fathers were the main perpetrators of domestic violence and separation. Insecure participants had higher mean scores of trauma across all forms, but only those with an insecure state of mind experienced further separation.

7.4 Integration and Discussion of the Main Findings

In the proceeding sections of this chapter, the main findings emerging from this PhD study will be discussed in turn. It begins with the results relating to trauma and abuse, next, a discussion of the conclusions relevant to attachment, and finally, a discussion of the findings regarding loss.

7.4.1 Trauma and abuse

The findings across the three studies presented suggest that adoption may be experienced as a potentially traumatic event. Trauma was a prominent theme across all participant narratives. This finding was triangulated through the AAI, RF and ComplexTQ analyses. Participants experienced trauma as a direct and indirect result of their adoption, culminating in what has been labelled here as 'adoption trauma'. The current findings suggest that there is an adoption experience and unique trauma that coincides with adoptive status. Naturally, there will be variation in the degree to which that trauma is felt, processed and coped with, given that there are individual differences in the ability to process and cope with trauma (Leitenberg et al., 2004; Bonannon & Burton, 2013).

Adoption research has primarily focused on pre-adoption adversity, and it is well-recognised that adoptees face trauma in the pre-adoption period (Juffer & van IJzendoorn, 2005; Sheridan & McLaughlin, 2014; Gunnar & Reid, 2019). However, what happens after adoption and life with adoptive parents has largely gone unrecognised within adoption literature. Most research is concerned with how children fair immediately or a few years after adoption placement, yet adoption is a life-long process (Brodzinsky et al., 1998; Lifton, 2002). Even so, none of these investigations are helpful for those who have come through the adoption system; many are left to deal with the aftereffects of a practice they had no say in. Furthermore, practitioners must inform interventions without knowledge of the longer-term

impact of adoption and the insufficient exploration of adoptees' subjective lived experience (Jordan and Dempsey, 2013). How adult adoptees adjust after and cope with adoption is merely speculative. Concluding that adoption is not trauma based on data from children and adolescents is, at best, a hypothesis that must be tested throughout the entire lifespan and through various environments.

During the AAI, interviewees are asked to speak of their experiences with their caregivers in childhood up to 14 years old. Only one participant spoke of her birth parents and her adoptive parents. The rest spoke only about their adoptive parents. That means the state of mind with respect to attachment, reflective functioning scores and traumatic experiences all pertain to time spent in the care of adoptive parents. Trauma has a negative impact on the attachment state of mind (Main et al., 2005). Further, the unresolved state of mind is measured based on trauma or loss. It may be that those with secure states of mind are better equipped to deal with unresolved grief, feeling different, and recovering from maltreatment. Additionally, possessing a high degree of reflective functioning, which coincides with a secure attachment state of mind (Fonagy et al., 1991; Slade et al., 2005b), is also associated with the ability to understand better and come to terms with trauma (Berthelot et al., 2019). The consistent results of the study, which showed the presence of trauma, a high incidence of insecurity, and low levels of reflective functioning, may indicate potential therapeutic options.

One key finding was the degree of abuse which occurred post-adoption and was perpetrated by adoptive parents. Most (12 out of the 17) of those interviewed experienced abuse in their adoptive homes. Qualitative findings revealed that most instances of abuse were carried out by their adoptive mothers, as there were 45 explicit references to psychological, emotional or physical abuse from adoptive mothers. This was later confirmed by the ComplexTQ, which recorded more total trauma occurrences from mothers than fathers

(52% vs 47%). However, out of the eight possible forms of trauma assessed by the ComplexTQ, fathers had perpetrated more instances of neglect, domestic violence and separations. Only males had committed any sexual abuse experienced by participants, including one account of rape by a participant's adoptive father when she was 14 years old.

It is known that maltreatment or neglect is often why children enter the care system or are placed for adoption (Beek & Schofield, 2002; Sedlak et al., 2010; Greeson et al., 2011), but little is known about the impact of reoccurring abuse post-adoption. But, there is evidence of post-placement abuse reported elsewhere. For example, Miller et al. (2007) noted 18 fatal cases of abuse by parents of intercountry adoptees. Euser et al. (2014) also recorded three times more occurrences of physical abuse than in normative samples in residential and foster care placements. Landers et al. (2021) recently found high levels of recurrent maltreatment within a sample of American Indian and White adults who had experienced either foster care or adoption. Collectively these findings indicate the need to investigate reoccurring abuse post-adoption.

As discussed in chapter 5 (Study 2), some participants theorised why their adoptive mothers had maltreated them in childhood. It was reported in participant narratives that their mothers had lost a child before their adoption or had been infertile. One participant described her mother as being wounded by her infertility which was in line with Schechter's (1960) psychoanalytical interpretation that the adopted child is a constant reminder of the mother's infertility. Others induced the idea that their adoptive parents had adopted to help resolve issues of child loss or to fit into societal pressures of having a family. Adopting to resolve loss was found in Kirk's (1964) research of the accounts of 2000 adoptive parents, who discovered adoption did not resolve their losses. Relatedly McKay et al.’s (2010) systematic review of post-adoption depression revealed that this is a relatively common issue among

adoptive parents. Trentacosta et al.'s (2019) study of callous-unemotional (CU) behaviours and harsh parenting in both biological and non-biological parental dyads found that harsh adoptive parenting at 27 months predicted callous-unemotional behaviours at 54 months. Children's CU behaviour at 27 months also predicted the adoptive mother's harsh parenting at 54 months, suggesting that CU behaviours increase the adoptive mother's harsh responses over time. This is an important finding, given that maltreatment, neglect, and trauma increase a child's expression of CU behaviours (Kimonis et al., 2013). Further, more adverse childhood experiences have been shown to predict greater internalising and externalising problems four years after placement (Paine et al., 2021). These findings highlight the importance of sensitive adopters with an educated awareness of the impact of trauma on child functioning and an ability to separate the child's behaviour from the child empathically.

The most comprehensive child care study to date, the NICHD study conducted by Vermeer and Bakermans-Kranenburg (2008), found that poor quality childcare is a significant risk factor for insecure attachment, particularly when parents demonstrate insensitive caregiving. Similarly, meta-analytical findings showed a connection between anomalous parental behaviour and disorganised attachment behaviour in the SSP (Madigan et al., 2006). These studies highlight the significance of sensitive and responsive caregiving for a child's healthy attachment development.

7.4.2 Attachment

Attachment theory is at the heart of the adoption process. Caregiver separation was a key area of interest and study at the root of Bowlby's attachment theory (Bowlby, 1960). Before Bowlby's pioneering research, it would have been unknown whether children who experience permanent separations from their caregivers could attach to others. Over decades of attachment and adoption research, this is no longer in question. Children separated from their caregivers can form attachments to new caregivers, even when those new caregivers are strangers, and even in children who have experienced early life within globally depriving institutions (Lionetti et al., 2015). Furthermore, these attachments to strangers can be secure (Pace & Zavattini, 2010; Lionetti, 2014). For this reason, it seems needless for adoption research to continue to explore attachment in this context interpersonally.

Investigating attachment interpersonally can only provide a snapshot of a particular adoptee-adopter relationship at a specific time. This does not give an insight into how adoption or attachment-related experiences have impacted attachment, that is, an overall impression of an individual's attachment life history. Assessing attachment using self-report measures does not allow research to comment on the broader impact of adoption on the individual’s attachment state of mind or offer practitioners a reliable insight into the quality of the relationship under investigation. Further, self-report measures tend to have an overrepresentation of security (Holtzworth-Munroe et al., 1997; Crowell et al.,1999), which could have dire consequences if used for assessment.

From infancy, children develop an understanding of how likely that caregiver is to respond to their needs and what they can expect from them. van IJzendoorn et al. (2020) liken this innate ability to language learning. We are all born with the ability to learn a language, but which language depends on the social environment. When faced with attachment stress, a

child's different behavioural strategies indicate the quality of attachment to that specific caregiver (Ainsworth, 1964). According to Bowlby (1979), when children have a secure attachment to a caregiver, they feel comfortable seeking them out when they are distressed or frightened. Unlike insecure children, secure children are not hindered by concerns about the caregiver's location or the possibility of being rejected when seeking their help. By adulthood, a range of expectations are formed, largely shaped by these childhood experiences and remain relatively stable. These experiences shape how we think, feel, and behave in relationships and even how we recall and reflect on past attachment experiences (Main, 2000). Secure adults, like secure children, can shift their attention between attachment and non-attachment-related tasks and thoughts, which are not impeded by a distorted or suppressed view of those thoughts. The reality of an experience or relationship is viewed coherently in a clear and objective light (Main, 1993).

Security is conducive to greater relationship quality (Groh et al., 2014) and is associated with better mental health outcomes (McMahon et al., 2006; Bakermans-Kranenburg & van Ijzendoorn, 2009; Fearon et al., 2010). Research demonstrating the benefits of attachment security on broader development is well-documented, robust and replicable. For example, Groh et al's (2017) meta-analysis of the role of attachment on social-emotional development within approximately 6,000 children found that attachment security predicted few externalising and internalising behaviour problems and greater social competence. Attachment security has even been linked to more prosocial behaviour during the recent Covid-19 pandemic (Coulombe & Yates, 2022). Coulombe and Yates's (2022) study of 202 adolescents found that those with self-reported security were more likely to report adherence to Covid-19 health protective behaviours, like hand washing, social distancing and activity restriction.

Attachment classifications are influenced by parental sensitivity and early experiences with primary caregivers. Ainsworth laid out the hallmarks of parental sensitivity (Ainsworth et al.,1974); these were the parent's ability to (i) notice child signals, (ii) interpret these signals correctly, and (iii) respond to these signals promptly and appropriately. Experimental and meta-analytical findings have supported the link between parental sensitivity and attachment security (De Wolff & van IJzendoorn, 1997; Bakermans-Kranenburg et al., 2003). Although caregiver sensitivity does not entirely equate to attachment security (Forslund et al., 2022), the association between the two is still significant and noteworthy. In place of a complete understanding of all factors which constitute security, those working within and making decisions around children's care should nevertheless not take caregiver sensitivity for granted.

Recent attempts have examined how attachments to both parents influence the child's overall well-being. Dagan et al. (2021) discovered that children had more significant externalising behaviour problems when they had a disorganised relationship with both parents than those who had at least one organised relationship with a parent. The meta-analysis also underscored the importance of security to at least one parent, as children who had an insecure relationship with both parents exhibited more internalising behavioural problems than those with at least one secure relationship. Having a secure relationship with both parents meant even fewer behavioural issues suggesting there is an added value of having two secure relationships than only one. Furthermore, Pace et al. (2019), reporting on a longitudinal study following late-adopted children, uncovered that the adoptive mother's secure state of mind was significantly associated with adoptee attachment security in adolescence. Highlighting the significance that secure parental state of mind can have on children’s emotional well-being development.

Attachment security is not fixed and is changeable. Research has shown evidence of this following intervention. In a recent study, Hillman et al. (2022) observed increased secure themes in foster children's SSAP across 12 months within the foster placement. While there was no significant change in insecurity, the authors suggested that it may be easier to establish positive representations of attachment security than to modify insecure representations that have developed in response to insensitive or ineffective parental care.

In a previous study reporting on a longitudinal project, Hillman et al. (2020) employed the SSAP to assess a normative sample, a group of early-adopted children, and a group of late-adopted children who had experienced maltreatment and multiple placements. Results revealed that late adopted children had more negative and insecure subject matter in their SSAP responses than the early and normative sample. Over two years, both adopted groups showed an increase in secure themes and a decrease in insecure avoidance strategies and disorganisation. However, this decrease in insecurity was not significant. It is possible that a continued placement in a secure environment would result in a sustained reduction in insecurity, leading to substantial improvements in attachment security. The consistent increase in security observed across the previous studies is an encouraging finding. This research tentatively suggests that care-experienced individuals can experience the benefits of secure attachment later in life when placed with appropriate and sensitive caregivers.

If we consider adoption an inherently traumatic experience, then adoptees would likely exhibit a prevalence of insecure and unresolved attachment states of mind, which was confirmed in our AAI findings and found elsewhere in younger adoptees. This includes Goldwyn and Hugh-Jones (2011) analysis of AAIs in adopted adolescents who presented with attachment disorders. All participants had an insecure attachment state of mind, half of which could not be classified. Additionally, the authors noted extreme derogation beyond what could be rated by the derogation scale. The authors also identified indices of unresolved

loss when participants spoke of their birth parents. A greater prevalence of insecure attachments in adult adoptees than in non-adoptees has also been found in Borders et al. (2000) and Feeney et al. (2007).

7.4.3 Loss

Loss was a key theme deriving from interviewee narratives. The very existence of adoption depends upon the occurrence of loss, making loss in adoption a nuanced and complex experience. Loss is the separation or absence of something or someone previously present and deeply valued (Corr et al., 2018). Following a loss, individuals experience an emotional response called grief. Grief can manifest in various forms and vary significantly from person to person (Bonanno & Katman, 2001). To Bowlby (Bowlby, 1980), loss is a major life event that can cause significant distress, sadness, and depression. Bowlby stressed the profound impact that loss of attachment figures could have on later development; loss activates the attachment system and exposes signs of grief.

For participants in this thesis, loss in the context of adoption was not merely a past event but an ongoing process that they constantly reflect upon and confront in their daily lives. Smith and Brodzinsky (2002) state that feelings of loss are common among adoptees. The current participants shared their thoughts on loss and specifically mentioned their grief for their birth mothers. Some participants explicitly noted their perception of their birth mother's absence as a loss. For some adoptees, the loss of their birth mothers is compounded by the fact that they had passed away before a reunion could take place. For those who are informed that their birth parents are still alive, fantasies about meeting them may arise. However, if these imagined relationships are met with negative birth-parent reunions, it could feel like another loss or a second rejection (Anzur, 2022).

Smith and Brodzinsky (2002) investigated the relationship between adopted children's feeling about birthparent loss, their curiosity about their birth parents, coping strategies in dealing with this loss and their overall adjustment. The authors found that children who reported higher negative feelings towards birthparent loss also reported greater levels of depression and lower self-worth. In addition, children's curiosity about their birth parents was linked to higher ratings of problematic behaviour as reported by their adoptive parents. These findings suggest that how adoptees process and make sense of birthparent loss significantly impacts their later development.

The concept of motherhood in adoption is complicated, as the birthmother is both the adoptee's mother and yet not. Adoptees must consider two different individuals for the role of a mother and, similarly, for a father. They exist at the junction between two families and must learn to incorporate a place for both. The integration process can be challenging, leading some adoptees to struggle with comprehending the impact of loss. As a result, these complicated emotions may accumulate and need to be addressed later in life (Courtney, 2000).

Adoptees might struggle to discuss their feelings of loss with adoptive parents. They may feel that bringing up their birth parents may offend or appear ungrateful to adoptive parents or fear it will bring about further rejection (Fronek & Briggs, 2018). When feelings of grief go unnoticed, or the individual feels like they cannot openly discuss it, this is known as disenfranchised grief. Disenfranchised grief is defined as "*The grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported*" Doka (1999, p. 37).

All adoption triad members, that is, the biological parents, the adoptee and the adoptive parents (Foli et al., 2013), experience loss. For adoptive parents, loss can mean the

loss of the idea of the imagined child or loss through miscarriage or infertility. For birth parents, loss is overt, but the private turmoil remains unseen. Abbott et al. (2021) explored the issue of loss among birth mothers; authors interviewed a sample of 28 incarcerated mothers who faced mandatory separation from their new-borns. Although themes from the women's interviews were indicative of unresolved loss, women felt due to the stigmatisation of their circumstances, they could not express their grief appropriately, leading to disenfranchised grief.

A related concept is 'Ambiguous Loss', which originated from Boss (2010) to describe the feeling when a loved one is physically present but psychologically absent, for example, caring for a loved one with dementia who, although physically present, is no longer the person they once were. Additionally, the author refers to a second type of ambiguous loss, where a loved one is psychologically present but physically absent. The latter form of ambiguous loss may best describe how adoptees feel towards birth parents, who, although ever mentally present, may never be physically part of the adoptees' lives.

A recent narrative review of research into the experience and needs of care-experienced children (Leitch, 2022) relates these two concepts to how both affect children in care. This review shows that children and adolescents who have entered the care system will likely experience ambiguous loss and disenfranchised grief. In addition, both may bring about behaviours such as hostility or social withdrawal. These findings echo the qualitative insights within chapter 5 of this thesis, where the subthemes' counterdependence and codependence' represent trauma responses akin to the behaviours described by Leitch (2022). Additionally, Leitch (2022) highlights the importance for professionals working with care-experienced children to be mindful of ambiguous loss and disenfranchised grief as these may help reframe and understand 'problematic' behaviours care-experienced children may display. There is an inextricable relationship between trauma and loss, which is reflected in the AAI coding

analysis as the scales of loss and trauma can be used interchangeably. Loss itself is a traumatic experience (Harvey & Miller, 2000; Regehr & Sussman, 2004), and trauma could magnify the feelings of loss.

Mid-life, in particular, is often marked by many changes that can trigger reflection on attachment experiences and relationships, including the loss of parents, having children, and the breakdown of relationships (Powell & Afifi, 2005; Penny et al., 2007). Participants within the current thesis did have a prevalence of unresolved classifications, and loss was a prevalent theme deriving from the qualitative analysis of their narratives. These findings contradict Barroso and Barbosa-Ducharne's (2019) study, which explored adopted adolescents' perspectives and feelings about their adoption and the relationship between these two variables. The authors found that older adoptees expressed less loss than younger ones. Suggesting that older adoptees have already come to terms with their losses allowing them to integrate their adoption and pre-adoption stories.

For some, the loss experience transcends beyond central attachment figures, extending to a profound loss of identity. Loss of birth families can bring feelings of disconnection as the adoptee grapples with a lack of knowledge about their biological parents' appearance and if anyone in their biological family knows of their existence. Adoptees are often stripped of their original birth name, creating a disassociation from the person they were born as. Individuals who learned of their adoptive status later in life reported grieving the person they previously believed themselves to be. This grieving process was brought on by their newfound understanding of the person they were before adoption and who they are now. This type of loss of one's origins and grieving the lost aspects of themselves, was acknowledged by Brodzinsky et al. (1998).

According to a study by Howe and Feast (2001), 80% of adult adoptees have thought about the appearance of their birth parents, even those who have not sought to make contact. The lack of information about their births caused stress for participants in Henze-Pedersen's (2019) qualitative study on openness and identity among adult adoptees. Additionally, the uncertainty of knowledge about genetic predispositions and what may be passed down to their children added to the anxiety when starting a family. In another study, adoptees shared that gaining more knowledge about their pre-adoption past would positively influence their sense of self and identity formation (Carsten, 2007).

Adoptees face unique challenges in forming their sense of self within their adoptive families and with their birth families and against a broader backdrop of societal views of adoption (Grotevant et al., 2000). Kim (2021) found in a study of intercountry adoptees adopted into the United States that the limited knowledge about their birth and biological families directly contributed to feelings of loss for participants. Powell and Afifi (2005) conducted 53 in-depth interviews with adults who were adopted as infants. The authors found that 28% of the adoptees within this study felt that uncertainty of their birth family origins and ambiguous loss contributed to lasting trust, attachment and relationship issues.

7.5 Implications of the findings

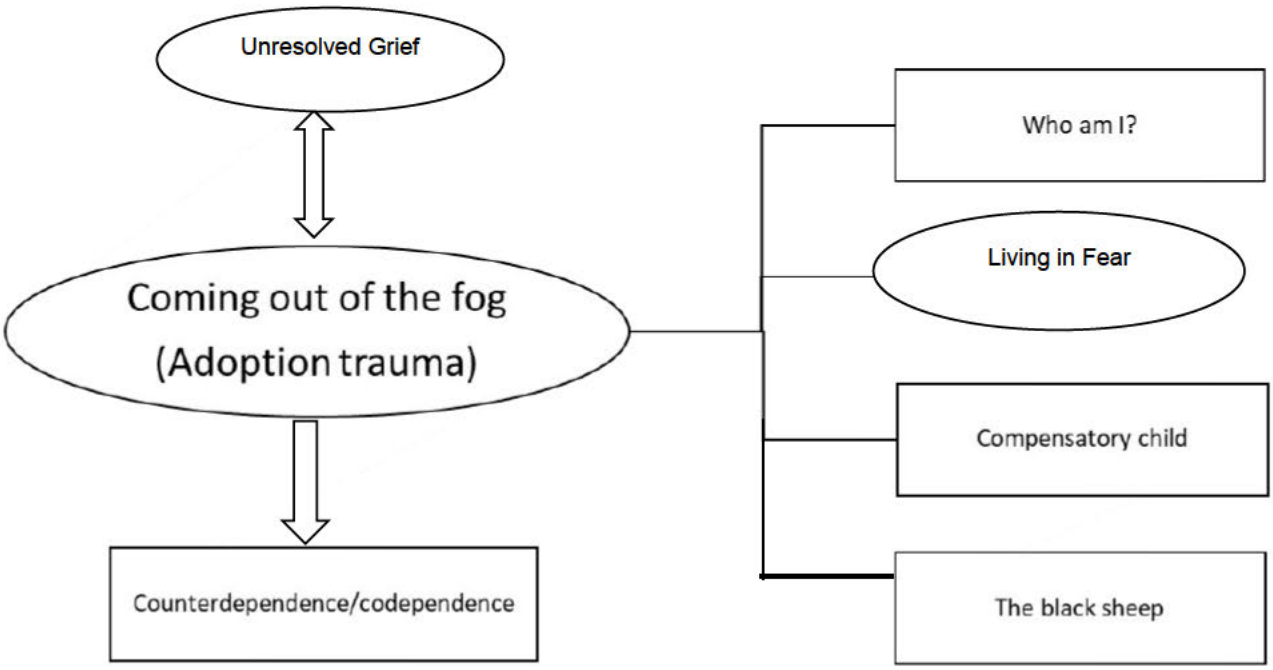
The present research has produced several significant findings, which have implications for theory, future research, policy, and practice. Each of these areas will now be discussed in turn.

7.5.1 Theoretical Implications

7.5.1.1 Definition of adoption trauma

As expanded upon in chapter 5 (Study 2), despite the variation in participants' pre and post-adoption experiences, their narratives were linked by a common set of themes that conveyed the unique experience of adoptive status. Figure 5.1 displays how the key themes and subthemes are considered issues or consequences of the adoption experience, contributing to adoption trauma. In addition, there is a bidirectional relationship between loss and trauma, as unresolved loss is traumatic, but trauma experienced due to adoptive status could compound feelings of loss. The AAI analysis also considers loss and trauma difficult to disentangle, as both scales can be used interchangeably throughout one narrative.

Figure 5.1. Thematic map showing relationships between themes and subthemes.



The themes identified through the reflexive thematic analysis represent the consequences of adoption and are comparable to what has been uncovered by previous research (March, 1995; Perl & Markham, 1999; Penny et al., 2007; Cherot, 2009; Henze-Pedersen, 2019; Geddes, 2021; Kim, 2021). Adoption trauma is defined as the cumulative trauma experienced as a direct and indirect result of adoptive status. Direct consequences relate to concrete events such as removal from the birth family, placement into care, and arrival into the adoptive home. Indirect consequences refer to the experiences and mental states that arise from those concrete events. In the case of the current project, indirect consequences further refer to maltreatment, as the adoption process or improper vetting resulting in our participants having these specific caregivers. The findings from this study posit that whilst every individual's adoption experience is different (Brodzinsky et al., 2021), there may be common feelings that derive from being separated from one's birth family and being placed into an unfamiliar home and being tasked with forming attachments to new

caregivers. Additionally, similar feelings that manifest from having no control over these two events, which adoptees have in common.

Indirect consequences are not conceptualised as less than or secondary to direct consequences. Both contribute to and result in adoption trauma. There is considerable variation in the lived experience of every individual who can be categorised as belonging to a particular group based on shared adversity or experience. It is not to say that every adoptee will identify with adoption trauma or experience it to the same degree. Personal meaning and individual differences in coping strategies or the frequency and intensity of events will determine each person's trauma expression (Leitenberg et al., 2004; Bonannon & Burton, 2013).

Acknowledging the lasting and ongoing impact of adoption, cumulating in a trauma unique to adoptees, provides a vantage point for further exploration of this construct but crucially offers practitioners a potential battery of expressions that can be considered and worked on through therapeutic intervention. Therefore, this research provides the first steps to a greater understanding of the lifelong impact of adoption and an encouraging area for possible intervention for adoptees. Much research focuses on how the care system can be changed for future generations, but in the process, those who have already passed through the system are neglected. Therefore, it is necessary to consider and construct targeted interventions for adult adoptees who seek support.

7.5.1.2 A higher threshold for security transmission

The second theoretical implication derives from research in a construct closely related to RF, mind-mindedness (MM). MM is an individual's propensity to view others as individuals with minds (Meins & Fernyhough, 2006). The concept has been primarily adopted to investigate caregiver-infant interactions. It is used to measure the caregiver's ability to read their child's behaviour while keeping the internal mental states responsible for their behaviour in mind (Meins & Fernyhough, 2006). MM appears to be lower in non-biological dyads, which may affect secure attachment transmission. Fishburn et al. (2017) investigated mind-mindedness using three studies comparing adoptive and foster parents involved with child protection services within a community sample. All studies found lower mind-mindedness scores in all non-biological parents than in biological parents. Group differences were independent of parental mental health and the children's behavioural difficulties. In every study, non-biological caregivers portrayed their children with an unfavourable association to mind-mindedness during the pre-adoption phase. Authors stated that the tendency to represent the child regarding their care experience history or their birth family hinders the caregiver's ability to see the child in the here and now and in terms of their current thoughts, feelings and intentions.

Similarly, Colonnesi et al. (2021) assessed levels of mind-mindedness in foster parents, residential workers and family-home parents. Additionally, the emotional valence of parents' mind-related descriptors was assessed and categorised into positive, negative or neutral comments. Positive valence, or positive mind-mindedness as the author's term, indicates a healthy mental development, such as "he enjoys our company". Negative mind-mindedness was classified by phrases that conveyed the child's mental states regarding worries, frustrations or difficulties, e.g. "she is often sad; she doesn't trust us". Negative mind-mindedness was positively associated with the caregiver's acknowledgement of the child's

post-traumatic stress symptoms (PTSS) and emotional problems. General or total mind-mindedness was negatively related to children's conduct problems, suggesting that a child's behavioural issues may impede the caregiver's ability to understand the mental states of that child. This lack of understanding could inadvertently increase externalising problems leading to an endless cycle of behavioural problems and a deterioration of the relationship between caregiver and child. However, positive mind-mindedness was associated with fewer conduct problems and more prosocial behaviour, not the child's PTSS.

A related and more recent study by Wright et al. (2022) found disagreement between adopted adolescents' high reported levels of internalising symptoms and their adoptive parent's reports of these symptoms. This could be further evidence of non-biological caregivers' impaired ability to perceive their children's mental states or that adopted adolescents did not feel that they could express their distress openly with their adoptive parents. Either way, as gatekeepers for their children's access to support and counselling services, this is a concerning finding. It emphasises the importance of conducting future research exploring the adoptee's perception, acknowledging that parents may not fully understand how the child feels. Furthermore, future research should investigate if there is a disparity between biological and non-biological dyad's perception of their children's mental states.

Current findings suggest that non-biological caregivers may be more disadvantaged when perceiving their children's mental states. This may be due to two factors. Firstly, research and policy focus so heavily on the pre-adoption period that it is not unimaginable that the societal view of adoptees is related to their pre-adoptive past. To think about a child in terms of their past experiences makes caregivers less able to consider alternative explanations for their current behaviour. This has been reflected in other studies, which have shown that adoptive parents are more likely to refer their adoptive children to mental health services (Warren,

1992). Miller et al. (2000) discovered that even when controlling for adopted adolescents' problems and family traits, adopted parents were twice as likely as biological parents to refer their children for counselling. It is part of healthy development for children to display a range of emotions and to test boundaries (Choudhury et al., 2008). If these emotions are only considered in relation to the pre-adoptive period, they may be pathologised and considered abnormal.

Secondly, children who have been adopted have often experienced pre-adoption adversity (Juffer & van IJzendoorn, 2005; Sheridan & McLaughlin, 2014; Gunnar & Reid, 2019) and are dealing with the trauma associated with the act of adoption itself. Behavioural problems cause parental stress (Goemans et al., 2018), and stress impedes mentalisation (Sharp & Fonagy, 2008). Externalising problems are also associated with placement instability in foster care placements (Konijn et al., 2019). Early adversity that fosters behavioural problems can increase the risk of placement breakdown, further exacerbating behavioural and emotional difficulties (Vanderfaeillie et al., 2018).

These findings show that adoptive parents can be presented with unique challenges when providing care to adoptees, which could lead to them placing blame on the child or themselves, leading to relationship deterioration (Carnes-Holt, 2012). To rectify this, non-biological caregivers would require a higher degree of RF and parental sensitivity for attachment security to transfer; having a greater understanding of the child's complex needs and parental sensitivity is necessary to provide a safe haven for adoptees to cope with these challenges. Within the present sample of mid-life adoptees, participants with a secure attachment state of mind demonstrated an above-average parental loving score (above 5) and a higher average RF score than those observed in non-clinical populations (score of 5.25). This is with the exception of one participant whose adoptive mother was highly abusive yet developed security, but admitted to undergoing years of therapy. Again, this is a hopeful

finding as it points towards therapeutic intervention as an effective solution. Attachment classifications were never described as fixed or permanent and should be used to monitor or investigate areas of concern and work in clinical settings.

7.5.1.3 Attachment consequences of prospective caregiver vetting

Our third theoretical implication pertains to how perspective caregivers are assessed and the apparent preference for those who have experienced similar traumas. Steele et al 's (2008) longitudinal study of adoption in the UK, including how adopters are vetted, suggested that social workers had successfully selected slightly more secure mothers than would be expected in non-clinical samples but also selected more mothers with unresolved status. Specifically, social workers tended to place children with mothers who had been abused at a younger age and had higher incidences of physical abuse. Consequently, adopted children's story stems showed more emotional worries when the parent was unresolved regarding loss. It was assumed that social workers felt that those who had gone through similar early life experiences would be more capable of caring for children who faced analogous experiences.

Adkins et al. (2020) assessed ACEs in foster parents and how their ACE histories may relate to the care of their children. This was the first and only empirical study to date to do this. Authors uncovered that foster parents could have higher ACEs than normative populations, with 40% reporting at least two ACEs and 20% reporting four or more ACEs. These ACEs included experiencing higher rates of emotional, physical or sexual abuse in childhood and neglect, witnessing domestic violence, having household members living with substance dependence, mental illness or being incarcerated. This discovery prompted authors to discuss the concept of 'wounded healers' to describe those drawn to professions that aim to help others who have also experienced similar trauma. For example, Straussner et al. (2018) reported that 40.2% of social workers had experienced various trauma or dependencies before

entering the profession. Worryingly this percentage of the same respondents increased to 51.8% during their careers.

It is conceivable that having faced similar experiences, individuals are motivated to care for a child that has faced analogous adversities, but at what cost? Without resolving one's trauma, caring for a traumatised child and hearing of the child's past could cause the caregiver's past to resurface and disrupt the relationship between the two (Fraiberg et al., 2018). The child either reflecting on their ACEs or learning of the child's experiences could trigger parents who had faced similar situations, leading to the expression of fearful behaviours, which in turn transmits disorganisation, even in the case of no abuse (Main and Hesse, 1999). The child finds these behaviours frightening and unpredictable, resulting in disorganised behaviours akin to what is observed following actual maltreatment or neglect. This speaks to the potential for using the AAI as an assessment for prospective adopters in order to establish unresolved status, and if those unresolved issues will present themselves in the child's company. Similarly to potential unresolved loss, adopters or foster carers who may be experiencing any unresolved traumas should also be considered and worked through. Some researchers have even called for prenatal screening of ACEs in biological parents and subsequent trauma or attachment-informed treatment to be offered to decrease the risks associated with adverse parenting (Steele et al., 2016).

An alternative theory deriving from psychoanalytical thought is that of projective identification. Projective identification is when one person attributes or projects an unfavourable part of themselves onto another. Projection can act like a self-fulfilling prophecy in which the recipient of the projection begins to behave in ways which affirm the negative attribution (Ogden, 1982). In the current context, unwanted emotions or feelings rooted within the parent's past become displaced to the child, who then becomes the receiver. Negative parental attributions over time shape parent-child interactions and the child's own

mental understanding of the self with others (Silverman and Lieberman, 1999). A better understanding of the parent's inner workings guided through psychotherapy would allow for identifying negative aspects of the self and the likelihood of attributing these to close others. In addition, a better understanding of the parent's mental states in relation to their past and stressors in the present or with the child could be strengthened through RF intervention, as demonstrated in Schechter et al. (2006).

7.6 Suggestions for future research

7.6.1 Adoption trauma

The first area requiring further research consideration is the concept of adoption trauma. More work needs to be done to investigate the impact of adoption throughout the entire lifespan. Without enough insight into the effects of adoption through the life course, it is an assumption to conclude that adoption is not a traumatic experience based on evidence from childhood and adolescence alone. Other longitudinal research investigating the well-being of adoptees from institutionalised settings has reported that emotional problems only emerged in adolescence and observed a step-wise increase in adulthood (Colvert et al. 2008; Sonuga-Barke et al. 2010). It has been suggested that adoptees reconstruct the meaning of their adoption throughout their lifespan (Penny et al., 2007). Penny et al. (2007) propose that this occurs during five stages, ranging from phase 1, where adoption issues appear unexplored, to phase 5, where adopted-related issues have been dealt with and resolved. Whether the trauma is carried throughout the lifespan and reflected on in adulthood or meaning is reconstructed at later stages is not only a question for further research but also has clinical implications as to how adult adoptees receive therapy.

More research is also required on the cultural differences in relation to adoption trauma, more specifically to explore if this trauma only applies to Western norms of nuclear family

structures and the emphasis placed on biological relatedness or if it is expressed in different societies and cultures. Furthermore, adoption has been observed in various other species, including interspecies adoption among non-human animals (Izar et al., 2006) and within-species adoption in other species (Tokuyama et al., 2021). These observations suggest that adoption cannot be considered entirely maladaptive. By researching and comparing variations in adoption cross-culturally, we could establish whether trauma is related to the adoption system within the UK and Ireland. This is not to say that positive adoption cannot occur. Even within the current sample, few participants had largely positive adoption experiences. But, when evaluating evidence that supports positive adoption experiences, it is vital to consider the specific characteristics of the sample population and the policies regarding adoption in their country of origin.

Finally, research must shift its focus from birth parents and the pre-adoption period to adoptees' lived experiences and their relationships with their adoptive parents. Much research has centred on the well-being of adopted children who continue to reside with their adoptive families and are still dependent on them. However, the potential biases and limitations of relying solely on parental reports should be considered when interpreting these results. For example, adoptive parents may lack a proper understanding of their child's inner world and may unintentionally present an inaccurate picture of the child's well-being. Additionally, adoptive children, particularly those aware of their past adversities, may feel pressure to express gratitude towards their adoptive parents and may be hesitant to disclose any negative feelings they may have towards the adoption process. For these reasons, asking those who now live independently from their adoptive parents about their experiences is crucial, including how the process was for them and how they make sense of adoption.

Although not an exclusive feature of our model of adoption trauma, present within our sample is the issue of maltreatment and neglect. Future research must consider if abuse and

neglect are more likely to occur in homes where the child has no biological relation to the caregivers. Shockingly, this question has not been addressed within adoption or care-experience literature. There are national statistics of abuse perpetuated by adoptees towards their adoptive parents (Selwyn et al., 2014; Holt & Lewis, 2021), but none of the reverse. Further, future research must investigate the impact of reoccurring maltreatment. Children being removed from the care of their birth parents only to enter into another abusive or neglecting home must have a considerable effect on them, and research must investigate this.

7.6.2 *A higher threshold for security transmission*

A second area that requires additional testing is whether there is a higher threshold of parental sensitivity or attachment quality in non-biological dyads for security to transfer. To explore this further, research is needed to examine the levels of parental sensitivity and attachment state of mind seen in non-biological vs biological dyads and how this relates to the attachment behaviour observed within their children using gold-standard attachment measures (the SSP and AAI). By comparing biological and non-biological caregivers, this research can shed light on any differences between biological and non-biological caregivers and how changes in parental sensitivity may impact children's security over time.

The secure classification has five subtypes, but only one (F3) is referred as prototypically secure. No research has investigated what this means for intergenerational attachment transmission. Is a prototypically secure parent more likely to have secure children than secure parents with insecurity traits shown in the other subtype of the secure classification? How does this fair between biological and non-biological security transference? These are vital questions which currently remain unanswered.

7.6.3 Attachment consequences of prospective caregiver vetting

A third research recommendation relates to the consequences caregiver vetting can have on attachment. Building on evidence uncovered by Steele et al. (2008) and Adkins et al. (2020), future research should investigate if social workers are more likely to select adopters who have also experienced ACEs. What impact does this have on the caregivers if this is the case? Does the child's past trigger them? Do revelations about the child's pre-adoptive experiences compound their trauma? Or are caregivers who have experienced similar situations more empathetic and better equipped to care for traumatised children?

More research is required to examine whether the presence of Adverse Childhood Experiences (ACEs) in caregivers impacts children's attachment. Main and Hesse (1999) proposed that parents with unresolved loss or trauma may exhibit dissociative, frightening, or threatening behaviours (FR) when reminded of this trauma or loss by features in the home environment or the child's behaviour. Unresolved parents hearing about the child's pre-adoptive history may also trigger these FR behaviours, frightening the child and leading to the disorganised attachment pattern to transfer even where no abuse or neglect has occurred. To further explore this hypothesis, future research could use the FR coding system (Hesse and Main, 2006) to investigate the levels of FR behaviour exhibited in non-biological caregivers who have experienced similar numbers of ACEs as the children they care for, compared to those who have not.

In light of the current findings, a final area for future research is the need for a larger-scale study on adult adoptee attachment state of mind. Due to trauma's negative impact on an individual's attachment state of mind (Main et al., 2005), adoptees may be more at-risk for insecure and disorganised attachment classifications. There is a need to investigate this on a larger scale, but with the use of sensitive narrative methods. If unresolved and maximising

strategies are prevalent within this population, then such information is critical for therapeutic intervention. In addition, our mother-and-baby home study exposed the potential for further larger-scale investigation within a population where the adoption occurred but within a normative population.

7.7 Implications for Practice and Policy

7.7.1 Practice

The findings presented in this thesis have raised crucial areas for consideration for practice and policy. The evidence presented here points to the likelihood that adoption is a traumatic experience. Consequently, practitioners should keep an open mind that adopted clients may be dealing with the impact of the adoption process and adoption trauma. By accepting that adoptees likely experience a common shared trauma, practitioners are better armed with a battery of possible presentations that adoptees may face, thus a direction for therapy. A recent meta-analysis by Corral et al. (2021) examined the psychological adjustment of adult adoptees and found that they displayed higher rates of maladjustment compared to non-adoptees. Specifically, the study revealed that adoptive status was associated with an increased likelihood of seeking psychological services, experiencing substance abuse, exhibiting behavioural problems such as antisocial and disruptive behaviours, having personality disorders, and a higher prevalence of depression.

Since loss was a crucial finding within this research, practitioners must begin to consider and work with adoptees to resolve the loss they may feel for their birth families and identities. In addition, practitioners must also understand adoptees may be vulnerable to subsequent losses owing to their early life experiences. It is also essential to recognise that adoptive parents face their own losses, whether in the form of infertility or the physical loss of a child before adoption. While interventions in non-biological caring dyads have typically

focused on helping parents to "cope" with their children's challenging behaviour (Lieberman, 2003; Vanschoonlandt et al., 2012; Howard et al., 2014), the significance of adoptive parents' feelings of loss should not be overlooked. Adopters need to work through any unresolved loss before initiating the adoption process. Mental health practitioners can play a role in helping adopters reflect on their wants, needs, and desires. By aligning the motivations of adopters with the needs of the child, all parties involved in adoption placement can work towards a more straightforward narrative and better outcomes for everyone involved. Policymakers and decision-makers involved in the adoption process should also be aware of these issues and consider them when making decisions about adoption placement.

Adoptive parents need to consider the best ways to integrate the child into their personal and broader social circles, taking into account any cultural or ethnic differences that may affect the child's sense of identity. It is fundamental for adoptive children to be given a concrete narrative of how they came to be part of their adoptive families and what each family member means to them. Practitioners should also be aware that adopters may be dealing with stigmatisation or disproving from society (Miall, 1987; Wegar, 2000) and extended family members or friends (Fisher, 2003) and the impact this may have on the adoptive family.

7.7.2 Areas for intervention

This thesis underscores the importance of providing support services tailored to adoptees that extend into adulthood. Although post-adoption support services exist, they primarily focus on children, adolescents, and adoptive parents (Stock et al., 2016), with no specific services for adult adoptees. The trauma associated with adoption does not necessarily end at 18 and may be revisited at different stages of an individual's life. Therefore, therapeutic services offered to adoptees should not end by adulthood.

Midgley et al. (2018) conducted a study on the effectiveness of mentalisation-based family therapy for adoptive families, known as "Adopting Minds," which showed positive outcomes regarding mental health and self-efficacy and enabled adoptive parents to connect current struggles with past experiences. The study also found that adoptive families preferred longer-term therapy or support. Given the alarming rates of maladjustment observed in adult adoptees (Corral et al., 2021), along with the findings of the current thesis, practitioners need to recognise that adoption-related trauma may require intervention. There is a need for therapeutic services extending beyond early adulthood to address adoptee populations' ongoing psychological and emotional needs. Likewise, services should be developed to support adoptive parents needing psychological help in resolving their feelings of loss before the adoption process.

In addition to offering support to adoptees beyond early adulthood, it would be beneficial to provide support tailored to the needs of adoptees and for practitioners to be cognisant of areas of concern which are unique to adoptees. For example, Atkinson et al.'s (2017) study on the needs of adoptees and their families found that 82% of participants preferred a therapist who was competent in adoption-related matters. The authors stressed the importance of practitioners being trauma- and attachment-informed and aware of issues related to adoption,

such as loss, control, and identity. Similarly, Sánchez-Sandoval et al.'s (2019) systematic review on the needs of adult adoptees for post-adoption intervention identified four key areas: contact or reunion with birth family, ethnic identity development and connection to birth culture, mental health and psychosocial adjustment, and improving relationships with the adoptive family.

Specifically, the authors called for practitioners to be trauma and attachment-informed and aware of issues about adoption, which they stated were loss, control and identity. Likewise, Sánchez-Sandoval et al.'s (2019) systematic review identifying the needs of adult adoptees for post-adoption intervention identified four essential requirements: contact/reunion with birth family; ethnic identity development and connection to birth culture; mental health and psychosocial adjustment; improvement of relationships with the adoptive family. These needs all emphasise the importance of connection and identity. It is hoped that the current findings add to this previous literature and help shape an intervention or at least an awareness of the issues related to adoption so that both adoptees and adopters get the required therapeutic support best suited to their needs.

7.8. The AAI in practice

The following subsections will discuss using the AAI as an assessment tool in practice. Although there are now various methods for assessing attachment, the AAI and the SSP are known as the ‘gold-standard’ measures of attachment as they are widely recognised within the field as both having a robust empirical evidence base (Bakermans-Kranenburg & van IJzendoorn, 2009; Van Rosmalen et al., 2015;) and are highly reliable and valid for use in research (van IJzendoorn & Kroonenberg, 1990; Bakermans-Kranenburg & van IJzendoorn, 1993; van IJzendoorn, 1995) and practice (O’Connor & Byrne, 2007; Steele & Steele, 2008; Oppenheim & Goldsmith, 2011). In the context of adoption research and practice, these measures can provide valuable information about the relationship quality between adoptees and their adoptive parents, which can inform clinical decision-making and support effective interventions. The next section begins with a rationale for using the gold-standard measures of attachment in the domain of the care system. This is followed by an overview of using the AAI as a vetting tool for adoptive placements; finally, this section concludes with a rationale for targeting RF.

7.8.1 Assessment

In order to enhance the efficacy of the care system, it is crucial to eliminate inconsistencies in attachment assessment methods and focus on using gold-standard measures. Using the AAI in conjunction with the SSP would make it possible to track changes in an adoptee's attachment before and after placement, enabling prompt identification of areas of concern. Practitioners must remember that classifications are not rigid and that changes are possible. The current thesis provides an example of how severe childhood abuse can affect attachment classification. Participant 12 was subjected to long-term abuse by his adoptive mother throughout childhood yet was classified as secure. Due to the severity of his childhood experiences, this participant likely developed an "earned secure" classification.

Earned or discontinuous secure is a rare type of security where the speaker is classified as secure, despite their parental figure(s) scoring below 2.5 on the loving scale. Unlike continuously secure individuals, those who are earned secure develop a secure state of mind at a later stage of development, typically through therapy or other interventions, and not from early childhood experiences with caregivers. Participant 12 stated that he had undergone years of therapy, which is theorised as a possible avenue toward earned security (Roisman et al., 2002; Saunders et al., 2011; Dansby Olufowote et al., 2020). Given the potential for achieving earned security, it would be better to direct resources towards promoting this outcome. One approach could involve using attachment state of mind as an outcome measure and implementing attachment-based interventions and therapies that target attachment security or RF.

Due to the time it takes to administer, transcribe and analysis AAIs, it may not be considered a feasible measure to use. Still, the information gathered and various other clinical

utilities of the AAI are arguably worth the investment (Steele & Steele, 2008). Coding the AAI using the manualised analysis and classification system is lengthy. This process could be sped up by coding for RF only, which can function as one scale and has been shown to predict infant attachment behaviour over and above any singular AAI scale (Fonagy et al., 1991).

7.8.2 The AAI as a vetting tool

Undoubtedly, those responsible for deciding a child's permanent placement face a challenging task; one which should be informed by research and valid assessment. Attachment theory has been shown to be an effective paradigm within this context. Research has highlighted the importance of placing children with at least one secure parent, especially when the child has experienced placement breakdown and numerous traumas (Steele et al., 2008). In the UK, the adoption process is lengthy and involves assessments by social workers. Adopters also take compulsory training sessions and undergo home visits.

During the initial assessment stage, social workers evaluate the adoptive family's background and early experiences. Although social workers receive no formal training in assessing attachment, the first evaluation appears to follow AAI principles. Social workers are asked to "*explore the prospective adopter's perception of their family history through memories and feelings*"(CoramBAAF, 2016, p.8). They are asked to assess how the adopter has come to terms with their past, whether their narrative is coherent, detailed, resolved, and to what extent they are preoccupied with or dismissive of their past. Social workers also consider how their past experiences with loss, rejection, hurt, and illness has impacted their adult personalities. Given the unarbitrary nature of the AAI coding and classification system and the extensive training and reliability checks that follow, it would be impossible for social workers to do this without formal training.

The AAI can also gather information about adverse childhood experiences, trauma and loss. Assessing potential parents for unresolved feelings regarding their trauma or loss is critical, especially since the children they adopt may have unresolved issues, and it is up to the parent to provide containment of the child's trauma. Although current assessments in childcare services are based on attachment theory, they lack a reliable or valid measure of attachment. This can lead to misunderstandings of the concept, as Hammarlund et al. (2022) discovered in their study, which explored the role of attachment within Swedish child protection services. Hammarlund et al. (2022) found that child protection workers often formed opinions about a child's attachment quality without validated measures, leading to misunderstandings of the concept. In contrast to self-report attachment measures, administering gold-standard attachment measures requires extensive training and theoretical knowledge. Owing to this fact, the use of gold-standard measures provides the additional benefit of reducing misconceptions about attachment theory.

Schofield and Walsh (2010) criticised the dependence on attachment theory in the care system context by citing a case example from a longitudinal study. In this example, despite concerns of maltreatment by the child's mother, case workers decided to maintain contact between the child and their mother due to their "*strong attachment*" (Schofield & Walsh, p. 231). Consequently, the child began to show symptoms of being affected by her mother's disturbance and presented with a lack of affect. The authors included this example as a way of drawing caution to the use of attachment theory when making decisions related to the care system. However, in this case, the issue is not with attachment theory itself but with a lack of understanding and education on attachment among caseworkers. Attachment cannot be measured in terms of ‘strength’; as such, there is no standardised or valid measure of attachment that assesses this. Ainsworth (Ainsworth, 1972) drew this conclusion in the

1970s, stating that it is more productive to focus on qualitative differences in attachment relationships; thus, attachment is assessed in terms of quality.

It is improbable that a gold-standard measure of attachment would show a secure quality of attachment between a child and a maltreating or mentally disturbed parent. Still, even if it did, common sense must prevail. Evidence of maltreatment or neglect should trump any assessment when making child placement decisions. The example presented does not illustrate the failure of attachment theory but rather the failure to understand it, which would be rectified if caseworkers were sufficiently trained in valid and reliable measures from the outset.

7.8.3 Targeting RF

Average to high RF, is a hallmark of sensitive caregiving and may prove a practical assessment of potential adopters. The assessment of RF (AAI-RF) can be made briefer by only asking 'demand' questions, as these questions carry the most weight when coding for RF. This approach can significantly reduce the time required for interviewing, transcription, and coding. Other researchers have pointed to the significance of adoptive parents' RF as this may be crucial for the healthy development of adopted children (Adkins et al., 2018; Staines et al., 2019; Malcorps et al., 2021). Further, studies of interventions aiming at increasing parental RF have shown promising results (Priel et al., 2000; Fishburn et al., 2017; León et al., 2018). For example, Schechter et al. (2006) used a video feedback intervention to increase parental RF. They found a significant reduction in negative attributions to their biological child in a group of traumatised mothers. The authors also found that higher maternal RF was associated with fewer negative attributions at the initial assessment. This suggests that RF may help caregivers cope with negative and trauma-related emotions when dealing with everyday

stressors related to parenting young children. This is particularly relevant in parenting traumatised children who have been through the care system.

Practitioners providing guidance and support during the adoption process may find it useful to prompt prospective adoptive parents to reflect on the impact of the adoption on their lives, which can be done during counselling sessions. For example, prospective adopters could start a journal where they are prompted to reflect on their expectations and carry this practice through postadoption, reflecting on their expectations written down before adoption. Malcorps et al.'s (2021) research on the Adoption Expectation Interview (AEI) provides guidance on this practice. The AEI assesses RF in prospective adopters using a similar interview method used for biological parents and has been found to have good reliability. The AEI can be utilised for pre-adoption assessment, measuring RF and assessing prospective adopters' expectations of the child before adoption. Clinicians can then work with adopters to address these expectations, enabling adopters to reflect on their expectations before the placement.

7.9 Policy

Adoption brings benefits and challenges to children's and adoptive parents' lives. Adoption offers the possibility of permanent care for children, while for adoptive parents, it provides the opportunity to become a parent. Adoption has been widely considered one of the most successful interventions for children who cannot remain in the care of their parents (van IJzendoorn and Juffer, 2006). However, it is crucial to understand the lifelong impact of adoption to make informed policy decisions.

Adoption research has mainly been quantitative, conducted among children and adolescents. It has been a common finding that earlier placement provides better outcomes later (Brodzinsky et al., 2022), but earlier placement from where? As a generalised rule, this could lead to rushed decisions, with children being moved from families who may only be temporarily struggling and needing intervention, not removal. Similarly, it is often agreed that placement longevity is recommended, which is an obvious ideal derived from attachment theory itself. However, research must begin to tackle how this can be realistically achieved with policy and practice in mind. There are times when it is not in the best interests of a child to remain in an environment where there is discord or maltreatment. With thorough vetting of secure and reflective adopters from the outset, we can increase the chance of a child's success in placement.

Policy must instead shift focus to the *quality* of placement and clearly define what quality means. Winnicott (1953) introduced the concept of a "good enough" mother, commonly used in policies related to children in care. But there is a lack of clarity on what constitutes good enough parenting. Children who have experienced abuse, neglect, and separation from their birth family may require a higher standard of care and sensitivity than what is typically defined as good enough. Moreover, as trauma can affect attachment, the quality of placement

and sensitivity of the caregiver may need to exceed the level of "good enough" parenting expected in a biological relationship.

Kaniuk et al. (2004) reported on a longitudinal study by the Coram Family, the Anna Freud Centre, and Great Ormond Street Hospital, which found that the eleven children who did not progress in the study had adoptive mothers with unresolved states of mind regarding attachment. These findings highlight the importance of perspective adopters' attachment states of mind and the need for valid and reliable attachment assessments during adoption. Therefore, it is recommended that valid and reliable attachment assessments be carried out during the adoption process. Furthermore, with much disagreement and contrary findings found amongst different attachment measures (Bailey et al., 2012; Bennett et al., 2006), it would be most effective to agree on using the gold-standard attachment measures, the SSP and the AAI.

Finally, the Mother-and-baby homes study has shed light on the traumatic experiences faced by those who spent time in and were adopted from these institutions. Unfortunately, the Irish government's Redress Scheme, which compensates victims of mother-and-baby homes, only allows those who lived there for at least six months to claim compensation. This disqualifies many adoptees, who are left without compensation or recognition of their trauma. The findings of this study highlight the need for more inclusive and comprehensive compensation initiatives that take into account the traumatic experiences of all adoptees, regardless of the length of their stay in these homes.

7.10 Limitations and challenges

This thesis presented several limitations and challenges, which will be acknowledged here. Firstly, it is important to note that there was a lack of exclusion criteria pertaining to mental health in the participant selection process. This could have potentially influenced the findings, as participants who came forward might have been those who had specific grievances or concerns related to the adoption process. It is possible that their experiences and perspectives may not fully represent the broader population of mid-life adoptees. It could be argued that the low participant number limited this research. However, a higher number of participants would have compromised the overall depth of the analysis. As such, the limitation, in this case, was due to the budgetary constraints and timescale of a PhD project. Completing one AAI takes an average of an hour. Depending on the speaker's state of mind, this can range between 45 minutes to two hours. A few of the participant's AAI's lasted two and a half hours. Transcribing each AAI took about two days per participant, and the manualised coding and classification system took eight hours to two days to place a participant with a classification. Additional analyses and training time was also required for the two manualised analyses. If this had been a larger-scale project with a team of researchers trained in AAI and RF analyses, it would have been possible to have recruited more participants.

A standard critique of qualitative methods is the lack of generalisability. Although this was not something the project aimed to do, the results from the current project are transferrable to similar contexts. The findings reveal key challenges faced by mid-life adoptees and significant areas for future research and practice, which are strengthened by the agreement of our themes with those from previous research. Furthermore, the AAI and RF findings could be aggregated into a more extensive meta-analysis exploring attachment in

adult adoptees, as other small-scale studies have been (van IJzendoorn & Bakermans-Kranenburg, 2008; Bakermans-Kranenburg & van IJzendoorn, 2009).

A challenge to this project was combining the four different analyses, particularly the qualitative analysis, with the AAI and RF analyses. These analyses were challenging as two contrasting hermeneutic viewpoints were employed on the same data set, which is unusual for mixed-methods research. Typically mixed-methods projects include qualitative and quantitative data with clearly defined boundaries and datasets. But the current project involved a shifting approach to the same dataset, in this case, the participant transcripts.

7.10.1 Strengths

This project has numerous strengths. The current project took a novel approach to investigate an under-researched population and effectively combined several analyses. It is the first to incorporate this variety of analyses within this population. What has been found is a triangulation of measures which have each evidenced each other. Research on older adoptees is lacking, and research on adoption and care-experienced populations lack rigorous attachment assessments. By exploring attachment using the AAI, the project gained the most empirically and clinically valid assessment of attachment and insight into adoptees' overall impression of their attachment life experiences. By using clinically relevant assessments, a set of research recommendations that can bridge the gap between research and practice were produced. Additionally, the project contains the first piece of empirical research on attachment and lived experience of mother-and-baby home adoptees.

7.11 Conclusion

Most participants had an insecure attachment state of mind and low reflective functioning. The prevalence of insecure attachment states of mind was related to time spent with adoptive parents rather than pre-adoption adversity. An overrepresentation of maximising attachment strategies, mainly preoccupied anger, was found in the sample. Whilst it is not possible to generalise given the small sample size, nonetheless, the findings suggest that the present sample significantly differed from the expected distribution of attachment classifications in normative European and at-risk populations but not from clinical samples. The prevalence of unresolved classifications was higher than seen in clinical samples and is consistent with previous findings of the association between childhood maltreatment and an unresolved state of mind (Madigan et al., 2006; Bakermans-Kranenburg & Van Ijzendoorn, 2009).

Relatedly, findings showed a high incidence of neglect during the post-adoption period, and the responsibility of adoptive mothers for early relational trauma was also noted. The potential intergenerational consequences of this practice, as children who experience maltreatment are more likely to become abusive parents (Lyons-Ruth & Block, 1996; Pears & Capaldi, 2001), were highlighted. For this reason, the necessity of sensitive and reflective parenting within the context of the care system was emphasised. Adopted children face pre-adversity and grow up experiencing trauma related to adoptive status. Therefore, a higher threshold of parental sensitivity may be required to deal with the challenges of caring for traumatised youth. Additionally, the current adoption vetting practice may be choosing adopters with a higher number of ACEs, and urge practice, policy and future research to consider what this may mean for the care of an already traumatised child.

As part of this thesis work, four themes were drawn from participant AAI transcripts and led to the creation of a thematic model of trauma unique to adoptees, referred to here as

adoption trauma. Trauma can profoundly impact attachment state of mind and reflective functioning (Main et al., 2005). Still, a secure attachment state of mind and a high capacity of RF can be protective factors against the consequences of trauma. The theme of loss is central to the adoption experience. Loss can also contribute to lasting trust, attachment, and relationship issues. It is important for professionals working with care-experienced children to be mindful of ambiguous loss and disenfranchised grief, which may help reframe and understand "problematic" behaviours care-experienced children may display. Overall, the findings suggest the need for greater recognition of the ongoing impact of loss in the adoption experience, and the importance of support for adoptees and their families in coping with these complex emotions.

Taken together, this thesis provides compelling and in-depth evidence that adoption may be a traumatic experience. The research findings support the notion that being an adoptee could lead to the experience of ‘adoption trauma’. Based on the results of this thesis, adoption trauma has been defined as the accumulative trauma experienced by adoption's direct and indirect consequences. Regardless of the variation in pre and post-adoption experiences, adoptees share common direct events as a result of adoption. These are: (i) permanent separation from birth families (ii) being placed into a novel environment and tasked with forming attachments to new caregivers. In addition, several secondary or indirect consequences may derive from these two events.

Finally, gold-standard attachment measures are recommended when making decisions for, and monitoring adopted children throughout their journey in care and adoption. The lack of utilising gold-standard attachment measures in adoption processes can lead to severe implications for traumatised adopted children, such as incorrect assessments of the child’s attachment quality with birth or adoptive parents. The current adoption vetting practice may not thoroughly assess potential adopters, leading to poor placement quality and further

compounding the trauma adoptees have already experienced. Incorrect assessments can prevent the identification of attachment-related issues and hinder the development of targeted treatment and support plans, potentially causing long-term harm to the adopted child. Without proper measures, it can be challenging to identify and understand the impact of trauma on adoptees, leading to inadequate or ineffective support for their needs. Moreover, the absence of gold-standard measures can also perpetuate misconceptions and misunderstandings about attachment within the adoption community, leading to ineffective practices and policies. Ultimately, adding gold-standard measures will ensure accurate and consistent assessments, leading to better outcomes for adopted children and their families.

Chapter 8

Reflection

Chapter 8 - Reflection

8.1 Reflexivity

As researchers, we are tasked with narrating the story of our research. How well a researcher can tell this story relies on the reader, the narrator's background and their connection to the subject discussed. It is essential to be mindful that our perceptions, biases and experiences shape the direction of the research design, analysis, and interpretation. This is especially true in qualitative research that relies on subjectivity (Rees et al., 2020). Qualitative analysts make conscious and purposeful decisions when coding, deciding which elements to promote to a potential theme or sub-theme and when considering which final themes are representative of the whole dataset. Reflexivity is the process of reflecting on and taking ownership of one's subjectivity and biases and how these may influence the research process (Dodgson, 2019).

Reflexivity involves active and conscious acknowledgement of one's beliefs, biases and judgement systems (Jamieson et al., 2022) because who we are, what we believe in, our experiences, and how we think are fundamentally interwoven into the products of research we create. Reflexivity is an ongoing process that requires continuous self-reflection and openness to feedback, allowing researchers to refine their research questions and methods to better align with the realities of the subject matter (Ruokonen-Engler, 2016). There are different types of reflexivity, including personal, interpersonal, methodological, and contextual reflexivity (Walsh, 2003).

Personal reflexivity involves the researchers reflecting on their own expectations and assumptions and the attitudes they bring to the material (Caetano, 2015). While interpersonal reflexivity acknowledges that relationships surrounding the research process influence those involved and the research itself. For example, the relationship between the researcher and participants can impact how the data is collected and or interpreted (Walsh, 2003). Likewise,

relationships amongst the research team and how these relationships progress and develop also have an impact.

A third type of reflexivity is methodological reflexivity, recognising that the theories and ideas underpinning the methodology used also affect the research findings (Walsh, 2003). Choosing a paradigm or worldview when approaching the analysis shapes and closes off other ways of considering the data (Varpio et al., 2020). A final type of reflexivity is contextual reflexivity, which is how the cultural and historical background of the topic influences the research (Walsh, 2003). This reflexivity acknowledges that societal beliefs and practices shape research questions and answers (Naidu and Sliep, 2011). Another component of contextual reflexivity is understanding how our research can impact the world around us and how studies affect the participants who take part in them (Reid et al., 2018).

By accepting and addressing these factors, researchers can increase the reliability and validity of their research and make meaningful contributions to their field. As I reflect on my PhD journey, I thought about how this topic has affected me and how my presence may impact the research process. With this in mind, I tried to be mindful of these types of reflexivity and how they shaped my research.

8.2 Personal Reflections

8.2.1 Relationship to Adoption

I have not been adopted and have no personal history with the care system, I am an outsider to the study population (Dwyer & Buckle, 2009). I could, however, relate to participants in some areas of their lives, particularly around adverse childhood experiences. I grew up in a house where the shadow of domestic violence loomed over my early childhood. My mother was an adolescent mother. If circumstances had been slightly different, if we didn't have extended family support, or if I had been born in the decade prior, I too could have become care-experienced. My experiences make me acutely aware of how subtle changes in the tapestry of fate shape the rest of our lives and whom we become. These experiences shaped my value systems, political views, and empathy for those whose threads of fate were woven with fewer privileges than mine.

Consequently, I view others as having intrinsic value and worthy of respect regardless of life experiences, choices or social standing. These principles enable me to be a capable qualitative researcher and analyst able to treat the experiences of others as distinctive and invaluable. These values were an asset to my interviewing as I could build quick rapport, listen empathetically and non-judgmentally and believe that my participants were open and forthcoming as a result. In my previous working experience as a secondary science teacher, I taught many care-experienced and currently in-care children. Consequently, I honed my active listening skills and became an empathetic and receptive ear for the children and adolescents I taught. These skills became transferrable to my PhD research and my ability to conduct AAIs.

I became aware that the AAI can be traumatising for many individuals who experience it. This was something that I recognised, and I strived to reduce participant stress as best as possible. I did this by undertaking training in the AAI before administration, and I spoke to my trainers about the population I was about to interview and discussed what to expect. I also undertook training provided by my University in interviewing vulnerable populations. Although, in hindsight, I believe that my participants would dispute being classed as vulnerable, most were well-educated, successful and engaging people who had voluntarily used this as an opportunity to share their life stories

Before conducting my interviews, I took time to reflect on my presumptions about adoption and the knowledge I had acquired up to that point. I must admit these views, in the beginning, were simplistic and probably along the lines of - children face trauma, maltreatment, and neglect and then become adopted by altruistic individuals who provide them with love and care – and not much thought went beyond the act of adoption and placement.

I am now left unsure of how I thought before because now I think now seems so obvious. It is as though I woke up from a state of unthinking rather than a change of position or opinion. Did I *actually* think before that adoption was trauma-free? I'm honestly not sure. Having had the luxury of not thinking about it meant that I never considered it with the thought required to unpack another's experience. Now it seems absurd to think differently.

Contextual Reflections

8.3 Conducting research in a pandemic

In December 2019, the outbreak of a novel coronavirus was first identified in Wuhan, China. The virus known as COVID-19 (SARS-CoV-2) spread globally, causing thousands of deaths, prompting the World Health Organisation (WHO) to declare the outbreak as a pandemic as of March 2020 (Ciotti et al., 2020). In response, numerous countries worldwide, including Northern Ireland, issued formal lockdowns, with stay-at-home orders banning anyone from leaving their homes and engaging in "non-essential" travel. Consequently, schools, businesses and universities were closed.

The lockdowns occurred during the second year of my PhD. As with most three-year PhDs, this is typically the essential year for data collection. The closures severed my access to the University and my support networks there, forcing my research into a state of solitude. My contact with my supervisory team was disrupted as we all grappled with adjusting to this new normal. There was so much unknown and a multitude of hindrances to overcome, like delays in ethics applications, recruiting while the world grapples with the apprehension and unease of life during a pandemic, and adapting data collection to suit online means - all aside from the obvious absence of physical presence, which brings about a greater sense of comfort than a video call. All of these challenges happened during a crucial stage of my PhD, adding an additional layer of complexity and stress to an already demanding process.

I was worried about conducting AAIs via an online format as the manual (albeit the last update was in 2008) states that they should be conducted in person. After consulting with other attachment researchers and my AAI trainers, I was assured this would not be an issue. This became a blessing in disguise as I had access to participants I would not have had access to if I had to do in-person interviews. The time it took to do interviews was sped up without

having to travel to a destination and arrange for a participant to meet there. Additionally, it was a much more cost-effective process for my participants and me.

8.4 Interpersonal reflections

The interview process

The following is an extract of my interview reflections and my thinking during this time:

November 2020

It is difficult to know whether the study question and the recruitment, i.e. study information sheet, advert, etc., explicitly asked for adopted/care-experienced adults impacts how participants answer questions or if their adoption is preoccupying. Participants seem to try to tie their responses to their adoption, is this collaboration? Or is this preoccupying? It is important to note here that I do not bring up adoption during the interview process, unless it is to probe something I have been told, such as contact with birth parents. The introduction to the interview I keep how it is in the manual and I stick to the interview protocol, yet participants tie their answers to adoption for example when asked about early experiences having an impact I would often get responses that end with “but I’m not sure if this is because of adoption or not”. One on hand this is collaborative, participants know why they have been recruited and are key to relate their answers to the overall goal. On the other hand, these answers deviate from the questions that are asked.

8.5 Methodological Reflections

Throughout the interview process, I noticed how reflective participants appeared to be. They seemed engaged with the AAI and willingly expanded on their answers without probing, which made me want to measure or assess this degree of reflection. I knew of literature that showed a correlation between reflective functioning (RF) and attachment security. Until this point, I had been assuming that the self-reflection I had seen was evidence of reflective functioning. During my training with the Anna Freud Centre, I learned that this was only one component of mentalisation, and in actuality, the reflection I was seeing was a category of Questionable or Low RF score of 3, (3B, Over-analytical or hyperactive RF). I can recall the moment when I read the following in the RF manual "*Mentalisation spins like a car wheel which has lost contact with ground*" (Fonagy et al., 1998, p.34), and the penny dropped that this is exactly what I had been witnessing but had mistaken it for true mentalisation.

It is also worth noting that I had yet to learn most participants would be classified as insecure during the interview process. I was left with the impression that I had a majority of secure participants, based on how much of a pleasure my participants were to talk to, and I am reminded of a comment I read from Mary Ainsworth's tribute written by Mary Main (Main, 1999, p.714) where she notes that the graduate students working on the SSP too assumed that the insecure families were actually the secure families because they were perceived as being friendlier and warmer. I think this speaks volumes to the unarbitrary nature of these coding systems. Just like the RF coding system, true RF only became clear to me following training, and the hallmarks of insecurity only appeared as I began to code the language of participant transcripts.

After my 6th interview, I felt like I already heard patterns and commonalities between my participants' experiences. For a purely qualitative analysis, this would have been a sufficient number for analysis. Yet, I was keen to conduct as many AAIs as possible to compare this sample with other populations. After interview 15, I discussed this with my supervisors in relation to the time it would take to transcribe and analyse all participant interviews. We agreed to conduct the remaining two interviews, which had been planned for the next week and then cease recruitment. In hindsight, this was a wise decision, as it took around two to three days per participant to transcribe their interviews. Additionally, factoring in the time it took for AAI analysis, which was around two days per participant to conclude a final classification, and the time it took for an in-depth reflexive thematic analysis.

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Appendix A: *Qualitative Coding Decisions*

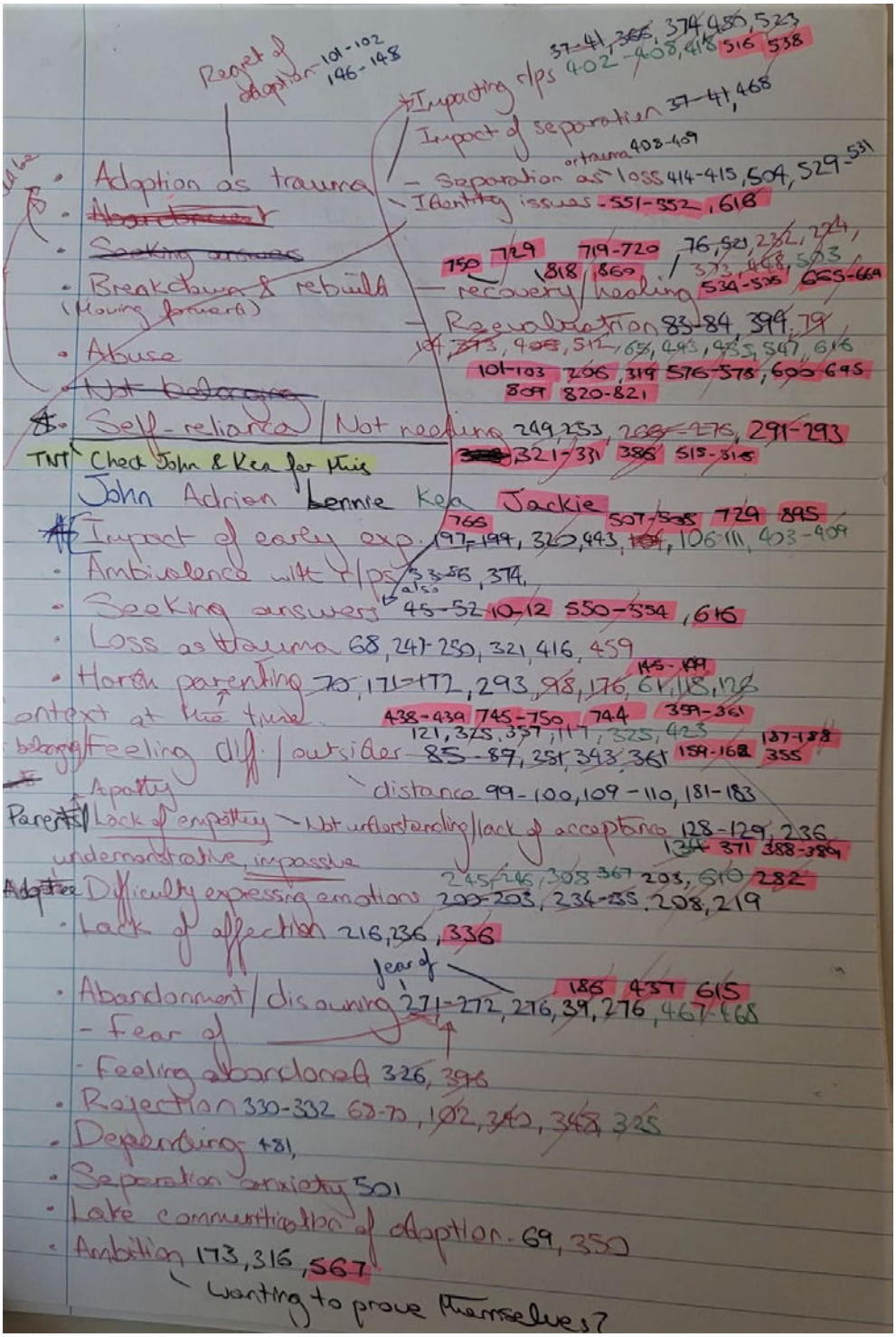
Reflexive thematic analysis (RTA), or simply thematic contentsanalysis as it was known during the write-up of the first qualitative analysis of the mother and baby home subset, was selected due to its flexibility (Braun & Clarke, 2022). As RTA does not subscribe to one theoretical framework, using this method allowed me to analyse my data from a critical realist position. In the proceeding paragraphs, I will discuss my steps to maintain reflexivity throughout by providing transparency to my decision-making and keeping track of my thoughts during the often messy process of conducting qualitative research and analysis. The various notes and memos I kept throughout my research journey supported the depth of my analysis and thinking. Noting my thoughts and feelings after each interview helped shape future interviews. Although I had a predetermined interview schedule and prompts, I felt that keeping a record of how each interview went helped to improve the subsequent interviews.

To maintain reflexivity, I kept a field notes journal and recorded my thoughts and feelings between and after interviews. At times I would add to the notes during interviews, typically things to help keep the interview on track or to record the adjectives the participant would state during AAI question three to ask during the next question. I also kept notes during interviews of whether participants mentioned that they had children so that I would not have to ask this again during question 17 and could instead ask about an imaginary child if they previously stated they did not or could not have children (See Appendix

The first phase of the analysis involved generated codes, both semantically and latently (Braun & Clarke, 2022). I first started this process in the mother and baby subset by hand, line-by-line coding each transcript. I then developed a colour system where each participant had a particular colour and the numbers referred to the lines of the transcript from which the code was generated. Each code represented an idea, concept or sentiment. I then began to read through the codes , looking for similarities or removing codes that I did not feel were salient across the data set or grouping together those with similar meaning and renaming where necessary. The following images show my coding system and hand-drawn mind maps during this first qualitative coding stage:

Image 1

Showing the hand written coding system I developed for the Mother and Baby Home subset



I also used memos on NVivo to log my coding decisions. This helped to bring to light my assumptions and to reflect on my role in the data analysis. The following is an extract of my coding log during the first qualitative analysis of my research project:

TA coding:

03/03/2021 - initial assumptions following AAI analysis
- Trauma, a lot of traumatic experiences
- Participants interested in psychological deduction and reasoning
- A lot of preoccupied behaviours
- Not overall much reference given to the M & B homes
- A sense of not feeling good enough
- I don't think any reported on the institution as an overall shortcoming

Began line-by-line coding on two transcripts, generated 148 codes

04/02/2021
Finished coding rest of transcripts, began to sort codes into categories - generated 19 categories for codes: abuse, adoption process, communication of adoption, dealing with hurt, early life experiences, feelings, language, loss, other life events, other traumatic experiences, parental history, relationship with adoption, relationship with own children, relationship with parents in adulthood, relationship with parents in childhood, relationships, self-described character traits, separation, the wider environment
- Removed adoption process as I felt this was more background information and different to each individual, not likely to generate a theme.
- Removed duplicate codes from categories
- Removed all quotes that relate only to one quote from one person; only codes related to 2 or more people were kept.
- Began to combine similar phrases, i.e. self-reliant and self-sufficient and resilience towards loss became self-reliant
- Left with abuse, adoption as a traumatic experience, communication of adoption, feeling othered, mother had a traumatic childhood, other life events, relationship difficulties, self-sufficient, struggled with children's autonomy and time spent in M & B home - think I will remove this one as this is not getting to the latent idea underlying the description.
- Relationship with parents modified to poor relationship with parents

05/02/2021
- Removed therapy
- Removed changed life in 30s, kept psychological insights
- Went through transcripts again with codes in mind, looking for more evidence for the codes. Found a few more references
- Possible main themes - Relationships (r/p with parents, r/p difficulties), Abuse, Feelings of self (feeling othered, psychological insights, self-sufficient), Adoption (adoption as a trauma, adoption not discussed, disowning), Family history (mother had a traumatic childhood)

07/02/2021
- Deleted uses the term natural children to refer to children of the AP because only 3 refs, also didn't feel it really demonstrated being othered

08/02/2021

- Changed self-sufficient to lack of needing others and then to lack of depending. Struggling to find an all-encompassing term for this theme? maybe it needs sub-themes, however it was like that previously and was changed to a main theme.
- Lack of closeness to parents added to relationship difficulties

After coding, I begin jotting down possible initial themes. At this stage of the analysis, I was looking for shared patterns of meaning across the data. I was also looking for overlap or repetition between these initial themes. At this stage, I had completed a course to become more confident with the use of NVivo and my transcripts were coded using this software from that point on. I found that using NVivo was better than coding by hand as I had such a large volume of data.

Qual theme notes

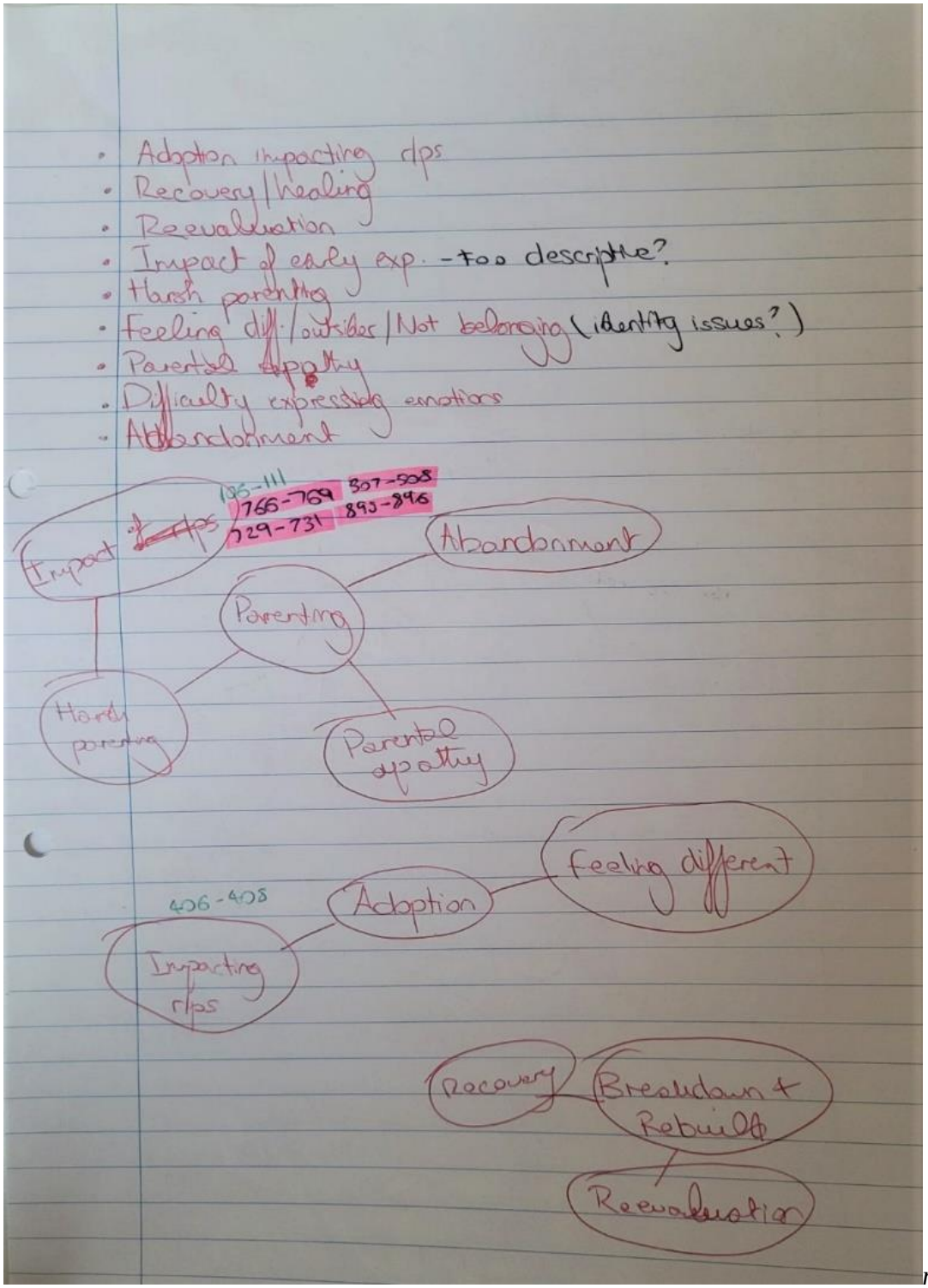
- ~~Multiple models – the contradictory manner in which participants would perceive their relationships with their parents~~
- Feeling less than – unwanted - (not feeling good enough) – sometimes this was expressed explicitly,
- Living in fear – lack of a secure base – fear of abandonment
- Intrusive worry/fear
- Fear of abandonment
- Loss/abandonment
- Stigmatisation
- ~~In search of identity/the self – who am I?~~
- Attachment anxiety
- Enmeshment
- Unresolved grief
- ~~No closure – nowhere for this pain to go~~
- Counterdependency – pathological independence – detrimental independence
- Insensitive parenting – inappropriate care – inadequate care
- Mental health difficulties – participant and their parents - addiction
- Maternal insensitivity
- Survival
- Silenced coping – suppressing emotions – emotion avoidance
- Adoption related trauma
- Reverberations of trauma

- Shame
- ~~Internalising pain/emotions~~
- Feeling unworthy
- Recovery – resilience
- “Secondary rejection” or second rejection – rejection of the reunion
- Coming out of the fog/adoptee fog – great for describing the trauma associated with adoption
- Biological superiority – with the use of ‘natural’ children, implies that they are in some way unnatural or that adoption is against nature.
- Family dynamic- the black sheep- the family hierarchy – the pecking order - how they felt excluded within the family or other siblings treated better , non-adopted siblings treated better
- ~~A thing of the past – how things used to be – referring to the context of the time.~~
- ~~Nature vs nurture – not sure what for but a good tagline~~

After writing out the initial themes, I returned to pen and paper and started to construct hand-drawn mind maps. I feel that this allows me to spot patterns and produce insights by actively engaging in the theme development stage.

Image 2

Showing hand-drawn



mind maps during the coding of the Mother and Baby Home subset

Image 3

Showing hand-drawn mind maps during the coding of the Mother and Baby Home subset – theme development

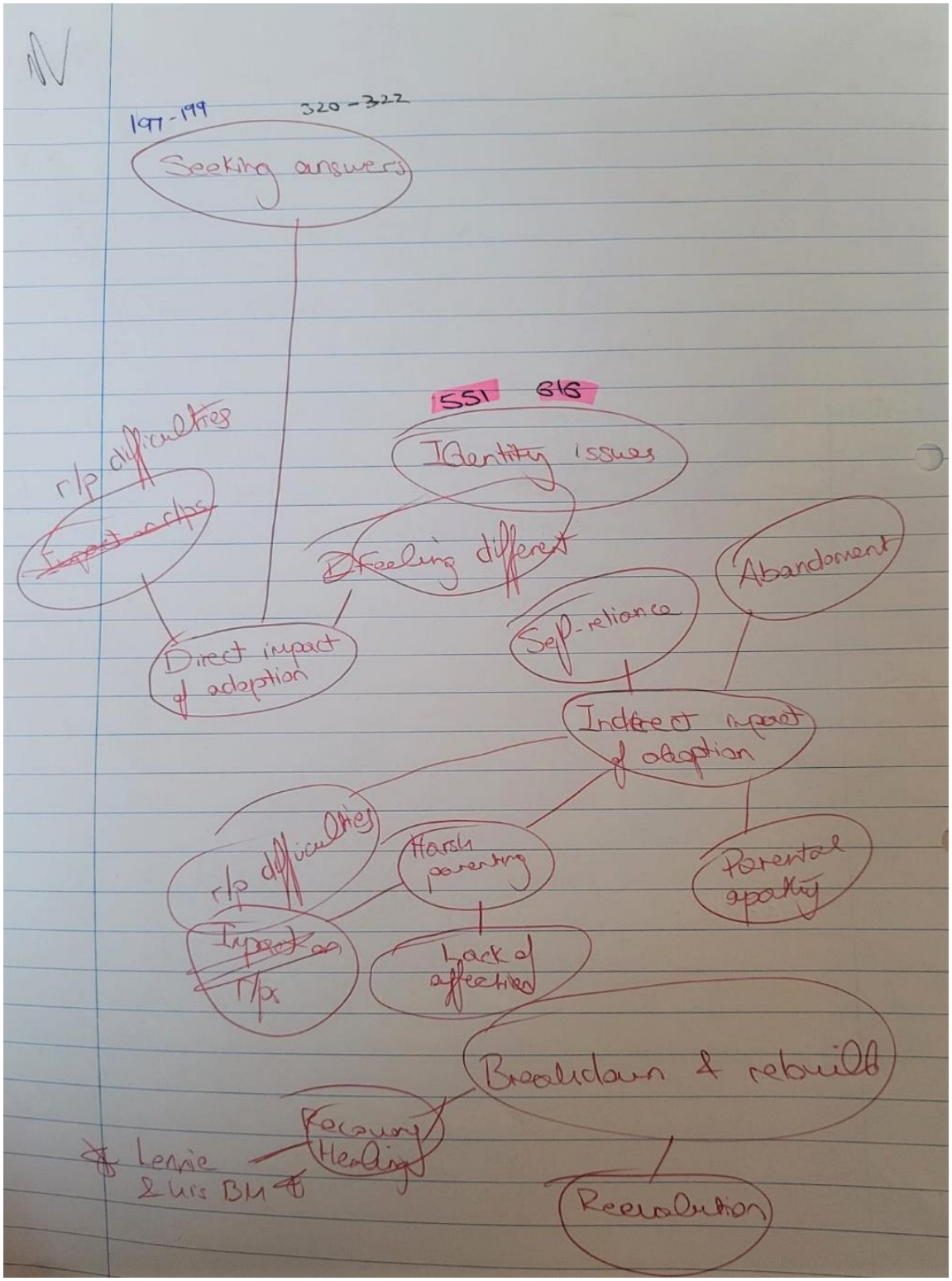
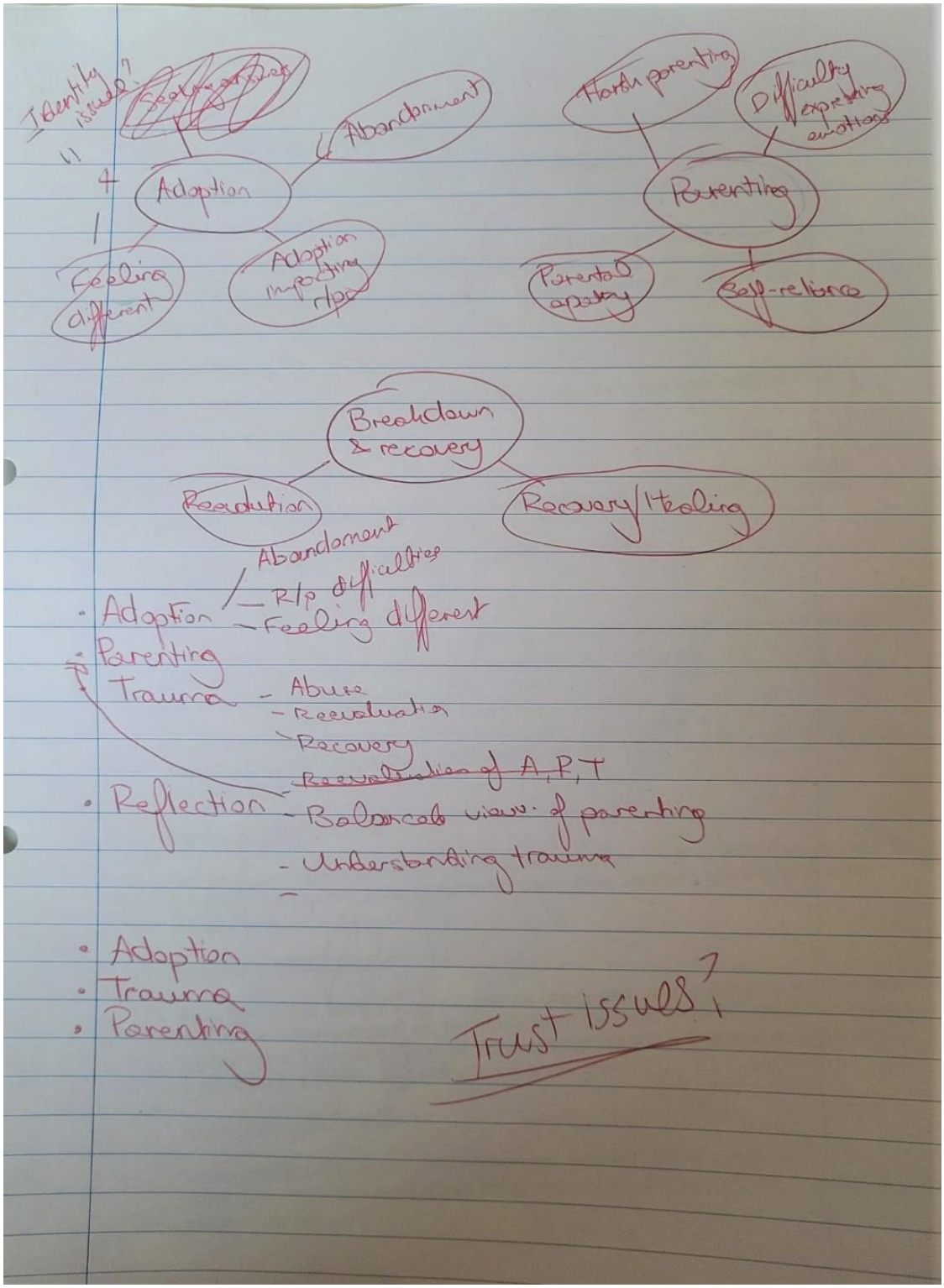


Image 4

Showing hand-drawn mind maps during the coding of the Mother and Baby Home subset – theme development



After reviewing my candidate themes, I organised them into the following table. Here I began to review each theme, going back to my data and considering the viability of each theme across the entire dataset. I then sent Table 1 to my primary supervisor, who independently coded the transcripts, and we had discussions of the latent meanings behind each potential theme and subtheme.

Table 1

Initial themes and subthemes of the Mother and Baby Homes subset

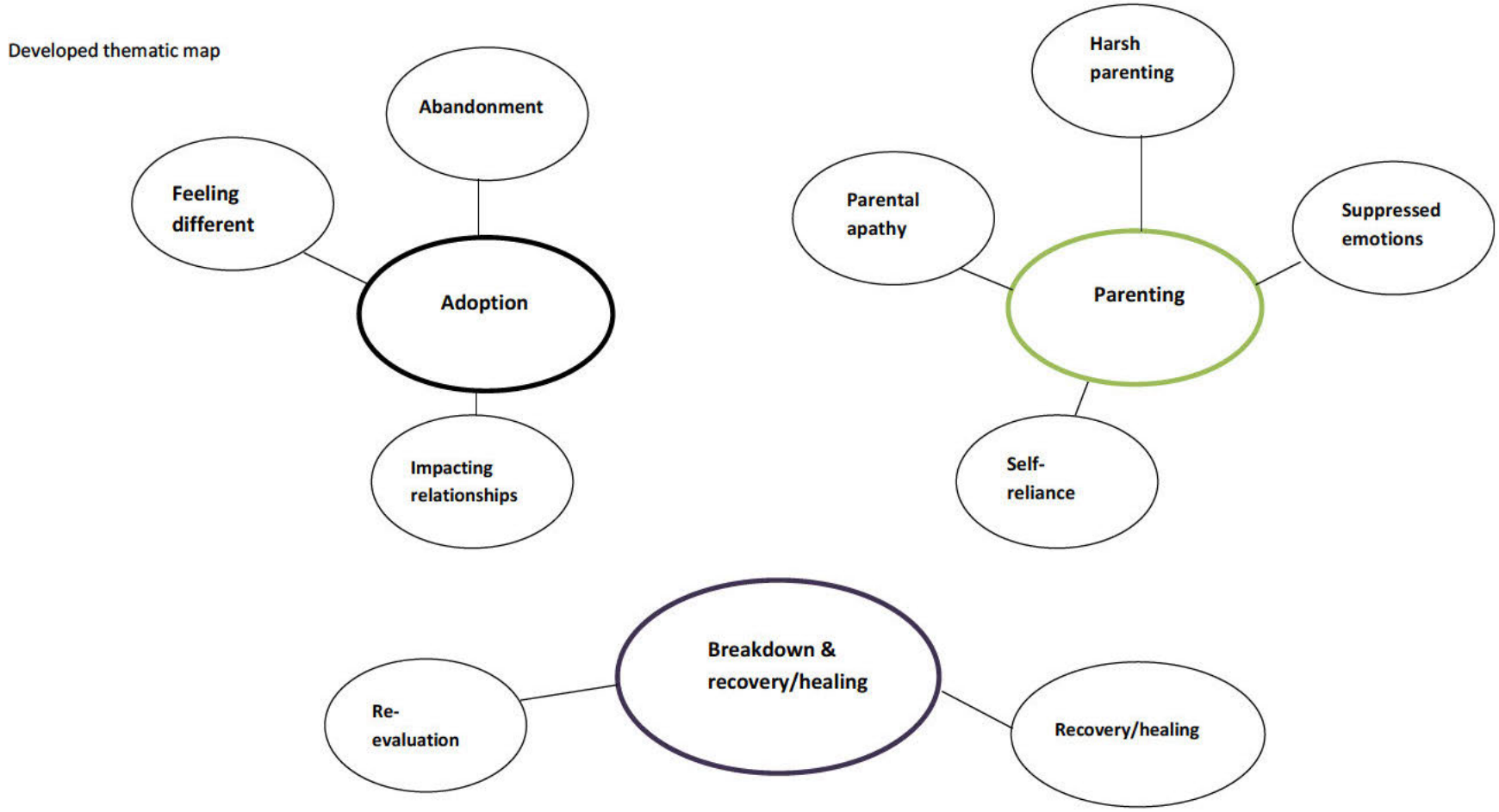
Superordinate themes	**Sub-themes**
Adverse Parenting	• Harsh parenting
	• Parental apathy
	• Balanced view of parenting
	• Not feeling loved or supported – included in parental apathy
	• Lasting impact on relationships
	• ~~Cycle of adoption~~ – I'm not sure, only 1 participant did this?
Trauma	• Abuse
	• Lasting mental health issues
	• Understanding trauma/reflecting on trauma
	• Recovery/Post traumatic growth
	• Wanting to help others – included as part of recovery process

'Silenced' Coping	• Self-reliance
	• Suppressed emotions
	• Being alone – included in self-reliance
Belonging and Identity	• Never fitting in
	• Not being accepted – included in never fitting in
	• Disposable
	• Being flawed
	• ~~Shamed~~ – I only had one participant for shame, and I felt that related more to a parenting issue
	• ~~Misunderstood~~ – the quotes I have for this overlap with parental apathy

Following the discussion with my supervisor, I continued to work on theme development with her feedback in mind and continued the process of theme refinement. Asking myself key questions about the potential themes – what story does this theme tell? How does this theme fit into the overall story of my analysis? (Braun & Clarke, 2022, p. 36). To aid this process, I went back to mind-mapping, this time continuing to use computer software to produce the following mind-map shown on the next page. This allowed me to consider my themes in relation to each other and further fine-tune my theme development.

Figure 1

Showing the thematic map during the theme refinement stage of the Mother and Baby Home subset



After further refinement, I considered how the themes represented the coded segments and how these themes represented the data set as a whole and was left with the following final themes. Trauma included references to abuse, and the re-evaluation references were split into understanding trauma and a balanced view of parenting.

Table 2

Showing the final themes of the Mother and Baby home subset

Superordinate themes	**Sub-themes**
Belonging and Identity	• Never fitting in
	• Misunderstood
	• Being flawed
	• Disposable – here I'll included references to disowning from the previous abandonment subtheme I had.
Trauma	• Abuse
	• Lasting mental health issues
	• Understanding trauma/reflecting on trauma
	• Recovery/Post traumatic growth
'Silenced' Coping	• Self-reliance
	• Suppressed emotions
Adverse parenting	• Harsh parenting
	• Parental apathy

	• Balanced view of parenting
	• Lasting impact on relationships

This first qualitative analysis, alongside the AAI analysis, was completed with a subset of five participants and written into a timely paper as mother and baby homes were being investigated by the Republic of Ireland and the Northern Irish government. From this paper, the initial qualitative framework was established and used to guide the subsequent RTA analysis of all participants. However, I approached my coding sceptically, prepared to deviate and amend the framework in accordance with the data. Following trial and error of coding by hand and the use of hand-drawn mind-maps, come the second analysis, my confidence and experience with NVivo grew; it then became my tool for the remaining qualitative analysis.

During this time (November 2021 until June 2022), I worked as a volunteer alongside my PhD as an assistant psychologist in the Adoption and Fostering services therapeutic support service (TSS) in the Belfast Health and Social Care trust. Here I had the privilege of gaining an insight into how practitioners work with adopted and care-experienced adolescents and young adults in practice. I got to join discussions with social workers regarding children's presentations and be present during meetings where best fit placements options were being considered. I gained a deeper insight into the adoption and fostering process and the care system's impact on the young people who go through it. I helped deliver training on attachment and trauma and present my research to practitioners ,who provided me with invaluable feedback. I was also taught how to write clinical assessments and formulations of services users.

I talked through my findings and the potential themes and subthemes from my interviews with the child psychoanalyst from the TSS team. Her experience of working with adoptees and care-experienced individuals for decades helped me realise that all themes were encased within an overarching theme of loss. Once this was established, the wider themes of loss enabled the orientation and selection of key themes across the dataset related to the lived experience of being an adoptee. I then presented my themes and findings with the wider team, and surprisingly, but somewhat reassuringly, my themes were not considered unusal to practitioners with decades of experience working with care-experienced and adopted children and adolescents. Upon writing up my qualitative findings and comparing and contrasting them, I also found that my themes were in agreement with prior qualitative literature on adult adoptees (March, 1995; Perl & Markham, 1999; Penny et al., 2007; Cherot, 2009; Henze-Pedersen, 2019; Geddes, 2021; Kim, 2021) I began to see that my themes were transferrable to other work in adoptees, and may provide reliable insight for other pratitioners who are working with adult adoptees.

The proceeding screenshots show my coding process using NVivo software for the second qualitative analysis. The screenshots show the main themes and the subthemes which were organised within them.

Screenshot 1

Showing a screenshot of the final themes expanded showing subthemes from the second qualitative analysis with NVivo

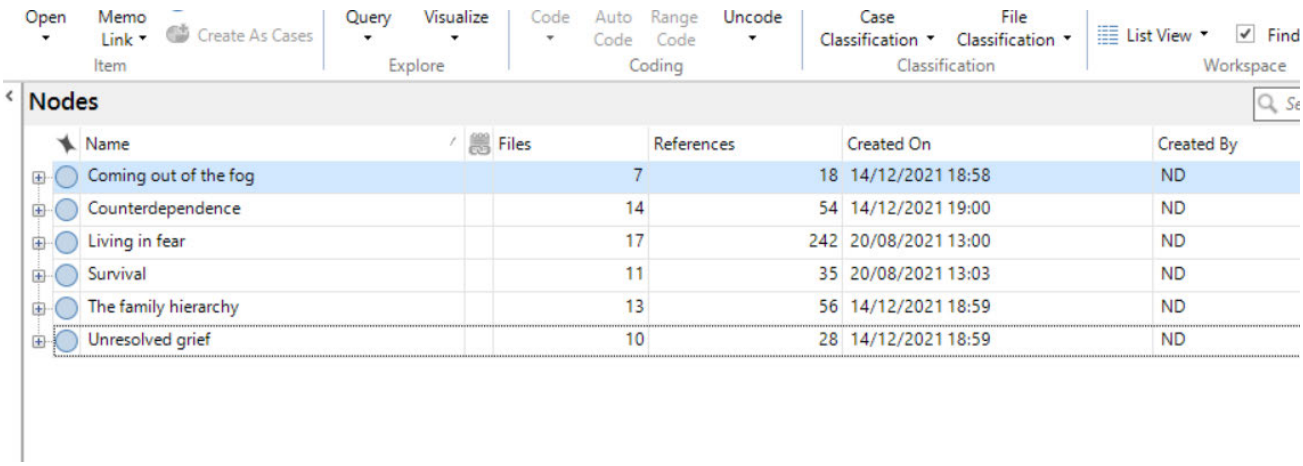
Nodes

Search Project

Name	Files	References	Created On	Created By	Modified On
Coming out of the fog	7	18	14/12/2021 18:58	ND	14/12/2021 19:00
Adoption trauma	2	3	19/08/2021 17:14	ND	20/09/2021 10:55
Changed view of adoption	1	1	19/08/2021 17:19	ND	19/08/2021 17:19
Impact of adoption	6	14	19/08/2021 17:08	ND	20/09/2021 10:55
Counterdependence	14	54	14/12/2021 19:00	ND	14/12/2021 19:02
Internalising	1	2	26/08/2021 18:35	ND	26/08/2021 18:35
Silenced coping	14	52	20/08/2021 10:07	ND	20/09/2021 10:55
Living in fear	17	242	20/08/2021 13:00	ND	20/09/2021 10:55
Fear of being sent away	5	14	23/08/2021 11:54	ND	20/09/2021 10:55
Impact on school work	1	1	20/08/2021 16:42	ND	20/08/2021 16:42
Intrusive worry	10	21	14/12/2021 18:49	ND	14/12/2021 18:50
Lack of a secure base	17	114	14/12/2021 18:48	ND	14/12/2021 18:49
Shame	2	6	25/08/2021 13:07	ND	26/08/2021 14:55
Trauma	12	77	27/08/2021 10:11	ND	20/09/2021 10:55
Survival	11	35	20/08/2021 13:03	ND	20/09/2021 10:55
Counselling	10	13	19/08/2021 17:12	ND	20/09/2021 10:55
One person who made a difference	6	14	20/08/2021 13:05	ND	20/09/2021 10:55
The family hierarchy	13	56	14/12/2021 18:59	ND	14/12/2021 19:03
Not good enough	13	56	25/08/2021 14:50	ND	20/09/2021 10:55
Unresolved grief	10	28	14/12/2021 18:59	ND	14/12/2021 18:59
Loss	10	28	20/08/2021 12:51	ND	20/09/2021 10:55

Screenshot 2

Showing a screenshot of the final themes from the second qualitative analysis with NVivo



Name	Files	References	Created On	Created By
Coming out of the fog	7	18	14/12/2021 18:58	ND
Counterdependence	14	54	14/12/2021 19:00	ND
Living in fear	17	242	20/08/2021 13:00	ND
Survival	11	35	20/08/2021 13:03	ND
The family hierarchy	13	56	14/12/2021 18:59	ND
Unresolved grief	10	28	14/12/2021 18:59	ND

The family hierarchy became 'the black sheep' during the write-up, as I felt this better conveyed the sentiment and was less ambiguous than the family hierarchy. Below is from my notes on how I begin to consider these themes before my final write-up:

- Pseudo-independence/fawn response – the impact of this trauma and how they acted as children
- Family dynamics/the black sheep/the pecking order
- Unresolved grief/mourning – loss of birth parents
- - Who am I? – the search for the birth parents and the unknowing
- Living in fear – this lack of a secure base
- Attachment anxiety – the reverberations of this abusive and unwelcoming home.

Appendix B: Ethical approval – RG3

UNIVERSITY OF ULSTER RESEARCH GOVERNANCE

RG3 Filter Committee Report Form

Project Title	*A qualitative exploration of attachment in care experienced adults or adoptees*
Chief Investigator	Professor Tony Cassidy
Filter Committee	Psychology

This form should be completed by Filter Committees for all research project applications in categories A to D (*for categories A, B, and D the University's own application form – RG1a and RG1b – will have been submitted; for category C, the national, or ORECNI, application form will have been submitted).

Where substantial changes are required the Filter Committee should return an application to the Chief Investigator for clarification/amendment; the Filter Committee can reject an application if it is thought to be unethical, inappropriate, incomplete or not valid/viable.

Only when satisfied that its requirements have been met in full and any amendments are complete, the Filter Committee should make one of the following recommendations:

The research proposal is complete, of an appropriate standard and is in

- category A and the study may proceed* [X]

- category B and the study must be submitted to the University's Research Ethics Committee** Please indicate briefly the reason(s) for this categorisation ☐

- category C and the study must be submitted to ORECNI along with the necessary supporting materials from the Research Governance Section*** ☐

- category D and the study must be submitted to the University's Research Ethics Committee** ☐

Signed: [redacted] Date: 02.10.20

Co Chair of Filter Committee

***The application form and this assessment should now be returned to the Chief Investigator. The Filter Committee should retain a copy of the complete set of forms.**

**** The application form and this assessment should now be returned to the Chief Investigator so that he/she can submit the application to the UUREC via the Research Governance section. The Filter Committee should retain a copy of the complete set of forms for their own records.**

***** The application form and this assessment should now be returned to the Chief Investigator so that he/she can prepare for application to a NRES/ORECNI committee. The Filter Committee should retain a copy of the complete set of forms for their own records.**

For all categories, details of the application and review outcome should be minuted using the agreed format and forwarded to the Research Governance section

Please complete the following

The application should be accompanied by an appropriate and favourable Peer Review Report Form (if not, the Filter Committee should be prepared to address this as part of its review). Please comment on the peer review (include whether or not there is evidence that the comments of the peer reviewers have been addressed).

A favourable review was received from Peer Reviewers and the Filter Committee, the recommended changes have been made to all documentation.

Please provide an assessment of all component parts of the application, including questionnaires, interview schedules or outline areas for group discussion/unstructured interviews.

The questions are suited to the aims and objectives

Please comment on the consent form and information sheet, in particular the level of language and accessibility.

Information sheet about the study and consent form contain an appropriate level of language and detail.

Please comment on the qualifications of the Chief and other Investigators.

Professor Tony Cassidy is an experienced Child and Family Health Psychologist and a member of the Psychology RI, Natasha Dalton is a PhD Researcher in Psychology.

Please comment on the risks present in conducting the study and whether or not they have been addressed.

The potential risks are deemed to be low and support information has been provided All data collection will take place online via Skype/telephone, or face-to-face methods, if permitted due to the Covid-19 pandemic.

Please indicate whether or not the ethical issues have been identified and addressed.

They have been identified and are not a cause for concern.

Please comment on whether or not the subjects are appropriate to the study and the inclusion/exclusion criteria have been identified and listed

The participants are appropriate given the aims and objectives of the study. Inclusion and exclusion criteria have been identified and are clearly listed in the documentation.

Study information sheet

Information Sheet

Title: *A qualitative exploration of attachment in care experienced adults or adoptees*

Who am I?

My name is Natasha Dalton, and I am an Ulster University PhD researcher based at the Coleraine Campus. For my thesis, I am investigating attachment in care-experienced adults. I will be supervised during this research project by Professor Tony Cassidy, who is the Chief Investigator of this project and Dr Marian McLaughlin.

What is this study about?

The emotional bonds we form with other people (attachments) can have a significant impact on our lives. We currently do not have enough research on how attachment may impact the lives and experiences of care-experienced or adopted adults. This study seeks to address this gap and provide a better understanding which can help to improve services for children in care, and for the adults who have been impacted by care or adoption.

Why have I been chosen?

You have been approached because we understand you have been adopted or experienced the care system at some time. You have first-hand experience that may be invaluable for the study.

What will participation involve?

The study will consist of answering questions relating to attachment experiences from childhood to present. This interview consists of 20 questions and will last around 60 minutes. The interview will be recorded so that the researcher can turn it into a written format for analysis.

The interview

Due to COVID-19 restrictions, interviews may be carried out via Skype, Zoom, Teams or other media. Research will take place at a location/on a date/at a time that is suitable for you. The research will be relaxed and informal, and your participation is voluntary.

Ethics

This study has been approved by the School of Psychology Filter Committee.

Protecting you

All information gathered will remain confidential, and all identifying information will be removed so that you will remain anonymous in any report produced. All data will be stored securely accessible only to the researcher and supervisor. In line with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, it will be held for 10 years as required.

Withdrawal

Most people have not been asked to review their attachment experiences in such detail as is required during this interview. As a result, you may at times find the questions to be personal or upsetting, but please note that if you would like to withdraw from the process, you are free to do so at any given time. We will provide some contact details of support which you can access if you need it. Your participation is entirely voluntary, and you have the right to withdraw at any stage during the interview and up to one week after the interview has been completed. If you wish to withdraw after the research is completed, you should contact the researcher. You do not have to give a reason, and all data related to you will be destroyed.

If you have any queries or should you require further information at any stage, please feel free to contact:

Myself: Natasha Dalton

Email: Dalton-N1@ulster.ac.uk

or

Principal Investigator: Professor Tony Cassidy
Email: t.cassidy@ulster.ac.uk

Consent form

Consent Form

Title of Project: A qualitative exploration of attachment in care experienced adults or adoptees

Please tick

I confirm that I have read and understood the information sheet for the above study and have asked and received answers to any questions raised. ☐

I understand that my participation is voluntary and that I am free to withdraw at any time during the interview and up to one week after the interview without giving a reason and without my rights being affected in any way. ☐

I give permission for the researchers to audio record the interview and I understand that the researchers will hold all information and data collected securely and in confidence on the Coleraine Campus of the Ulster University for 10 years after which it will be destroyed. ☐

I understand that I cannot be identified as a participant in the study ☐

Name of participant: Signature: Date:

_____ _____ _____

Post Study Support

If you are affected by any of the issues raised, the following organisations may be able to provide some help and advice:

The Republic of Ireland:

NCS contact details:
https://www.hse.ie/eng/services/list/4/mental-health-services/national-counselling-service/contact-us/

Connect Counselling
Anonymous telephone support (HSE funded service)
Freephone: 1800 477 477
6pm to 10pm every day (7 days a week)

YourMentalHealth
Mental health support including phone, text and online
Information line: 1800 111 888

Barnardos
Their helpline provides therapeutic services for adopted children and their families as well as support groups for adopted adults and birth mothers.
Contact: 01 4546388
Email: adoption@barnardos.ie.

Samaritans
Provides confidential emotional support for people who are experiencing feelings of distress or despair.
Helpline: 116 123 (24 hours a day, seven days a week)
Website: www.samaritans.org

For Northern Ireland:

Victim Support
Provides help and information for anyone who has been affected by a crime.
Belfast: 02890 243133
Foyle: 02871 370086
Website: www.victimsupportni.com

TESSA
The Therapeutic Education Support Services in Adoption, Northern Ireland.
PHONE: 028 9046 9211
TEXT: 07484054774
EMAIL: info@tessani.org
WEB: www.tessani.org

Samaritans
Provides confidential emotional support for people who are experiencing feelings of distress or despair.
Helpline: 116 123 (24 hours a day, seven days a week)
Website: www.samaritans.org

UK general:

PAC-UK

Offers counselling services for adults adopted as children

Advice line: 020 7284 5879

Web: https://www.pac-uk.org/our-services/adopted-adults/

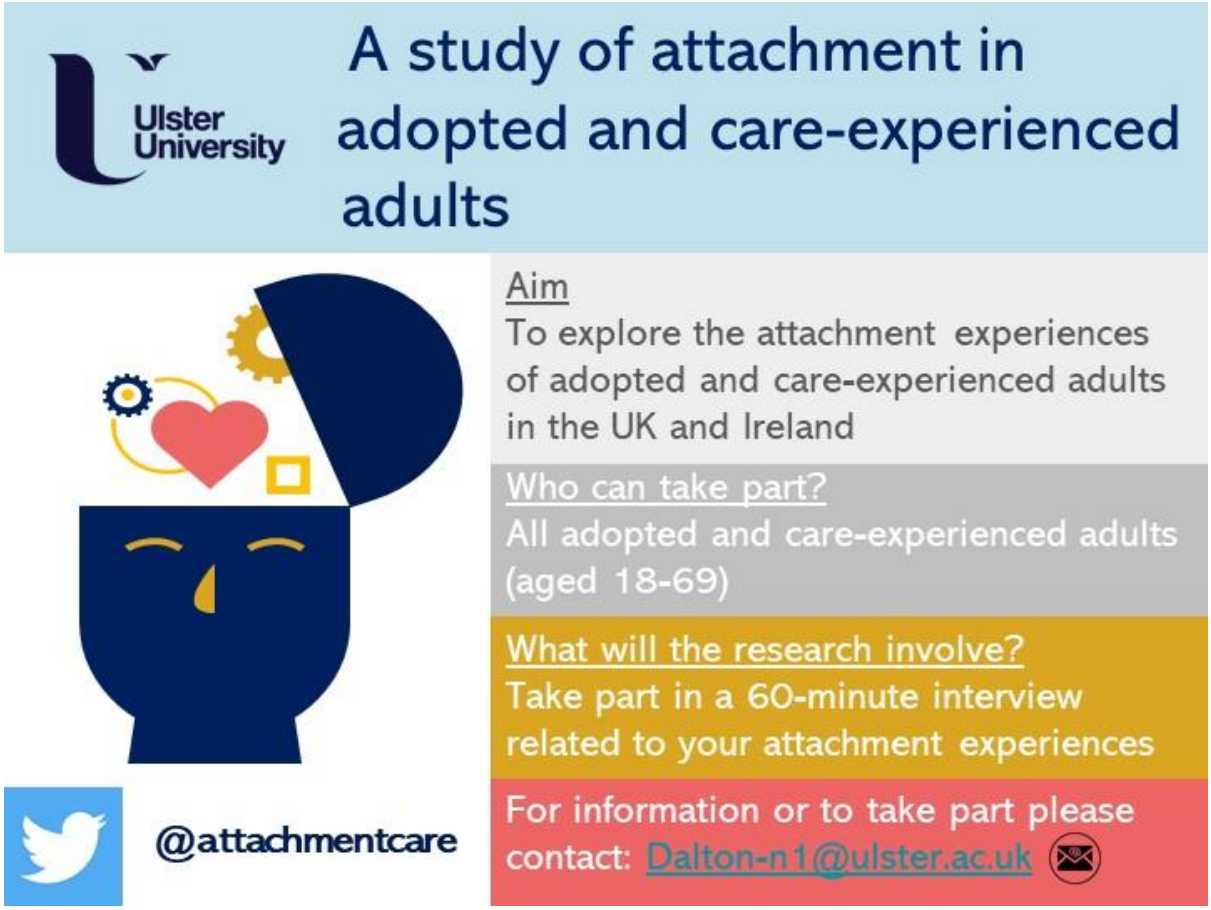
Samaritans

Provides confidential emotional support for people who are experiencing feelings of distress or despair.

Helpline: 116 123 (24 hours a day, seven days a week)

Website: www.samaritans.org

Recruitment poster



Appendix C – The Adult Attachment Interview Schedule

1. Could you start by helping me get oriented to your early family situation, and where you lived and so on? If you could tell me where you were born, whether you moved around much, what your family did at various times for a living?

2. I'd like you to try to describe your relationship with your parents as a young child if you could start from as far back as you can remember?

3. Now I'd like to ask you to choose five adjectives or words that reflect your relationship with your mother starting from as far back as you can remember in early childhood--as early as you can go, but say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me.

4. Now I'd like to ask you to choose five adjectives or words that reflect your childhood relationship with your father, again starting from as far back as you can remember in early childhood--as early as you can go, but again say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think again for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me. (Interviewer repeats with probes as above).

5. Now I wonder if you could tell me, to which parent did you feel the closest, and why? Why isn't there this feeling with the other parent?

6. When you were upset as a child, what would you do?

7. What is the first time you remember being separated from your parents? How did you and they respond? Are there any other separations that stand out in your mind?

8. Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize it wasn't really rejection, but what I'm trying to ask about here is whether you remember ever having rejected in childhood

9. Were your parents ever threatening with you in any way - maybe for discipline, or even jokingly?

10. In general, how do you think your overall experiences with your parents have affected your adult personality?

11. Why do you think your parents behaved as they did during your childhood?

12. Were there any other adults with whom you were close, like parents, as a child?

13. Did you experience the loss of a parent or other close loved one while you were a young child--for example, a sibling, or a close family member?

14. Other than any difficult experiences you've already described, have you had any other experiences which you should regard as potentially traumatic?

15. Now i'd like to ask you a few more questions about your relationship with your pants. Were there many changes in your relationship with your parents (or remaining parent) after childhood? We'll get to the present in a moment, but right now I mean changes occurring roughly between your childhood and your adulthood?

16. Now I'd like to ask you, what is your relationship with your parents (or remaining parent) like for you now as an adult? Here I am asking about your current relationship.

17. I’d like to move now to a different sort of question--it's not about your relationship with your parents, instead it's about an aspect of your current relationship with (specific child

of special interest to the researcher, or all the participant's children considered together). How do you respond now, in terms of feelings, when you separate from your child / children?

18. If you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your child I'll give you a minute or two to think about this one.

19. Is there any particular thing which you feel you learned above all from your own childhood experiences? I'm thinking here of something you feel you might have gained from the kind of childhood you had.

20. We've been focusing a lot on the past in this interview, but I'd like to end up looking quite a ways into the future. We've just talked about what you think you may have learned from your own childhood experiences. 1'd like to end by asking you what would you hope your child (or, your imagined child) might have learned from his/her experiences of being parented by you?

UNIVERSITY OF CALIFORNIA, BERKELEY

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF PSYCHOLOGY
3302 Berkeley Way West #1650

BERKELEY, CALIFORNIA 94720-1650
TEL: (510) 642-5292; FAX: (510) 642-5293

February 1, 2023

Dear Natasha Dalton,

We are delighted to congratulate you on having completed and passed the full 30-case reliability testing for the analysis of the Adult Attachment Interview.

You have been found highly reliable across 30 cases in sequence whether we consider a three-category analysis (the Dismissing, Secure and Preoccupied adult attachment categories), or whether the fourth, Unresolved/disorganized category is considered as well.

This represents an outstanding accomplishment, and we look forward to learning about your forthcoming work with this instrument.

[redacted] [redacted]