

**A Thesis Submitted for the Degree of PhD at the University of Warwick**

**Permanent WRAP URL:**

<http://wrap.warwick.ac.uk/88059>

**Copyright and reuse:**

This thesis is made available online and is protected by original copyright.

Please scroll down to view the document itself.

Please refer to the repository record for this item for information to help you to cite it.

Our policy information is available from the repository home page.

For more information, please contact the WRAP Team at: [wrap@warwick.ac.uk](mailto:wrap@warwick.ac.uk)

# **Forming Attachments in Adoption and Foster care**

Emily Harris

This thesis is submitted in partial fulfilment of the requirements for the degree  
of Doctorate in Clinical Psychology

**Coventry University, Faculty of Health and Life Sciences**

**University of Warwick, Department of Psychology**

**May 2016**

## Contents

Title page	i
Contents	ii
List of tables and figures	vi
List of abbreviations	vii
List of appendices	viii
Acknowledgements	ix
Declaration	x
Summary	xi
 <b>Chapter 1: Exploring the contribution of maternal sensitivity and mind-mindedness to developing attachment security in fostered and adopted children: A systematic review</b>	
1.1 Abstract	2
1.2 Introduction	3
1.2.1 Developing attachments	3
1.2.2 Attachment security in looked after children	4
1.2.3 Maternal Sensitivity	5
1.2.4 Mind-Mindedness	7
1.2.5 Rationale	7
1.2.6 Aims for the review	9
1.3 Method	10
1.3.1 Literature search process	10
1.3.1.1 Search terms	10
1.3.2 Selection criteria	11
1.3.2.1 Inclusion criteria	11

1.3.2.2 Exclusion criteria	11
1.3.3 Classification of studies	12
1.3.4 Quality Assessment	12
1.4 Results	14
1.4.1 Overview of studies	14
1.4.2 Findings from foster care studies	21
1.4.2.1 Summary of foster care studies	25
1.4.3 Findings from adoption studies	25
1.4.3.1 Summary of adoption studies	29
1.4.4 Findings from intervention studies	30
1.4.4.1 Summary of intervention studies	32
1.5 Discussion of findings	33
1.5.1 Review Limitations	36
1.5.2 Implications for policy and practice	37
1.5.3 Future Directions	38
1.5.4 Conclusion	39
1.6 References	40

## **Chapter 2: The first years after adopting an older child: Mothers' lived experiences of relationship development**

2.1 Abstract	48
2.2 Introduction	49
2.2.1 Adoption in context	49
2.2.2 Attachment theory, trauma and loss	49
2.2.3 Children adopted later in childhood	50
2.2.4 The experience of adoptive parents	51

2.2.5 Rationale and research aims	52
2.3 Method	53
2.3.1 Research design	53
2.3.2 Materials	54
2.3.3 Procedure	54
2.3.3.1 Ethical considerations	54
2.3.3.2 Recruitment	54
2.3.3.3 Interview procedure	55
2.3.4 Participants	55
2.3.5 Analysis	57
2.3.5.1 Validity	57
2.3.5.2 The researcher	58
2.4 Results	58
2.4.1 Fragility	59
2.4.1.2 “I felt really rejected”	59
2.4.1.2 “I was feeling really raw”	62
2.4.1.3 “The weight of responsibility was crushing”	64
2.4.2 Resolving	65
2.4.2.1 “Becoming a “therapist-parent”	66
2.4.2.2 “You fall in love with them”	68
2.4.2.3 “Fighting for support”	70
2.4.3 Acceptance	72
2.4.3.1 “This is hard, it’s not just me”	72
2.4.3.2 “We gradually built that little bit of trust”	73
2.4.3.3 “Always connected to the chaos of their early lives”	75

2.5 Discussion	78
2.5.1 Theme 1: Fragility	78
2.5.2 Theme 2: Resolving	80
2.5.3 Theme 3: Acceptance	82
2.5.4 Implications for clinical practice	83
2.5.5 Study limitations	84
2.5.6 Future research	84
2.5.7 Conclusion	85
2.6 References	86
 <b>Chapter 3: Accepting the told story as one of many possibilities: developing reflexivity 'through the mirror'</b>	
3.1 Introduction	94
3.2 The development of self-awareness and reflexivity	94
3.3 The battle for objectivity	97
3.4 Accepting my position of influence	101
3.5 References	104

## **List of Tables**

Table 1.1: Key search terms	11
Table 1.2. Characteristics of reviewed studies	16
Table 2.1 Study inclusion and exclusion criteria	56
Table 2.2 Participant details	56
Table 2.3 Superordinate and subordinate themes	59

## **List of Figures**

Figure 1.1 Systematic search strategy: PRISMA flow diagram	13
--	----

## **List of Abbreviations**

IPA Interpretative Phenomenological Analysis

MS Maternal Sensitivity

MM Mind-mindedness

UK United Kingdom

DoH Department of Health

DfE Department for Education

BPS British Psychological Society



## **List of appendices**

Appendix A. Author instructions for the Journal of Attachment and Human Development	106
Appendix B. Quality appraisal checklist	108
Appendix C. Author instructions for the Journal of Child Development	109
Appendix D. Semi-structured interview schedule	111
Appendix E. Coventry University ethical board approval letter	112
Appendix F. Study advert	113
Appendix G. Participant information sheet	114
Appendix H. Participant consent form	117
Appendix I. Participant de-briefing information sheet	119
Appendix J: IPA analysis procedure	120
Appendix K: Participant transcript excerpts with initial IPA coding	121
Appendix L. Example of super-ordinate and sub-ordinate themes for one participant	123
Appendix M: Photograph of the analysis process	124

## **Acknowledgements**

I would firstly like to thank the adoptive mothers who chose to volunteer their time and stories for the benefit of this research project and other adoptive parents beginning their journey. Their stories, resilience and commitment to their children have inspired me throughout the process of this research.

Thank you to Dr Carolyn Gordon, my research supervisor who stepped in part way through my research journey, contained my anxiety when I felt overwhelmed, and helped me to regain confidence in my abilities. Your structuring, patience and steadfast support has been invaluable. I would also like to thank Dr Sarah Simmonds for her helpful input and encouragement, as well as her support and validation.

To Dr Emily Barnbrook for supporting and inspiring my learning in fostering and adoption. Thank you for creating a safe space for me to reflect upon my own attachment history, which has been so important during this journey.

To my friends and family, thank you for providing plenty of distractions, words of encouragement and space for me to offload. Finally, and most importantly I would like to thank Matt and my mum and dad for their unwavering support and love throughout, as always. Having such a place of safety away from the consuming world of training has been invaluable. You always have faith in me even when I can't see it, and I couldn't have done it without the three of you.

## **Declaration**

This thesis is an original piece of work, which has been conducted under the supervision of Dr. Carolyn Gordon and Dr. Sarah Simmonds, both Clinical Psychologists at Coventry University. Dr. Carolyn Gordon's involvement began in the conception stage of the project, and Dr. Sarah Simmonds provided additional feedback whilst the research was being written. Other than the stated collaborations, the presented material is my own. It has not been submitted in part or full to any other institution or for any other degree. Chapter one of this thesis has been written for submission to the academic Journal of Attachment and Human Development (see Appendix A for author guidelines), and chapter two has been prepared for submission to the academic Journal of Child Development (see Appendix C for author guidelines).

## Summary

Developing trust and security with a new primary caregiver may be particularly difficult for children who have experienced trauma, separation and loss within their birth families and through the care system. However, the development of a secure attachment can protect against future psychosocial and emotional difficulties, prevalent in fostered and adopted children. It is important to better understand the influences upon, and experiences of, attachment relationships that develop within this context, in order to inform policy and practice in promoting attachment security within new families.

Chapter one is a systematic review of the literature exploring the links between maternal sensitivity, mind-mindedness and attachment security in children who are adopted and fostered. Twelve studies were included in the review following database and manual searches. In line with studies in birth families, maternal sensitivity was shown to have a partial influence on attachment security. Stronger relationships were found in foster care and longitudinal adoption studies. The impact of mind-mindedness may be related to the developmental stage of the child. Methodological limitations are suggested to have limited the strength of findings, and are considered in addition to future research, policy and practice implications.

Chapter two is an in-depth exploration of the lived experiences of seven mothers who adopted an older child, aged four to seven. The study focuses upon the experience within the first years after placement of developing mother-child relationships, using an Interpretative Phenomenological Analysis approach. Three overarching themes emerged from the data. These pertained to the sense of fragility experienced within relationships as a consequence of children's rejection and challenging behaviours; mothers' commitment to their children; and the process of acceptance. Implications for future research, clinical practice and policy are discussed with particular regard to the need for increased support and training.

Chapter three is a reflective account of experience during the research process. The reflexive process is explored, and parallels are drawn between the researcher and the participant's experience, and issues of reflexivity as a researcher and clinician. Attention is given to the process of developing acceptance across the journey of research.

**Overall word count: 17,798**

## **Chapter 1**

### **Literature Review**

#### **Exploring the contribution of maternal sensitivity and mind-mindedness to developing attachment security in fostered and adopted children: A systematic review**

*Prepared for submission to The Journal of Attachment and Human Development  
(please refer to Appendix A for author submission guidelines)*

Chapter word count (excluding figures, tables and reference list): 7417

## 1.1 Abstract

Children who are fostered and adopted are at increased risk of attachment insecurity, which is linked to future social and emotional difficulties. Maternal sensitivity and mind-mindedness have been suggested to influence the development of attachment security for children living in birth families. The review aimed to establish whether maternal sensitivity and mind-mindedness influenced attachment security in adopted and fostered children. Twelve studies were critically reviewed following a systematic literature search. The literature review suggested that maternal sensitivity partly supports the longitudinal development of secure attachments within this population, with stronger findings for foster children and those with insecure or disorganised attachment. Mind-mindedness may influence security after infancy. Methodological limitations may account for small to moderate strength of findings, indicating that additional, methodologically robust research is required to further determine these relationships and other influencing factors in attachment development. Clinical and policy implications are considered.

**Keywords:** attachment, maternal sensitivity, mind-mindedness, adoption, foster

## **1.2 Introduction**

### **1.2.1 Developing attachments**

Experiencing a safe, nurturing and responsive primary caregiver through infancy and childhood fosters an internal sense of safety, allowing a child to explore the world and other relationships, in the knowledge that their needs will be met appropriately when expressed (Bowlby, 1969). The development of attachment security with primary caregivers who are often, but not exclusively mothers, has been shown to promote healthy neurological, emotional and social development (Garner et al., 2012). Conversely, anxiety about the availability, reliability and response of the primary caregiver can lead to the development of an insecure attachment, where the child quickly learns to employ behavioural strategies to protect the self in relationships where the adult is unable to (Ainsworth, Blehar, Waters & Wall, 1978). These ways of relating are classed in the research as insecure - avoidant; where the infant does not seek comfort at all, or insecure - resistant; where the infant may respond to the caregiver with angry resistance when distressed. An insecure, disorganised and controlling attachment can develop when a caregiver is experienced by the child as frightened or frightening, characterised by the child displaying disorganised behaviour in response to distress, and attempting to otherwise control their environment and relationships (Boris et al., 2004). These children experience relationships as frightening and overwhelming and have no internal strategy to manage the experience of distress, which would otherwise be developed within a secure attachment relationship (van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009). Children who are securely attached to their

primary caregiver experience positive psychosocial outcomes in adolescence and adulthood, and are less likely to develop mental health difficulties (Sroufe, 2005). However, insecure attachments are suggested to be a predictor of later behavioural and mental health difficulties (Green & Goldwin, 2002; Oosterman & Schuengel, 2008).

### **1.2.2 Attachment security in looked after children**

Insecure and, in particular, disorganised attachment patterns are more prevalent in fostered and adopted children than children living in birth families (Boris et al., 2004; van den Dries et al., 2009; Welsh & Viana, 2012). Children who are removed from their birth families and placed in care will have experienced separation from at least their first primary caregiver, and many may have also experienced adverse conditions in their biological home, including abuse and neglect (Hodges, 2008). Furthermore, studies have found that children who experience multiple primary caregiver changes, often the case in foster care, display poorer psychological and relational outcomes in childhood and adolescence than those who have experienced fewer caregiver changes (Fonagy, 1998; Oswald, Heil, & Goldbeck, 2010; Stovall & Dozier, 2000).

However, the literature suggests that despite experiencing separation, children may be capable of developing a secure attachment with a new primary caregiver (Bernier, Ackerman, & Stovall-McClough, 2004). Such findings support Bowlby's (1969) internal working model theory that attachment representations can change and develop throughout childhood. Establishing the mechanisms of caregiver-infant attachment security within biological families



has been the subject of active exploration in research literature over recent decades (Meins, 2013). The transmission of attachment from primary caregiver to child has been observed in birth families and foster caregiver-child dyads (Dozier, Stovall, Albus, & Bates, 2001). This indicates that new relationship experiences can influence the transmission of attachment security, the mechanisms of which are important to establish for fostered and adopted children (Meins, 1997).

### **1.2.3 Maternal Sensitivity**

Ainsworth (1969) characterised maternal sensitivity as a mother's sensitive, attuned behaviour and communicatory response to her child's signals. Maternal sensitivity is related to the quality of response to the child's signal: appropriate, correctly timed, synchronous and mutually rewarding; requiring the mother to be able to see things from her baby's point of view (Ainsworth et al., 1978). High sensitivity and attunement to an infant's needs has been shown to be a process of learning and attention (Oppenheim & Koren-Karie, 2013). Whilst not necessarily innate within the mother, it has been linked to infant attachment security (Ainsworth, 1969; Ainsworth et al., 1978).

Ainsworth's findings of a strong association between high levels of maternal sensitivity and infant attachment security suggested that maternal sensitivity could be a mechanism for attachment transmission (Ainsworth et al., 1978). However, the strength of these findings has not been replicated, with significant, but more moderate effect sizes being found in subsequent meta-analyses (Atkinson et al., 2005; Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003;

De Wolff & van IJzendoorn, 1997). This suggests that the role of maternal sensitivity as a mechanism for attachment transmission is less clear than first indicated (Bernier & Dozier, 2003; van IJzendoorn, 1995). However, several factors are important in considering the current state of maternal sensitivity in the literature. Studies have often recruited primary caregivers of both genders without distinction, leading to terminology such as 'parental sensitivity' and 'sensitivity' being used interchangeably with 'maternal sensitivity'.

Furthermore, 'maternal sensitivity' incorporates a range of behaviours, inconsistently measured within the research (Nicholls & Kirkland, 1966).

Research differs in the inclusion of measures intended to capture maternally sensitive behaviours including support (demonstrating positive regard and emotional support) and respect for autonomy or cooperation (understanding and respecting that the child has a separate mind to their own, but knowing when to intervene and exert control) (Bornstein & Manian, 2013). These methodological inconsistencies may partially account for the variance in findings since the original research was conducted, complicating the picture (De Wolff & van IJzendoorn, 1997). Even so, continued findings of significance suggest the concept of maternal sensitivity remains relevant, evidenced by continued research exploring the link between maternal sensitivity and attachment security in children.

One such meta-analytic study found a significant link between parental insensitivity and disorganised attachment behaviour in children (van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). Furthermore, meta-analytic and research studies established that short term interventions

designed to increase maternal sensitivity in birth parents can improve attachment security in children (Bakermans-Kranenburg et al., 2003; De Wolff & van IJzendoorn, 1997).

#### **1.2.4 Mind-Mindedness**

Mind-mindedness, the ability of the caregiver to treat their child as an individual being, with a mind separate to their own, was conceptualised in an attempt to further specify the mechanism of maternal sensitivity and identify the elements contributing to attachment transmission (De Wolff & van IJzendoorn, 1997; Meins, 1997). Mothers' sensitive and appropriate mind-minded comments about their child's internal processes (their feelings, wishes and intentions) were suggested to promote the development of attachment security in biological dyads (Meins, Fernyhough, Fradley, & Tuckey, 2001). Meins (1997) argued that mind-mindedness in caregivers may be necessary in order to accurately understand, interpret and respond sensitively to a child's signals. Mind-mindedness is closely linked to the original concept of maternal sensitivity in understanding the infant's perspective, which may not have been reliably measured in research (Meins, 2013). It has also been suggested that mind-mindedness may be a requirement to enable the mother to attune and respond sensitively to her infant's needs (Meins, 2013; van IJzendoorn, 1995).

#### **1.2.5 Rationale**

Reviews of the literature exploring maternal sensitivity and attachment have so far focused on birth parent-child dyads. However, a small body of research involving foster and adoptive caregiver-child dyads has been amassed over the

last two decades. Children who are adopted and fostered are more likely to have insecure and disorganised attachment patterns as a consequence of adverse experiences in birth families and separations within care, creating mistrust and a barrier to forming secure attachments with new caregivers (Bernier et al., 2004). It would, therefore, seem crucial to understand the mechanisms behind the development of secure attachment patterns for children who are not biologically related to their caregivers (Beijersbergen, Juffer, Bakermans-Kranenburg & van IJzendoorn, 2012). The development of security with a new caregiver is imperative in reducing the risk of placement breakdown, resulting in further separation and loss, and future psychosocial difficulties (Oosterman, Schuengel, Slot, Bullens & Doreleijers, 2007).

Hence, it would seem valuable to conduct a review of the existing literature exploring the link between maternal sensitivity and mind-mindedness within the adoptive and fostered population. With the current state of literature examining both maternal sensitivity and, more recently, mind-mindedness, it would seem useful to incorporate and explore the literature across both concepts as individual, but linked, constructs. Examining the existing knowledge base could inform adoptive and foster placement assessment processes, pre-placement preparation, and intervention planning, in order to promote the development of attachment security. Establishing how to support parents and carers in optimising their child's attachment security could potentially reduce the risk of future mental health difficulties, placement breakdown, and subsequent adverse impact upon the child, their family, and public health services.

As a means of clarifying terminology, 'maternal sensitivity' will be used to represent the sensitivity of the primary caregiver in line with the original terminology. Caregiver gender will be addressed, where necessary, to discuss findings. However, the majority of caregivers within the reviewed papers were female, and gender differences were commonly not explored.

#### **1.2.6 Aims for the review**

The primary aim of this systematic review is to compile and critically evaluate existing empirical evidence exploring the impact of sensitivity and mind-mindedness upon the security of attachment in children who are in foster care or are adopted. The review will specifically aim to:

- Establish whether sensitivity and mind-mindedness promote the development of attachment security in children who are adopted or fostered.
- Evaluate interventions designed to increase mind-mindedness and, or sensitivity and their impact on security of attachment in children who are adopted or fostered.
- Consider gaps in the existing literature and future intervention developments to promote attachment security in children who are adopted or fostered.

## **1.3 Method**

### **1.3.1 Literature search process**

A systematic literature search for studies investigating the link between maternal sensitivity and, or mind mindedness and attachment in fostered and adopted children was conducted between January 2016 and March 2016.

Databases chosen to elicit the most relevant literature across psychology and health and social care included: Cumulative Index of Nursing and Allied Health Literature (CINAHL), PsychINFO, SCOPUS and PubMed. Relevant articles from title searches were reviewed at a title and abstract level for relevance to the literature review using the inclusion and exclusion criteria as a guide. The reference lists of identified articles were reviewed to identify any additional papers, which were then also reviewed for relevance at a title and abstract level. Relevant studies were included for full text reviewing. The search strategy is detailed further in Figure 1.

#### *1.3.1.1 Search terms*

The key terms used in the search are presented in Table 1.1, along with the use of Boolean strategies 'AND' and 'OR'. Terms were selected to meet the aims of the review, and keywords were reviewed following an initial search of the literature and in reference to other relevant review papers (e.g. Atkinson et al., 2005). The terms outlined in the table included the main concepts within the review of maternal sensitivity and mind-mindedness, attachment, and adoption or fostered, with their relevant synonyms. Terms were searched at a title and abstract level.

**Table 1.1: Key search terms**

<b>Main Concepts</b>	<b>Synonyms</b>	<b>Location</b>
Maternal Sensitivity OR	Sensitivity OR Mind mindedness OR Mind-mindedness OR Reflective function	Title and abstract
Attachment AND		
Adoption OR	Adopt* OR	
Fostering	Foster*	

### **1.3.2 Selection criteria**

During the initial screening process, articles screened at title and abstract level were retained if they were a) written in English; b) peer reviewed; c) empirically testing interventions of sensitivity and/or mind-mindedness and its impact on attachment; or d) empirically testing the relationship between sensitivity and/or mind-mindedness and attachment; e) adopted or fostered children, and f) full text accessible.

#### *1.3.2.1 Inclusion criteria*

Studies were included if participants were a) adoptive parent-child or foster carer-fostered child dyads; b) fostered or adopted children of any age; and c) at least one of the primary aims was to investigate the role of sensitivity or mind-mindedness, and attachment; d) were published within the last 20 years; e) any research methodology.

#### *1.3.2.2 Exclusion criteria*

Studies were excluded if they were a) book chapters, unpublished papers or review articles; b) studies exploring children in residential care settings; c) individual case studies.

### **1.3.3 Classification of studies**

The study selection procedure was recorded on a 'Preferred Reporting Items for Systematic Reviews and Meta-analyses' (PRISMA) flow diagram (see Figure 1.1). In total 227 records were identified through database and manual searching, of which 80 were duplicates, leaving 147 studies eligible for screening against the inclusion and exclusion criteria at title and abstract level. The manual review resulted in the exclusion of 125 articles. The remaining 22 articles were screened at full text level, and a further 10 were excluded for not meeting the essential criteria. The remaining 12 studies were included in the systematic review as they fully satisfied the specified criteria.

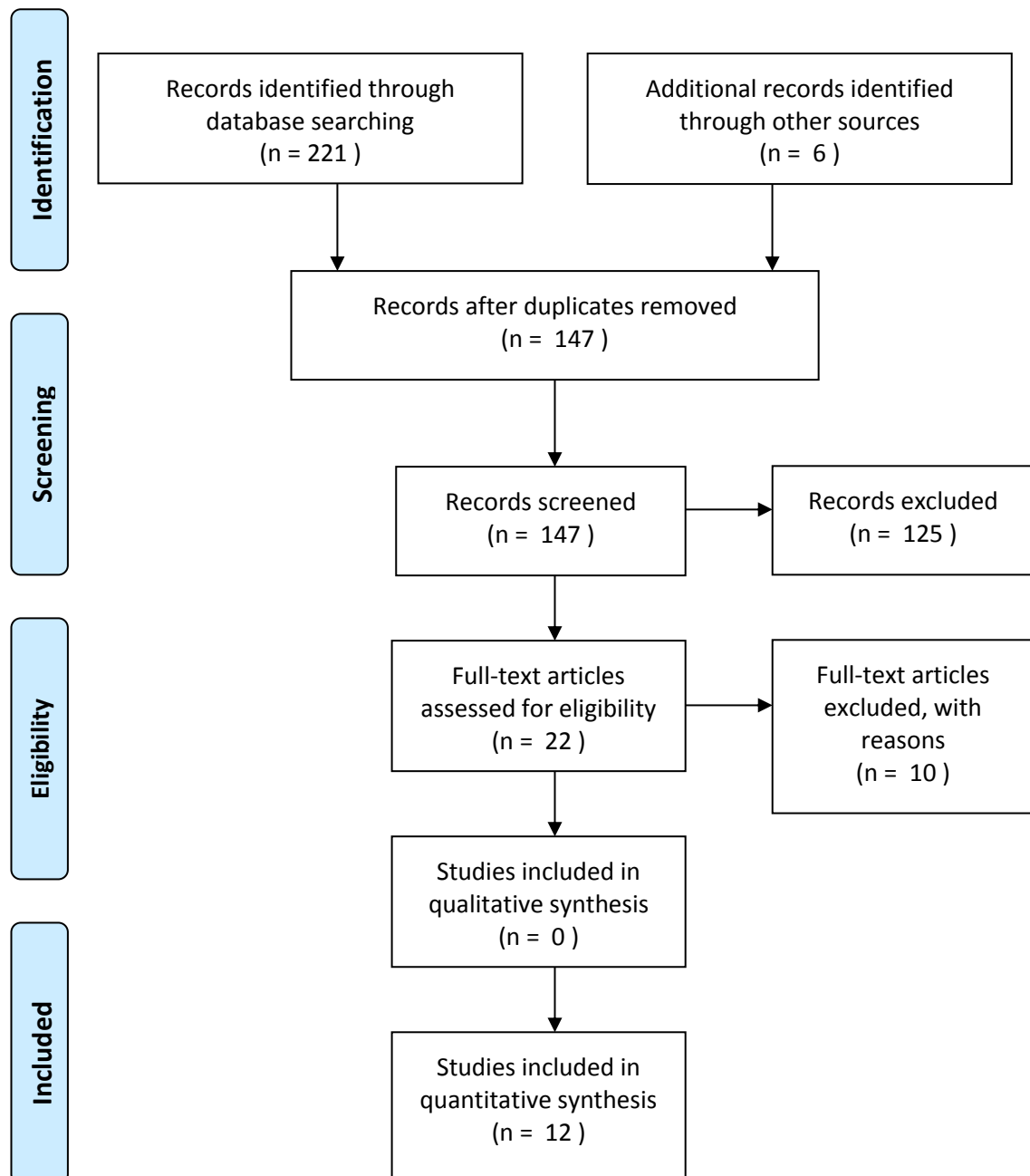
### **1.3.4 Quality Assessment**

The 12 studies were evaluated for quality using a framework frequently applied within health and social research, designed to assess both qualitative and quantitative studies (Caldwell, Henshaw & Taylor, 2005). All studies were reviewed against 18 criteria for quantitative research (see Appendix B). Each article received a score of 0, 1 or 2 for not meeting, partially meeting, or fully meeting each criterion, respectively. Each article could receive a score between 0 and 36 in total, and results are reported in Table 1.2. The midpoint score across the papers was 26.5 providing a quality score for comparison. Four articles fell below the midpoint, scoring between 21 and 25; however, the midpoint score was relatively high. On review, discounting the papers would have resulted in loss of valuable data and the four papers were considered to be of satisfactory enough quality to include in the review. To increase the



reliability of the assessment, a second researcher independently reviewed two articles using the same framework, resulting in satisfactory inter-rater reliability ( $\text{Kappa} = 0.76$ ).

**Figure 1.1 PRISMA flow diagram**



(The PRISMA Group, 2009)

## **1.4 Results**

### **1.4.1 Overview of studies**

A summary of the key characteristics of the twelve studies included in the review is presented in Table 1.2. All studies were of quantitative design. Of the twelve studies included for review, four explored the relationship between attachment security and maternal sensitivity in foster carer-child dyads, two in Germany at the University of Erlangen-Nuremberg (Bovenschen et al., 2016; Gabler et al., 2014), one in the United States (Ponciano, 2010), and one at the University of Amsterdam (Oosterman & Schuengel, 2008). Seven studies explored the same link within adoptive parent-child dyads, six of which were studies conducted by a team at Leiden University in the Netherlands (Beijersbergen et al., 2012; Juffer, Bakermans-Kranenburg & van IJzendoorn, 2005; Juffer, Hoksbergen, Riksen-Walraven & Kohnstamm, 1997; Juffer & Rosenboom, 1997; Schoenmaker et al., 2015; van den Dries, Juffer, van IJzendoorn, Bakermans-Kranenburg & Alink, 2012), and one at the University of Amsterdam (Colonnesi et al., 2012). Additionally, one study explored the relationship between mind-mindedness and attachment security in foster dyads which was conducted in the United States (Bernier & Dozier, 2003). Of the twelve reviewed studies, four employed cross-sectional designs (Bernier & Dozier, 2003; Bovenschen et al., 2016; Oosterman & Schuengel, 2008; Ponciano, 2010), three used a short-term longitudinal design spanning 12 months or less (Gabler et al., 2014; Juffer & Rosenboom, 1997; van den Dries et al., 2012), and two were longitudinal designs spanning childhood to adolescence or adulthood (Beijersbergen et al., 2012; Schoenmaker et al., 2015). Three studies evaluated

the impact of short term interventions designed to increase maternal sensitivity upon the attachment security of adopted children. Two studies employed data from the same intervention programme examined in two different formats; firstly evaluating the impact of the intervention upon attachment insecurity (Juffer et al., 1997) and later re-evaluating the raw data to evaluate the impact of the intervention on disorganised attachment, with an additional pool of participant data (Juffer et al., 2005). Another study evaluated a 'Basic Trust' intervention for increasing sensitivity in adoptive parents, and its impact on attachment security (Colonnesi et al., 2012). The detailed findings are presented below, in the context of adoption, foster care and intervention studies.

**Table 1.2. Characteristics of reviewed studies**

Key authors, date, country of origin, quality rating (QR), connections to other reviewed papers	Study population and aim	Research Design and method of analysis	Participant details: sample size and gender, age at study, age at placement/ adoption, time in placement, carer characteristics	Method of data collection: attachment and maternal sensitivity (MS) or mind-mindedness (MM) method of measurement and included constructs, details of additional measures	Key Findings
Bovenschen et al., 2016  Germany  QR: 29	Foster care study  Examining predictors of attachment security in older children including carer sensitivity	Cross sectional	N=49 (25 females, 24 males) fostered children  Age 3 to 8 years at the time of study Placed between birth and 6 years old (mean age 1.5 years) Time in placement ranged between 1 month to 7 years (mean 4 years)  N = 49 caregivers (46 female, 3 male)	Two part assessment:  Laboratory assessment: Attachment: ASCT completed with child MS: 15 minute free-play observation of child and carer (supportive presence, respect for autonomy and hostility measures)  Home observation: Attachment: 2 ½ - 3 hour videotaped observation including semi structured tasks, separation-reunification and free play (AQS)  Behaviour: CBQ completed by foster carer	<ul style="list-style-type: none"> <li>Foster carer's supportive presence and respect for child's autonomy were significantly associated with attachment security as measured through behaviour (AQS) (<math>p &lt; .05</math>, <math>r = .36</math> and <math>r = .40</math> respectively)</li> <li>Secure base behaviour was solely related to foster carers emotional support (<math>p &lt; .05</math>, <math>r = .35</math>)</li> <li>Carers were more likely to show more supportive presence and respect for autonomy with girls than boys (<math>p &lt; .05</math>)</li> <li>In a regression analysis, carer's respect for autonomy accounted for 11% of the variance in attachment security behaviour (AQS), along with biological parents mental health, and the child's negative affectivity (ability to express negative emotion)</li> </ul>
Oosterman & Schuengel, 2008  Netherlands  QR: 29	Foster care study  Relationship between MS and attachment security  Relationship between MS and problems in attachment development (i.e. attachment disorders)	Cross sectional	N = 61 (39 female, 22 male) fostered children  Age between 2 and 7 years at time of study Placed between birth and 6 years old (mean age 1 year)  Time in placement between 3 months and 6 years (mean 3 years)  Foster carers: N = 61 (55 females, 6 males)	Attachment: DAI (Carer interview to identify attachment disorder symptoms) AQS (2 hour videotaped interaction) observation at home  MS: 15 minute laboratory interaction task (supportive presence and respect for autonomy)  Behaviour measures: CBCL completed by foster carers or teachers	<ul style="list-style-type: none"> <li>Higher sensitivity was significantly related to higher attachment security (<math>p &lt; .05</math>, <math>b = 0.28</math>)</li> <li>Secure base distortions (disturbance within the child-carer relationship such as clinging or self-endangering behaviours, but not an absence of attachment) were positively associated with higher sensitivity of foster carers (<math>p &lt; .01</math> <math>b = 0.35</math>)</li> <li>Children with more sensitive carers were less likely to exhibit externalising behaviours (e.g. aggression) at school as measured by teachers (<math>p &lt; .05</math>, <math>r = -.39</math>)</li> </ul>

Ponciano, 2010 United States QR: 29	Foster care study Impact of carer sensitivity, permanency (adoption) status and carer experience on attachment security	Cross sectional	N=76 (38 female, 38 male) fostered children  Age between 9-39 months old at the time of the study (mean age 2 years old) Mean age of 10 months old at placement Time in placement at least 2 months (mean of 1 year)  N = 58 female caregivers	Home observation: 3-4 hour observation used to code: Attachment: (AQS) MS: (MBQS)  Developmental profile interview; CCC questionnaire completed by foster carer  Information gathered about whether carers had decided to adopt the child they were caring for (permanency status)	<ul style="list-style-type: none"> <li>Higher maternal sensitivity was significantly related to greater attachment security (<math>p &lt; .001</math>, <math>r = .54</math>)</li> <li>Adoption status was significantly related to higher maternal sensitivity (<math>r = .57</math>, <math>p &lt; .001</math>) and higher attachment security (<math>p &lt; .05</math>, <math>t = -2.49</math>)</li> <li>In a factor analysis, maternal sensitivity was predicted by adoption status (carers who had chosen to adopt their child) and employment (mothers who worked elsewhere and used childcare) accounting for 55% of the variance (<math>p &lt; .001</math>)</li> <li>Maternal sensitivity (<math>b = .51</math>, <math>p &lt; .001</math>) and less experienced foster mothers (<math>b = .25</math>, <math>p &lt; .05</math>) explained a proportion of variance in attachment security</li> </ul>
Gabler et al., 2014 Germany QR: 30	Foster care study Association between caregiver stress and sensitivity, and child's attachment security, development and psychosocial adjustment	Short term longitudinal (4 months)	N=48 children (24 male, 24 female) foster children  Age at placement between 9-66 months old (mean of 30 months old) Living in placement for 2 ½ months at the time of the study (T1)  N=48 caregivers (43 female, 5 male)	Youth welfare workers completed the MCS for background information.  T1 (2 months after placement) and T2 (6 months after placement): 3 hour videotaped semi-structured home observation of free play, problem solving and separation-reunion used to code: MS: (supportive presence, respect for autonomy and hostility scales) Attachment: (AQS)  Behaviour (CBCL) and stress (PSI) questionnaires completed by carer	<ul style="list-style-type: none"> <li>Carer sensitivity (supportive presence in particular) at T1 was significantly associated with attachment security at T2 after controlling for initial security upon placement (<math>r = .39</math>, <math>p &lt; .01</math>) which was upheld as a predictor in a regression model</li> <li>Carer stress at T1 was negatively related to attachment security at T2 (<math>r = -.38</math>, <math>p &lt; .01</math>)</li> <li>Caregiver hostility at T1 had a significant negative impact on attachment security at both T1 (<math>r = -.38</math>, <math>p &lt; .01</math>) and T2 (<math>r = -.36</math>, <math>p &lt; .01</math>)</li> <li>Lower carer supportive presence at T1 was related to the child displaying greater internalising problems at T2 (<math>r = -.31</math>, <math>p &lt; .05</math>)</li> </ul>
Bernier & Dozier, 2003 United States QR: 24	Foster care study Examining relationship between carer attachment state of mind, mind-minded comments about their infant and attachment security	Cross sectional	N=64 (41 male and 23 female) fostered children  Between 6 and 30 months old at time of study Placed between birth and 19 months old (mean age of 6 months) Time in placement between 3 and 21 months at SSP  N= 64 female carers	Attachment: Carer attachment representation: AAI Child's attachment: SSP  MM: The question "could you describe (child's name) for me, tell me what he (or she) is like" from the TIMB interview	<ul style="list-style-type: none"> <li>There was a significant negative relationship between the number of mind-minded comments and infant attachment security (<math>p &lt; .01</math>, <math>r = -.35</math>)</li> <li>There was a positive relationship between mind-mindedness in autonomous mothers and the child's age (<math>p &lt; .05</math>, <math>r = .36</math>) whereas this was negative relation in non-autonomous mothers <math>r = -.17</math> (mothers who have dismissive, preoccupied or unresolved attachment styles)</li> </ul>

Beijersbergen et al., 2012	Adoption study	Longitudinal	N = 125 (69 female, 56 male) internationally adopted adolescents	12 months old: Attachment: SSP MS: Free play (sensitivity scale, cooperation scales) and structured laboratory task (ESS: emotional support, respect for autonomy, structure and limit setting, hostility, quality of instruction)	<ul style="list-style-type: none"> <li>Attachment security was not mediated by demographics, age at adoption or stressful events</li> <li>Mothers of securely attached adolescents were significantly more sensitive in the conflict task at 14 years old than mothers of insecurely attached children (<math>p = .03</math>, <math>n2 = .04</math>)</li> <li>High maternal sensitivity significantly predicted continuity of secure attachment from infancy to adolescence (<math>p &lt; .01</math>, <math>r = .26</math>)</li> <li>An increase in maternal sensitivity predicted children moving from insecure to securely attached between infancy and adolescence, compared with children who moved from secure to insecurely attached over time</li> </ul>
Netherlands	Contribution of maternal sensitivity to attachment continuity between infancy and adolescence		All placed before 6 months old (Mean age 10.5 weeks)	7 years old: stressful life events questionnaire 12 years: stressful life events questionnaire and child temperament questionnaire	
QR: 31			N = 125 mothers	14 years old: Attachment: AAI MS: FIT conflict resolution task (scored for child's autonomy and maternal relatedness; mother's validation, positive responding, empathy and engagement)	
Some participants also recruited for Juffer et al.'s (2005) intervention study					
van den Dries et al., 2012	Adoption study	Short term longitudinal design (four months between pre and post-test)	N=92 female internationally adopted children	Initial home visit and background questionnaire	<ul style="list-style-type: none"> <li>Attachment security did not increase over time</li> <li>There was no significant impact of sensitivity upon attachment security</li> </ul>
Netherlands	Relationship between maternal sensitivity, child responsiveness, attachment and indiscriminate friendliness		Mean age of 15 months at the time of the study Adopted between 11 and 16 months old (mean age 13 months) Time in placement was 2 months	Time 1: 2 months post adoption Attachment: laboratory setting (SSP) MS: home observation of 8 minutes free play (EA sensitivity scale) Child responsiveness (EA scale) Indiscriminate friendliness questionnaire	<ul style="list-style-type: none"> <li>Maternal sensitivity was stable over time</li> <li>Attachment security was not stable over time</li> <li>Sensitive parenting predicted lower indiscriminate friendliness (<math>r = -.20</math>, <math>p &lt; .05</math>)</li> </ul>
QR: 30			N= 92, 90 mothers and 2 fathers	Time 2: 6 months post adoption Repeat of T1 assessments	
Juffer & Rosenboom, 1997	Adoption study	Short term longitudinal design (6 months)	N= 80 (36 male, 44 female) internationally adopted children	12 months old: MS: free play observation ('sensitivity' rating scale) Attachment: laboratory (SSP)	<ul style="list-style-type: none"> <li>Attachment security was comparable with non-adoptive samples</li> <li>Maternal sensitivity was stable over time (<math>r = .27</math>, <math>p &lt; .05</math>)</li> <li>No significant relationship was found between sensitivity and attachment</li> </ul>
Netherlands	Impact of maternal sensitivity on attachment in adopted infants		Age 12 months at T1 Placed for adoption before 6 months (mean age 11 weeks) Adopted before 6 months	18 months: Attachment: laboratory (SSP)	
QR: 22			N = 80 mothers		

Schoenmaker et al., 2015	Adoption study	Longitudinal	N=160 at T1 N=190 at T2-T4, (100 female, 90 male) internationally adopted children	50 mothers received a sensitivity intervention before T1.	A longitudinal structural model showed:
Netherlands	Examining the impact of early maternal sensitivity on adult attachment representations		Aged 5 months at the beginning of the study to 23 years at completion Adopted before age 6 months	T1/T2 At 12 and 18 months old: Attachment: laboratory assessment (SSP) MS: structured tasks (ESS; supportive presence, intrusiveness, clarity, sensitivity and timing)	<ul style="list-style-type: none"> <li>Higher MS in infancy predicted higher MS in adolescence (<math>r = \text{between } .28 - .31, p &lt; .01</math> for sensitivity and timing, clarity of instruction and supportive presence)</li> <li>Higher MS in infancy significantly predicted greater attachment security in infancy (<math>p &lt; .05</math>) and young adulthood (<math>r = .18 - .16, p &lt; .01</math>).</li> <li>Higher MS in middle childhood also predicted greater security in young adulthood (<math>p &lt; .01</math>)</li> <li>Attachment classification in infancy was not related to classification in adolescence or young adulthood, but attachment representations in adolescence and young adulthood were significantly related to each other (<math>p &lt; .05</math>)</li> </ul>
QR: 31				T3/T4 30 months and 7 years: MS: structured tasks (as above)	
50 families received intervention from Juffer et al.'s (2005) study			N = 160/190 mothers	14 years: Adolescent attachment: (AAI; attachment representation)	
				23 years: Adult attachment: (ASA; attachment representation)	
Colonnesi et al., 2012	Adoption study	Pre- post test intervention	Children N=20 (7 male, 13 female) internationally adopted children	Pre-test measures: AISI (attachment insecurity) and SDQ questionnaires	<ul style="list-style-type: none"> <li>Mothers reported their children having higher attachment insecurity on the AISI pre-test questionnaire than fathers, and lower insecurity post-test than fathers</li> </ul>
Netherlands	Evaluating the impact of the 'Basic Trust' intervention (designed to increase mind-mindedness and sensitivity) on attachment security		Mean age at pre-test was 3.5 years Mean age at adoption was 21 months old. Mean time with family was 2 years	2 hour video observation of free play, leaving the child for 2 minutes (separation) and during a family meal	<ul style="list-style-type: none"> <li>Both parents reported significantly less symptoms of disorganised attachment in their children after the intervention (<math>p &lt; .05, n2 = .23</math>)</li> </ul>
QR: 30			Both parents included in intervention N = 40	Attachment: AQS MS: MBQS both coded from the observation. Both parents assessed separately for MS	<ul style="list-style-type: none"> <li>There was a significant reduction in insecurity for mother-child dyads but not for father-child dyads, with 55% perceived to turn from insecure to secure attachment by mothers (<math>p &lt; .01</math>)</li> </ul>
				3 month Basic Trust Intervention; 8 sessions of video feedback and psycho-education for parents	<ul style="list-style-type: none"> <li>Intervention significantly reduced reported conduct problems</li> </ul>
				Post-test measures repeated 6 month later.	<ul style="list-style-type: none"> <li>There was no significant change in maternal sensitivity in either parents</li> </ul>

Juffer et al., 1997	Adoption study	Pre- post test intervention with control group	N = 90 (44 male, 46 female) internationally adopted children  Age between 5 and 12 months at the time of the study Adopted before 5 months old (mean age of 8 weeks)  N = 90 mothers	6 months old: pre-test: interview, infant exploratory competence MS: 8 minute free play observation (sensitivity and cooperation)  Intervention: control, book, or book and video feedback groups  12 months old: post test: repeat of pre-test Attachment: (SSP)	<ul style="list-style-type: none"> <li>• There was a significant association between maternal sensitivity at 6 months and infant attachment security post-intervention (<math>r = .19, p = .03</math>)</li> <li>• Carer sensitivity with regards to the cooperation scale, but not the sensitivity scale were significantly increased following the intervention (<math>p = .002</math>)</li> <li>• In a log linear analysis, infants who received the video and book intervention were more likely to be securely attached than control group (<math>p &lt; .05</math>)</li> </ul>
Juffer et al., 2005	Adoption study	Pre- post-test intervention with control group. Two combined intervention studies.	N=130 (66 males, 64 females) internationally adopted children  Age of 5 months at the time of the study Adopted before 5 months old (mean age of 10 weeks)  N = 130 mothers	6 months old: pre-test: interview, infant exploratory competence MS: 8 minute free play observation (sensitivity and cooperation scales)  Intervention: control, book, or book and video feedback groups  12 months old: post test: repeat of pre-test Attachment: (SSP)  18 months: Attachment: (SSP)	<ul style="list-style-type: none"> <li>• The book and video feedback intervention significantly increased maternal sensitivity (<math>d = .65, p &lt; .01</math>), and prevented disorganised attachment in comparison to other conditions (<math>d = .62, p = .01</math>)</li> <li>• Maternal sensitivity was significantly related to continued organised attachment (<math>r = .24, p &lt; .01</math>)</li> <li>• Maternal insensitivity was significantly related to attachment disorganisation (<math>r = -.18, p = .02</math>)</li> </ul>

**Key for acronyms:** MS - Maternal sensitivity; MM - Mind-mindedness; SSP - Strange Situation Procedure; AAI – Adult Attachment Interview; FIT – Family Interaction Test; DTQ – Dutch Temperament Questionnaire; ESS – Erickson Sensitivity Scales; AQS – Attachment Q-Sort; DAI – The Disturbances of Attachment Interview; CBCL – The Child Behaviour Checklist for ages 18 to 60 months; AISI - Attachment Insecurity Screening Inventory; SDQ – Strengths and Difficulties Questionnaire; MBQS – Maternal Behaviour Q Sort; TIMB - This Is My Baby Interview; ASCT – Attachment Story Completion Task; MCS – Maltreatment Classification System; CBQ – Children’s Behaviour Questionnaire; CCC – Child Characteristic Checklist; EA scales – Emotional Availability Scales; ASA – Attachment Script Assessment/Secure Base Script; MS – Maternal Sensitivity; PSI – Parenting Stress Index



### **1.4.2 Findings from foster care studies**

Four studies found a significant, moderate to large correlation between maternal sensitivity and attachment security in foster care dyads, with coefficients ranging between  $r = .36$  to  $r = .54$  (Bovenschen et al., 2016; Gabler et al., 2014; Oosterman & Schuengel, 2008, Ponciano, 2010). Three studies measured 'supportive presence' and 'respect for autonomy' as part of maternal sensitivity, although only two explored the impact of these two factors individually (Bovenschen et al., 2016; Gabler et al., 2014). 'Supportive presence' in both studies was significantly related to attachment security, and was a predictor of security in a regression model in one study (Gabler et al., 2014). Respect for the child's autonomy, in another study, accounted for 11% of the variance in attachment security, indicating that it was a factor of attachment security development in part (Bovenschen et al., 2016).

The study finding the strongest correlation, measured maternal sensitivity using the Maternal Behaviour Q-Sort from a four-hour home observation, which was much lengthier than most other studies (Ponciano, 2010). In addition, the regression model showed that sensitivity accounted for 29% of variance for attachment security, and less experienced foster carers accounted for 7%, suggesting that children placed with more sensitive, and new foster carers were more likely to become securely attached.

In contrast, the study that only found a significant relationship in a regression analysis ( $p < .05$ ) but a non-significant relationship in a bivariate analysis ( $p = .18$ ), measured maternal sensitivity in a 15-minute laboratory assessment

(Oosterman & Schuengel, 2008). In a study exploring the impact of observation length, maternal sensitivity was found to be variable over time, particularly for mothers who lacked their own secure internal working model of attachment. Additionally, it was found that effect size for sensitivity, measured against other variables including attachment security, significantly increased with increased assessment time points. At the minimum, their study employed a one hour assessment uncovering a small to medium effect size, still significantly greater in length than many of the cross-sectional studies included in this review (Lindheim, Bernard, & Dozier, 2011). Studies employing insufficient observation time in assessing maternal sensitivity could account for the discrepancy of effect size between Ainsworth's initial significant findings, employing a lengthy and repeated observation method during data collection and subsequent studies (Ainsworth, Bell, & Stayton, 1974; Lindheim et al., 2011). As such, several studies in this review may not have gained a reliable or valid measure of sensitivity (Biringen & Easterbrooks, 2012).

Oosterman and Schuengel's (2008) study found that higher maternal sensitivity was associated with the presence of 'secure base distortions' (e.g. clinging behaviour, self-endangering behaviours etc.) ( $p < .01$ ) which the authors suggest could be related to these children engendering more sensitive responses due to their attachment behaviours. Findings from this study highlight the complicated nature of children with multiple caregivers and attachment disorder, in contrast to children living in birth families. It is important to note, however, that disorganised attachments were not assessed for in this sample, which may have limited the generalisability of findings,

given that several reviewed studies found significant links between attachment disorganisation and maternal sensitivity. The study design, in addition to the varied length of time children had spent in their foster placement (between 3 and 76 months), also meant that attachment security development would not have been captured.

Bovenschen et al., (2016) studied older children (36 to 99 months old) in contrast to many of the reviewed studies, and employed a longer home observation, increasing the credibility of findings. Significant, moderate relationships were found between maternal sensitivity and attachment security, particularly for the level of emotionally supportive presence, and respect for autonomy of the child ( $p < .05$ ,  $r = .36$  and  $r = .40$  respectively). The study also found that girls were significantly more likely to receive greater respect for autonomy from carers ( $p < .05$ ). Additionally, behaviours indicating that the child was using their carer as a 'secure base' were significantly, and moderately, related to the presence of emotional support ( $p < .05$ ,  $r = .35$ ).

In a short-term longitudinal study by Gabler et al., (2014), a 3 hour home observation (in line with Bovenschen et al., 2016 and Ponciano, 2010) was used to determine attachment security and sensitivity. 'Emotionally supportive presence', one of the measures of maternal sensitivity, at time 1 was significantly related to attachment security four months later ( $r = .39$ ,  $p < .001$ ) and was the strongest predictor within a regression model. Caregiver 'hostility', measured as an inverse of maternal sensitivity at time 1 was moderately, but significantly negatively correlated with attachment security later ( $r = -.36$ ,  $p < .01$ ) demonstrating the reverse impact of insensitivity. Furthermore, lower

sensitivity was positively related to greater internalising behaviours in children at a later stage ( $p < .05$ ), indicating that sensitivity may have an impact on emotion regulation in children. The authors concluded that supportive presence, sensitive and available caregiving at the beginning of placement may have a positive longitudinal impact on attachment security in foster children (Gabler et al., 2014).

The only study to examine mind-mindedness in fostered children found a significant, moderate negative association between mind-mindedness and attachment security in infants ( $r = -.35, p < .01$ ) (Bernier & Dozier, 2003). The study measured the number of mind-minded comments (descriptions of mental attributes, desires or emotions) within the carer's description of their child. The authors suggested that this finding fitted appropriately with the developmental pathway of infants in the study. At two years old (the mean age of infants in the study), infants begin requiring some separation from the parent, to develop autonomy and independence from their caregiver. Carers who increased their comments according to the infant's age, were said to demonstrate appropriate mind-minded attunement and were significantly more likely to hold secure attachment representations themselves ( $r = .36, p < .05$ ). Therefore, carers who used an inappropriately high number of mind-minded comments at a younger age were being *insensitive* to their children's needs and developmental stage, which negatively related to attachment security (Bernier & Dozier, 2003). However, mind-mindedness was coded from a short narrative in response to a simple question and without any observation of carer-infant interaction. As such, the measure lacks reliability and validity, and the results highlight a

possible confounding factor of age and developmental stage, complicating the results.

#### *1.4.2.1 Summary of foster care studies*

In summary, the foster care studies generally demonstrate a moderate, significant link between maternal sensitivity and secure attachment, and enhance understanding about the importance of an attuned sensitive response in relation to developmental stage. Mind-mindedness was negatively linked to attachment in a very young sample of children, possibly indicating that carers were insensitive to the developmental stage of the child. Bornstein and Manian (2013) found that correlational analysis of sensitivity could result in 50% inaccurate identification of sensitivity, which offers partial explanation for less strong correlations in the reviewed cross sectional studies. However, studies that observed child-carer interaction for a longer period of time both held stronger methodological validity and yielded stronger results. Additionally, studies showing that sensitivity (particularly emotionally supportive presence and autonomy) accounted for a proportion of attachment security variance, highlight the important, but not exclusive, contribution of sensitivity in the development of security.

#### **1.4.3 Findings from adoption studies**

All non-intervention adoptive studies examined families who had adopted children internationally, and employed a longitudinal design to detect change in sensitivity and attachment (Beijersbergen et al., 2012; Juffer & Rosenboom, 1997; Schoenmaker et al., 2015; van den Dries et al., 2012). Two studies

measured change across a period of four and twelve months, and neither found a significant link between assessed sensitivity and attachment security, which may be due to methodological issues (Juffer & Rosenboom, 1997; van den Dries et al., 2012). Both studies assessed sensitivity through observing one, very brief (8 -15 minutes) positive free-play interaction between mother and child. As previously discussed, this is likely to have significantly reduced both the validity and reliability of the maternal sensitivity measure, and minimised any effect sizes. Additionally, both studies only used the scale 'sensitivity' in contrast to studies that examined several elements of the maternal sensitivity construct, including respect for autonomy, or emotional support. This would limit the extent to which the maternal sensitivity construct was captured by the research. Assessing the trajectory of attachment security across a four and twelve month period could also be seen as early in the development of relationships, and would not capture subsequent attachment changes.

Juffer and Rosenboom's (1997) study also found high levels of secure attachment, comparable with children living with their birth parents, which is unusual in adoption populations. Being in very early infancy at adoption, coupled with the higher likelihood that internationally adopted infants were voluntarily placed for adoption rather than removed from the birth home due to adverse experiences, may explain this finding.

The study found that attachment remained relatively stable over time and was not influenced by sensitivity. However, attachment security was initially measured at 12 months old; potentially nearly 9 months post adoption. This would not account for any initial attachment development, or the influence of

sensitivity at an earlier stage in relationship development. The study also did not measure 'disorganised' attachment style, reporting children as 'secure' or 'insecure', discounting the possibility that maternal sensitivity influenced disorganised attachment, as found in other studies. The methodological limitations for this study are reflected in the lowest quality assessment rating across the studies, gaining 22 points out of a possible 36.

Van den Dries et al., (2012) studied children placed for adoption slightly later at around 12 months of age, with attachment and maternal sensitivity measured at 2 and 6 months after placement. The analysis showed that attachment security did not increase, but was also unstable over the course of four months. High levels of insecure and disorganised attachment styles were found in comparison to non-adopted samples, which may reflect the later adoption of the infants. However, sensitivity was again unrelated to security. The authors suggest that instability reflects the adaptation of attachment to life with a new family in the initial stages of adoption, which Juffer and Rosenboom (1997) would not have captured. However, it is important to note that the study did not meet satisfactory levels of inter-reliability for categorising attachment, which may have reduced the reliability of the findings. The study also measured the additional variable of indiscriminate friendliness towards strangers which was significantly, but weakly negatively correlated with maternal sensitivity ( $r = -.20, p < .05$ ). The authors suggest that behaviour, rather than attachment security may be more readily adaptable in the very early stages post-adoption.

In contrast, the two longer-term longitudinal studies did find positive associations between attachment security and sensitivity (Beijersbergen et al.,

2012; Schoenmaker et al., 2015). Beijersbergen et al., (2012) explored attachment and sensitivity from infancy to adolescence, and measured attachment behaviour at infancy, and attachment representations (the internal working model of attachment) at adolescence, which is in line with how attachment is measured at pre-verbal and older ages. 'Sensitivity', 'cooperation', 'respect for autonomy', 'emotional support' and 'hostility' were measured as markers for maternal sensitivity in infancy, in line with several of the foster studies. In adolescence, maternal sensitivity was measured through relatedness (use of empathy, engagement and validation) in a conflict interaction. The authors found that continuous secure attachment in children over time had a weak, but significant relationship with maternal sensitivity in infancy ( $r = .26, p < .01$ ). Additionally, mothers who became more sensitive between infancy and adolescence were more likely to have children who became secure from an insecure attachment profile (Wald = 4.14,  $p < .05$ ). Attachment security in adolescence was also related to sensitive relational support, and respect for autonomy, reflecting the findings from foster care studies. The study did not describe the length of observation used to determine maternal sensitivity, possibly impacting on the strength of findings. Furthermore, the discrepancy between maternal sensitivity measures across the two time points could have reduced comparability, although value may also have been added in measuring maternal sensitivity in a conflict situation in adolescence.

Schoenmaker et al., (2015) extended the previous study to assess whether early sensitivity predicted the shift from attachment behaviour in infancy to a secure internalised representation, or internal working model, of attachment in



adulthood. Maternal sensitivity in infancy was significantly, but weakly, associated with security of attachment in infancy ( $r = .18, p > .05$ ) and also in adulthood ( $r = .24, p > .01$ ). Additionally, greater maternal sensitivity in middle childhood (age 7) also was weakly associated with security in adulthood ( $r = .24, p > .01$ ). In a regression model, security in infancy was not related to security in adolescence or young adulthood, but security in adolescence and young adulthood was significantly related, indicating that attachment patterns might become more stabilised after childhood ( $p > .01$ ). The significant, but weak, associations may be due, in part, to the short laboratory assessment for measuring maternal sensitivity, which has been shown to have a negative impact on effect sizes (Lindheim et al., 2011). The authors suggest that maternal sensitivity is indicated to have a long-term impact upon attachment security. Both studies suggested that sensitive parenting in the early years are likely to contribute to long-term security of attachment, particularly for children who have not had the stability and continuity of a single family upbringing (Beijersbergen et al., 2012; Schoenmaker et al., 2015). This longitudinal relationship might also partially account for insignificant findings in short-term studies in infancy.

#### *1.4.3.1 Summary of adoption studies*

The two short term longitudinal studies which measured initial attachment security within the first four and twelve months post adoption, did not find an association with maternal sensitivity. However, these studies had significant methodological limitations regarding the early age and circumstances of adoption, validity of maternal sensitivity measurement, and the short study

length. Two combined longitudinal studies exploring attachment security between infancy and adulthood found relationships between maternal sensitivity and attachment security across the life span, with increased sensitivity associated with change between attachment insecurity to security. Although these associations were significant, they were generally small, which may have been due to methodological limitations in measuring maternal sensitivity. It may also suggest that maternal sensitivity is partly, but not wholly, responsible for developing attachment security.

#### **1.4.4 Findings from intervention studies**

All three studies evaluating the impact of short attachment focused interventions aimed at enhancing maternal sensitivity, found significant links between maternal sensitivity and improved attachment security in internationally adopted children (Colonnesi et al., 2012; Juffer et al., 2005; Juffer et al., 1997). The use of an internationally adopted population again poses issues of generalisability with children who were removed from their homes out of concern for their welfare and taken into care prior to adoption in their country of origin.

The Juffer et al., (2005) re-analysed the data from the earlier Juffer et al., (1997) study, in order to include 'disorganised' attachment style which had not been previously assessed. Both studies employed an intervention at two levels of intensity. The low intensity group received a personalised book designed to educate adoptive parents in sensitive parenting. The high intensity group received the same personalised psycho-education book, alongside three

sessions of video-feedback with a therapist, who commented on mother-child interactions to reinforce sensitivity and exploration. The original study (Juffer et al., 1997) found a significant effect of intervention for the book and video group upon maternal sensitivity, with the greatest impact in increasing cooperation (also referred to as respect for autonomy in other studies) ( $p > .01$ ). A significant increase in attachment security for the same intervention group ( $p > .05$ ), but not for the control or lower intensity 'book' group, suggested that the video-feedback element of the intervention yielded significant changes in maternal behaviour and sensitive responsiveness, with particular reference to autonomy. Through re-analysis, and with the additional participant data pool, Juffer et al., (2005) also found a significant increase in sensitive responsiveness with a medium to large effect size ( $d = .65, p < .01$ ) for the book and video group. The reanalysis also found that the intensive intervention was effective at preventing disorganised attachment in comparison to other groups ( $d = .62, p = .01$ ) and that high maternal sensitivity was significantly, but weakly, correlated with continued organised attachment ( $r = .24, p < .01$ ). Conversely, maternal sensitivity was significantly, but weakly, negatively correlated with disorganised attachment ( $r = -.24, p < .05$ ), indicating that lower maternal sensitivity increased disorganisation. However, post hoc analysis showed that sensitive responsiveness did not mediate the impact of the intervention upon disorganisation, suggesting that other factors were also involved. The authors proposed that the intervention may have had an impact on other aspects of sensitivity linked to disorganisation, which were not measured by the study, such as over-intrusiveness or frightening responses of parents towards their children (Juffer et al., 2005).

The study by Colonnese et al., (2012) examined an intervention named 'Basic Trust'. Eight video-feedback sessions aimed to increase both mind-mindedness and maternal sensitivity through encouraging adoptive parents to sensitively attune to, interpret, and name their children's mental states out loud. In contrast to previous studies, families had been referred for the intervention due to emotional and conduct concerns. Furthermore, both parents were invited to be involved in the intervention, and the children were older than in other studies; between 2 and 5 years old. Results described significant changes from insecure to secure attachment classifications in child-mother dyads ( $p < .01$ ) but not in child-father dyads. However, disorganised attachment was significantly reduced post-intervention for both dyads ( $p < .05$ ) with medium to large effect sizes ( $d = .56$  for fathers, and  $d = .79$  for mothers). As such, the main impact of the intervention was upon disorganisation, mirroring the findings of Juffer et al., (2005). However, with a small sample size ( $n=20$ ) and no control group in this study, the possibility that other variables influenced attachment security cannot be eliminated.

#### *1.4.4.1 Summary of intervention studies*

In summary, all intervention studies demonstrated a positive impact of video-feedback interventions in increasing sensitivity and security, but also in potentially reducing the incidence of disorganised attachment in children. Sensitivity may not have accounted entirely for the increase in security, and the interventions may have impacted on other areas of behaviour or sensitivity, which were not measured.

## **1.5 Discussion of findings**

In summary, the twelve reviewed studies exploring the relationships between maternal sensitivity, mind-mindedness and attachment security indicate that maternal sensitivity is likely to have a significant, but not exclusive impact upon the development of secure attachment in fostered and adopted children.

Stronger relationships were found in foster care and longitudinal adoption studies, which could be explained by the methodological limitations of a number of studies reporting smaller, or absent relationships. Furthermore, differences between age and previous care experiences of children who were fostered, internationally adopted and relinquished by parents, or taken into care, may have impacted upon initial attachment development. The weak to moderate relationships found in several studies were in line with previous literature reviews from birth parent-child dyads (Bakermans-Kranenburg et al., 2003; De Wolff & van IJzendoorn, 1997). However, stronger relationships found in studies that were more methodologically robust, suggest that this relationship could be greater than first indicated.

There is a possibility that maternal sensitivity could have shown a greater impact within the foster care population due to their later age at placement in comparison to the adoptive samples. The children in the foster care studies were reported in the studies to have experienced adverse pre-placement experience, and often multiple placements, which may have increased their risk of attachment insecurity. Maternal sensitivity was indicated to be a significant factor in reducing attachment insecurity and disorganised attachment style. However, some of the adoption studies did not report high levels of attachment

insecurity, potentially due to the internationally adopted infants being particularly young at placement, and many being relinquished by birth parents rather than removed due to risk of maltreatment. This suggestion fits with literature which indicates that children placed in foster care or adoption after the first year, or those who have had multiple caregiver changes are more likely to display externalising behaviours and insecure attachment for a greater period of time than younger infants (Newton, Litrownik, & Landsverk, 2000; van den Dries et al., 2009).

In this review, mind-mindedness was not positively related to attachment security, although findings relating to the importance of developmentally appropriate interactions relate to Ainsworth's original definition of sensitivity, with its emphasis on attunement (Ainsworth et al., 1974). The review suggests that both sensitive emotional support and respect for autonomy of the child, in line with the child's developmental stage, are the key elements of sensitivity and mind-mindedness. The finding from this review, that sensitivity and mind-mindedness seem to be intrinsically linked, is supported in the literature (Bernier & Dozier, 2003; Meins, 2013). However, attuning to the inner world of the child, and responding with appropriate respect for autonomy may be a challenge for caregivers without a biological connection, often having not known the child in their early developmental stages.

The balance of sensitive responding, with respect for autonomy and awareness of individualisation (mind-mindedness), fits with research suggesting that 'optimal' sensitivity may comprise of attuned, natural responses, allowing for autonomy, exploration and natural breaks in attunement (Bornstein & Manian,

2013). Parents can be both insensitive through under and/or over responding, or being 'too sensitive' (intrusive and hyper-vigilant), all of which have been linked to attachment insecurity (Beebe, et al., 2010). Additionally, behaviours during the repairing process, where a caregiver re-attunes to her child following a break in attunement (for example during conflict, or simply their attention being elsewhere), could also offer valuable information about the sensitivity of a parent in repairing relationship ruptures (Tronick & Reck, 2009). Beijersbergen et al., (2012) found that maternal sensitivity within conflict resolution was associated with attachment security, but was the only reviewed study to explore this concept.

Adopted and fostered children may also express externalising behaviour, and other behaviours intended to push a new caregiver away, which has been shown to reduce sensitivity in mothers (Oosterman & Schuengel, 2008; Oosterman et al., 2007). In combination, caregivers may be challenged to provide the 'optimal' maternal sensitivity, and developmentally attuned support that could, in part, facilitate secure attachment.

Furthermore, Bernier & Dozier's (2003) study suggested that attuned mind-minded comments in line with the child's developmental stage was related to maternal security of attachment. Regarding maternal sensitivity, research has found that mothers who had secure attachment representations themselves and securely attached infants were significantly more sensitive than secure mothers with insecure children, and insecure mothers who had insecurely attached children (Atkinson et al., 2005). With adopted and fostered children at greater risk of attachment insecurity, providing 'optimal' sensitivity and promoting

secure attachment may be particularly difficult for mothers who themselves hold insecure attachment representations.

The findings on the prevalence of disorganised attachment in this review strongly suggests that despite leaving potentially unsafe caregiving environments, children may initially remain disorganised in their attachment and may not be able to organise safety and attachment behaviour without the attuned support of a sensitive caregiver (Bovenschen et al., 2016). In the reviewed studies, intervention and an increase in sensitivity had a positive impact on disorganised attachment, in addition to avoidant and ambivalent insecure attachment patterns (Colonnesi et al., 2012; Juffer et al., 2005). The impact of maternal sensitivity on disorganisation is key within the adoption and foster care population, where risk of disorganised attachment is higher than children living in birth families (Green & Goldwyn, 2002). Therefore, it would seem vitally important that this population, at much higher risk of later emotional, cognitive and developmental difficulties are focused upon within research and clinical developments.

### **1.5.1 Review Limitations**

The papers lacked homogeneity, which made drawing comparisons between studies more problematic due to the discordance between foster and adoptive pre-placement histories and permanency status. In excluding studies that were not published in English, and studies that were not peer-reviewed, the findings of this review may have been limited and missing valuable contributions.

Although all studies were quantitative in nature, it was not possible to conduct a



meta-analysis due to differences in study methodology, which made the findings more subjective to interpretation. The number of research studies that met the inclusion criteria was small and many had methodological limitations. However, it was felt that all studies included were valuable to the review and in further informing the review topic.

### **1.5.2 Implications for policy and practice**

The review suggests that supporting caregivers to develop 'optimal', attuned, sensitive responding, and respect for autonomy at the beginning of placement, could have a positive impact on increasing attachment security, and reducing risk of disorganised attachment over time. Appropriate attachment-focussed interventions, supporting the carer, or parent, to understand their children's behaviours in the context of their previous relational experiences and separations, and supporting them to recognise appropriate sensitive responses, could engender later attachment security. Interventions using video-feedback in this review, and in line with research with birth families, showed greatest promise (Bakermans-Kranenburg et al., 2003). Intervention should also focus on supporting parents and carers to understand their child's level of cognitive and emotional development when placed with them, to help them to attune their responses to the child's needs. Exploring and supporting parents' understanding of externalising behaviours, and their own responses and feelings towards their child in this situation, might enable them to retain empathy and respond with sensitivity. Foster carers who feel more supported display higher levels of sensitivity, further highlighting the need for adequate support (Ponciano, 2010). The review indicates that with appropriate support

and intervention, secure attachments may be engendered. This is a protective factor for future psychological wellbeing, cognitive and physical development. Enhancing attachment security could also have a positive short-term impact on reducing placement breakdowns, and a long-term impact in reducing cost to health services. With placement permanency enhancing maternal sensitivity, policy should promote adoption, or long-term continuity of foster care placements, in order for carers to learn to attune to their child. This would also minimise loss and separation for the child, which impacts negatively on the development of secure child-caregiver attachments.

### **1.5.3 Future Directions**

There is a need for further, methodologically robust research into the link between maternal sensitivity, mind-mindedness and attachment within this specific and vulnerable population. Longitudinal and experimental studies, employing repeated measures of sensitivity and mind-mindedness to establish a more valid measure, would enable us to better understand the relationship, and determine causality. Valid measures of mind-mindedness should be developed to observe interactions, accounting for respect to autonomy within the context of the child's developmental stage. Measuring mind-mindedness and sensitivity in naturalistic settings, during conflict and in longer observations, may also increase reliability, particularly with children who may avoid, or engender, conflict, due to their relational histories. It is also important to explore whether mind-mindedness and maternal sensitivity are skills that can be taught to parents, and establish whether interactions of attachment style influence this process. Further research is also needed to explore this relationship in older

foster and adopted children who are placed later than infancy. Finally, it is crucial to further develop and trial interventions to support the development of secure attachment patterns.

#### **1.5.4 Conclusion**

A critical review of the literature explored the relationship between maternal sensitivity, mind-mindedness and attachment security. With positive relationships found within foster care, intervention and longitudinal adoptive studies, it would seem that sensitivity and mind-mindedness are linked constructs which may, in part influence the development of secure attachments in children who are adopted and fostered. However, with methodological improvements in measuring maternal sensitivity and mind-mindedness, the influence may be seen to be greater and in line with original maternal sensitivity findings. It is important to further establish the contributing factors to attachment security within this sample, in order to develop robust intervention strategies as a means of supporting caregivers to promote their children's future wellbeing.

## 1.6 References

- Ainsworth, M. D. S. (1969). *Maternal sensitivity scales*. Retrieved 17<sup>th</sup> February 2016 from [http://www.psychology.sunysb.edu/attachment/measures/content/ainsworth\\_scales.html](http://www.psychology.sunysb.edu/attachment/measures/content/ainsworth_scales.html).
- Ainsworth, M. S., Bell, S. M., & Stayton, D. J. (1974). Infant-mother attachment and social development: Socialization as a product of reciprocal responsiveness to signals. In M. M. Richards, *The integration of a child into a social world* (pp. 99-135). London: Cambridge University Press.
- Ainsworth, M. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Oxford, England: Erlbaum.
- Atkinson, L., Goldberg, S., Raval, V., Pederson, D., Benoit, D., Moran, C. (2005). On the relation between maternal state of mind and sensitivity in the prediction of infant attachment security. *Developmental Psychology*, 129, 195-215.
- Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Juffer, F. (2003). Less is more: Meta analysis of sensitivity and attachment interventions in early childhood. *Psychological Bulletin*, 129, 42-53.
- Beebe, B., Jaffe, J., Markese, S., Buck, K., Chen, H., Cohen, P. (2010). The origins of 12-month attachment: A microanalysis of 4-month mother-infant interaction. *Attachment and Human Development*, 12, 3-141.

- Beijersbergen, M. D., Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2012). Remaining or becoming secure: Parental sensitive support predicts attachment continuity from infancy to adolescence in a longitudinal adoption study. *Developmental Psychology*, 48 (5), 1277-1282.
- Bernier, A., Ackerman, J., & Stovall-McClough, K. C. (2004). Predicting the quality of attachment relationships in foster care dyads from infants' initial behaviours upon placement. *Infant Behaviour and Development*, 27, 366-381.
- Bernier, A., & Dozier, M. (2003). Bridging the attachment transmission gap: The role of maternal mind-mindedness. *International Journal of Behavioral Development*, 27 (4), 355-365.
- Biringen, Z., & Easterbrooks, M. A. (2012). Emotional Availability: Concept, research, and window on developmental psychopathology. *Development and Psychopathology*, 24, 1-8.
- Boris, N. W., Hinshaw-Fuselier, S. S., Smyke, A. T., Scheeringa, M., Heller, S. S., & Zeanah, C. H. (2004). Comparing criteria for attachment disorders: Establishing reliability and validity in high-risk sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 568-577.
- Bornstein, M. H., & Manian, N. (2013). Maternal responsiveness and sensitivity re-considered: Some is more. *Developmental psychopathology*, 25 (4), 957-971.
- Bovenschen, I., Lang, K., Zimmermann, J., Förthner, J., Nowacki, K., Roland, I., & Spangler, G. (2016). Foster children's attachment behavior and

representation: Influence of children's pre-placement experiences and foster caregiver's sensitivity. *Child Abuse and Neglect*, 51, 323-335.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.

Caldwell, K., Henshaw, L., & Taylor, G. (2005). Developing a framework for critiquing health research. *Journal of Health, Social and Environmental Issues*, 6 (1), 45-54.

Colonnesi, C., Wissink, I. B., Noom, M. J., Asscher, J. J., Hoeve, M., Stams, G. J. J. M., & Kellaert-Knol, M. G. (2012). Basic Trust: An Attachment-Oriented Intervention Based on Mind-Mindedness in Adoptive Families. *Research on Social Work Practice*, 23 (2), 179-188.

De Wolff, M. S., & van IJzendoorn, M. H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571-591.

Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. *Child Development*, 72, 1467-1477.

Fonagy, P. (1998). Prevention, the appropriate target of infant psychotherapy. *Infant Mental Health Journal*, 19, 124-150.

Gabler, S., Bovenschen, I., Lang, K., Zimmermann, J., Nowacki, K., Kliewer, J., & Spangler, G. (2014). Foster children's attachment security and behavior problems in the first six months of placement: associations with foster

parents' stress and sensitivity. *Attachment and Human Development*. 16 (5), 479-98.

Garner, A. S., Shonkoff, J. P., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., & Wood, D. L. (2012). Early childhood adversity, toxic stress, and the role of the pediatrician: Translating developmental science into lifelong health. *Pediatrics*, 129, 224-231.

Green, J., & Goldwyn, R. (2002). Attachment disorganisation and psychopathology: New findings in attachment research and their potential implications for developmental psychopathology in childhood. *Journal of Child Psychology and Psychiatry*, 43, 835-846.

Hodges, J. (2008). Adoption and Fostering. *Psychiatry*, 7 (7), 290-294.

Juffer, F., Bakermans-Kranenburg, M. J., & van Ijzendoorn, M. H. (2005). The importance of parenting in the development of disorganized attachment: Evidence from a preventive intervention study in adoptive families. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 46 (3), 263-274.

Juffer, F., Hoksbergen, R. A. C., Riksen-Walraven, J. M., & Kohnstamm, G. A. (1997). Early intervention in adoptive families: Supporting maternal sensitive responsiveness, infant-mother attachment, and infant competence. *Child Psychology & Psychiatry & Allied Disciplines*, 38 (8), 1039-1050.

Juffer, F., & Rosenboom, L. G. (1997). Infant-mother attachment of internationally adopted children in the Netherlands. *International Journal of Behavioral Development*, 20 (1), 93-107.

- Lindhiem, O., Bernard, K., & Dozier, M. (2011). Maternal sensitivity: Within person variability and the utility of multiple assessments. *Child Maltreatment, 16* (1), 41-50.
- Meins, E. (1997). Security of attachment and maternal tutoring strategies: Interaction within the zone of proximal development. *British Journal of Developmental Psychology, 15*, 129-144.
- Meins, E. (2013). Sensitive attunement to infants' internal states: operationalizing the construct of mind-mindedness. *Attachment and Human Development, 15* (5), 524-544.
- Meins, E., Fernyhough, C., Fradley, E., & Tuckey, M. (2001). Rethinking maternal sensitivity: Mothers' comments on infants' mental processes predict security of attachment at 12 months. *Journal of Child Psychology and Psychiatry, 42*, 637-648.
- Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: disentangling the relationship between problem behaviours and number of placements. *Child Abuse and Neglect, 24* (10), 1363-1374.
- Nicholls, A., & Kirkland, J. (1996). Maternal sensitivity: A review of attachment literature definitions. *Early Child Development and Care, 120*, 55-65.
- Oosterman, M., & Schuengel, C. (2008). Attachment in foster children associated with caregivers' sensitivity and behavioral problems. *Infant Mental Health Journal, 29* (6), 609-623.



- Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. R., & Doreleijers, T. H. (2007). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review, 29*, 52-76.
- Oppenheim, D., & Koren-Karie, N. (2013). The insightfulness assessment: measuring the internal processes underlying maternal sensitivity. *Attachment & Human Development, 15* (5), 545-561.
- Oswald, S. H., Heil, K., & Goldbeck, L. (2010). History of maltreatment and mental health problems in foster children: A review of the literature. *Journal of Pediatric Psychology, 35* (5), 462-472.
- Ponciano, L. (2010). Attachment in foster care: The role of maternal sensitivity, adoption, and foster mother experience. *Child & Adolescent Social Work Journal, 27* (2), 97-114.
- Schoenmaker, C., Juffer, F., van IJzendoorn, M. H., Linting, M., van der Voort, A., & Bakermans-Kranenburg, M. J. (2015). From maternal sensitivity in infancy to adult attachment representations: a longitudinal adoption study with secure base scripts. *Attachment and Human Development, 17* (3), 241-256.
- Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development, 7* (4), 349-367.
- Stovall, K. C., & Dozier, M. (2000). The evolution of attachment in new relationships: Single subject analysis for ten foster infants. *Development and Psychopathology, 12*, 133-156.

- The PRISMA Group. (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med*, 6 (7).
- Tronick, E., & Reck, C. (2009). Infants of depressed mothers. *Harvard Review of Psychiatry*, 17, 147-156.
- van den Dries, L., Juffer, F., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Alink, L. R. A. (2012). Infants' responsiveness, attachment, and indiscriminate friendliness after international adoption from institutions or foster care in China: Application of emotional availability scales to adoptive families. *Development and Psychopathology*, 24 (1), 49-64.
- van den Dries, L., Juffer, F., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2009). Fostering security? A meta-analysis of attachment in adopted children. *Children and Youth Services Review*, 31 (3), 410-421.
- van IJzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117, 1-17.
- van IJzendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants and sequelae. *Development and Psychopathology*, 11, 225-249.
- Welsh, J. A. & Viana, A. G. (2012). Developmental outcomes of internationally adopted children. *Adoption Quarterly*, 15, 241-264.

## **Chapter 2**

### **Empirical Paper**

#### **The first years after adopting an older child: Mothers' lived experiences of relationship development**

*Prepared for submission to The Journal of Child Development (please refer to  
Appendix C for author submission guidelines).*

Chapter word count (excluding figures, tables and reference list): 7918

## 2.1 Abstract

Children placed for adoption, after the age of four, are at greater risk of attachment insecurity and placement breakdown, due to the impact of early trauma and multiple caregiver separations. Interpretative Phenomenological Analysis was used to explore seven mothers' lived experiences of their relationships with their adopted children, who were aged four to seven at placement. Three superordinate themes emerged from the data: 'Fragility'; 'Resolving'; and 'Acceptance'. Mothers experienced themselves, their children and their relationship as fragile. They experienced the development of love and commitment, and sought to resolve the challenges they faced. Support and validation were experienced as crucial for survival, but inconsistently provided. Mothers were engaged in a continuing process of developing acceptance of their children's pasts, and of themselves. Clinical and policy implications are discussed regarding adoption support and future research is considered.

**Key words:** adoption, late adopted, mothers, trauma, attachment, phenomenological

## **2.2 Introduction**

### **2.2.1 Adoption in context**

Department for Education figures reveal a steady yearly increase in the number of children who are placed in care in the UK (DfE, 2015). In England last year, 69,540 children were in care largely as a result of abuse or neglect (61%) or family dysfunction (16%), with most in foster care (75%), or placements such as residential care or schools, secure units and kinship care. Last year, 5% of children were adopted out of care after two years and two months on average, although this will have been lengthier for some (Hodges, 2008). The majority of children were adopted between the ages of one and four (76%), with 19% between five and nine years (DfE, 2015).

### **2.2.2 Attachment theory, trauma and loss**

Infants are suggested to develop an internal working model of attachment through their experience of primary caregivers, which forms the basis of expectations and relating behaviour in new relationships (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1969). Secure attachments develop in a nurturing and safe relationship dyad, with a caregiver who reliably attends to the infant's needs. Conversely, insecure or disorganised attachments develop in unsafe, inadequate or unpredictable environments, which is often the case for children in care (Stovall-McClough & Dozier, 2004). These children may also have suffered sexual, physical or psychological abuse or neglect at the hands of, or tolerated by, the child's trusted caregivers. Stressors during pregnancy and early infancy, such as domestic violence and drug and alcohol misuse, can also

increase the development of anxiety pathways in the infant brain, priming fear, and inhibiting normative development (Davies & Bledsoe, 2005).

Children in care have also experienced the relational trauma of being separated from their primary caregiver in the process of being taken into care itself, creating unresolved distress (Cyr, Euser, Bakermans-Kranenburg, & van IJezendoorn, 2010). Within care, children may also experience multiple separations from foster caregivers, leaving children experiencing further abandonment and loss, and at increased risk of experiencing mental health and educational difficulties (Ford, Vostanis, Meltzer, & Goodman, 2007; Gauthier, Fortin & Jeliu, 2004).

These factors can result in a child experiencing others as threatening and feeling unsafe and psychologically distressed (Zilberstein, 2014). Children may also make sense of separation as a consequence of them not being good enough or wanted, and may begin to expect, or even engender rejection in new relationships (Howe, 2003; Schore, 2002).

### **2.2.3 Children adopted later in childhood**

Adoption is recognised as the most desirable outcome in many circumstances, providing stability, permanency and belonging for children (Cowan, 2004). The development of secure attachments and developmental recovery, including improved social, emotional and cognitive development, has been documented within this context (Pace & Zavattini, 2010; Selwyn, Wijedasa, & Meakings, 2014). However, children placed for adoption at a later age are more likely to experience difficulties in forming attachments with their new caregivers as a

consequence of their earlier aversive experience of relationships, trauma and loss (Hodges, 2008). These children are often referred to as 'late-adopted' children, but literature varies on what age constitutes late adoption (Howe 1997; Pace & Zavattini, 2010). Infants adopted after twelve months old are less likely to develop a secure attachment, increasing the risk of adoption breakdown and later mental health difficulties (Barone & Lionetti, 2011; Dance & Rushton, 2005; van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009). Fear of interpersonal relationships in older children may be mediated by withdrawal, anger or controlling behaviours, in order to attempt to create a sense of predictability, and avoid further rejection and abuse (Hughes, 2004; Zilberstein, 2014).

#### **2.2.4 The experience of adoptive parents**

A recent UK study found that adoption breakdowns were around thirteen times more likely to occur when the child was adopted over the age of four, and also when the child had experienced multiple placement changes in foster care (Selwyn et al., 2014). In exploring parents' experiences, around a third reported minimal difficulty, a third were facing some challenges, and a quarter reported major challenges due to their children having social, emotional and behavioural difficulties, including aggression. Parents reported being exhausted and were often struggling to access support, or found that support was inadequate (Selwyn et al., 2014). Tenacity and commitment have been observed as important characteristics in averting placement breakdown in otherwise challenging relationships (Follan & McNamara, 2013; Selwyn et al., 2014). Behavioural difficulties, withdrawal, emotional dysregulation, control and fear

around others may be some of the difficulties adoptive mothers of older children might experience (Barone & Lionetti, 2011; Hughes, 2004). Another qualitative study exploring the experience of mothers adopting a child with a trauma history in the US, found that mothers were unprepared for the difficulties they and their children would face. They also noted a lack of awareness, training opportunity and support received from professionals, with mothers experiencing symptoms of stress, depression and anxiety as a result (Wilburg, 2012). Research also suggests adoptive mothers' experiences of loss (for example, loss of a desired biological child), and the degree to which they grieve can impact upon their capacity to attach to their child, who is also processing loss and separation (Waterman, 2001). The experience of stress and depression has also been found to be greater in mothers who had adopted older children (Gair, 1998).

### **2.2.5 Rationale and research aims**

Often the primary caregiver, mothers who adopt older children may have a greater challenge to foster secure relationships with their children, whilst also maintaining their own psychological wellbeing (Dance & Rushton, 2005; Mott, Schiller, Richards, O'Hara & Stuart, 2011; Viana & Welsh, 2010; Wilburg, 2012). However, these experiences are not documented in the literature. A detailed understanding of the first years after adopting an older child could inform pre-adoptive training and preparation, and post-adoptive support in promoting attachment security and support for mothers. Additionally, understanding mothers' experiences could be informative and validating for other parents in the initial stages of adopting an older child. This could both reduce the risk of



adoptive breakdown and care re-entry, but also reduce the risk of future psychosocial difficulties in adopted children and their adoptive mothers.

The aim of the study is to explore the lived experience of mothers who have adopted a child between four and seven years old. The subsidiary aim is to explore the experience of relationship development in the first few years post-adoption.

## **2.3 Method**

### **2.3.1 Research design**

A qualitative research design was chosen to meet the aims of the study in exploring experience. An in-depth qualitative inquiry using Interpretative Phenomenological Approach (IPA) methodology was used as a framework for data collection, analysis and interpretation. IPA aims to examine, in detail, individuals' personal experiences and perceptions of significant events (Smith, Flowers, & Larkin, 2009). In this case, the significant experience was adoption of an older child, which was explored using the IPA framework to gain understanding through the interpretation of experience within a psychological context. As such, it is important in IPA to take account of the researcher as a critical part of the research. The researcher enters into a sense-making endeavour of the participant's disclosed experiences as part of a 'double hermeneutic', where both researcher and participant are engaging in a reflective process. The participant reflects upon their own experience, and the researcher experiences the participant's story within their own framework of experience (Smith et al., 2009).

### **2.3.2 Materials**

A semi-structured interview schedule was employed as a guide during the interview in order to meet the research objectives (see Appendix D). The interview schedule was co-created in line with IPA methodology and was reviewed and finalised by the research team prior to the research being undertaken (Smith et al., 2009). The structure of questions in the interview schedule were reviewed to ensure that they were clear and open ended, with sensitive issues being addressed with care. Questions were designed to encourage a full narrative of the adoption process with a focus on relationship experience, whilst also allowing flexibility for the interviewer to follow the lead of the participant in telling their individual story.

### **2.3.3 Procedure**

#### *2.3.3.1 Ethical considerations*

The study was designed in line with ethical guidance from the British Psychological Society (BPS, 2010) and was granted ethical approval from Coventry University (see Appendix E).

#### *2.3.3.2 Recruitment*

An advert detailing a brief outline and the study criteria (see Appendix F) was placed on 'The Adoption Social' Facebook page. Participants who responded to the advert were provided with an information sheet (see Appendix G) and asked to contact the researcher through email if they met the criteria and were interested in participating in the study. Twenty-six interested parties made

contact, eighteen met the criteria, out of which seven participants committed to taking part in the study.

#### *2.3.3.3 Interview procedure*

Participants were telephoned to arrange interviews at a location of their choice and to discuss any questions or concerns. Interviews were all conducted at participants' homes, and written consent was provided prior to interview (see Appendix H). Interviews were audio-recorded, lasting between 60 and 90 minutes for each participant. Participants were provided with a debrief form and were given the opportunity to ask questions before the interview ended (see Appendix I).

#### **2.3.4 Participants**

Adoptive mothers who had adopted a child from the UK care system between the ages of four and seven at the time of being placed for adoption were invited to take part in the research. This age bracket was chosen to represent late-placement in alliance with other recent studies and findings from a UK adoption breakdown study (Barone & Lionetti, 2011; Cowan, 2004; Selwyn et al., 2014). The upper age bracket of age seven was felt to be in line with upper age of typical late-placed children, whilst retaining sufficient homogeneity of age to a degree where experiences could be compared. The adoption placement needed to have taken place more than one year and less than four years prior to the study to explore early relationship development and ensure accurate recall of experience.

**Table 2.1 Study inclusion and exclusion criteria**

<b>Inclusion criteria</b>	<ol style="list-style-type: none"> <li>1. Adoption from the UK care system</li> <li>2. Child adopted between the ages of 4 and 7 at placement</li> <li>3. Placement was between October 2011 and October 2014</li> </ol>
<b>Exclusion criteria</b>	<ol style="list-style-type: none"> <li>1. Child has additional health needs (e.g. physical disabilities, Autism Spectrum Condition).</li> <li>2. Non-English speaking</li> </ol>

Seven participants were recruited in total, at which point it was felt that adequate depth and breadth of experience was reached as no significant new themes were emerging from the data. Additionally, it was important to consider a number that would allow for detailed interpretation of each in-depth account, whilst also being able to comment on divergence and convergence across the data set (Smith et al., 2009). All participants were White British. Further details of parent and child characteristics are outlined in Table 2.2.

**Table 2.2 Participant details**

<b>Participant Pseudonyms</b>	<b>Parent characteristics</b>	<b>Child characteristics</b>	<b>Time since placement</b>
Ivy	Single parent	Single boy	20 months
Beth	Male partner	Sibling boys	2.5 years
Clair	Male partner	Sibling girls	2.5 years
Nicole	Female partner	Sibling girls	3 years
Rose	Male partner	Sibling boy and girl	4 years
Mary	Male partner	Single girl	3.5 years
Anne	Male partner	Sibling boy and girl	2.25 years

### **2.3.5 Analysis**

Each interview was transcribed verbatim using the audio recording.

Participants and their children were given pseudonyms, and identifying information such as locations and dates were removed for confidentiality purposes. The analysis followed the principles of IPA research as outlined by Smith et al., (2009; see Appendix J), where the initial step involved immersion in each participant's interview transcript to closely analyse their experiences, concerns and feelings. Secondly, patterns were identified in the data, and codes drawn (see Appendix K). The coded data was then interpreted using psychological knowledge in order to understand the participant's experiences in context; generating themes (see Appendices L and M). This process was repeated for all individual transcripts, and subordinate and superordinate themes were drawn from the collective interviews, where connections and patterns were made across the participants' experiences.

#### *2.3.5.1 Validity*

Measures were taken, where possible, to account for researcher bias and the influence of personal experience upon the analysis and interpretation process. A short transcript excerpt was coded by the research team and compared with the coding completed by the primary researcher, in order to identify bias.

Similarities and differences in thematic coding were reflected upon, in addition to discussing initial coding, emerging themes and superordinate themes, during the analysis stage.

### *2.3.5.2 The researcher*

The researcher approached the study within a context of holding prior assumptions and beliefs as a manifestation of their personal and professional experience. It was important that this context was considered and addressed during the study, to bring awareness to the interpretation of data being subject to personal influences. The researcher was a Trainee Clinical Psychologist with a theoretical standing on the development of relationships and the impact of developmental trauma. A bracketing interview was conducted prior to the interviews taking place, to bring awareness to existing pre-conceptions around adoption, and the researcher engaged in reflective practice throughout the study (Tufford & Newman, 2010). An example of the bracketing process was the researcher recognising they held a preconception that the decision to adopt would be a difficult, considered process. Assumptions such as these may have impacted on the researchers openness to individual experience without identification.

## **2.4 Results**

The analysis process established three superordinate themes; 'Fragility' 'Resolving' and 'Acceptance'. Each superordinate theme consisted of three subordinate themes titled with verbatim quotes from participants' accounts, detailed in Table 2.3. The narrative in this chapter considers convergence and divergence within themes.

**Table 2.3 Superordinate and subordinate themes**

<b>Superordinate theme</b>	<b>Subordinate themes</b>
Fragility	<i>1. "I felt really rejected"</i> <i>2. "I was feeling really raw"</i> <i>3. "The weight of responsibility was crushing"</i>
Resolving	<i>1. Becoming a "therapist-parent"</i> <i>2. "You fall in love with them"</i> <i>3. "Fighting for support"</i>
Acceptance	<i>1. "This is hard, it's not just me"</i> <i>2. "We gradually built that little bit of trust"</i> <i>3. "Always connected to the chaos of their early lives"</i>

#### **2.4.1 Fragility**

Participant accounts shared a sense that there was a fragility to their children, their relationships with them and their own internal experiences. This superordinate theme will be explored through the subordinate themes "I felt really rejected", "I was feeling really raw", and "The weight of responsibility was crushing".

##### **2.4.1.2 "I felt really rejected"**

Nearly all participants felt rejected by their children, although their experience depended on the severity of their child's rejecting behaviour, their sense of preparedness, and whether rejection triggered difficult feelings from their own past. Rejection was experienced as targeted to the mother figure, which many participants understood in the context of the children's experiences:

They find it very hard to bond with women because women have let them down and they've been taken away from them.

Mary (paragraph 124)

However, some participants were unprepared for the level of rejection, and their own feelings of disconnection:

People don't tell you you won't love those children, they don't tell you that, they also don't tell you that they won't love you, in fact they will probably *hate* you.

Rose (paragraph 209)

Two participants shared the perception that the adoption system had withheld information about the impact that their children's past experiences could have upon their relationship. Several participants experienced their children as particularly controlling and immensely demanding, or conversely, aggressive and rejecting. These mothers appeared to share an intense sense of powerlessness and fear:

I woke up one morning with him standing over the bed with stuff in his hands to hurt me with. So, he was very angry and, I guess, um .. my response was always "gosh, this is a really frightened boy". And ... and it did affect me. I did find it hard, it was very frightening.

Anne (paragraph 183)



Anne described her experience as frightening, but was still able to empathise and connect to the fear in her child. She and others reflected on being prepared for trauma, but felt unprepared for the extent to their loss and anger, and their own vulnerability. Rose reflected that the aggressive rejecting behaviour created a relational barrier between her and her son:

It's really hard cus there's just this really angry little chap in your house who hates everything [laughing], you know, it's hard to... love him.

Rose (paragraph 220)

His anger and rejection made it difficult to develop feelings of connection and love for him initially, an experience shared by other participants. For many, experiencing rejection when they offered comfort and nurture, triggered feelings of helplessness and loss. Participants expressed that they "should be able to make it better" and found it particularly difficult that, often, their children "couldn't be reached" (Clair), when in distress. Nicole, conveyed feeling helpless when her daughter hurt herself after falling from a chair:

She's obviously hurt herself (*clears throat*). She hid under the table and I just wanted to give her a big hug and I knew I couldn't.. you could just tell by her body language and the vibes coming off her that she was like, I don't want you to touch me and she couldn't look at you.

Nicole (paragraph 304)

Nicole's language suggests that she found the experience particularly painful, portraying a powerful sense that she "wasn't wanted" (Rose).

#### **2.4.1.2 "I was feeling really raw"**

For many participants, the process of exploring the impact of trauma and loss in pre-adoptive training, and then living through the reality of this experience with their child, triggered their own sense of trauma or loss. Some participants reflected upon being able to process some of their own losses through training, in preparation for the adoption. For Rose, however, painful feelings triggered during training remained close to the surface:

I felt something on a very, very deep level. Pandora's box was opened.

Rose (paragraph 119)

Once their children had been placed, several mothers' hopes and expectations about the adoption were not realised, creating a sense of loss after an often emotionally painful journey:

You feel sad and you feel sort of thwarted in that you want to give them that love and they don't want it.

Nicole (paragraph 312)

Rose, Ivy and Beth felt overwhelmed and unable to cope, often in combination with the experience of isolation in mothering children who were displaying particularly difficult behaviours:

The tantrums are lying on the floor; they're throwing things around; they're hitting me; they're kicking me; they're all sorts of things. I think if I look back now I didn't .. I wouldn't have said it at the time but I think I probably went through a quite a long period of depression.

Ivy (paragraph 74)

Some participants began to physically and emotionally withdraw from their children in response to the psychological pain of feeling helpless and unwanted:

It's so flippin' hard you know, you actually just want to... well, I just retreated, cus I just said, I cant do anything, I cant do anything, he doesn't want me, he's not interested in me.

Rose (paragraph, 229)

Conversely, although Clair and Mary experienced difficult feelings around rejection, their children had not displayed the level of difficult behaviour they had prepared for, and consequently both mothers seemed to experience less internal distress and fragility:

We are very lucky, we could have had any kind of problems but we have not, she has her little .. little things, but when is all this bad stuff that they told us in the preparation group, when is that going to happen.

Mary (paragraph 158)

As a consequence, Mary conveyed a sense that their luck in having had a more positive experience than expected could be fragile itself; she almost feared the onslaught of the difficult experience she had expected.

#### **2.4.1.3 “The weight of responsibility was crushing”**

Mothers felt there was “no respite” (Rose) with childcare, as a consequence of feeling they needed to “do everything” (Beth) to promote the development of attachment and trust between them and their child. Several participants experienced the intensity of their children’s needs and fear of rejection at the beginning of their relationship as isolating and overwhelming:

If I had his brother in the trolley in the shops, if I leaned over... to get something he would scream thinking I was leaving him. I used to have to carry them both around the house, and if I broke eye contact with Michael he would freak out.

Beth (paragraph 300)

Some mothers also experienced an uncomfortable sense of being responsible for their children’s recent loss of caregivers and subsequent emotional fragility, which provoked a sense of guilt about the impact of the adoption:

You have no idea how emotionally unstable and traumatised these children are, and its not because of their past lives, its because somebody has taken them from *that* person who they love, and *ripped* them out and put them with strangers who live somewhere

totally different where everything smells different and they sound different.

Rose (paragraph 101)

You're asking these children to do a lot in order to be part of our family.

Anne (paragraph 75)

Several mothers reflected this responsibility in feeling anxious that they needed to be "perfect, better than normal parents" (Beth) in an attempt to repair their children's traumatic experiences of relationships. There was also a sense that they could inflict further damage, due to the children's fragility:

I didn't want to get anything wrong and I sort of felt these children had had enough as it was, it must be a really difficult situation for them, and I didn't want to make it any worse by not getting it right.

Nicole (paragraph 275)

Although often still present to some degree, the "crushing" sense of responsibility seemed to be experienced as more manageable over time, along with experience of parenting and their children's resilience.

#### **2.4.2 Resolving**

At different points in their journeys, most participants made an explicit decision to commit to the process and to their children, despite challenges. Participants

all engaged in an active process of building resources and connection with their children. This theme will be explored through the sub-themes “Becoming a “therapist-parent”, “You fall in love with them” and “Fighting for support”.

#### **2.4.2.1 “Becoming a “therapist-parent”**

All participants reflected on the experience of learning to manage their own emotional responses to their children. Through either professional support or self-directed research, participants learned about the impact of trauma on the brain, and attachment focused parenting to support their children’s emotional needs, such as parenting with PACE (Playfulness, Acceptance, Curiosity and Empathy) (Casswell, Golding, Grant, Hudson & Tower, 2014). Consequentially, participants shared a sense that their identities initially formed around being a therapist rather than a mother.

Beth, Ivy and Nicole described the challenging process of establishing how to understand and meet their children’s emotional needs which were hidden underneath their challenging behaviours, when, at first, they were “strangers” (Ivy). For Mary, this process of learning was not a conscious decision and “just felt natural”, whereas, for others, it was a demanding learning process:

The way you interact with her, the way her brain works, or doesn’t work, it’s not a thing that you can intuitively understand or deal with.

Nicole (paragraph 386)

Participants all strongly reflected that their children needed very different parenting to non-adopted children, and that they were “second guessing everything” (Beth). This seemed to provoke internal expectations about being good enough, and insecurity about their ability to meet their children’s needs:

You start to think, oh my gosh am I being therapeutic enough or PACE enough? Am I doing it enough to help them, as well? So, it’s kind of .. quite a difficult .. and it’s exhausting as well.

Anne (paragraph 177)

There was a shared anxiety and exhaustion in the demanding task to “always stay calm” (Clair). Furthermore, participants generally felt ill equipped to parent children with such a high level of need, experienced most intensely by parents who didn’t receive professional support. Clair, however, received considerable support in parenting therapeutically and was able to be more accepting of her parenting ability:

The tactics they use of constant empathy and calmness, and—I don’t say we always manage it, but usually if we manage it, it works.

Clair (paragraph 244)

Clair was able to recognise that she was capable, but like other participants, felt that the reality of the task was extremely difficult when faced with her child’s behaviour. There was consensus among participants that parenting under additional stress, such as bereavements, significantly impeded the ability to

empathise and regulate their emotional responses, which in turn increased the children's stress and difficult behaviours.

#### **2.4.2.2 "You fall in love with them"**

Participants developed intense emotional connections and commitment to their children over time. For Mary, she treasured the small acts of connection that her daughter offered, amongst her experience of being rejected:

We were just walking along, chatting with the dog and she just put her hand out and put it in mine, I mean I didn't say anything, didn't make a fuss just held her hand back and after about 2/3 minutes she dropped it, but it was just like *wooo*, I had five minutes of hand holding today!

Mary (paragraph 172)

In connecting with their children's experience, some mothers experienced powerful feelings of sadness and loss. Their commitment and willingness to connect to their children's experience, despite their own challenging emotional experience and fragility, seemed to create more space for empathy.

I desperately wish if I could click my finger and go back and be her mum from as a baby, I would ... *[beginning to cry]* sorry I'm not usually emotional like this, I could have saved her from all that.

Clair (paragraph 208)



This is so hard for them. So frightening for them. They've got nothing here that's familiar at all. And just constantly being overwhelmed with just "gosh, how are they coping with this?"

Anne (paragraph 171)

For some mothers, an explicit decision to connect with their child's experience also enabled them to change the way they and their child were relating. For Rose, this decision came at a point where she felt unable to continue with the way things were, and resolved that she would approach, rather than withdraw from her son, despite his difficult and rejecting behaviours:

We made the decision that the alternative was so appalling—send them away again—that we had to just get on with it, and that was it, and then we changed. And that was a kind of change of mind-set, certainly for me.

Rose (paragraph 323)

Connecting and empathising with childrens' emotional experiences seemingly enabled several participants to manage their own emotional distress and begin to "fall in love" (Rose). Although this level of connection developed at different times for different participants, all reflected that it was their love for their children that motivated them to persevere through difficult times in their relationship:

Amy keeps us going—its all about her, its just everything she does, everything that—she's just amazing ... you know, she is .. our world.

Mary (paragraph 256)

#### **2.4.2.3 “Fighting for support”**

Several participants sought professional support to cope with the challenging behaviours and intensive needs of their children, although experiences of access and provision of support differed. Conversely, all participants experienced camaraderie and unequivocal support in connecting with fellow adopters. In doing so, experiences such as rejection were validated and normalised:

I could see that it was a—it wasn’t just me, it was happening to...  
everybody, so I didn’t feel that it was my fault, I just felt that it was  
something that would come in time.

Mary (paragraph 188)

Connecting with fellow adopters provided participants with the resilience to continue and trust that a relationship with their child would develop over time. Mothers who received professional support appeared to value it as a lifeline, feeling contained and able to continue parenting in times of uncertainty. In contrast, mothers who did not receive support from adoption services felt abandoned, and ill equipped:

I think through the whole three years we could have done with more  
support the whole time. It shouldn’t be that you are just left with a  
child and you don’t know what to do.

Nicole (paragraph 412)

Some participants expressed anger or disbelief at the lack of support offered to them, whereas Anne's request for support being refused left her feeling frightened, destabilised, and blamed for her children's difficulties:

We just felt we'd spent a year being blamed, being told that they weren't like this before they came here. That it's your parenting. And it was really confusing because the children had developmental trauma.

Anne (paragraph 232)

Additionally, many participants found that support from non-adoptive parents, friends and family was often invalidating. Hearing "well, all children do that" (Clair) in response to disclosing the challenges they faced was experienced as dismissing their own, and their children's difficulty. Anne captured the shared feeling of all participants of the need for validation and support as a means of coping with the psychological implications of caring for children with relational trauma:

Around you you've got people that are unhelpful, in terms of criticising your ability. I think the reason that we are still here, doing this, is because we've been lucky in having a couple of really brilliant people that have just stayed with it from the beginning to help validate the relationship.

Anne (paragraph 299)

### 2.4.3 Acceptance

Participants reflected upon the journey to accept their children's histories, the impact of this upon their developing relationships, and their parenting ability. This theme will be explored through the subthemes "This is hard, it's not just me", "We gradually built that little bit of trust" and "Always connected to the chaos of their early lives".

#### 2.4.3.1 "This is hard, it's not just me"

Several participants battled with their internal expectation of perfection accepting "I'm not perfect, I'm just me" (Ivy). Several participants recognised that their imperfections were not causing damage to their children, and that "when it goes bad, .. that .. it comes right again" (Ivy), accepting that mistakes were part of the process of parenting:

I've made some horrendous mistakes along the way and I've continued to make them *[laughing]*. And then you remind yourself actually you've been doing this 18 months. That you're gonna get it wrong again.

Nicole (paragraph 208)

Linked with this, several mothers spoke about the process of accepting that they were good enough, which helped them to separate their children's behaviours from their internal judgement of self worth. Nicole, Anne, Rose and Mary all described recognising that their parenting task was "really hard":

Not because of me but it was hard because it was hard. Because he has all these needs. The fact that he's unresponsive to me wasn't because I was doing something wrong or not a good enough mum or not coping.

Anne (paragraph 205)

Some participants described the challenge of coming to accept that they weren't able to erase their children's emotional pain when, as a mother, they felt that they should be able to make things better:

They've had trauma in their lives, its not suddenly going to be fixed by a hug is it. You know that before hand but it still makes it hard when it happens cus you want to make everything all right.

Clair (paragraph 202)

Self-acceptance seemed to be a continuing process for most participants during their adoption journey, conceivably linked with their children's acceptance of them as their mother, and the development of their relationship.

#### **2.4.3.2 "We gradually built that little bit of trust"**

All participants recognised and began accepting the predominance of their children's anxiety of relationships, and that the development of trust and security was a matter of time and experience. Some participants experienced the development of trust more quickly, where others "inched towards each other" (Rose). Children who displayed the most difficult behaviours, and were

experienced by mothers as highly traumatised, were generally perceived to still be the least secure and trusting:

A lot of things in her brain have just not moved on. Lots of things have. The attachment wasn't there in the beginning, and it still hasn't come... as to what level you'd think a child would be attached if they'd lived here for three years.

Nicole (paragraph 416)

There was a shared perception that the development of trust and security had been greatly impacted by their child's past experience in relationships. Participants spoke about experiencing a repeated "cycle" of anxiety and trust over time, where any change would provoke a "wobble that we have to get over" (Rose). Clair explained that, although her younger daughter's care-seeking behaviour alluded to the development of trust and security, insecurity was still powerfully dominant:

She seemed to attach much more easily .. um and certainly is very much a mummy's girl and is very sweet and cuddly and clingy, but when push comes to shove she can be really scared and find it hard to trust me... it's understanding that she hasn't been able to trust people, so yeah it's still there.

Clair (paragraph 226)

Beth, like other participants, noticed gradual positive change over time in her children's sense of "feeling good about themselves" and others, which she attributed to their increasing trust and security with her:

Even with all that you still have the moments where they're like—you can see something's really changed in them and they're actually starting to see the world in a good way rather than this horrible way, so you have this little glimpses.

Beth (paragraph 314)

There was a shared sense, however, that the development of security and trust was a complicated fight for children against their previous traumatic experiences in relationships, and that this journey would be an on-going process:

I just think it has been very tough to build a relationship and a safe, nurturing relationship for them but for them to feel that is really, really hard and I think it is a work in progress.

Anne (paragraph 294)

#### **2.4.3.3 "Always connected to the chaos of their early lives"**

There was a journey for all participants to accept their children's history and its influence in the present upon their relationship. For some participants, acceptance felt possible early on in their relationship:

I have to accept the little boy that came to me with all whatever he brings with him. His background, his loves, his, his history.

Ivy (paragraph 210)

However, for others, this process was more difficult, due to a desire to change the past and heal the wounds their children carried, or because of anger towards the birth parents for “doing this” (Rose) to their children:

You have to forgive them nearly every day because when you see something in their behaviour and it makes you upset, or angry, you have to make another decision to forgive whoever’s done that to them in the first place.

Beth (paragraph 150)

Several mothers were actively in contact with birth families, which seemingly increased their empathy, and reduced their anger towards them. In approaching and understanding their children’s pasts, mothers were able to support their children to link their past and present experiences and develop a cohesive narrative. Participants described doing this by using photos, life storybooks, talking about feelings and voicing their children’s fears. Beth described experiencing her son as seeming less “disjointed and all over the place”, suffering fewer flashbacks, and becoming more present after she started to help him make sense of his past:

He was only 4 so he was consciously aware of what had gone on but his mind was—wasn’t developed to kind of... put it all into place with



each other. He had part of him in the past, part of him now and ... I think, he's not quite there but I feel like he's like—he's becoming more of a whole person.

Beth (paragraph 254)

Several participants conveyed fear about losing their children if they went to find their birth families in future, but, equally, put these fears aside in order to help their children connect with their pasts:

We never flinch from the backgrounds. The stuff I can't tell them now, I don't tell them, but I *never* lie to them, they get everything. But I don't want them when they're 15, disappearing to – to go and find her, they don't need to do that, because I'll help them.

Rose (paragraph 433)

Some participants whose children had begun this work also spoke about their children's experiences of accepting their own histories. Ivy's son wrote a passage in his life storybook explaining that he was sad that he couldn't live with his birth family but that his new mum was there for him, which demonstrated integration of his past and present, and acknowledgement of his loss. Mary's daughter asked to create her own life storybook to take to school, using pictures she had previously asked to be hidden:

She took the book in, she was so proud, at this point you know, she knows who she is, she knows where she's from.

Mary (paragraph 248)

This passage demonstrated Mary's confidence in her relationship with her daughter and her daughter's acceptance and integration of her own history as being part of her. From wanting to hide from photos from her past, to creating a life story book and sharing it with her classmates, suggested that she now felt safe enough to approach previously distressing parts of her life. This was mirrored in Mary's experience that her daughter felt safer with her.

## **2.5 Discussion**

The present study explored mothers' lived experiences of the first years after adopting an older child with a focus on developing relationships. The intention was to better inform clinical practice in providing appropriate support for adoptive parents. The three themes drawn from the data will be discussed in relation to existing research, before considering study limitations and implications for clinical practice and future research.

### **2.5.1 Theme 1: Fragility**

The attachment relationship, the child, and participants' own internal emotional worlds were experienced by mothers as delicate, breakable and raw. Adoptive parents of children diagnosed with Reactive Attachment Disorder (RAD) similarly experienced insecurity, fear and destabilisation, with relationships developing at high personal cost to parents and continuing to remain fragile (Follan & McNamara, 2013). These commonalities highlight the potential damaging impact of past relational experiences upon new caregiver

relationships, even in children without such a diagnosis. Most participants in this study described experiences akin to mental health difficulties and psychological fragility, which is documented in the literature, particularly in response to parenting children with behavioural or mental health difficulties (McKay, Ross & Goldberg, 2010; Peters & Jackson, 2008).

Mothers tended to experience the older sibling as more intensely rejecting and controlling, supporting research which suggests that older children are more likely to invite further abandonment and rejection by rejecting the love of their adoptive mother, or showing greater disorganisation and control in relationships (Hopkins, 2000; Pace, Cavanna, Velotti, & Zavattini, 2014).

Mothers who felt particularly overwhelmed by their children, becoming withdrawn or depressed, may have been internalising and mirroring their children's experience of insecurity and fear of new relationships. This is suggested to be more likely for parents who carry unprocessed losses or trauma from child or adulthood, such as loss of biological children, and fits with the accounts of experience in this study (Cole, 2005; Follan & McNamara, 2013; Steele, Hodges, Kaniuk, Hillman & Henderson, 2003). An important finding in this study was that mothers who experienced particularly difficult internal emotional experiences were able to find means of subverting their pain in order to commit to, and support, their children. As a result, they appeared to experience their children as more securely attached over time and held strong feelings of love for them. This extends previous research which has connected maternal trauma and loss with insecure or disorganised attachment in adopted children, but has not accounted for mothers' abilities and strength to change

their pattern of relating to their children (Carlson, 1998; Cole, 2005; Lionetti, 2014; Steele et al., 2003). Grieving loss in adoptive mothers is suggested to be a necessary process to allow space to develop such a relationship (Waterman, 2001). In this study, mothers were not only feeling fragile, but many also feared that they could have a damaging impact on their children. Many participants felt they needed to be “perfect, better than normal parents”. In being exposed to the intense distress of their children, some mothers may have felt responsible for their pain, which would create an identity conflict, and a fear about approaching their children’s distress and “making it worse for them”.

### **2.5.2 Theme 2: Resolving**

The theme “Resolving” captured mothers’ experiences of committing to and searching for resolution to the challenges they faced. In line with the findings from this study, commitment and tenacity were shown to be present in parents with children with RAD enabling them to fight for the needs of their children and their future (Follan & McNamara, 2013). Participants in this study underlined the role of retaining empathy for their children’s experience, which strengthened feelings of love and commitment. The trauma literature reports the risk of burnout and ‘compassion fatigue’ through maintaining empathy whilst putting painful experiences aside over time, without adequate support and self-care (Figley, 2002). However, a lack of emotional connection, or ‘blocked empathy’ with an adopted child can impede caregiving behaviour and has been found to be a risk factor for adoption disruption (Elliot, 2013; Sinclair & Wilson, 2003). Retaining empathy could be the key to paving the way for love,

commitment and relationship development, but may also be a particularly challenging task for adoptive parents of older children.

Participants in this study did not all have access to adequate support, and some experienced services as blaming and criticising. The divergence in mothers' experiences of support also reinforces the sporadic, and geographically determined nature of post-adoption support (Rushton & Dance, 2002; Selwyn et al., 2014). Positive experiences of support are shown to reduce stress in adoptive parents (Viana & Welsh, 2010). Perseverance in the face of fragility was strengthened through contact with fellow adopters. Furthermore, emotional support, validation, and training in therapeutic parenting, were highlighted as crucial in this study. Research indicates that behavioural parenting strategies commonly advocated within society could potentially confound attachment difficulties, meaning adopted children require different parenting (Barth & Miller, 2002). With difficulty in accurately reading the signals of adopted children in order to meet their emotional needs, the need for specialist parenting training and support is clear (Dozier & Albus, 2000). In parenting traumatised children, mothers felt they were required to become therapists themselves. There is an established research base of the importance of adequate supervision and emotional support for professionals working with traumatised children and adults, and acknowledgement of the impact of secondary trauma (Bride, 2007; Figley, 2002). However, whilst secondary trauma has been acknowledged in adoptive parents, necessary intensive support does not seem to be widely experienced (DoH, 2004).

### **2.5.3 Theme 3: Acceptance**

Mothers were engaged in a continued process of accepting themselves and their parenting ability, and accepting their children's difficult histories and its impact upon their relationship. Mothers experienced a qualitative shift in their children's security and behaviour over time, which fits with the theory and literature that the internal working model of attachment can be revised after relational trauma prior to adoption, by experiencing a consistent, available and reliable caregiver (Barone & Lionetti, 2011; Bowlby, 1969; Pace & Zavattini, 2010). However, there was an acknowledgment, for most mothers, that anxiety still outweighed trust at times of change, highlighting the power of traumatic relational experience. As mothers in this study were between one and three years post-adoption, it is likely that security would have continued to develop (Pace et al., 2014).

Research supports the need for adopted children to make sense of their birth and adoptive family experiences, and to address feelings of loss, sadness and rejection, for which parents take a key role (Neil, 2011). Helping their children to explore and begin integrating past experiences was a self-sacrificing act to best meet the needs of their children, despite fearing losing their children in the future. The experience that some children initially seemed "disjointed" is supported in the literature, which suggests that older adopted children shift between an internal and external, or past and present world (Fagan, 2011). Mothers experienced their children as "more of a whole person" and integrating these two worlds through a process of sense-making and addressing sadness,

loss and anger, termed in attachment focussed therapy as ‘co-construction of meaning’ (Hughes, 2007).

#### **2.5.4 Implications for clinical practice**

Improving the availability of pre and post-adoption training and therapeutic services could support mothers to develop acceptance, self-care practice, and address their own experiences of trauma and loss. This in turn, could better equip mothers to manage the emotional demands and behaviours associated with their children’s attachment difficulties and so promote secure attachment development. Equally, individualised support, to help parents understand the impact of their children’s past relationship experiences, may promote empathy and understanding. Early psychological intervention in adoption is key to reduce the risk of blocked empathy, burnout and secondary trauma in parents (Casswell et al., 2014; DoH, 2004). Policy changes, to ensure that all professionals working with adoptive families are knowledgeable in trauma and attachment theories, would enable early identification and support for families who are struggling to cope, before reaching crisis. This could also increase appropriate identification and referral for more intensive support where indicated (e.g. parenting support or therapy interventions such as Dyadic Developmental Psychotherapy and Theraplay) (Hughes, 2004; Jernberg, 1979).

#### **2.5.5 Study limitations**

Several study limitations should be considered in line with the findings. Only mothers were recruited for this study, limiting transferability to male primary caregivers. Participants were all White British, and were limited to mothers

who were accessing an Internet peer support forum, which could have influenced the representation of this group. Although IPA methodology highlights the benefit of using small sample sizes in order to produce in depth and idiographic exploration of experience, transferability to a wider population is reduced. Finally, in discussing the mothers 'felt' experience of attachment security for their children, changes in security cannot be assumed in the absence of formal assessment measures.

#### **2.5.6 Future research**

Future research could explore gender differences between adoptive mothers' and fathers' experiences of building relationships with older children. As this study explored initial relationship development, a grounded theory study exploring the process of attachment formation in older adopted children would be valuable. It would seem important to repeat an in depth inquiry into the experience of mothers adopting an older child, but at a later stage in their adoption journey during older childhood and adolescence. It would also be interesting to formally assess children's attachment security alongside qualitative inquiry, to better establish links between mothers' felt sense of security, and children's internal attachment representations.

#### **2.5.7 Conclusion**

The present study has enhanced our understanding of the experiences of mothers adopting older children. Developing attachment relationships are challenged by fears held by older children as a consequence of earlier relational trauma and abandonment, and the interaction of trauma and loss between



mother and child. Retaining empathy for the child's experience, committing and developing love promoted relationship development. Adopting siblings may pose additional challenges when they present with different emotional needs and behaviours. The recent UK government post-adoption support fund strategy intends to improve access to therapeutic support, despite geography (DfE, 2013). However, it was concerning that some mothers in this study still felt in a "battle" with services to have their needs acknowledged and validated. As gatekeepers to the adoption support fund, acknowledgement of the challenges facing mothers at a service level is critical to enable families to access vital support.

## 2.6 References

- Ainsworth, M. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Oxford, England: Erlbaum.
- Barone, L., & Lionetti, F. (2011). Attachment and emotional understanding: a study on late-adopted pre-schoolers and their parents. *Child: Care, Health and Development*, 38 (5), 690-698.
- Barth, R., & Miller, J. (2002). Building effective post adoption services: What is the empirical foundation? *Family Relations*, 49 (4), 447-455.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52 (1), 63-70.
- British Psychological Society. (2010). *Code of Human Research Ethics*. Leicester: British Psychological Society.
- Carlson, E. A. (1998). A prospective longitudinal study of disorganised/disoriented attachment. *Child Development*, 69, 1970-1979.
- Casswell, G., Golding, K., Grant, E., Hudson, J., & Tower, P. (2014). *Dyadic Developmental Practice (DDP): A framework for therapeutic intervention and parenting*. Child and Family Clinical Psychology Review. London: British Psychological Society.

- Cole, S. A. (2005). Infants in foster care: relational and environmental factors affecting attachment. *Journal of Reproductive and Infant Psychology*, 23 (1), 43-61.
- Cowan, A. B. (2004). New strategies to promote the adoption of older children out of foster care. *Children and Youth Services Review*, 26, 1007-1020.
- Cyr, C., Euser, E. M., Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, 22, 87–108.
- Dance, C., & Rushton, A. (2005). Predictors of outcome for unrelated adoptive placements made during middle childhood. *Child and Family Social Work*, 10, 269-280.
- Davies, J., & Bledsoe, J. (2005). Prenatal alcohol and drug exposures in adoption. *Paediatric Clinics of North America*, 52, 1369–1393.
- Department for Education. (2013). *Further action on adoption: finding more loving homes*. London: Department for Education.
- Department for Education. (2015). *Statistical First Release: Children looked after in England (including adoption and care leavers) year ending 31 March 2015*. National Statistics. London: Department for Education.
- Department of Health. (2004). *Practice guidance on assessing the support needs of adoptive families*. London: Department of Health.

- Dozier, M., & Albus, K. E. (2000). Attachment for infants in foster care: the role of caregiver state of mind. *Child Development, 72*, 1467-1477.
- Elliot, A. (2013). *Why cant my child behave? Empathic parenting strategies that work for adoptive and foster families*. London: Jessica Kingsley.
- Fagan, M. (2011). Relational Trauma and its impact on late-adopted children. *Journal of Child Psychotherapy, 37* (2), 129-146.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *In Session: Psychotherapy in Practice, 58* (11), 1433-1441.
- Follan, M., & McNamara, M. (2013). A fragile bond: adoptive parents' experiences of caring for a children with a diagnosis of reactive attachment disorder. *Journal of Clinical Nursing, 23*, 1076-1085.
- Ford, T., Vostanis, P., Meltzer, H., & Goodman, H. (2007). Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *British Journal of Psychiatry, 190*, 319-325.
- Gair, S. (1998). Coping with difference in mothering adopted children: considering a broader model. *Adoption & Fostering, 22*, 16-25.
- Gauthier, Y., Fortin, G., & Jeliu, G. (2004). Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care. *Infant Mental Health Journal, 25*, 379-396.

- Hodges, J. (2008). Adoption and fostering. *Psychiatry*, 7 (7), 290-294.
- Hopkins, J. (2000). Overcoming a child's resistance to late adoption: how one new attachment can facilitate another. *Journal of Child Psychotherapy*, 26 (3), 335-347.
- Howe, D. (1997) Parent-reported problems in 211 adopted children: some risks and protective factors. *Journal of Child Psychology and Psychiatry*, 38, 401-411.
- Howe, D. (2003). Attachment disorders: Disinhibited attachment behaviours and secure base distortions with special reference to adopted children. *Attachment & Human Development*, 5, 265-270.
- Hughes, D. A. (2004). An Attachment-Based Treatment of Maltreated Children and Young People. *Attachment & Human Development*, 6, 263-278.
- Hughes, D. A. (2007). *Attachment-Focused Family Therapy*. New York: W.W. Norton.
- Jernberg, A. (1979). *Theraplay: A New Treatment Using Structured Play for Problem Children and Their Families*. San Francisco: Jossey-Bass.
- Lionetti, F. (2014). What promotes secure attachment in early adoption? The protective roles of infants' temperament and adoptive parents' attachment. *Attachment and Human Development*, 16 (6), 573-589.

- McKay, K., Ross, L. E., & Goldberg, A. E. (2010). Adaption to parenthood during the post-adoption period: a review of the literature. *Adoption Quarterly*, 13, 125-144.
- Mott, S. L., Schiller, C. E., Richards, J. G., O'Hara, M. W., & Stuart, S. (2011). Depression and anxiety amongst postpartum and adoptive mothers. *Womens Mental Health*, 14, 335-343.
- Neil, E. (2011). Making sense of adoption: Integration and differentiation from the perspective of adoptive children in middle childhood. *Children and Youth Services Review*, 34, 409-416.
- Pace, C. S., Cavanna, D., Velotti, P., & Zavattini, G. C. (2014). Attachment representations in late-adopted children: the use of narrative in the assessment of disorganisation, mentalising and coherence of mind. *Adoption and Fostering*, 38 (3), 255-270.
- Pace, C. S., & Zavattini, G. C. (2010). 'Adoption and attachment theory' the attachment models of adoptive mothers and the revision of attachment patterns of their late-adopted children. *Child: Care, Health and Development*, 37 (1), 82-88.
- Peters, K., & Jackson, D. (2008). Mothers' experiences of parenting a child with attention deficit hyperactivity disorder. *Journal of Advanced Nursing*, 65, 62-71.

- Rushton, A., & Dance, C. (2002). *Adoptive support services for families in difficulty: A literature review and UK survey*. London: British Agencies for Adoption and Fostering.
- Schore, A.N. (2002). Dysregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry*, 36, 9-30.
- Selwyn, J., Wijedasa, D., & Meakings, S. (2014). *Beyond the adoption order: Challenges, interventions and adoption disruption*. Bristol: Department for Education.
- Sinclair, I., & Wilson, K. (2003). Matches and mismatches: The contribution of carers and children to the success of foster placements. *British Journal of Social Work*, 33, 871-884.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE.
- Steele, M., Hodges, J., Kaniuk, J., Hillman, S., & Henderson, K. (2003). Attachment representations and adoption: associations between maternal states of mind and emotion narratives in previously maltreated children. *Journal of Child Psychotherapy*, 29 (2), 187-205.
- Stovall-McClough, K.C., & Dozier, M. (2004). Forming attachments in foster care: Infant attachment behaviours during the first 2 months of placement. *Development and Psychopathology*, 16, 253-271.

Tufford, L., & Newman, P. (2010) Bracketing in qualitative research. *Qualitative Social Work*, 11 (1), 80-96.

van den Dries, L., Juffer, F., van IJzendoorn, M.H., and Bakermans-Kranenburg. (2009). Fostering security? A meta-analysis of attachment in adopted children. *Children and Youth Services Review*, 31, 410-421.

Viana, A. G., & Welsh, J. A. (2010). Correlates and predictors of parenting stress among internationally adopting mothers: A longitudinal investigation. *International Journal of Behavioural Development*, 34 (4), 363-373.

Waterman, B. (2001). Mourning the loss builds the bond: Primal communication between foster, adoptive or stepmother and child. *Journal of Loss and Trauma*, 6, 277-300.

Wilburg, B. (2012). *Adopting a Traumatized Child: A Phenomenological Investigation of Eight Families' Post Adoptive Experience of the Psychological and Neurobiological Impact of Early Childhood Trauma*. Unpublished doctoral dissertation, Pacifica Graduate Institute, California.

Zilberstein, K. (2014). Trauma's neurobiological toll: Implications for clinical work with children. *Smith College Studies in Social Work*, 84, 292-309.



## **Chapter 3**

### **Reflective paper**

**Accepting the told story as one of many possibilities: developing  
reflexivity 'through the mirror'**

*Paper not intended for publication*

Chapter word count excluding reference list: 2472

### **3.1 Introduction**

This paper will aim to encompass some of the key reflections I have made throughout my journey of research, in the context of my wider training and development of self-awareness. The process of reflexivity is key to both psychological thinking and IPA research methodology, and this paper will address some of the parallels between the two. I will be considering the parallel between developing self-awareness as a practising psychologist, and the journey of self-awareness within my research process. In these pages, I will reflect upon the process of developing acceptance. I will discuss how my relationship with the data was influenced as a researcher and a clinician, but also as an individual holding preconceptions, judgements and individual perspective derived from personal background and experience. The journey to acknowledge and accept the influence of these factors in my interpretation of my participants' stories, created a parallel sense-making endeavour, and a need to develop a narrative of my own experience.

### **3.2 The development of self-awareness and reflexivity**

IPA is a methodology that uses the researcher as an instrument through which the story of the participants can be understood, interpreted in the context of group experience, and then shared. It is a sense-making endeavour at the hands of the researcher. However, the researcher is a human, with his or her own story and experience, which will influence the understanding and telling of the narrative. IPA recognises the position of the researcher as bringing with them history, experience and, therefore, judgement to the research. This recognition

and normalisation of preconception in IPA encourages the researcher to attempt to consider, and bring awareness to, their presumptions and potential judgements through techniques such as 'bracketing interviews'. Bracketing is a reflective activity where the researcher and another person, outside the interview process, explore such preconceptions before engaging with the experiential aspects of the research process (Tufford & Newman, 2010).

As such, the development of self-awareness is an important part of the process to enable the separation of the interaction between the story of the participants and the story of the researcher. I found this process both engaging and challenging and reflects a process I have similarly experienced as a clinician. Positivist approaches in psychology suggest that clinicians should engage in a 'non-judgemental stance' (Rogers, 1999), which is an idea I have battled with throughout training, and re-visited within this research context. I would argue that judgements are part of human existence and, whilst we can bring awareness to judgement, we cannot fully separate our experiences and our judgements. This engendered a conflict in striving to remain objective, the impossibility of which is reflected in this quote:

"We do not 'store' experience as data, like a computer: we 'story' it"

(Winter 1988, p. 235)

Reflective practice and reflexivity are integral to both the therapy and the research process, in an attempt to bring awareness to, and at times address, this issue. Whilst reflective practice is an on going and active process, with which I engage to learn about myself and to move forward, the process of reflexivity

takes this further. I am drawn to the concept of 'through-the-mirror' thinking (Bolton, 2010). Rather than looking at one's reflection in order to learn and progress, stepping into the mirror and looking back can offer a richer experience and different perspectives about the self and others. Reflexivity involves finding ways of questioning our actions, beliefs, thoughts and judgements in order to understand the complex interplay of ourselves and others (Shaw, 2010).

To this end, I often refer to a paper to which I was introduced during my first year of training that has continued to shape my thinking about my perceptions about myself and others. It offers a structure for a particular aspect of reflexivity, in developing awareness of the unconscious process that results in the mind preferring, or 'privileging', and attending to certain people or pieces of information, whilst avoiding or minimising others. The theory emphasises the influence of individual experience over the course of a lifetime in shaping choices, judgements and personal preferences, and encourages clinicians to become consciously aware of these influences. Whilst this exercise has influenced my thinking and reflections as a therapist, it has felt equally relevant to attend to during the research process.

The paper explains an exercise in identifying the self in context; with their own history, and their perception of others (Burnham, 2013). The Social GRRRAAACCEEESSS (Gender, Geography, Race, Religion, Age, Ability, Appearance, Class, Culture, Ethnicity, Education, Employment, Sexuality, Sexual Orientation, Spirituality) exercise allowed me begin attending to the visible and invisible, voiced and unvoiced perceptions that I held toward social difference

and power, because of my own history and preferences (Burnham, Palma & Whitehouse, 2008). I have actively explored my relationship to the GRRRAACCEEESSS, but continue to bring my attention to when I am privileging or minimising information, as new experience may alter these relationships over time (Burnham, 2013). Although this exercise attends to culture and power differences, which is particularly pertinent in a therapy setting, I feel that the notion is equally applicable to research.

The idea that we prefer to remain within our 'comfort zone' and privilege certain issues over others is particularly interesting as a concept, as certain aspects of participants' narratives could get missed, avoided or misinterpreted depending on the unconscious preferences of the researcher. Generally, the choice of research topic is derived from a passion and interest, which is privileged above other research topics. Throughout the interview and analysis stages, the researcher is in control of shaping the process, privileging and minimising certain aspects of information in choosing what aspects of the story and experience to attend to.

### **3.3 The battle for objectivity**

During the research process, I began reflecting upon the influence of my privilege toward emotion and psychology; my chosen and privileged career. As psychologists, we are largely accessed by people who need help, and who come accompanied by distress. For me, I am aware that there is a draw to become 'problem saturated'; to privilege and focus upon the struggle of the client and pay less attention to positive experience. Although attending to hopes and

positive experience is something that I actively try and weave into the therapy room, I wondered about whether I was also drawn to privilege struggle within the research context. During the project conception, and data collection phase, I was working in a looked after and adopted children's service. Seeing, first hand, the impact of relational trauma for children in the system, motivated me to complete research in this area, along with a desire to explore what is needed to better support families, and give such children a better chance. However, this exposure also influenced my perception of older children finding it difficult to create new relationships in the context of their previous, and damaging, experience of separation and loss. As a consequence, I was acutely aware, necessarily so, that during the process I could easily fall into the trap of looking for 'problems' in relationships. I could privilege a certain type of experience over another; which could just as easily be present, but missed.

I was conscious during the interview process, to pay attention to the aspects of conversation I was privileging and minimising as a response to my felt connection with participants and stories. At times when I felt particularly 'connected' to a story, and equally when I experienced the opposite, it was an important process to identify what was driving the connection or disconnection. The same process was applied when I felt more, or less, drawn to particular interviews and themes during the analysis process, or equally, at times when I experienced disconnection to the project as a whole.

An example of this was during the interview process, where I noticed feeling more 'drawn to' participants' stories when they were more highly emotive, and particularly when the stories were telling of difficult experience. This fitted with

my wondering about privileging aspects of emotion, and aspects of difficulty, trauma or pain, all central in my career as a psychologist. In essence, the therapist part of me was searching for the problematic narrative. It was important for me to be mindful in the moment as to whether this was impacting upon my interview. Attending to this possibility, through reflexive thinking and bracketing interviews before conducting interviews, increased my self-awareness within the interviews. Revisiting the semi-structured questions within the interview to ensure I hadn't missed important aspects of their experience helped me to reconnect with objectivity. I also found that listening back to the audio recording whilst transcribing and whilst analysing the data, helped me to remain as close to the participants' experience as possible, and for me to again notice and address my internal experience during this process.

During the analysis process, I experienced the opposite internal process to the interview process. At this point, disconnection occurred when re-experiencing the more emotive recordings. I was aware at the time of feeling overwhelmed by my own experience of anxiety and fear about the process of completing the thesis to a high standard, and also within a restricted time frame. This meant that I felt more overwhelmed by the distress of participants and felt less willing to immerse myself in the data. I was also afraid that my emotional experience would impact on my objectivity towards participants' stories. Remaining self-aware of the process was again crucial in recognising the desire to move away from the distress in stories, and privilege the hope and positive experience of my participants. Retaining the balance throughout the analysis process of the

interplay between my experience, and my participants', became a feature of my reflective practice.

In addition, I was aware that my particular interest and experience in working with looked after and adopted children could potentially skew my thinking in the same way as I could be drawn to distress. Separating my existing psychological knowledge, particularly in the area of attachment theory, and attending to the experience of my participants without this framework was not possible, as it shaped my thinking at a subconscious level. However, identifying this as my 'analytic lens' drew awareness to potential bias within my thinking, and was important in managing the fluctuating draw between theory and participant experience (Caelli, Ray, & Mill, 2003).

Using the mirror analogy, there were times during the analysis process in particular where I wasn't certain whose story I was looking back upon. Were my interpretations of my participants' experiences becoming influenced by my perception of their narrative, effectively becoming my own story? I also felt a pressure to do the stories 'justice'. There were times that I felt trapped behind the glass, losing my ability to be reflexive as a consequence of my anxiety and emotional experience. In addition, I felt a pull towards 'fairly' representing all aspects of each participant's experience, which for a time prevented me from being able to select key themes from the data, and choose the themes that resonated most with the aim of the project as a whole. The process of discarding themes, which is a necessary part of IPA, felt emotionally difficult, as if I were discarding important experiences (Smith, Flowers & Larkin, 2009). I think that this element of the process may have particularly tapped into a parallel process



of both my participants, and their children; all of whom at some point had felt dismissed or discarded. For many mothers, they had experienced the adoption system as dismissing their experience of difficulty, and the children may have felt discarded by their birth families, and also, possibly, foster carers. I recognised myself being drawn into trying to reflect all of their experiences in the data, in an effort not repeat this experience. As a result, the analysis at times felt cumbersome and unclear. At this point, my experience was clouding that of my participants.

Remaining grounded in the experience of my participants was a task to which I kept purposefully returning. This was reflected in the process of returning to the data, changing and editing themes, and ensuring that I was seeing 'process' where process actually existed. Whilst immersion in the data was a necessary part of IPA, for me, stepping away from the immersive state was equally important in the reflexive process, allowing me to step into the mirror and notice the helpful and unhelpful, privileged and unprivileged, voiced and unvoiced aspects of my own, and my participant's experience.

### **3.4 Accepting my position of influence**

I feel I have journeyed through a process of acceptance throughout my research, which sits alongside a preferred therapy model of mine. In Narrative Therapy, it is proposed that our lives are storied, but there are multiple possibilities to an experience, and 'alternative' story lines can always be found (Carr, 1998). I think that I was looking for the 'right' story to tell the experiences of my participants; to do them justice, where actually this may have never have been a

possibility. The story I have told is an amalgamation of experiences, with respect to similarities and differences. It will have been influenced, to a degree, by my analytical lens and choice to privilege elements of experience, which felt most relevant in order to tell the participants' story. Being mindful of this process allowed me to reflect upon why elements were being categorised as such, fostering a constant 'checking-in' process of whether my choices were in line with participant experience, or driven by my own privileges. In IPA, this phenomenon is termed the 'double hermeneutic', the story that was told was my experience of my participants experiences amongst which are multiple influences to the resulting narrative.

Given more time than allowed within the doctoral course, a gold standard validity process would involve going back to participants and 'checking out' that the derived themes align with their experience during the writing process. Similarly, in the therapy room, I would have the opportunity to 'check out' with the client about my formulated hypothesis and whether I have interpreted their experience in a way that makes sense to them. However, without this luxury within the constraints of the research, I was left with a sense of uncomfortable power and responsibility about telling their story without knowing whether I had fully captured their sense of experience. Accepting this process, in a parallel to my participants accepting their children's pre-adoptive histories and stories, has meant letting go of the perfect story ideal.

My participants, when reading the paper will hopefully relate to the experience that I have storied, and hearing their feedback will be an important, continuing part of my journey. If I have been able to capture some important aspects of

their journey and their experience, which may positively influence other adopters' experience in the future, then I have, in my mind, completed a meaningful research task.

### 3.5 References

- Bolton, G. (2010). *Reflective Practice: Writing and Professional Development* (Third Ed.). London: SAGE publications.
- Burnham, J. (2013). Developments in Social GRRRAACCEEESSS: visible-invisible, voiced-unvoiced. In I. Krause (Ed.), *Cultural Reflexivity*. London: Karnac.
- Burnham, J., Palma, D. A., & Whitehouse, L. (2008). Learning as a context for differences and differences as a context for learning. *Journal of Family Therapy*, 30, 529-542.
- Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2 (2), 1-13.
- Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy*, 20 (4), 485-503.
- Rogers, C. (1999). *On becoming a person: a therapist's view of psychotherapy*. London: Constable.
- Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology*, 7 (3), 233-243.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE.

Tufford, L., & Newman, P. (2010) Bracketing in qualitative research. *Qualitative Social Work*, 11 (1), 80-96.

Winter, R. (1988). Fictional-critical writing. In J. Nias & S. Groundwater-Smith (Ed.), *The enquiring teacher*, (pp. 231-248). London: Falmer.

## Appendix A. Author instructions for the *Journal of Attachment and Human*

### *Development*

Use these instructions if you are preparing a manuscript to submit to *Attachment & Human Development*. To explore our journals portfolio, visit <http://www.tandfonline.com>, and for more author resources, visit our [Author Services](#) website.

*Attachment & Human Development* considers all manuscripts on the strict condition that

- the manuscript is your own original work, and does not duplicate any other previously published work, including your own previously published work.
- the manuscript is not currently under consideration or peer review or accepted for publication or in press or published elsewhere.
- the manuscript contains nothing that is abusive, defamatory, libellous, obscene, fraudulent, or illegal.

Please note that *Attachment & Human Development* uses [CrossCheck™](#) software to screen manuscripts for unoriginal material. By submitting your manuscript to *Attachment & Human Development* you are agreeing to any necessary originality checks your manuscript may have to undergo during the peer-review and production processes.

Any author who fails to adhere to the above conditions will be charged with costs which *Attachment & Human Development* incurs for their manuscript at the discretion of *Attachment & Human Development's* Editors and Taylor & Francis, and their manuscript will be rejected.

### Manuscript preparation

**EMPIRICAL REPORTS** should conform to APA standards, with a legible [abstract](#) (100-150 words), followed by sections that include an introduction, method, results, and discussion.

**THEORY/REVIEW PAPERS** should make an original, testable and/or useful extension/revision to theory and previous literature concerning attachment processes and human development.

**CLINICAL CASE-STUDIES** should provide an account of previous clinical theory in an organized and up-to-date manner distinct from the clinical case material. Further, the clinical case material should occupy no more than a third of the paper. The first third should include only relevant background theory, while the final third should aim to discuss the descriptive presentation of the clinical case material against the background of existing theories and/or modifications needed to accommodate the clinical material.

#### 1. General guidelines

- Manuscripts are accepted in English. Any consistent spelling and punctuation styles may be used. Please use double quotation marks, except where “a quotation is ‘within’ a quotation”. Long quotations of 40 words or more should be indented without quotation marks.
- A typical manuscript should be around 6,000 words in length and will not exceed 7,500 words excluding references, tables and figures. Manuscripts that greatly exceed this will be critically reviewed with respect to length. Authors should include a word count with their manuscript.
- Manuscripts should be compiled in the following order: title page (including Acknowledgements as well as Funding and grant-awarding bodies); abstract; keywords; main text; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figure caption(s) (as a list).
- Please supply all details required by any funding and grant-awarding bodies as an acknowledgement in a separate Funding paragraph, as follows:
- *For single agency grants:* This work was supported by the <Funding Agency> under Grant <number xxxx>.
- *For multiple agency grants:* This work was supported by the <Funding Agency #1> under Grant <number xxxx>; <Funding Agency #2> under Grant <number xxxx>; and <Funding Agency #3> under Grant <number xxxx>.
- [Abstracts](#) of 150 words are required for all manuscripts submitted.
- Each manuscript should have 5 to 6 [keywords](#).

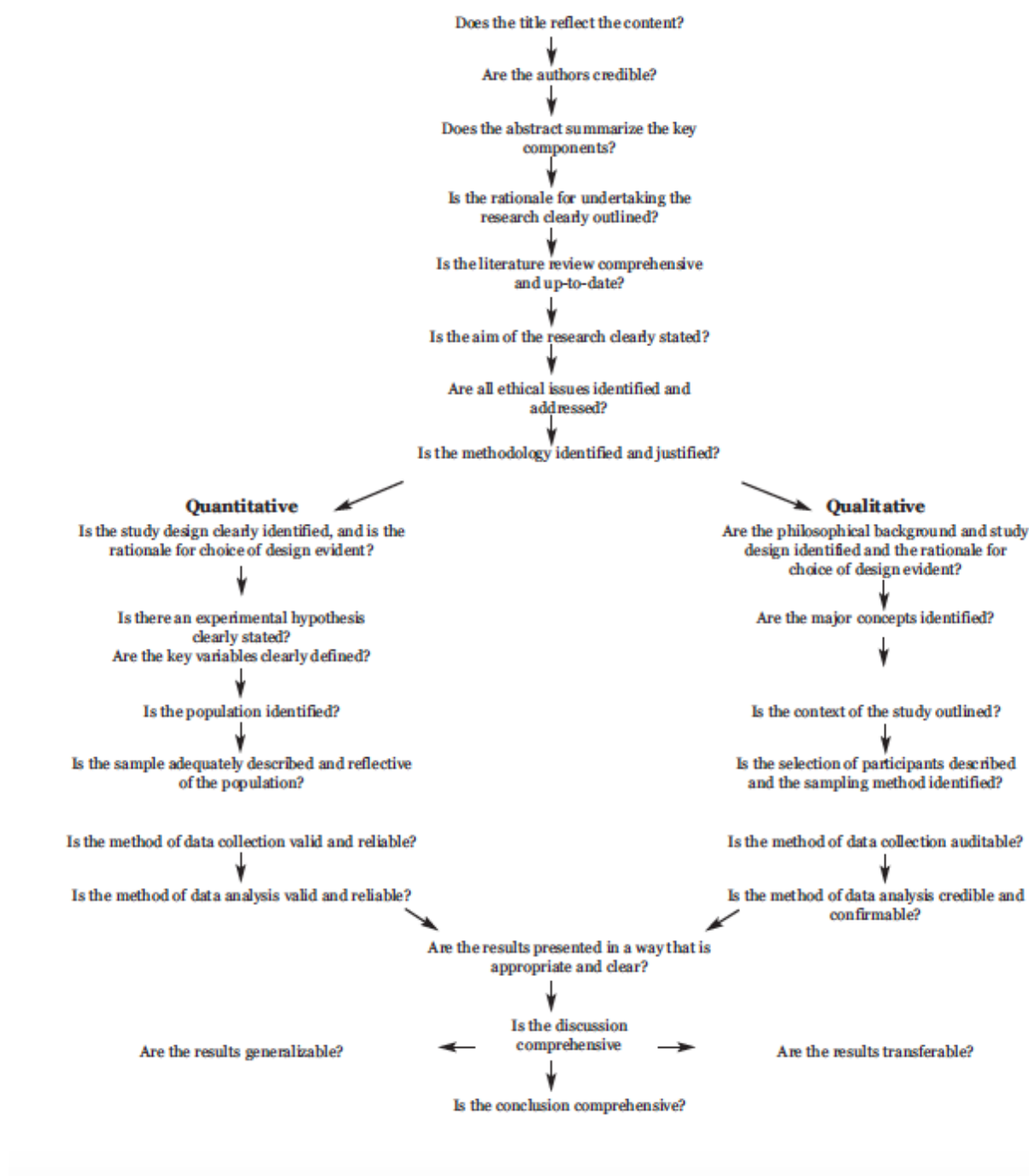
- Search engine optimization (SEO) is a means of making your article more visible to anyone who might be looking for it. Please consult our guidance [here](#).
- Section headings should be concise.
- All authors of a manuscript should include their full names, affiliations, postal addresses, telephone numbers and email addresses on the cover page of the manuscript. One author should be identified as the corresponding author. Please give the affiliation where the research was conducted. If any of the named co-authors moves affiliation during the peer review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after the manuscript is accepted. Please note that the email address of the corresponding author will normally be displayed in the article PDF (depending on the journal style) and the online article.
- All persons who have a reasonable claim to authorship must be named in the manuscript as co-authors; the corresponding author must be authorized by all co-authors to act as an agent on their behalf in all matters pertaining to publication of the manuscript, and the order of names should be agreed by all authors.
- Biographical notes on contributors are not required for this journal.
- Authors must also incorporate a [Disclosure Statement](#) which will acknowledge any financial interest or benefit they have arising from the direct applications of their research.
- For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms must not be used.
- Authors must adhere to [SI units](#). Units are not italicised.
- When using a word which is or is asserted to be a proprietary term or trade mark, authors must use the symbol ® or TM.
- Authors must not embed equations or image files within their manuscript.

## Manuscript submission

All submissions should be made online at the *Attachment & Human Development* [ScholarOne Manuscripts](#) website. New users should first create an account. Once logged on to the site, submissions should be made via the Author Centre. Online user guides and access to a helpdesk are available on this website.

Authors should prepare and upload two versions of their manuscript. One should be a complete text, while in the second all document information identifying the author should be removed from files to allow them to be sent anonymously to referees. When uploading files authors will then be able to define the non-anonymous version as "File not for review".

## Appendix B. Quality appraisal checklist



(Caldwell, Henshaw & Taylor, 2005)



## Appendix C. Author instructions for the *Journal of Child Development*

### *Child Development* Submission Guidelines Updated August 2015

#### Manuscript Requirements

*Child Development* invites for consideration manuscripts that are neither identical to nor substantially similar to work published or under review elsewhere. Editors retain the right to reject manuscripts that do not meet established ethical standards for research or dissemination.

The following points are requested of all papers submitted to *Child Development*, and are required for any paper ultimately accepted for publication. Failure to comply with these requirements may lead to delays in processing, review or publication. Failure to comply may also lead to the manuscript being returned to you for revision.

#### Formatting

All manuscripts must:

- Be double-spaced (abstract, body text, references)
- Use 12-pt. Times New Roman font
- Have 1-inch margins
- Be submitted as Word files

#### Page Limits

40 pages for Empirical Articles, inclusive of everything, with a reference list no longer than 8 pages.

#### Manuscript Structure

Empirical Articles and Reports must have the following major sections (other article types may vary):

INTRODUCTION

METHOD

RESULTS

DISCUSSION

REFERENCES

TABLES and FIGURES

The METHOD section **must** include participant demographic information, such as sex, SES, race or ethnicity, recruitment method, etc.

#### Abstracts

- Must be 120 words or fewer
- Include participants' numerical age
- Include the total number of participants (Ns)
- Must be written in the third person, not first person

#### References

- Do not exceed 8 pages
- Are cited both in the body text and on the reference list
- Are listed in alphabetical order by authors' surname
- Include the DOI # when available

#### Figures

Color figures publish online for free, but there is a \$325 cost to *print* in color. More technical information on images (accepted file types, image quality, etc.) is available at [Wiley-Blackwell Author Services](#).

#### Footnotes and Endnotes

*Child Development* does NOT publish footnotes or endnotes of any kind. All such notes must be incorporated into the body text.

### **Blinding**

*Child Development* uses a double-blind reviewing procedure. Please ensure any information that might identify authors is either removed or sufficiently masked.

Information such as the author list, affiliations, acknowledgments, etc. should be removed from the main manuscript file and uploaded as a separate Title Page file during submission.

In-text references to any work by the authors should be referred to in the third person to mask the authors' identities (for example: "We have shown in previous work that children...(Martin 2011)" should instead be written as "It has been shown in previous work that children...(Martin 2011)"

### **APA Style Reminders**

*Child Development* follows the Sixth Edition of the Publication Manual of the American Psychological Association (APA).

The following are reminders on oft-forgotten points of APA style. However, ultimately it is the author's responsibility to comply with APA regulations. We regret that failures to follow APA rules may well result in slowing down the production process and hence the publication of your manuscript.

### **Sexism**

Avoid sexist language; use plural phrases such as, "children and their toys" for "a child and his toy." Refrain from referring to children with "it."

### **Figures**

Please keep figures as clear and simple as possible. For example, do not use a 3-dimensional bar graph unless you are presenting data along three dimensions. Be sure that labels are large enough to be visible when the figure is reduced in size. Remember to provide figure numbers and captions separately, not on the figure itself.

### **"Relationship" vs. "Relation"**

These are not interchangeable. "Relationship" is used to describe a social bond, such as between a mother and a child, a teacher and a child, etc. "Relation" is used to describe non-animate associations, including those between variables.

### **Uses of Slash (/)**

Uses of slash in the abstract and body text must be avoided. Examples include "and/or," "his/her," etc. "His/her" can (and should) be rewritten as "his or her," etc. Slashes may be used in references, tables and figures. Slashes may also be used when citing previously written material, such as including in the paper a test question that was used with participants.

## **Manuscript Submission**

**Manuscripts should be submitted online at <http://mc.manuscriptcentral.com/childdev>**

Full instructions and support are available on the site and a user ID and password can be obtained on the first visit. If you cannot submit online, please contact the Editorial Office by telephone (734-926-0615) or by e-mail ([cdev@srcd.org](mailto:cdev@srcd.org))

## **Appendix D. Semi-structured interview schedule**

1. Tell me a bit about you

2. Tell me about how you came to adopt.

*Prompts: adoption journey, process, emotional experience, practical experience, relational, stressors*

3. How did you come to adopt a child over the age of 4?

4. What did you think adopting would be like?

*Prompts: hopes, fears, dreams, expectations, concerns*

5. What has been the emotional and psychological experience during and post-adoption?

*Prompts: reality of hopes, dreams, fears and expectations*

6. What was it like when you first met (*child's name*)?

7. How would you describe your child and your experience of them?

*Prompts: currently, through the stages of adoption (when matched, placed, adoption order made), how you feel when around them, emotional experience*

8. Tell me about your relationship with your child.

*Prompts: quality, challenges, behaviour, resistances, successes, bonding, feelings, changes, frustrations, relationship when first meeting, first living as a family, when adoption order was finalised, currently*

*Generic prompts which will be used throughout: "what was that like for you?", "can you give me an example?", "can you tell me a bit more about that?" "why was that...?", "how was that..."*

## Appendix E. Coventry University ethical board approval letter



### **Certificate of Ethical Approval**

Applicant:

Emily Harris

Project Title:

Mother's lived experience of adopting a late adopted child

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

11 August 2015

Project Reference Number:

P35749

## Appendix F. Study advert

Coventry University  
Priory Street, Coventry CV1 5FB  
Telephone 024 7666 6328  
Fax 024 7666 6702

Programme Director  
Doctorate Course in Clinical Psychology  
Dr Eve Knight  
BSc Clin.Psy.D., CPsychol

THE UNIVERSITY OF  
WARWICK



### Invitation to take part in adoption research

My name is Emily Harris, and I am a Trainee Clinical Psychologist at Coventry and Warwick Universities. I am conducting a research project focusing on adoption experience, titled:

#### *"Mother's lived experience of adopting a late adopted child"*

I would like to invite you to take part, if:

- You adopted a child who was between the ages of 4 to 7 when placed for adoption with you, from the UK care system
- The adoption took place between October 2011 and October 2014 (between 1 and 4 years ago)
- Your child does not have additional health needs (e.g. physical disabilities)
- You are willing to talk about your experience!

### About the study

I am interested in gaining an in depth understanding of a mothers experience of adopting a child between the age of 4 and 7, classed as 'late adopted'. I am also particularly interested on understanding the experience of mother-child relationships. We hope that in better understanding a mother's experience, we might learn more about adoptive relationships when the child is adopted later in their childhood. We hope that you will find value in sharing your experience, knowing that the information you provide could impact on increasing knowledge and strengthening support services and therapy interventions for adoptive families.

### What is involved?

Taking part is voluntary. If you are interested and eligible to take part, I will arrange to visit you to conduct an interview where I will ask you about your experience. This will last about an hour, and the information you provide will feed into a psychology doctorate research project.

The study has full ethical approval from Coventry University and is supported by a research supervision team at the university.

If you are interested in finding out more, please email me on [harri272@uni.coventry.ac.uk](mailto:harri272@uni.coventry.ac.uk) and I will send you an information pack to help you decide if you want to take part.

Thank you for taking time to read this. I hope to hear from you.  
Emily

Dean of Faculty of Health and Life Sciences  
Professor Guy Daly, Coventry University, Priory Street, Coventry CV1 5FB, Tel 024 7679 5805

Head of Department of Psychology  
Professor James Trellian BSc PhD, University of Warwick, Coventry CV4 7AL, Tel 024 7657 3009

[www.coventry.ac.uk](http://www.coventry.ac.uk)

## Appendix G. Participant information sheet

Coventry University  
Priory Street, Coventry CV1 5FB  
Telephone 024 7688 8328  
Fax 024 7688 8702

Programme Director  
Doctorate Course in Clinical Psychology  
Dr Eve Knight  
BSc Clin.Psy.D., CPsychol

THE UNIVERSITY OF  
WARWICK



### Information Sheet For Participants

#### *"Mother's lived experience of adopting a late adopted child"*

#### Invitation to take part in a research study

My name is Emily Harris, and I am a Trainee Clinical Psychologist at Coventry and Warwick Universities. As part of my training, I am conducting a research project focusing on the adoption experience, and would like to invite you to read below to see whether you would be interested, and eligible to take part.

The information below outlines what is involved in taking part. Please read carefully before deciding whether to take part in the study. Participation is entirely voluntary and you do not have to participate if you do not want to.

#### About the study

I am interested in talking to mothers to understand, in-depth, about their experience of adopting a child who was between the age of 4 and 7 when placed for adoption. There will also be a particular focus to understand the mother's perspective about their relationship with their child. We hope that in better understanding a mother's experience in detail, we might learn more about adoptive relationships when the child is adopted later in their childhood, and also hope to provide information to adoption services to inform adoption practice and therapy interventions.

#### Who is eligible to take part?

Due to the research looking at mothers who have experienced a certain kind of adoption, I am wanting to talk to mothers who meet the following criteria: If you meet this criteria and are interested in the study, please continue to read this information sheet.

You will be an adoptive mother of a child who was between the ages of 4 to 7 when placed for adoption with you. Your child will have been adopted through the UK care system. Your child will have been placed with you a year or more ago, but no longer than four years (between October 2011 and October 2014). Your child does not have additional health needs (e.g. physical disabilities).

Dean of Faculty of Health and Life Sciences  
Professor Guy Daly Coventry University Priory Street, Coventry CV1 5FB Tel 024 7679 5805

Head of Department of Psychology  
Professor James Trellian BSc PhD University of Warwick Coventry CV4 7AL Tel 024 7657 3009

[www.coventry.ac.uk](http://www.coventry.ac.uk)



Once I have received your email, I will respond to give you the opportunity to ask questions, and I will ensure that you are eligible to take part in the study. I will then be in contact to arrange to meet you in person at a convenient time and location for you to conduct an interview.

Upon meeting we will talk about the study and I will answer any questions you may have. If you are happy to continue, I will ask you to sign a consent form to say that you have agreed to take part in the research.

At this stage we will begin the interview so that I can hear about your experiences. It is expected that the interview will take around an hour to complete and it will be audio recorded. You will be able to pause or stop the interview altogether at any point if you wish to do so.

### **Benefits to taking part**

We hope that having the opportunity to share your story will be a mutually helpful experience: for your views to be heard, and for us to better understand your experience. The findings from the study will form a large part of a thesis paper written as part of completing a Doctorate in Clinical Psychology at the Universities of Coventry and Warwick. This research is intended for dissemination and publication, so that your experiences and our findings will hopefully reach and influence the wider adoption community, including services, professionals, interested parties and others with lived adoption experience.

### **Confidentiality**

Everything that is said in the interview will remain confidential and will only be used within the research. After the interview, names will be anonymised throughout the transcribing processes, using pseudonyms. The only circumstance in which confidentiality must be broken is where I believe that you, or someone else is at risk from harm. If such concerns are raised, I will need to consult with my research team to decide whether statutory services need to be informed, such as the social services or police. I will endeavour to talk to you about this before breaking confidentiality, wherever possible.

### **What will happen to my data?**

Data will be treated in accordance with the Data Protection Act (1998). Interview recordings will be kept on an encrypted data stick. I will be transcribing the interview recording for analysis, and will remove all identifying details, for example, names, locations and school names. Once transcribed, the original audio recording will be deleted. You will be allocated a number and pseudonym after the interview, which will be used for analysis to ensure anonymity. The list of names will be kept separately from the transcript. The anonymised data will be shared with members of the research team and a peer at Coventry and Warwick Universities only, to support the research analysis. Quotes or sections of the interview may be written into the final thesis and future publications to

explain detailed experiences, however, anonymity will be ensured. Data will be kept by the university for 5 years and destroyed thereafter.

### **Right to withdraw**

You retain the right to stop the interview at any time. If you decide to terminate the interview, the audio recording will be destroyed and your data will not be used in the research. You also retain the right to withdraw your data from the study any time up until the end of December 2015, by contacting me on the email address below stating you would like to withdraw from the study, at which point your data will be destroyed.

### **Are there any disadvantages to taking part?**

This study is exploring the particularly sensitive subject of adopting a child who will have possibly experienced a difficult history. For some people, sharing their experiences of adopting and relationships could be difficult or distressing.

Whilst sharing experiences might be understandably upsetting at times during the interview, I would encourage anyone who thinks that sharing their experience could be particularly distressing should not take part in the study. It is also important to note that you do not have to answer any questions you do not want to, and are in control of how much you wish to disclose during the interview.

At the end of the study we will spend some time talking about the interview and difficult issues that may have been raised.

Contact details for adoption support services will be provided. These details will also be available if you terminate the study early.

### **Contact Details**

If you would like further information about the study or are interested in taking part, please contact:

- Emily Harris, Principal Researcher and Trainee Clinical Psychologist:  
[harri272@coventry.ac.uk](mailto:harri272@coventry.ac.uk)

This project is supervised by:

- Anthony Colombo, Academic Supervisor and Senior Lecturer at Coventry University, [hsx412@coventry.ac.uk](mailto:hsx412@coventry.ac.uk)
- Carolyn Gordon, Clinical Tutor and Supervisor, Coventry University  
[ab0477@coventry.ac.uk](mailto:ab0477@coventry.ac.uk)

This project has been approved ethically by Coventry University Research Ethics Committee.



## Appendix H. Participant consent form

Coventry University  
Priory Street, Coventry CV1 5FB  
Telephone 024 7688 8328  
Fax 024 7688 8702

Programme Director  
Doctorate Course in Clinical Psychology  
Dr Eve Knight  
BSc Clin.Psy.D., CPsychol

THE UNIVERSITY OF  
WARWICK



### Participant Consent Form

I consent to take part in the research project titled "Mother's Experience of adopting a late adopted child"

Please tick each box to indicate that you have read and understood the following.

- ☐ I have read and understood the information sheet outlining the research study, and agree to the terms and conditions outlined
- ☐ I have been given the opportunity to address queries or questions about the study
- ☐ I understand that taking part in the study is voluntary
- ☐ I understand that I am able to withdraw from the study at any time.
- ☐ I am aware that I have the right to withdraw my data from the study up until December 2015
- ☐ I understand that I can pause or terminate the interview at any point by indicating this to the researcher
- ☐ I give permission for the interview to be audio recorded
- ☐ I understand that my data will be transcribed anonymously
- ☐ I understand that anonymised data will be viewed by the research team
- ☐ I am aware that data will be securely kept for 5 years at Coventry University, after which it will be destroyed
- ☐ I understand how to make complaints or ask queries

Dean of Faculty of Health and Life Sciences  
Professor Guy Daly Coventry University Priory Street Coventry CV1 5FB Tel 024 7679 5805

Head of Department of Psychology  
Professor James Trellian BSc PhD University of Warwick Coventry CV4 7AL Tel 024 7657 3009

[www.coventry.ac.uk](http://www.coventry.ac.uk)

☐ I understand and agree to the confidentiality agreement outlined in the information sheet

☐ I agree that anonymised sections of my interview can be used in the report

**By signing below, I agree to take part in the study, and to the conditions outlined above**

Signed (participant)

.....

(Please print name)

.....

Signed (researcher)

.....

Date .....

☐ Please tick if you would like to be sent a written summary of results once the research has been completed. Please provide preferred contact details below so that the report can be sent.

Email address

.....

Postal

address.....

## Appendix I. Participant de-briefing information sheet

Coventry University  
Priory Street, Coventry CV1 5FB  
Telephone 024 7688 8328  
Fax 024 7688 8702

Programme Director  
Doctorate Course in Clinical Psychology  
Dr Eve Knight  
BSc Clin.PsyD, CPsychol

THE UNIVERSITY OF  
WARWICK



### Debrief Information for Participants

I appreciate your time and effort in talking to me and sharing your personal journey of adoption, and I hope that you have found some benefit to this experience. Your participation will help us to better understand the different aspects of adoption experience, contribute to existing knowledge about relationships, and inform adoption practice.

### Queries and Withdrawal Procedure

Should you have any further queries or questions after the interview process, please contact Emily Harris, Principal Researcher and Trainee Clinical Psychologist, by emailing [harri272@coventry.ac.uk](mailto:harri272@coventry.ac.uk).

Please use the same address if you wish to withdraw your interview from the study, which you are able to do any time up until the end of December 2015. You do not need to provide a reason for withdrawing your data.

### Helplines

- If the interview has raised any difficult feelings or concerns around the adoption, please contact Adoption UK's helpline on 0844 848 7900.
- You may also wish to seek support through your local adoption support service. This will be the local authority from which your child was placed for the first three years after the adoption, and your local authority thereafter.
- If you are concerned for your own psychological wellbeing, please make an appointment to visit your GP and discuss support options.
- If you are feeling particularly distressed, please contact the Samaritans helpline on 08457 90 90 90.

### Complaints Procedure

- If you are unhappy with any part of the research and wish to make a complaint, you can contact the Clinical Psychology Doctorate Course team on: 02476887806. Our course admin team, Catherine Ashton and Sonia Krishan will direct your complaint.

**Thank you for taking part.**

Dean of Faculty of Health and Life Sciences  
Professor Guy Daly Coventry University Priory Street Coventry CV1 5FB Tel:024 7679 5805

Head of Department of Psychology  
Professor James Trellien BSc PhD University of Warwick Coventry CV4 7AL Tel 024 7657 3009

[www.coventry.ac.uk](http://www.coventry.ac.uk)

## **Appendix J: IPA analysis procedure**

### **1. Immersion in the data:**

Transcripts were written, read and re-read to become immersed in each individual experience

### **2. Initial noting**

Descriptive initial notes and reflections were made across the transcript

### **3. Developing emergent themes**

The researcher's interpretation of the participant's narrative were noted on the right hand side of the transcript, and initial themes emerging from the data were noted on the left hand side of the transcript. The themes aimed to capture the understanding and interpretation of the participant's experience.

### **4. Drawing upon connections across emergent themes**

Emergent themes were collated and developed to account for the most significant parts of the transcript

### **5. Repeating the process for each case**

The process was repeated for each case individually, without referring to themes from earlier cases

### **6. Searching for patterns throughout cases**

Patterns and reoccurring themes across each data set were identified, and subthemes from each individual account were grouped. Superordinate and subordinate themes were drawn to account for experiences across participant accounts.

**(Smith, Flowers & Larkin, 2009).**

### Participant 1 'Clair':

121



## Participant 7 'Anne':

233	parents are blamed for their children's trauma. Responses of others regulate self blame. Support as a means of survival. The system as abandoning. The system as inconsistent. The system as critical. The battle for help.	A: And we just felt we'd spent a year being blamed, being told that they weren't like this before they came here. That it's your parenting. And it was really confusing because, at the very beginning, we had this social worker saying .. who had got an assessment, locally, very clearly stating that the children had developed a trauma. And then, the professional network around the children at that time, once she'd left, then spent a year saying "No, this isn't what's happening". And it was quite confusing.	they felt blamed and criticised and confused about the inconsistency of the message being given	parents are blamed for their children's trauma. Responses of others regulate self blame. Support as a means of survival. The system as abandoning. The system as inconsistent. The system as critical.
234	The battle for help. Responses of others regulate self blame. Support as a means of survival. The system as abandoning. The system as inconsistent. The system as critical.	I: gosh A: And then they started to say well actually this is out of date. And it's really confusing. So, well Development Trauma doesn't go out of date. You're looking at the history of the children and what happened to them. So, it was really difficult and we just had this ... Oh .. again, the play therapist was fantastic and gave us really good advice and she was very good at listening and being very non-judgmental and listening to us telling her what we found hard. And giving us really useful .. I mean things that worked. So, we had that to hold on to and our network was really supportive. That was really helpful. Sort of the social network and our adoptive network. And the children. The children in the middle of all of this.	they held onto helpful supporters, and the children progressing	sense of unprocessed anger towards the system maintaining hope. Vitality of positive supporters
235	The battle for help. parents are blamed for their children's trauma.	I: hmm A: Just seeing them progress; seeing them develop this lovely relationship and these memories and these experiences with them. But along side that trying to assess what I am being told again and again – "No, we need to look at your parenting. They weren't like this". Which is pretty tough and frightening because it started dragging out the whole adoption process. To get the adoption order. So, we got locked into battle with .. We got legal advice. Well we got two lots of legal advice cos we thought this sounds quite scary. Let's check that this really is the route that we want to take.	they began a battle with the LA and were frightened about the outcome	system as traumatising and inconsistent
237	The battle for help. The system as frightening. parents are blamed for their children's trauma.	I: right A: We were both saying we really need to agree the package of support before we get the adoption order. And then we started being told that if you don't sort this out, you don't do as you're told and access the support we're telling you to do, we will disrupt the placement. So, it's really frightening. A really, really frightening time. And again, being a mum of children, you think gosh ..... what's .. are we going to be these children's mum? Am I going to be this child's mum in six months time? And never allow that to get in the way. Just thought no, this isn't going to happen. I'm not going to let it happen. And we're going to carry on fighting for the support and they are not going to disrupt. But it is at the same time really frightening.	they were threatened that the placement would be disrupted. Fearing loss of the children	fear of losing the family
239				

**Appendix L. Example of super-ordinate and sub-ordinate themes for one participant**

Participant 6 ‘Nicole’:

<b>Superordinate themes</b>	<b>Subordinate themes</b>
Learning to parent the frightened child	The invitation to reject Helplessly shut out Being experienced as a threat The battle to stay calm
“I don’t know if I can carry on like this”	Others are invalidating The system is abandoning Fear of damaging the self and child
Acceptance and Commitment	Fear prevents connection Noticing the small victories Persistence Finding empathy

### Developing initial themes:

