

OBJECT RELATIONS, ATTACHMENT, AND ADOPTION

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The topic of attachment in infancy has been thoroughly researched. Persons such as John Bowlby (1969, 1982) and Mary Ainsworth (1982) have been pivotal in providing empirical implications for the attachment process. The dimension of adoption and attachment in infancy is a different matter. Because a great deal of theorizing has emerged from the Object Relations School, and because it is an accepted model of infant development, it seems a logical starting point in attempting to formulate some links with, as well as some further questions regarding adoption and attachment. In this essay, I hope, through an examination of the literature in object relations, infant attachment, and adoption, to raise questions and plausible possibilities about the issue of attachment in adopted infants. What information have the theories of object relations and attachment given us that can aid in the understanding of development in the adopted infant? Is the disruption of biological bonds a severe enough trauma to impede the attachment process? Does the adoptive mother have the “natural” tools to provide whatever is missing by that disruption? Is attachment the same as adjustment, and does impairment in the first influence the latter? I will utilize the object relations school and the existing theories on attachment to approach my area of interest: adoption.

Introduction of Object Relations Theories and Theorists

The Object Relations School is a direct descendent of psychoanalysis, developed in response to conflicting thoughts regarding the structure of the mind and placement of primacy of its parts. When Freud (1923/1961) introduced his model of the mind, consisting of id, ego, and superego, the id drives of sexuality and aggression were considered primary in human motivation. The ego was viewed as distinct from the id instinctual drives (Gabbard, 1994), and consisted of both conscious and unconscious aspects, each with a specific function. The conscious part of the ego was responsible for making executive decisions regarding the demands of the id, and regarding

the reconciliation of those demands with the external, social world's demands. Defense mechanisms emerge when the three agencies battle for expression and discharge, creating overwhelming anxiety. This interagency conflict is the essence of ego psychology, with the fundamental sequence as follows: conflict creates anxiety, calling the need for a defense, allowing for a compromise between the id and the ego (Gabbard, 1994). Ego psychology was given definition by Sigmund Freud's daughter, Anna, who carried on her father's work and yet emphasized the ego as having more of a primary position in the intrapsychic conflicts than the id. However, Anna states that from the beginning, psychoanalysis was concerned with restoring the ego to its fullest integrity and that "...the investigation of the id and of its mode of operation was always only a means to an end" (A. Freud, 1936, p. 4). As Monte (1995) described Anna's work, he said she skillfully extended "...Freudian concepts in pathways marked but not journeyed by its first explorer" (p. 164). Anna Freud's work in ego psychology is a crucial piece in the eventual branching of psychoanalysis into the Object Relations School.

The Developmental Line

Anna Freud. In her landmark publication, The Ego and the Mechanisms of Defense (1936/1966), Anna Freud outlined in detail nine defense mechanisms of the ego, shifting the emphasis away from id drives, yet recognizing that we are not fully emancipated from a biological heritage (Okun, 1990). The defense mechanisms she discussed are regression, repression, reaction formation, isolation, undoing, projection, introjection, turning against the self, and reversal. Like her father, sublimation was viewed as a normal displacement of instinctual aims. Heinz Hartmann (1958), also an ego psychologist, introduced the non-defensive aspects of the ego, i.e., a conflict-free sphere including the capacity for thought, perception, learning, motor control and language. The ego is central in ego psychology because of its functions relative to the other two structures. For example, we know about id impulses only as they invade the ego for gratification; and the superego becomes apparent only when it confronts the ego with

punitive criticisms or hostility. In essence, "The superego, like the id, becomes perceptible in the state which it produces within the ego" (A. Freud, p. 6). Since the defense mechanisms of the ego against the id can't actually be observed, the most we can achieve is a reconstruction of the defenses in retrospect. That is, we don't "witness" repression until its contents have been revealed. Nevertheless, the job of the psychoanalyst is to bring into consciousness all that is unconscious, dwelling neither on the id, the ego or the superego. The matter is easiest with regards to the id, because its function is to constantly seek gratification and it does not discriminate in how that happens. For the ego and superego, the process of reaching into the unconscious is perceived as intrusive because of the very nature of their functions. That is, the ego has concocted these elaborate mechanisms precisely to control the unconscious impulses and the affects associated with those impulses. Anna states, "Love, longing, jealousy, mortification, pain and mourning accompany sexual wishes; hatred, anger and rage accompany the impulses of aggression" (p. 32). Of all the mechanisms, repression is the most dangerous because the removal of vital elements from consciousness could ultimately destroy the personality. Her expansion of Freud's work was not limited to defense mechanisms; she also was known for applying psychoanalysis to children, "...whose real families and real current needs for safe and nurturing relations with other people had to be factored into the standard sex and aggression equation" (Monte, p. 225). She has a unique place in the developmental theories of psychology, albeit being caught between remaining loyal to her father and exercising her independent ideas. As Monte states, "She is not, after all, a neo-Freudian; she is a Freud" (p. 172).

Melanie Klein. Melanie Klein was a second critical participant in what would become a break from traditional psychoanalysis into the object relations school. Anna's work with children had expanded her father's work by pre-dating what had previously been the landmark-phase of personality development, the Oedipus complex. Melanie Klein studied infants in the first year of life and essentially condensed all of Freud's psychosexual

development into this year, creating a theory of immense controversy (Gabbard, 1994). The controversy centered on the various attributions assigned to infants, including a vast inner life of fantasy, and minimalizing the real, actual influence of caretakers, especially the mother (Okun, 1990). Klein believed that the infant also had cognitive capacities that enabled her to "...be aware of sex differences, intercourse, the existence of bodily parts and their functions, and the infant's connection to the mother (Okun, p. 36). These capacities are implied to include the notion, like Freud, that an infant struggles with ambivalent instincts such as love and hate. In fact, this dichotomy is central in her theory of infant development, and is reflected in her delineation of two phases of the first year. Arising out of a "primal fear of annihilation by the mother" (Gabbard, 1994), the infant employs a splitting of the ego, designed to protect the ego by projecting all the "bad" parts of mother out, and keeping the "good" parts in. This splitting phase is called the paranoid-schizoid position, outlining the fear that the mother (or others) will harm the infant. In this phase, an oscillating pattern of projection and introjection with the mother continues until the infant has developed to the point of recognizing that the bad and good mother are really one person. At this point, the infant becomes concerned that the fantasies toward the mother may destroy her, and the infant now enters the depressive period, characterized by concern that the infant will harm others (Klein, 1946/1975). If viewed as a lifelong oscillating pattern of development, these two positions provide extraordinary value in understanding human experience.

While Freud relied upon adult reconstructions of infant experience to support his psychoanalytic theories, Klein studied infants directly. The absence of language was not viewed as a deterrent; rather she utilized the opportunity to understand infant motivation through empathic modalities that are in many respects outside the domain of language (T. Horner, 1985). According to Horner, the contributions of Klein are not so much found in the "...extreme and unacceptable metaphorical dramatizations of infant subjective experience, ...but in her readiness to meet infant subjectivity on its own terms" (p. 326).

Her model basically incorporates Freud's tenets of the infant mind. For instance, she retains the idea of the undifferentiated early infant and yet held to the infant's ability to experience a part-object relationship, which is where the the paranoid-schizoid is manifested. In addition, she retains, like Freud, the notion of infantile omnipotence, as well as the idea that the experience of self essentially evolves out of painful experience (Winnicott, 1960).

The British Group. The developmental line that began with Sigmund Freud is now in a position to be challenged, expanded, criticized, or applauded. While Freud viewed drives as originating in the body, Klein felt that drives were psychological in origin, seeking specific objects outside themselves for gratification and with the body as the medium (Gabbard, 1994). While Freud viewed drives as seeking tension discharge and expression while dealing with intrapsychic difficulties, Klein felt drives were directed at specific objects for specific reasons (Gabbard). While Freud's use of the term "object" referred to a striving toward specific satisfaction of the drives of sex and aggression, Klein focused on the interpersonal relationship between infant and caretaker (Monte, 1995). Drives become relationships, and these relationships dominate one's emotional life. As Klein was a prominent member of the British Psychoanalytic Society, this is where original splitting and factioning began amongst psychoanalysts. With Anna Freud as Klein's foremost opponent, some members followed Anna, others remained with Klein, and still others refused to take sides (The British Group). This last group reflects the majority of Object Relations Theory as it is known to us today, including luminaries such as D.W. Winnicott, W.R.D. Fairbairn, Harry Guntrip and Margaret Mahler, among others.

The contributions of the British Object Relations school are summarized as follows. Infantile dependency on the mother is paramount; drives are always object related; failure of mother as object is internalized as a rejecting internal object; dependency is a feature of all primary relationships into adulthood, at which time we refer to it as mature dependency (Grotstein, 1994). Although the term "object" refers to people, it is

important to note that as children develop, they do not internalize just an object, but an entire relationship: not the actual relationship, but the quality of the mental representation. (Kumin, 1996). As such, conflict can occur when these internalized representations clash. (This conflict is separate and distinct from the conflict of id and ego). A representation, in psychoanalytic terms, is used to convey "...enduring charged affective mental images of the self and significant others that are experienced as acting in a private internal space" (Kumin, p. 25). A fuller understanding of object relatedness will become apparent as we move through the essay; evenso, there remains a certain ambiguity as to what object relations theory IS and who the theorists ARE. Monte (1995) summarizes in this way:

The degree to which a psychodynamic theorist addresses the person's relationships with significant others and the person's conception of those relationships is a measure of whether the label "object relations" is appropriate for that theory. Alternate version of this rule: the further the psychoanalytic theorist is from seeing personality as a result of drives, the closer that theorist comes to object relations. (p. 228)

Theories of Importance

With the school of Object Relations having been firmly separated from psychoanalysis with regards to the classical interpretation of Freud, several theorists began making important contributions in the area of infant development that had been left undone by Freud. While still appearing under the umbrella of psychodynamic theory, this section examines the efforts of those who clearly are oriented toward the ideas set forth in the British Group of Object Relations.

D.W. Winnicott. As both pediatrician and psychoanalyst, D.W. Winnicott advanced the study of infants in a way that had not been attempted by either Freud, Anna or Klein. That is, he introduced to us the notion that "...there is no such thing as an infant", implying that infants cannot exist without the maternal unit. As such, his studies of mothers and infants together as a psychic unit have contributed to our knowledge of early

infant development, and placed vital importance with the ability of mothers to "hold" their infants, to provide "good-enough mothering," and to foster both absolute and relative dependence as the infant moves toward independence (Winnicott, 1960). All of this implies that the infant utilizes the mother as an auxiliary ego; if the mother is unavailable to provide this, "...the infant is not able to get started with ego-maturations, or else ego development is necessarily distorted in certain vitally important respects" (Winnicott, 1962, p. 57.) For Winnicott, the word infant is appropriately applied to the phase

...prior to word presentation and the use of word symbols. The corollary is that it refers to a phase in which the infant depends on maternal care that is based on maternal empathy rather than on understanding of what is or could be verbally expressed. (1960, p. 587)

His insistence that the infant exists only in relationship with the mother cannot be overstated. He attributed future health and creativity of the baby to the quality of early maternal care-giving and support by the father, and he came to these conclusions by studying the mother-infant dyad systematically over many years of practice (Shepherd et al., 1996). The main reason that the mother is so important in the favorable or unfavorable expression of an infant's "being" is the absolute dependency the infant has for the existence of the baby. When Winnicott refers to "holding", he is referring to the infant's dependence, and the ways in which the mother responds to the dependence, both literally and metaphorically. During the holding, dependent phase, primary process, primary identification, auto-erotism and primary narcissism are living realities (Winnicott, 1960). Holding is not only the physical holding, but an emotional holding as well, and a fusion of baby and mother that has a three-dimensional quality. If the mother can adequately meet these conditions, the baby will have had "good-enough mothering" and the subsequent processes will more naturally and effectively emerge. While holding implies all the environmental provisions provided by the mother, the genetic or inherited potential likewise cannot be wholly expressed if separated from the goodness and reliability of the

maternal care. Mother's empathy will extend to intuitive responding, sensitivity for aspects of the environment related to temperature and touch, consistent attending, and awareness of subtle variations in the baby's changing needs.

Up to this point, the baby has no awareness of these self-needs. As development unfolds, the beginnings of intelligent life allow for recognition of division of self and other. The capacity for object relationships emerge, and the understanding that maternal care is required is gradually admitted into awareness. Another way in which this is stated by Winnicott is that the baby will isolate a core (true) self as necessary for health (1960). He states,

Any threat to this isolation of the true self constitutes a major anxiety at this early stage, and defences of earliest infancy appear in relation to failures on the part of the mother (or in maternal care) to ward off impingements which might disturb this isolation. (p. 590)

Klein had theorized that early infantile health was predicated not only on the effective maternal provisions, but on early primitive mechanisms, i.e., at the level of the individual. So whereas Winnicott ascribed mental health to the goodness of the environmental provisions by the mother, and its failure as contributing to psychosis or a *liability* to psychosis, Klein attributed environmental failure as the foundation for splitting, introjection, projection, etc.

The work of Winnicott exemplifies the Object Relations Theory in its essence, because he identifies the mother as the most important early object representation for the infant, and implies that all other developments flow from this primal object relationship. Furthermore, his detailed outline of infancy and ego development was prototypical and led the way into attachment studies. Known for his terms "holding" and "the good enough mother", Winnicott is also remembered for illuminating the function of the transitional object. Winnicott (1951/1958) utilized the notion of the transitional object as an item that helps the infant make the "transition" from "me" to "not-me", at developmental stages

when the infant becomes aware that mother is not always physically there. In the words of Grotstein (1994), he "...understood the mystery of transitionalness as a mode of pre-thought and as a mode of pre-interpersonal relating" (p. 39).

Margaret Mahler: Separation-Individuation. Margaret Mahler (Mahler, Pine & Bergman, 1975) is best known for her theory of separation-individuation. Her work "...epitomized contemporary psychoanalytic approaches to early child development and psychopathology (T. Horner, 1985, p. 329). Original research efforts were directed at the study of the development of infantile psychoses, hypothesizing that schizophrenia-like infantile psychoses were either autistic or symbiotic in origin. With a grant from the National Institute of Mental Health in 1963, Margaret Mahler set out to study the period of ages 6 months through 3 years, known as the separation-individuation phase, and the four subphases that she proposed comprised the entire phase, in order to "...delineate both the patterns of mother-child interaction typical of each subphase and the developmental patterns of the child occurring at each subphase" (Mahler, et al., 1975, p. xi).

The psychological birth of the infant, unlike the physical birth, is a gradual process of intrapsychic flowering. In Mahler's (Maher et al., 1975) words, psychological birth is basically complete at the end of the separation-individuation phase, which is defined as

...the establishment of a sense of separateness from, and relation to, a world of reality, particularly with regard to the experiences of *one's own body* and to the principal representative of the world as the infant experiences it, the *primary love object*. (p. 3)

The experience and the necessity of separating from a primary object will recur throughout the lifespan, along with the forerunner of separation, fusion.. If the original process is "normal" for the individual, later derivatives of the original experience will not be contorted into a pathological interpretation when the necessity to separate recurs. According to Mahler, a "normal" process is experienced as "pleasure in independent functioning", in the presence of an emotionally available caregiver, and with minimal

threats of object loss. The phases are not to be understood as clear lines of demarcation where one phase is completely replaced by the subsequent phase. There will be overlaps and similarities among all the phases. Qualitatively different contributions emerge from each of the subphases.

The stages are as follows: the first month of life is called normal autism, characterized by absolute primary narcissism. The infant maintains a stimulus barrier that protects him or her from overwhelming exterior sensory stimulation, and "...resembled the model of a closed monadic system, self-sufficient in its hallucinatory wish fulfillment" (p. 41). Physiological processes, rather than psychological processes are dominant. In fact, this physiological adaptation outside uterine life is the contribution of this first period. The second phase is symbiosis, a period centered around continued homeostasis, running from approximately 2-6 months. In this phase, there is fusion with the mother, and a delusion that there is a common boundary between the two (Gabbard, 1994). Mahler describes symbiosis as a state of nondifferentiation from mother, in which the 'I' is not yet differentiated from the 'not-I' and in which inner and outer sensations of the body are not yet experienced. The unspecific smiling response marks this phase, and is cemented "normally" if the infant can begin to utilize the mother's ego, and if her holding behavior (Winnicott) has been in resonance with her "primary maternal preoccupation" (Winnicott). Mahler (1975) states these aspects as being the "...symbiotic organizer - the midwife of individuation, of psychological birth" (p. 47). The smile is a specific sign that a bond has been formed between infant and mother. The results of this phase are that the infant is now able to internalize physical and emotional images that will affect his or her ability to invest in future significant relationships.

Phase 3 lasts from approximately 6 months - 3 years, the entirety of which is her separation-individuation phase of development, but has been subdivided into 4 smaller subphases. The separation-individuation phase is characterized by what has been called hatching...which is the entire process of what she terms the psychological birth of the

infant. Psychological birth refers to the infant's ability to gradually wean from complete dependence on mother for physical and emotional fulfillment, to gradually identify itself as a separate entity, to grow into the world of objects, and to develop and know oneself as having separate identities from mother. Mahler outlines the two tracks:

One is the track of individuation, the evolution of intrapsychic autonomy, perception, memory, cognition, reality testing; the other is the intrapsychic developmental track of separation that runs along differentiation, distancing, boundary formation, and disengagement from mother.

(p. 63)

Subphase 1 (differentiation) occurs between 6-10 months, when the child becomes aware that mother is separate. In Mahler's words, there is a new expression of alertness, persistence, and goal-directedness, and it is this look that can be observed that is the essence of having been "hatched." A transitional object may become important at this time, when the first crude attempts at breaking away in a physical sense become visibly manifested. Subphase 2 (practicing) occurs between 10-16 months, and is the period when the infant begins to branch out to explore the external world, but returns often to "refuel" by seeking intermediate contact before branching out again. In the practicing phase, Mahler describes three intertwined developments that encourage separation and ultimate individuation: bodily differentiation from mother, the establishment of specific bonds, and the emerging growth and function of a separate ego in close proximity to the mother. Subphase 3 (rapprochement) lasts from approximately 16-24 months, and it is during this time that a sharper awareness of the separateness from mother may cause stranger anxiety. Heightened vulnerability to the external world, compounded by mom's separateness, is the bases for stranger anxiety. Paradoxically, the toddler both needs the emotional availability of the mother and fears re-engulfment by her. This explains what Mahler terms the shadowing and the darting-away patterns. The mother plays an extremely influential role during this period, a role that optimally includes consistent,

reliable and predictable involvement with her child. Her availability is paramount, and yet on the other hand, as Mahler states:

...the emotional growth of the mother in her parenthood, her emotional willingness to let go of the toddler, to give him, as the mother bird does, a gentle push, an encouragement toward independence - is enormously helpful. It may even be a sine qua non of normal (healthy) individuation.

(p. 79)

Subphase 4 (object constancy) refers to the period between ages 2-3 years when the child can maintain a representation of the mother-child relationship to the point of believing she exists even when she is not physically there. The relationship includes internalized parental expectancies and demands that serve as precursors to superego formation.

This present volume (Mahler et al., 1975) presents the above stages in what would be considered normal development, in contrast to her previous work (Mahler, 1968) that dealt with infantile psychosis. Whether the infantile psychosis stemmed from a predominantly symbiotic or a predominantly autistic syndrome, failures occurred when the mother was not able to be utilized as an orientation to the external world of reality. For Mahler, to study the normal navigation through the separation-individuation phase sheds further light on the pathogenesis of borderline and psychotic symptoms. In addition to the valuable contribution that her work gave us as to how these eventual disorders originated, her studies lend empirical support to the importance of object seeking in development, and the impossibility of divorcing drives from object relations (Gabbard, 1994).

Daniel Stern: The interpersonal world of the infant. Daniel Stern's book, The Interpersonal World of the Infant, 1985, was written 10 years after Mahler's work just cited. He presented ideas that opposed developmental theories that had been argued by Klein and Mahler. He postulated that inferential leaps could be made regarding infant development based upon both clinical and experimental evidence obtained from earlier theorists. For example, he maintains that there is no period in which the infant is

symbiotically fused with mother. He states, "There is no confusion between self and other in the beginning or at any point during infancy. They (infants) are also predesigned to be selectively responsive to external social events and never experience an autistic-like phase" (p. 10). Further inferences are that there are no distinct developmental phases, but that issues such as attachment, autonomy, independence, etc., are issues that are repeatedly negotiated throughout the lifespan. He argues that the preverbal infant experiences different senses of the self that encompass a domain of both self and social experience and relatedness. In opposition to Klein, he proposes that any fantasy life of the infant is based on real events, not "wish-fulfilling fantasies." He discriminates between the clinical and the observed infant, noting that what is actually observed does not give direct access to the subjective experience of the infant. His beliefs about the senses of self that the infant can experience (the emergent self, the core self, the subjective self and the verbal self) are more descriptive of infant development than Klein's or Mahler's because their ideas are confined to infancy, while his are recyclable throughout life. He states that the two major fallacies regarding psychoanalytic notions of infant development are "...the adult amorphization of infancy and the tendency to characterize early states of normal development in terms of hypotheses about later states of psychopathology" (Peterfreund, 1978, p. 427).

How can it be otherwise, however? There are no reliable ways to interpret infant and childhood subjective experiences except as they are recalled in later years. (John Bowlby will argue otherwise.) And events that are experienced between infancy and adulthood will always serve to transform original meaning to something more recognizable by the adult. In our ongoing and often futile attempts to explain psychopathology, psychologists want to be able to know definitively the ontogenic aspects in hopes of possibly altering them. The ways in which humans function, the ways in which environmental successes and failures are internally represented, are so subtle and complex that even now that we have vast amounts of genetic knowledge at our fingertips, we still struggle with precise definitions and determinations of infant subjective growth. The

contributions of the Object Relations School has served us well in this endeavor, however, and the concepts and premises have provided areas for further research, understanding and interpretation of the human infant.

Review of the Literature on Attachment

Attachment, according to Josselson (1996)

...resides in an experience of emotional linkage - the sense that a space can be overcome if necessary, that there is togetherness despite space. When we are attached to someone, we need know only that that person is within reach of our call and will likely respond. (p. 44)

When reviewing the literature on attachment, a distinction will be made between attachment itself and attachment behavior. Attachment indicates that someone is "...strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired, or ill" (Bowlby, 1968/1982, p. 371). Once established, the disposition to behave in this particular way becomes an attribute of the child that will remain relatively constant, changing only slightly over time. Attachment behavior, by contrast, refers to any of the various forms of behavior that a child commonly engages in to attain and/or maintain a desired proximity, behaviors such as crying, smiling, seeking, sucking, etc. All studies on attachment to date have emanated from the paramount and paradigmatic-shift work accomplished by John Bowlby at the Tavistock Clinic in London (Ainsworth, 1982). His work represents the first to systematically study the earliest developmental origins of childhood and adult psychopathology. The core of his theory was based on his belief that, arising out of evolutionary processes, children are equipped with specific emotional and behavioral systems that impel them to establish proximity with caretakers (ordinarily their parents) when they feel threatened or disturbed, or when they are for any reason concerned about the availability of the caretakers. (Berman & Sperling, 1994).

The attachment system is innately physiological and related to the idea of internal homeostasis. Bowlby maintained that it is a remnant of the evolutionary behavior of animals, one which protected the young from predation. When attachment is viewed as a system as necessary and vital as that of feeding and reproduction, its absence in someone in a clinical setting takes on a different shade.

The system of attachment is but one among several, and can be overridden if another system takes precedence. For example, the exploratory system may assume primacy if the infant is confronted with a wide variety of novel stimuli, in which case that system would activate until the point of novelty wears off, and the system for attachment once again gets activated. Because Bowlby's theory rests on the overt importance of more than one person contributing to individual developmental health or psychopathology, his model of attachment represents a major break with classical psychoanalytic theory, a theory which held as primary the intrapsychic functioning of each individual's genetic and psychical drives. The nature of a patient's relationships, past or present, were viewed as incidental. On the other hand, the notion of attachment as a structural system can be seen as having "...the same basic properties as those that characterize all the various forms of structural theory, of which psychoanalysis is one" (1969/1982, p. 374). Bowlby in fact asserted that the attachment system in humans is equivalent in function to other drive-behavioral systems such as feeding, mating and exploration. However, little additional understanding of the separate and discrete systems can be gained after the first six months (Ainsworth, 1982) because by then the baby is capable of goal-directed behavior. In addition, studies have shown that examination of these behaviors separately shows little stability over time, but the overall interactive "pattern" of behavior has shown remarkable stability. A further characteristic of attachment theory is its cybernetic system, or one that automatically and environmentally activates and/or deactivates according to need. Once activated, as when a baby senses danger in the form of separation from a primary caregiver, the system engages in specific actions that will serve to achieve a set goal,

behaviors such as crying, calling, seeking, etc. Josselson (1996) states, "In the same way that signal anxiety in classical psychoanalysis is a warning to the ego that overwhelming panic may be approaching, separation distress warns that unbearable aloneness (abandonment) is imminent" (p. 52). Once the goal has been attained, as in a visual or physical contact with the "lost" caregiver, the system deactivates and behavior returns to "normal". Ainsworth (1982) has suggested that what may appear as conflicting evidence in the literature about infant response to strangers can be more easily understood as an interplay of four behavioral systems: attachment, wariness/fear, affiliation or sociability, and exploration. In order for this system to work effectively, an infant must have certain images or representations of a relationship with a caregiver, as well as of the interaction of that caregiver with the self, referred to in attachment theory as "internal working models". As a way of describing how experience gets encoded in the mind, Sperling and Berman (1994) note the similarity of this term to others in theories of personality, such as internal object representation; schema, script, personal construct; or the representation of interaction that has been generalized (RIGs), one of Stern's (1985) terms. The other major figure in attachment research has been that of Mary Ainsworth. Her laboratory study entitled "Strange Situation" will also be discussed in this section on Attachment literature.

John Bowlby: Attachment and Loss

John Bowlby's original work was designed to observe how young children respond to temporary separations from their mother. This work was begun in 1959 in conjunction with the World Health Organization, and results were clear: absence of a warm, intimate and continuous relationship with a mother or other permanent caregiver resulted in impairments in mental health (Bowlby, 1969/1982). What was not found was stated as a question: "How does it come about that one or another of the events included under the general heading of maternal deprivation produces this or that form of psychiatric disturbance?" (p. xii) To answer this fundamental question, Bowlby set out to reverse the order of data gathering as had been rooted by Freud. That is, instead of reconstructing

backwards from adulthood the events that were decided to be causative agents in the development of psychopathology in childhood, he worked from infancy forward, keeping detailed records of direct observation of children and their reactions to being separated from their mothers, and again upon reunion with their mothers. He felt this method was more likely to be accurate representations of the mental state than the method of historical review. He states,

Since the capacity to restrict associated behavior increases with age, it is evident that the younger the subject the more likely are his behavior and his mental state to be the two sides of a single coin. Provided observations are skilled and detailed, therefore, a record of the behavior of very young children can be regarded as a useful index of their concurrent mental state.

(1969/1982. p. 6)

In addition, he felt this method would allow observers to actually witness repression occurring, as in when young children were separated from their mothers for long periods of time. The "established" method was limited in its ability to determine precisely the strength of any individual factor in the etiology of psychopathology.

Although the method and point of view of Bowlby's was not the method of psychoanalysis, his frame of reference was. In undertaking the experimental and development method of observation, he constantly compared his thinking with Freud's, especially in the following areas: prospective approaches, focus on a pathogen and its sequelae, direct observation of young children, and use of animal data (Bowlby, 1969/1982). Despite some superficial discrepancies, he reconciled many of his ideas with psychoanalysis. For example, in Freud's view the causative factor in the etiology of neurosis and other disorders is always trauma. In Bowlby's point of view, separation from mother is a trauma that functions just as any other trauma, that is "...when the mental apparatus is subjected to excessive quantities of excitation" (p. 11). And for Bowlby, the trauma of prolonged separation from mother leads to the defense mechanisms of splitting,

repression and denial. These types of comparisons are constantly employed by Bowlby as a way to monitor the effectiveness of his method.

The area in which the most differences emerge between Freud and Bowlby is that of motivation. In the Freudian view of motivation, biological drives remain foremost, including the notions of psychical energy, inertia and constancy that were popular in the areas of physics and chemistry at that time. In this way, Freud aimed to put psychoanalysis on a par with the natural sciences. In contrast, Bowlby's premise for human motivation is feedback, a system which is indeed tied to a biological interpretation, and is actually quite testable, another fallacy in Freud's psychical energy system.

Bowlby's theory of attachment as a behavioral system that develops in conjunction with the interaction with a primary caregiver are based on extensive studies of this same system in animals. The fact that human development is on a much slower timetable than that of animals is noted as a factor for empirical neglect in this area by previous theorists. In lower animals, behavioral systems are evident and highly developed at a very early age, whereas in higher orders, there exists an initial primitive form that proceeds to undergo an elaborate process of development. Nevertheless, the child's attachment to his mother is viewed as the human version of similar behavior in the animal kingdom, both being seen as evolutionary manifestations of maintaining proximity in order to avoid danger. The desire for proximity is the factor responsible for attachment behavioral systems to be evoked, and the systems have a biological function, as has been mentioned.

The Object Relations school, based on psychoanalytic traditions, emphasizes the development of important objects in the infant's environment, primarily the mother-figure. Psychoanalysts are usually in agreement that the primordial relationship of mother-infant greatly determines the foundation of personality and its variations. The disagreements have been centered on the exact nature and origin of this relationship (Bowlby, 1969/1982). In Bowlby's theory of attachment, terminology such as drives and needs are replaced by developing social and behavioral systems that have a biological nature and

function, and which develop in *response* to growing awareness and perception on the part of the infant, and in *kind* to the nature of the care-giver. The infant has an active role in eliciting care-giving responses, and also has influence on the kind of care given in response to those eliciting behaviors (Bowlby). Bowlby states:

Although there is abundant evidence to show that the kind of care an infant receives from his mother plays a major part in determining the way in which his attachment behavior develops, the extent to which an infant himself initiates interaction and influences the form it takes must never be forgotten.

(p. 203)

An earlier theory of infant tie-forming behavior was the "Secondary Drive Theory", in which it was postulated that attachment was formed insofar as mother was able to meet physiological needs such as food and warmth. Bowlby disregards this theory because of studies (Schaffer & Emerson, 1964) that indicated attachment had occurred even in the absence of these variables. He feels this explanation of tie-forming behavior is maintained in the psychoanalytic world because "...some theory is needed to account for the high frequency of frankly oral symptoms in all kinds of neurotic and psychotic conditions" (Bowlby, p. 218). Bowlby asserts that the innate propensity for sucking explains the neurotic oral and regressive symptoms that occur in humans, and that more likely the oral nature of regression is due to the symbolic substitution of an early relationship, or as a displacement activity emerging out of frustration.

In essence, Bowlby's attachment theory differs from psychoanalytic and specifically object relations theory, because of its emphasis on the physiological nature of the theory, and the behaviors utilized to maintain a homeostatic balance within the infant. The behavioral control system accounts for the way an infant proceeds developmentally to maintain proximity by utilizing behaviors such as crying, seeking, crawling, cooing, etc. The behaviors themselves are secondary in importance, and in deciding which actions to use, the attachment system utilizes symbolic images of the attachment figure, (i.e., internal

working models), the general environment, and the self, which are already stored and available to the system. Much more emphasis is placed on behaviors that are innately programmed to be released in response to the environment, and less on the relationship of infant and mother as separation and individuation unfolds. Bowlby would trace pathology back to attachment difficulties, while Mahler would trace pathology to separation difficulties. What, then, are the implications for the situation of adoption? A review of the adoption literature will pave the way for further discussion.

Mary Ainsworth: The Strange Situation.

As a younger colleague to John Bowlby, Mary Ainsworth added an empirical and developmental orientation to his work. She utilized the "Strange Situation" in order to observe and quantify children's attachment behavior in relationship with their mother, an experiment carried out in a laboratory designed to recreate the separation-reunion process as a function of social-emotional development in children (Berman & Sperling, 1994). Again, attachment theory was largely refuted and rejected by classical psychoanalysis because it was "...too simplistic, too deviant from Freudian drive theory, and insufficiently comprehensive to replace Kleinian object relations theory (Berman & Sperling, p. 3). Ainsworth's studies were conducted on infants aged 50-52 weeks, utilizing the baby, the baby's mother, a stranger, and an unfamiliar room in which the baby could play with toys, alternating between the presence of both the stranger and the mother, the mother alone, and the stranger alone. Responses to being with the stranger alone, and to the subsequent reunion with the mother, were recorded and coded by researchers as falling into three categories of attachment. The first and most common behavior was labeled "secure". In this case, the babies adapted relatively easily to their mother's departure, and were eager to reconnect with them upon their return to the strange room. The behavior of these babies was consistent with healthy development, and according to Bowlby (1989) expressed the ready availability of the mother to respond to the infant's signals of distress, as well as demonstrate loving responses and assurances when signalled by the baby. The other two

attachment styles were more indicative of attachment disruption and possible future psychopathology. The first in this category is labeled "ambivalent attachment", marked by inconsistent responses by the babies regarding both the stranger and the mother upon her return. At times they would seek their mother's assurances, and at times they would avoid her altogether. Bowlby (1989) believed that this style of attachment reflects the ambivalence of the mother as regards her own unpredictable manner of responding to her infant, perhaps being responsive at times and detached at others. The other type of insecure attachment is the "avoidant attachment" style, characterized by strong avoidance of the mother during times of reunion. Paradoxically, these babies would not show anger at their mothers at the time of the separation in the experiment, but the mothers reported "out of context" anger at other times, such as hitting and banging toys, acting troublesome, etc. (Kumin, 1996).

Other researchers who have undertaken prospective studies that compare the strange-situation patterns (i.e., attachment) of one-year olds with patterns of behavior in other situations occurring months or years later have found exciting links (Ainsworth, 1982). In general, these studies demonstrated a continuity between the style of attachment at one year with the same style at two and three years, a style that seemed to generalize to persons other than mother. This seems to suggest that a particular attachment style is relatively enduring after one year of age. Another implication that must be drawn is that the attachment procedure is highly influenced by the dyad of infant and mother, or what Winnicott (Sherpherd et al., 1996) has called "the psychic unity", a term that describes the internal state of infant and mother for most of the first year of the baby's life. Based on other studies reported by Ainsworth, there appears to be a continuity linking the organization of attachment to the mother at one year and the organization of social-emotional behavior up to at least 5 years. Specifically, those infants deemed secure at one year were found to be more self-directed, more curious, less withdrawn, more sought out by others and more likely to be leaders when examined at 3 1/2 years. On the other hand,

Bowlby (1980) does not discount important developmental factors that could clearly disrupt an interpersonal design of attachment to important figures. Loss of a primary figure will need resolution and mourning, but according to Bowlby, the dimension of anxiety-security will most likely revert to a style similar to the one before the loss occurred. Clearly, more research is needed in this area.

As attachment experiments were coded, it became clear that one particular dimension of maternal behavior was particularly related to infant behavior - that of sensitivity in responding to her infant's signals, whether to feeding, crying, desires to be held, etc. (Ainsworth, 1982). In addition, this maternal quality remained continuous, even when adjusting for infant development and change in cues. The insensitive mothers were insensitive along three dimensions: rejection, interference and ignoring. According to Ainsworth, others fleshed out the insensitive dimensions even further and found that rejecting mothers tended to have an aversion to physical contact, often felt that babies interfered with their own needs, and tended to have less variety of emotional expression than other mothers, which may mean a tendency to control overt anger or frustration. Furthermore, even though insensitive mothers in general are less predictable in their degree of responsiveness, the rejecting mothers had a marked stability in this response.

Ainsworth's empirical studies of children were detailed and elaborate. The value lies in the fact that specific behavioral patterns in older children could be traced to specific mother-child interactions that had been systematically observed and coded for many hours before mother and child participated in the Strange Situation experiment. In other words, she was able to accomplish the rare in psychology: combining the solid reassurance of testable hypotheses with prospects of making favorable changes in the world (Karen, 1990). In addition, she was making inroads into the study of human relatedness in a psychological world that had previously relied upon cognitive interpretations of experience as the "valid" interpretation (i.e., Behaviorism), or else relied upon informed speculation of the Psychoanalysts.

Review of the Literature on Adoption

"Besides the normal developmental challenges, the adoptive child faces the unique developmental task of becoming the true adoptive child of true adoptive parents" (Kernberg, 1985, p. 277). This statement encompasses three important factors pertaining to adoption: (1) that adoption is a lifelong process requiring successful passage through several critical phases, (2) that there are people who become adoptive parents as a second choice, usually after struggling with a period of infertility, and (3) that there is a child who is in the situation of needing to be adopted because someone decided to relinquish that child. Adoption can describe a separation from the biological mother at many stages of infant or child development (Wieder, 1978). For purposes of examining an object relations view to adoption and the process of normal attachment, I will use the term adoption to refer to the prototypical model where an infant is relinquished at birth to an infertile couple, with attempts to match ethnicity. However, much of the literature refers to adoptions that have occurred after the first year, and often a child has been in foster or institutionalized care prior to permanent placement. In addition, there is an increasingly common practice for couples to adopt interracially. Attempts will be made to specify the alternate forms of adoption where applicable in this essay.

Much has been written about inherent problems in adoption (Jolley, 1983). The range of difficulties cited most often are the reality of two sets of parents, establishing a reciprocal relationship between the adopted infant and mother, identity issues in adolescence, and "genealogical bewilderment" (Sants, 1964). Kirschner (1990) has even identified an "Adopted Child Syndrome" that may include pathological lying, manipulateness, shallowness of attachment, stealing, etc. In addition to the acting-out behaviors, he states, "It may include an extremely negative or grandiose self-image, low frustration tolerance, and an absence of normal guilt or anxiety" (p. 94). He is careful to add that adoption itself is not a cause of these behaviors, that it is not the typical outcome of adoption, but that it is an added risk factor in families already prone to emotional

dysfunction. In general, these types of problems are not evident in early childhood, but in fact this period may contain the antecedents. For example, Horner (1979) indicates that failure of attachment in the first three or four months of life leads to the development of anti-social or psychopathic personality characteristics and symptoms. Finally, Sorosky et al. (1975) suggest that adopted children have unique areas of vulnerability, including disturbances in early object relations, complications in the resolution of the Oedipus complex, and the prolongation of the family romance.

A major complicating factor in all adoption situations is the reality that there are two sets of parents. Confusion arises from the actual experiencing of one set, "...but having feelings, mainly hateful or intensely ambivalent, toward the absent, unreachable biological set" (Wieder, 1978, p. 798). The child who knows he or she is adopted will develop object relations of the two sets of parents, based on fantasies that have been influenced by their adoptive parents and by the situation itself (Glenn, 1985). He states, "The representations of the biological parents, the adoptive parents, and the child all affect one another. Such images include irrational as well as cognitive aspects and do not depict the self or object accurately" (p. 310). These distortions usually peak during adolescence, when identity is challenged and questioned. Kernberg (1985) says that this conflict is especially evident in the adolescent female, who holds as a model for sexual identity the discrepancy between "...the barren (adoptive) mother, experienced as forbidding, and the fertile (biological) mother, experienced as sexually loose" (p. 292). Even amongst the various orientations, most theorists emphasize the feature of "splitting" as being salient for adopted children (Russ, 1988). Deutsch (1945) was among the first to describe this phenomena in adoptive mothers. On an unconscious level, she distinguishes what she acknowledges as good in herself (i.e., the good aspects of the child) and the bad (i.e., the child's instinctive existence). As a way to minimize her pain of infertility, she may focus on the child's heredity and not the interactive aspect that she brings to the relationship. A final, more classical view of this dilemma is stated by Russ (1988) as an almost global

distortion by adopted children. She says, "Relationships...become potentially dangerous for adoptive children because they symbolize either rejection or engulfment by saviors" (p. 22). Abandonment has been a reality, and therefore relationships are likely to contain the fear of abandonment in real, rather than fantasy ideation.

Becoming the true adoptive child of true adoptive parents will, at some point, imply that the child is told of his or her adoption. Most adoptive parents have been given well-intentioned advice to tell their children that they are "special" or "chosen".

Contemporary authors remind us of the negative messages that get conveyed. For example, Silverman (1985) states that to be told one is special "...always contains a message that the child was unwanted, sent away, and abandoned by the original set of parents" (p. 302). Kirk (1964) writes that adoption always implies some degree of "role handicap". Any talk about special, chosen babies and lucky parents is "...merely an attempt to deny this handicap" (Kowal & Schilling, 1985, p. 358). Hajal (1996) states that the "chosen baby" story is received with no adverse affects in the early years, but by age 7 or 8, the reciprocal notion of being given up is completely understood. Hajal states,

It is at this point that adoptive status begins to be associated with ideas of badness of the self, or badness of the parents (birth parents as well as adoptive parents), and of feeling oneself marginalized, not belonging anywhere, and not truly connected to the people one is living with, or in fact to anybody. (p. 543)

Having examined a few of the possible pitfalls in the adoption experience, it will yet become clear that concepts used in the object relations and attachment theories of normal development will apply to early adoptive development as well. Notions such as symbiosis and separation-individuation (Mahler, 1975) and "the good-enough mother" (Winnicott, 1960) encompass abilities in the mother to be present, attuned and responsive to the various needs of the infant. This is most important in adoption, because despite all the adverse, possibly inherent dilemmas, the type of mother and the type of home she

creates for the child may be enough to override the psychological issues created in the adoption situation. Schechter (1970) states that adoptive parenting has some advantages over biological parenting. He contends that there is an "emotional distance" that permits easier individuation for the adoptee, as well as providing a natural limit to the extent to which parents experience their children as a narcissistic extension. Finally, Deutsch (1945), known for her stance on the biological connection between parents and child, states:

The altruistic, object-loving component of motherliness, the tender joy in the child's growth, all the emotional threads that are woven between mother and child and father and child during the whole period of childhood can be fully realized by adoptive parents. (p. 424)

Adoption As Viewed from an Object Relations Theory

In Freud's second theory on anxiety, he postulated that anxiety begins in utero (Kumin, 1996). As he struggled with his formulations on anxiety, affect in general became part of his consideration. The reduction of anxiety and all unpleasurable stimuli was seen as a basic and primary motivating factor, and infants accomplished this reduction through the aid of its mother's buffering actions (Freud, 1920/1989). At some point, Freud linked anxiety with the repetition compulsion, stating that not just behaviors but also affect states are repeated (Freud, 1926/1959). That anxiety is an alert signal organized around impending danger is a central tenet of signal anxiety, all of which has originated in utero. The point being established is that there is a continuity between inter-uterine life and neonate existence that gets disconnected for the adopted infant. The developmental capacity for sending and receiving signals of danger is dependent upon a different mother than the one with whom early affects originated. Freud (1926/1959) wrote,

Just as the mother originally satisfied all the needs of the fetus through the apparatus of her own body, so now, after its birth, she continues to do so, though partly by other means. What happens is that the child's biological

situation as a fetus is replaced for it by a psychical object-relation to its mother. (p. 138)

What happens when the infant is removed from this mother at birth?, which is what happens for babies in this situation, particularly those in a closed-adoption system. For a period of days, there is no mother. Do we know that an infant isn't aware of this void? Has anyone ever observed the first few days of an adopted infant's life after birth? The infant-caregiver pattern that is at the foundation of mental health or structural deficiency and developmental arrest (Osofsky and Eberhart-Wright, 1988) are present at, or even before birth (Piontelli, 1992). Bion (1977) has stated that there was no reason to believe a fetus couldn't feel, and DeCasper and Fifer (1980) reported that newborns could distinguish their mother's voice from others and that "...human responsiveness to sound begins in the third trimester of life and by birth reaches sophisticated levels" (p. 1174). There is at least the strong possibility that the fetus has capacities for feeling and hearing, that patterns of relationship with the mother have been encoded, that there is a determined degree of biological homeostasis, in short that there is a narcissistic existence in place for the infant at birth. Actually, the question being ^{sp} ~~fixed~~ is: Does the fetus in some manner "know" the mother by virtue of some physiological or biochemical transmissions (Deeg, 1989)? Or, is there an archaic mental representation of this biological mother? Of course, this would suggest that the infant has capacities for self/object representations at birth that are not surmised to exist. Rather, Deeg suggests that it is the biological mother who is psychobiologically prepatterned and "fine-tuned" to provide the neonate with primary ministrations, and subsequently to envelop the infant in the protective cocoon of an empathically resonant symbiotic relationship. Similarly, the infant, by virtue of its biological symmetry to the mother, may be prepatterned to gently enter the maternal orbit and discharge oral aims. (p. 158)

It is very possible that the early period following separation from the biological mother, to be viewed as a pre-object, does affect the new infant in ways that are impossible to define

or even reconstruct. However, as James (1972) states, "Certain experiences in early life have the quality of ethological imprinting" (p. 439).

Whether or not there is ANY degree of the sense of having "lost" the parent at birth, this theme recurs in object relations theory. In most cases, the infant is surrendered by the birth mother during the autistic phase. Schechter (1960) concludes that the infantile ego experiences this rejection as a severe narcissistic injury, and is later represented intrapsychically as abandonment (Deeg, 1989). The fantasies that will arise around the "loss" of the birth mother will contain some aspects of the polarity "Mother abandoned me because *she* is bad", and "Mother abandoned me because *I* am bad" (Schechter, 1960). The first aspect of the fantasy embues mother with images of a willfully malicious abandoner, forming an aggressive reaction by the child as well as a part of the mental representation of her. This aggressive reaction, according to Deeg, is initially buffered and yet will find avenues for discharge throughout the life cycle. The avenues chosen will "...determine the extent to which development progresses or is halted in certain related spheres of the interpersonal world" (p. 156). The opposite fantasy is a function of the need to idealize and identify with the "lost object." It contains the fantasy that there was a real, meaningful and gratifying relationship in the past and protects against concerns that there was apathy or aloofness in the maternal choice to relinquish. It is *this* representation that gets internalized as having been lost, and as Anna Freud (1953/1967) states, must be detached from and mourned. In cases where no historical information about the biological mother is known to the adoptee, and especially where social policies have attempted to unalterably and permanently separate mother and infant (Deeg, 1989), the object being mourned may be experienced as a death. Applying the lost object theme to the survivor, the adoptee, Anna's remarks are appropriately attached:

The survivor's desolation, longing, loneliness are not acknowledged as his own feelings, but displaced onto the dream image of the dead, where they are experienced in identification with the dead. When the dream is submitted

to interpretation, identification with the "lost object", the deserted person, is derived from specific infantile experiences when the dreamer, as a child, felt unloved, rejected, and neglected. (p. 314)

The adoptive parents. Proponents of the superior biological capacity to innately nurture an infant base their views on the instinct theory, assuming that maternal responsiveness is triggered by pregnancy, birth and lactation (Russ, 1988). This view is supported by psychoanalysts such as A. Balint (1939), Benedek (1970), and Deutsch (1945). Others, such as Maccoby and Jacklin (1974) support the idea that parenting is equally a psychological and social task. Their research concludes that early contact seems to be more important than biology in establishing human bonds. In addition, much research shows that adoptive parents, because of their high motivation to parent, are not at a disadvantage from lack of hormonal priming (Russ, 1988). Yet, almost without fail, research warns of the complex tasks that must be accomplished due to the nature of adoption. Winnicott (1953/1996) wrote, "Even if an adoption is successful, there is something different from usual (and I think there always must be) both for the parents and for the child" (p. 114). In this section, I will outline several features that exist as complicating factors for adoptive parents, and in particular, the mother.

The issue of infertility is painful for most couples wanting to conceive, universally taken for granted as a natural function of the human condition. When this happens, a series of events unfold that intrude into a couple's personal lives, and that can have devastating effects. Medical testing, procedures aimed at overcoming fertility, acceptance, agency applications, screening, home visits: all of these events challenge a couple's worthiness at some level, either sexually, economically, or morally. "ARE THESE PEOPLE FIT TO HAVE A BABY?" Russ (1988) states that these couples may have experienced anxiety, guilt and despair that increases with time; that the community offers little support or role modeling for effective adoptive parenting; that they may suffer a "public sense of embarrassment" (p. 16); and that often confidence and self-esteem are

injured. The fantasy of the biological child must be abandoned (Brinich, 1980), and often there is anger at the sheer unfairness of the situation. Several authors who have examined nonadoptive families indicated the significance of conception, pregnancy and delivery as important pre-stages for attachment (see Kezur, 1980). Russ (1988) states:

The psychoanalytic literature is of one mind about the task the adoptive parents must accomplish. If parents do not work out the considerable grief, anger, and loss surrounding infertility and the acceptance of an adoptive child, their attitudes will fundamentally influence the way they raise their child, creating difficulties in its development and internalized object relations. (pp. 17-18)

In a study by Reeves (1971), a psychoanalytic interpretation of the adoptive mother's "handicap" was offered as a way to explain some of the difficulties he found in the interaction between adoptive children and parents. In this explanation, adoptive mothers are viewed as having trouble experiencing their children as their own in the way that biological parents do. Since adoptive mothers do not physically expel their babies at delivery, the baby does not feel part of her, but part of someone else (Lucia, 1992). This author writes further: Since the adoptive mother "...did not have the opportunity to cathect her baby, ...this can lead to inability in accepting the child's instinctive behavior, such as soiling and sexual curiosity" (p. 114). If parents do not become the true adoptive parents of their children, the child will not really belong to them. If the child does not belong to them, their instincts may be seen as "bad". If the child does not belong to them, then the child belongs to whom? Representations of parents will be that of rejection and abandonment on both sides. Polsby (1986) refers to the loss of fertility as "real and painful" for the adoptive parents, who

...need to mourn him before they can accept the difference that the adopted child inevitably represents. Without such mourning there can be no real claiming of the adopted child and the foundation is laid for disturbances

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